Preferred Drug List

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

Preferred 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 medication you want to locate
3. Click the Next button until you find the medication(s) you are looking for
SilverSummit Healthplan Pharmacy Program

SilverSummit Healthplan, Inc. (SilverSummit) is committed to providing appropriate, high quality, and cost effective drug therapy to all SilverSummit members. SilverSummit works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. SilverSummit covers prescription medications and certain over-the-counter (OTC) medications when ordered by a physician/clinician. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the SilverSummit pharmacy program. For more detailed information, please visit our website at www.silversummithealthplan.com.

Plan Preferred Drug List and Prior Authorization List

The SilverSummit Preferred Drug List (PDL) describes the circumstances under which contracted pharmacy providers will be reimbursed for medications dispensed to members covered under the program. All drugs covered under the Nevada Medicaid program are available for SilverSummit members. The PDL includes all drugs available without PA and those agents that have the restrictions of Step Therapy (ST). The PA list includes those drugs that require PA for coverage. The PDL applies to drugs you receive at retail pharmacies. The PDL is continually evaluated by the SilverSummit Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the SilverSummit Medical Director, SilverSummit Pharmacy Director, and several Nevada primary care physicians, pharmacists, and specialists. The PDL does not:

- Require or prohibit the prescribing or dispensing of any medication
- Substitute for the independent professional judgment of the physician/clinician or pharmacist, or
- Relieve the physician/clinician or pharmacist of any obligation to the patient or others

Envolve Pharmacy Solutions

With the exceptions of biopharmaceuticals and specialty drugs, SilverSummit works with Envolve Pharmacy Solutions to process all pharmacy claims for prescribed drugs. Some drugs on the SilverSummit PDL and PA list require a PA and Envolve Pharmacy Solutions is responsible for administering this process. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager.

Follow these guidelines for efficient processing of your authorization requests:

2. Fax to Envolve Pharmacy Solutions at 1-866-399-0929.
3. Once approved, Envolve Pharmacy Solutions notifies the prescriber by fax.
4. If the clinical information provided does not explain the medical necessity for the requested PA medication, Envolve Pharmacy Solutions will deny the request and offer PDL alternatives to the prescriber by fax.
5. For urgent or after-hours requests, a pharmacy can provide up to a 96-hour emergency supply of medication by calling 1-844-214-2606.
Prior Authorization Process

The SilverSummit PDL includes a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from the SilverSummit PDL for their patients who are members of SilverSummit. Some drugs will require PA and are listed on the PA list. In addition, all name brand drugs not listed on either the PDL or PA list will require prior authorization. If a request for authorization is needed the information should be submitted by your physician/clinician to Enolve Pharmacy Solutions on the SilverSummit Healthplan/Envolve Pharmacy Solutions form: Medication Prior Authorization Request Form. This form should be faxed to Enolve Pharmacy Solutions at 1-866-399-0929. This document is located on the SilverSummit website at www.silversummithealthplan.com.

SilverSummit will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the SilverSummit P&T Committee. Once approved, Enolve Pharmacy Solutions notifies the physician/clinician by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, SilverSummit will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

The P&T committee has reviewed and approved, with input from its members and in consideration of medical evidence, the list of drugs requiring prior authorization. This PDL attempts to provide appropriate and cost-effective drug therapy to all members covered under the SilverSummit pharmacy program. If a patient requires a brand name medication that does not appear on the PDL, the physician/clinician can make a PA request for the brand name medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions.

Clinicians are requested to utilize the PDL when prescribing medication for those patients covered by the SilverSummit pharmacy program. If a pharmacist receives a prescription for a drug that requires a PA, the pharmacist should attempt to contact the clinician to request a change to a product included on the PDL.

Phone Numbers for SilverSummit Healthplan Member Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Members cannot be assisted if they call the PA toll-free number. SilverSummit Member Services may be reached at 1-844-366-2880 (TTY 1-844-804-6086).
**Transition Period**

SilverSummit members new to managed care will be able to receive their prescription drugs with no new PA requirements for 2 fills not to exceed 68 total day's supply in the first 90 days of eligibility. Please note, the timeframe for PA requirements on controlled medications may be shorter than 90 days. This will allow you and your doctor time to consider other medications that do not require PA and to learn the proper steps for obtaining a PA. SilverSummit’s PDL and PA List identify the drugs that will require PA once you have been a managed care member for 90 days. If you are not sure when you will need to have your medications prior authorized or have other questions about continuing to get your medications, call member services at 1-844-366-2880 (TTY 1-844-804-6086).

**96-Hour Emergency Supply Policy**

State and federal law requires that a pharmacy dispense a 96-hour (4-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 96-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 96-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Envolve Pharmacy Solutions Pharmacy Help Desk at 1-844-214-2606 for a prescription override to submit the 96-hour medication supply for payment.

**Step Therapy**

Some medications listed on the SilverSummit PDL may require specific medications to be used before you can receive the step therapy medication. If SilverSummit has a record that the required medication was tried first the ST medications are automatically covered. If SilverSummit does not have a record that the required medication was tried, you or your physician/clinician may be required to provide additional information. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

**Dispensing Limits, Quantity Limits, and Age Limits**

Drugs may be dispensed up to a maximum 34 day supply for each new or refill non-controlled substance. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription can be refilled. Dispensing outside the quantity limit (QL) or age limits (AL) requires PA. SilverSummit may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on the SilverSummit PDL may have AL. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling, for safety concerns and quality standards of care. The AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.
Medical Necessity Requests

If you require a medication that does not appear on the PDL, you or your physician/clinician can make a medical necessity request for the medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions. SilverSummit requires:

- Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the SilverSummit P&T Committee. If the clinical information provided does not meet the coverage criteria for the requested medication, SilverSummit will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

Appropriate Use and Safety Edits

Your health and safety is a priority for SilverSummit. One of the ways we address your safety is through Point-of-Sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

DUR (Drug Utilization Review) Programs

SilverSummit will monitor ongoing prescribing of medications for clinical appropriateness. SilverSummit reviews prescribing retrospectively to review for both safety and efficacy. SilverSummit will work with Envolve Pharmacy Solutions to review for such things as disease management, fraud and abuse (i.e. Coordinated Services Program), and prescriber profiling. Prescriber or member outreach may occur based on prescribing/dispensing patterns. SilverSummit will continue to monitor for issues going forward and take action as needed.
**Mandatory Generic Substitution**

When generic drugs are available, the brand name drug will not be covered without SilverSummit PA. Generic drugs have the same active ingredient and work the same as brand name drugs. If you or your physician/clinician feels a brand name drug is medically necessary, the physician/clinician can ask for PA.

We will cover the brand name drug according to our clinical guidelines if there is a medical reason you need the particular brand name drug. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

**Over-The-Counter Medications**

The pharmacy program covers a large selection of OTC medications. All covered OTC medications appear in the PDL. All OTC medications must be written on a valid prescription by a licensed physician/clinician in order to be reimbursed.

**Filling a Prescription**

You can have prescriptions filled at a SilverSummit network pharmacy. If you decide to have a prescription filled at a network pharmacy you can locate a pharmacy near you by contacting a SilverSummit Member Services Representative. At the pharmacy, you will need to provide the pharmacist with your prescription and your SilverSummit ID card.

Please visit the SilverSummit website at [www.silversummithealthplan.com](http://www.silversummithealthplan.com) to access the SilverSummit PDL, SilverSummit PA lists, important forms, and provider/member information 24 hours a day, seven days a week.

**Maintenance Medications**

SilverSummit Healthplan offers up to 100 day supply of maintenance medications. These drugs are used to treat long-term conditions or illnesses. Please contact a SilverSummit Member Service Representative if you have any questions.
SilverSummit Healthplan Pharmacy Program - Additional Information

Working with Our Pharmacy Benefit Managers
SilverSummit works with two Pharmacy Benefit Managers (PBMs). Acaria Health is the preferred provider of biopharmaceuticals and injectables for SilverSummit. Enovle Pharmacy Solutions administers all other prescribed drugs. Certain drugs require PA to be approved for payment by SilverSummit. These include:

- Some SilverSummit drugs listed on the PA list
- Most injectables including Procrit, Neulasta and Neupogen.

AcariaHealth – Biopharmaceuticals and Injectables
AcariaHealth is the provider of biopharmaceuticals and injectables for SilverSummit. Most injectables require PA to be approved for payment. Our Medical Director oversees the clinical review. SilverSummit provides a number of biopharmaceutical products through the Biopharmaceutical Program. Most biopharmaceuticals and injectables require a PA to be approved for payment by SilverSummit; however, PA requirements are programmed specific to the drug as indicated in the list provided in the Biopharmaceutical Program document located on the SilverSummit website at www.silversummithealthplan.com. Follow these guidelines for the most efficient processing of your authorization requests.

Providers can request that AcariaHealth deliver the specialty drug to the office/member. If you want AcariaHealth to deliver the specialty drug to the office/member:

1. Fax the AcariaHealth PA form to 1-855-217-0926 for PA.
2. If approved, AcariaHealth will contact the provider or member for delivery confirmation.

Pharmacy and Therapeutics Committee
The SilverSummit Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the PDL. The Committee is composed of the SilverSummit Medical Director, SilverSummit Pharmacy Director, and several community based primary care physicians and specialists. The primary purpose of the Committee is to assist in developing and monitoring the SilverSummit PDL and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least quarterly and coordinates reviews with a national P&T Committee which meets at least 4 times a year. Changes to the SilverSummit PDL are done in conjunction with the approval of the State of Nevada. SilverSummit will meet with the State quarterly to review any proposed changes and update the PDL and PA lists accordingly based on the results of both the SilverSummit P&T Committee and the requirements from the State of Nevada. SilverSummit will follow all State policies regarding member notification when changes are made to the PA list.
**Unapproved Use of Preferred Medication**

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by SilverSummit. Experimental drugs and investigational drugs are not eligible for coverage.

**Benefit Exclusions**

The following drug categories are not part of the SilverSummit PDL and are not covered by the 96-hour emergency supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.

**Newly Approved Products**

We review new drugs for safety and effectiveness for the first 12 months before adding them to the SilverSummit PDL. During this period, access to these medications will be considered through the PA review process. If SilverSummit does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process.

**Medical Benefits**

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

1. Botox is a medical benefit that is covered for non-cosmetic purposes only, it requires a PA from SilverSummit.
2. Blood and blood products.
3. Those specialty injectable drugs available as a medical benefit. Most injectables require PA from SilverSummit.

*Prescribers who request medical prior authorizations at Envolve Pharmacy Solutions will be redirected to contact SilverSummit Healthplan as applicable.*
DME/Home Health Benefits

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

1. Enteral products
2. Nebulizers
3. Medical supplies

Injectable Drugs

Injections that are self-administered by the member and/or a family member and appear on the PDL are covered by the SilverSummit pharmacy program. Insulin vials, Glucagon Kit, Epinephrine, Imitrex, and Depo-Provera IM are covered by SilverSummit and do not require a PA. All other injectables require PA.

We help keep you informed

The SilverSummit Pharmacy Director, a registered pharmacist, compiles current pharmacological policy and information about important seasonal topics such as Respiratory Syncytial Virus (RSV) and influenza. The information is consistent with published guidelines and is mailed to network providers as a service. The most current SilverSummit PDL and PA List can be downloaded from our website at www.silversummithealthplan.com.

Contacts for Pharmacy Appeals/Grievances

**Members:** In the event that a member disagrees with the decision regarding coverage of a medication, the member may file an appeal with SilverSummit by calling SilverSummit Member Services at 1-844-366-2880 (TTY 1-844-804-6086).

**Physicians / Clinicians:** In the event that a clinician disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to SilverSummit in writing to the Appeals Department at the following address:

SilverSummit Healthplan
Appeal Department
2500 North Buffalo Drive
Las Vegas, NV 89128
Fax: 1-855-742-0125
A decision will be rendered and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time if the provider believes the adverse determination might seriously jeopardize the life or health of a member by calling SilverSummit Healthplan at 1-844-366-2880 ext. 24084 (TTY 1-844-804-6086). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Abbreviations

The following notations and abbreviations may be found throughout the drug listing in the limitations and restrictions column.

<table>
<thead>
<tr>
<th>AL:</th>
<th>Age Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA:</td>
<td>Prior Authorization</td>
</tr>
<tr>
<td>QL:</td>
<td>Quantity Limit</td>
</tr>
<tr>
<td>ST:</td>
<td>Step Therapy</td>
</tr>
<tr>
<td>SP:</td>
<td>Specialty Drugs*</td>
</tr>
</tbody>
</table>

*Specialty Drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.

Drug Tier Definitions

<table>
<thead>
<tr>
<th>F: Formulary</th>
<th>These drugs are covered on the drug list</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF: Non-Formulary</td>
<td>These drugs are not covered on the drug list</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
</tr>
<tr>
<td>ADDERALL TABS (Use Amphetamine-Dextroamphetamine)</td>
<td>NF</td>
</tr>
<tr>
<td>ADDERALL XR CP24 (Use Amphetamine-Dextroamphetamine)</td>
<td>NF</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine cp24</td>
<td>F</td>
</tr>
<tr>
<td>dextroamphetamine tabs</td>
<td></td>
</tr>
<tr>
<td>DEXEDRINE CP24 10 MG, 15 MG (Use Dextroamphetamine Sulfate)</td>
<td>NF</td>
</tr>
<tr>
<td>DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)</td>
<td>NF</td>
</tr>
<tr>
<td>dextroamphetamine sulfate cp24</td>
<td>F</td>
</tr>
<tr>
<td>dextroamphetamine sulfate cp24 5 mg</td>
<td>F</td>
</tr>
<tr>
<td>dextroamphetamine sulfate tabs 5 mg, 10 mg</td>
<td>F</td>
</tr>
<tr>
<td>VYVANSE CAPS</td>
<td>F</td>
</tr>
<tr>
<td>Analptics</td>
<td></td>
</tr>
<tr>
<td>caffeine citrate soln or 20 mg/ml, 60 mg/3ml</td>
<td>F</td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity Disorder (ADHD)</td>
<td></td>
</tr>
<tr>
<td>atomoxetine hcl caps</td>
<td>ST</td>
</tr>
<tr>
<td>guanfacine hcl caps</td>
<td>F</td>
</tr>
<tr>
<td>INTUNIV TB24 (Use Guanfacine HCl (ADHD))</td>
<td>NF</td>
</tr>
<tr>
<td>STRATTERA CAPS (Use Atomoxetine HCl)</td>
<td>NF</td>
</tr>
<tr>
<td>Stimulants - Misc.</td>
<td></td>
</tr>
<tr>
<td>armodafinil tabs</td>
<td>F</td>
</tr>
<tr>
<td>CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use Methylphenidate HCl)</td>
<td>NF</td>
</tr>
<tr>
<td>CONCERTA TBCR 36 MG (Use Methylphenidate HCl)</td>
<td>NF</td>
</tr>
<tr>
<td>dexamethasone hcl tabs 5 mg, 10 mg, 2.5 mg</td>
<td>F</td>
</tr>
<tr>
<td>FOCALIN TABS (Use Dexamethasone HCl)</td>
<td>NF</td>
</tr>
<tr>
<td>METADATE CD CPCR (Use Methylphenidate HCl)</td>
<td>NF</td>
</tr>
<tr>
<td>methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</td>
<td>F</td>
</tr>
<tr>
<td>methylphenidate hcl tabs 10 mg, 20 mg</td>
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</tr>
<tr>
<td>methylphenidate hcl tabs 5 mg</td>
<td>F</td>
</tr>
<tr>
<td>methylphenidate hcl tbcr 10 mg, 36 mg</td>
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</tr>
<tr>
<td>methylphenidate hcl tbcr 18 mg, 20 mg, 27 mg, 54 mg</td>
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</table>

Nevada Silver Summit

Updated June 1, 2019
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUVIGIL TABS (Use Armodafinil)</td>
<td>NF</td>
<td>PA</td>
</tr>
<tr>
<td>RITALIN TABS 10 MG, 20 MG (Use Methylphenidate HCl)</td>
<td>NF</td>
<td>QL(3 ea daily); AL(At least 3 yrs old)</td>
</tr>
<tr>
<td>RITALIN TABS 5 MG (Use Methylphenidate HCl)</td>
<td>NF</td>
<td>QL(6 ea daily); AL(At least 3 yrs old)</td>
</tr>
</tbody>
</table>

**ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

<table>
<thead>
<tr>
<th>Allergenic Extracts</th>
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</tr>
</thead>
<tbody>
<tr>
<td>GRASTEK SUBL 2800 BAU</td>
<td>F</td>
</tr>
<tr>
<td>ORALAIR ADULT SAMPLE KIT SUBL</td>
<td>F</td>
</tr>
<tr>
<td>ORALAIR ADULT STARTER PACK SUBL</td>
<td>F</td>
</tr>
<tr>
<td>ORALAIR CHILDREN/adolescent S STARTER PACK SUBL</td>
<td>F</td>
</tr>
<tr>
<td>ORALAIR SUBL</td>
<td>F</td>
</tr>
<tr>
<td>RAGWITEK SUBL 12 AMB A 1-U</td>
<td>F</td>
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**ALTERNATIVE MEDICINES**

<table>
<thead>
<tr>
<th>Alternative Medicine - M’s</th>
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<tbody>
<tr>
<td>melatonin tabs or 3 mg, 5 mg</td>
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**AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections**

<table>
<thead>
<tr>
<th>Aminoglycosides</th>
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</tr>
</thead>
<tbody>
<tr>
<td>ARIKAYCE SUSP</td>
<td>F</td>
</tr>
<tr>
<td>BETHKIS NEBU</td>
<td>F</td>
</tr>
<tr>
<td>KITABIS PAK NEBU</td>
<td>F</td>
</tr>
<tr>
<td>neomycin sulfate tabs</td>
<td>F</td>
</tr>
<tr>
<td>TOBI NEBU (Use Tobramycin)</td>
<td>NF</td>
</tr>
<tr>
<td>TOBI PODHALER CAPS</td>
<td>F</td>
</tr>
<tr>
<td>TOBRAMYCIN NEBU</td>
<td>F</td>
</tr>
<tr>
<td>tobramycin nebu</td>
<td>F</td>
</tr>
<tr>
<td>TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML</td>
<td>F</td>
</tr>
<tr>
<td>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</td>
<td>F</td>
</tr>
<tr>
<td>tobramycin sulfate solr 1.2 gm</td>
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</tr>
</tbody>
</table>

**ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions**

<table>
<thead>
<tr>
<th>Anti-TNF-alpha - Monoclonal Antibodies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT</td>
<td>F</td>
</tr>
<tr>
<td>HUMIRA PEN PNKT</td>
<td>F</td>
</tr>
<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER PNKT</td>
<td>F</td>
</tr>
<tr>
<td>HUMIRA PEN-PS/UV STARTER PNKT</td>
<td>F</td>
</tr>
<tr>
<td>HUMIRA PSKT</td>
<td>F</td>
</tr>
</tbody>
</table>

**Antirheumatic - Enzyme Inhibitors**

| XELJANZ TABS | F | PA |
| XELJANZ XR TB24 | F | PA |

**Antirheumatic Antimetabolites**

<p>| METHOTREXATE TABS | F |
| OTREXUP SOAJ | F | SP |</p>
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RASUVO SOAJ</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>Interleukin-1 Receptor Antagonist (IL-1Ra)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KINERET SOSY</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVIL TABS (Use Ibuprofen)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ALEVE ARTHRITIS TABS (Use Naproxen Sodium)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ALEVE TABS (Use Naproxen Sodium)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ANAPROX DS TABS (Use Naproxen Sodium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>CELEBREX CAPS 400 MG (Use Celecoxib)</td>
<td>NF</td>
<td>PA; QL(2 ea daily)</td>
</tr>
<tr>
<td>CELEBREX CAPS 50 MG, 100 MG, 200 MG (Use Celecoxib)</td>
<td>NF</td>
<td>PA; QL(1 ea daily)</td>
</tr>
<tr>
<td>celecoxib caps 400 mg</td>
<td>F</td>
<td>PA; QL(2 ea daily)</td>
</tr>
<tr>
<td>celecoxib caps 50 mg, 100 mg, 200 mg</td>
<td>F</td>
<td>PA; QL(1 ea daily)</td>
</tr>
<tr>
<td>CHILDRENS ADVIL SUSP (Use Ibuprofen)</td>
<td>NF</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>CHILDRENS MOTRIN SUSP (Use Ibuprofen)</td>
<td>NF</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>DAYPRO TABS (Use Oxaprozin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>diclofenac potassium tabs 50 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium tb24 or 100 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>EC-NAPROSYN TBEC (Use Naproxen)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>EC-NAPROXEN TBEC (Use Naproxen)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>etodolac caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>etodolac tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>etodolac tb24</td>
<td>F</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FELDENE CAPS (Use Piroxicam)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>flurbiprofen tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ibuprofen chew 100 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ibuprofen susp 100 mg/5ml</td>
<td>F</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>ibuprofen susp 40 mg/ml, 50 mg/1.25ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ibuprofen tabs 200 mg, 400 mg, 600 mg, 800 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>indomethacin caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>indomethacin cpcr</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>INFANTS ADVIL SUSP (Use Ibuprofen)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>KETOPROFEN CAPS 50 MG, 75 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ketoprofen caps 50 mg, 75 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>KETOPROFEN ER CP24</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine tabs or 10 mg</td>
<td>F</td>
<td>QL(20 ea per 30 days retail); AL(At least 17 yrs old)</td>
</tr>
<tr>
<td>LODINE TABS (Use Etodolac)</td>
<td>NF</td>
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</tr>
<tr>
<td>meloxicam tabs</td>
<td>F</td>
<td></td>
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<tr>
<td>MOBIC TABS (Use Meloxicam)</td>
<td>NF</td>
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</tr>
<tr>
<td>MOTRIN TABS INFANTS DROPS SUSP (Use Ibuprofen)</td>
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<td></td>
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<tr>
<td>nabumetone tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NAPROSYN SUSP (Use Naproxen)</td>
<td>NF</td>
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</tr>
<tr>
<td>NAPROSYN TABS (Use Naproxen)</td>
<td>NF</td>
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</tr>
<tr>
<td>naproxen sodium tabs 220 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>naproxen sodium tabs 275 mg, 550 mg</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
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<tbody>
<tr>
<td>naproxen susp 125 mg/5ml</td>
<td>F</td>
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<tr>
<td>naproxen tabs 250 mg, 375 mg, 500 mg</td>
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<tr>
<td>naproxen tbec 375 mg, 500 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
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<tr>
<td>oxaprozin tabs 600 mg</td>
<td>F</td>
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</tr>
<tr>
<td>piroxicam caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>sulindac tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TOLMETIN SODIUM CAPS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TOLMETIN SODIUM TABS</td>
<td>F</td>
<td></td>
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<tr>
<td><strong>Soluble Tumor Necrosis Factor Receptor Agents</strong></td>
<td></td>
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</tr>
<tr>
<td>ENBREL MINI SOCT</td>
<td>F</td>
<td>PA</td>
</tr>
<tr>
<td>ENBREL SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ENBREL SOSY</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ENBREL SURECLICK</td>
<td>F</td>
<td>PA; SP</td>
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<tr>
<td><strong>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analgesic Combinations</td>
<td></td>
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<tr>
<td>butalbital-acetaminophen tabs 325mg-50mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>butalbital-aspirin-caffeine caps 50mg-40mg-325mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>ESGIC TABS (Use Butalbital-Acetaminophen-Caffeine)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>FIORINAL CAPS (Use Butalbital-Acetaminophen-Caffeine)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>TENCON TABS 325MG-50MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Analgesics Other</strong></td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen caps or 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>acetaminophen chew or 80 mg, 160 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>acetaminophen liqd or 160 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>acetaminophen supp re 120 mg, 325 mg, 650 mg</td>
<td>F</td>
<td>QL(12 ea per fill retail)</td>
</tr>
<tr>
<td>acetaminophen suppress or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>acetaminophen tabs or 325 mg, 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FEVERALL INFANTS SUPP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NORTEMP INFANTS SUSP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use Acetaminophen)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TYLENOL CHILDRENS SUSP (Use Acetaminophen)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TYLENOL EXTRA STRENGTH TABS (Use Acetaminophen)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TYLENOL INFANTS PAIN+FEVER SUSP (Use Acetaminophen)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TYLENOL INFANTS SUSP (Use Acetaminophen)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TYLENOL TABS (Use Acetaminophen)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>Salicylates</strong></td>
<td></td>
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</tr>
<tr>
<td>aspirin buffered (cal carb-mag carb-mag oxide) tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>aspirin chew or 81 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG</td>
<td>F</td>
<td>QL(12 ea per fill retail)</td>
</tr>
<tr>
<td>aspirin supp re 300 mg, 600 mg</td>
<td>F</td>
<td>QL(12 ea per fill retail)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>aspirin tabs or 325 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>aspirin tbec or 81 mg, 324 mg, 325 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BUFFERIN TABS (Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>choline &amp; mag salicylate liqd</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>diflunisal tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ECOTRIN REGULAR STRENGTH TBEC (Use Aspirin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>salsalate tabs</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions**

**Opioid Agonists**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODEINE SULFATE TABS 15 MG, 60 MG</td>
<td>F</td>
<td>QL(2 ea daily); AL(At least 12 yrs old)</td>
</tr>
<tr>
<td>CODEINE SULFATE TABS 30 MG (Use Codeine Sulfate)</td>
<td>NF</td>
<td>QL(2 ea daily); AL(At least 12 yrs old)</td>
</tr>
<tr>
<td>codeine sulfate tabs 30 mg, 60 mg</td>
<td>F</td>
<td>QL(2 ea daily); AL(At least 12 yrs old)</td>
</tr>
<tr>
<td>DEMEROL TABS OR 100 MG (Use Meperidine HCl)</td>
<td>NF</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>DILAUDID TABS OR 2 MG, 4 MG, 8 MG (Use Hydromorphone HCl)</td>
<td>NF</td>
<td>QL(8 ea daily)</td>
</tr>
<tr>
<td>DOLOPHINE TABS 10 MG (Use Methadone HCl)</td>
<td>NF</td>
<td>QL(10 ea daily)</td>
</tr>
<tr>
<td>DOLOPHINE TABS 5 MG (Use Methadone HCl)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>DURAGESIC PT72 (Use Fentanyl)</td>
<td>NF</td>
<td>Limit 10 patches per month; QL(0.34 ea daily)</td>
</tr>
<tr>
<td>EMBEDA CPCR</td>
<td>F</td>
<td>Limit 10 patches per month; QL(0.34 ea daily)</td>
</tr>
<tr>
<td>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>HYDROMORPHONE HCL SUPP RE 3 MG</td>
<td>F</td>
<td>QL(12 ea per fill retail)</td>
</tr>
<tr>
<td>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</td>
<td>F</td>
<td>QL(8 ea daily)</td>
</tr>
<tr>
<td>HYSINGLA ER T24A</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MEPERIDINE HCL SOLN OR 50 MG/5ML</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>MEPERIDINE HCL TABS OR 50 MG</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>meperidine hcl tabs or 50 mg, 100 mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>methadone hcl tabs or 10 mg</td>
<td>F</td>
<td>QL(10 ea daily)</td>
</tr>
<tr>
<td>methadone hcl tabs or 5 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</td>
<td>F</td>
<td>QL(16.67 ml daily)</td>
</tr>
<tr>
<td>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG</td>
<td>F</td>
<td>QL(24 ea per fill retail)</td>
</tr>
<tr>
<td>MORPHINE SULFATE TABS OR 15 MG, 30 MG</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>MS CONTIN TBCR (Use Morphine Sulfate)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>oxycodone hcl caps 5 mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>oxycodone hcl conc 100 mg/5ml</td>
<td>F</td>
<td>QL(6 ml daily)</td>
</tr>
<tr>
<td>oxycodone hcl soln 5 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>ROXICODONE TABS (Use Oxycodone HCl)</td>
<td>NF</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>tramadol hcl tabs 50 mg</td>
<td>F</td>
<td>QL(8 ea daily); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>ULTRAM TABS (Use Tramadol HCl)</td>
<td>NF</td>
<td>QL(8 ea daily); AL(At least 18 yrs old)</td>
</tr>
</tbody>
</table>

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## Opioid Combinations

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</td>
<td>F</td>
<td>QL(30 ml daily); AL(At least 12 yrs old)</td>
</tr>
<tr>
<td>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg</td>
<td>F</td>
<td>QL(6 ea daily); AL(At least 12 yrs old)</td>
</tr>
<tr>
<td>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</td>
<td>F</td>
<td>QL(4 ea daily); AL(At least 12 yrs old)</td>
</tr>
<tr>
<td>butalbital-aspirin-caffeine caps 50mg-40mg-30mg-325mg</td>
<td>F</td>
<td>QL(4 ea daily); AL(At least 12 yrs old)</td>
</tr>
<tr>
<td>FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)</td>
<td>NF</td>
<td>QL(4 ea daily); AL(At least 12 yrs old)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</td>
<td>F</td>
<td>QL(180 ml daily)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen tabs 10mg-325mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen tabs 5mg-325mg</td>
<td>F</td>
<td>QL(12 ea daily)</td>
</tr>
<tr>
<td>hydrocodone-acetaminophen tabs 7.5mg-325mg</td>
<td>F</td>
<td>QL(8 ea daily)</td>
</tr>
<tr>
<td>NORCO TABS 10MG-325MG (Use Hydrocodone-Acetaminophen)</td>
<td>NF</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>NORCO TABS 5MG-325MG (Use Hydrocodone-Acetaminophen)</td>
<td>NF</td>
<td>QL(12 ea daily)</td>
</tr>
<tr>
<td>NORCO TABS 7.5MG-325MG (Use Hydrocodone-Acetaminophen)</td>
<td>NF</td>
<td>QL(8 ea daily)</td>
</tr>
<tr>
<td>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>oxycodone-aspirin tabs</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>OXYCODONE/ACETAMINOPHEN SOLN</td>
<td>F</td>
<td>QL(30 ml daily)</td>
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## Opioid Partial Agonists

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine hcl subl sl 2 mg, 8 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl dihydrate film 2mg-0.5mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl dihydrate film 4mg-1mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg, 12mg-3mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>SUBOXONE FILM 12MG-3MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>SUBOXONE FILM 2MG-0.5MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>SUBOXONE FILM 4MG-1MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SUBOXONE FILM 8MG-2MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td><strong>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</strong></td>
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<td></td>
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<tr>
<td>Androgens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDRODERM PT24</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ANDROXY TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DEPO-TESTOSTERONE SOLN 200 MG/ML (Use Testosterone Cypionate)</td>
<td>NF</td>
<td>Limit 4mls per month;QL(0.14 29 ml daily)</td>
</tr>
<tr>
<td>METHITEST TABS 10 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate soln im 200 mg/ml</td>
<td>F</td>
<td>Limit 4mls per month;QL(0.14 29 ml daily)</td>
</tr>
<tr>
<td>TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML</td>
<td>F</td>
<td>Limit 4mls per month;QL(0.14 29 ml daily)</td>
</tr>
<tr>
<td><strong>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intrarectal Steroids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORTENEMA ENEM (Use Hydrocortisone (Intrarectal))</td>
<td>NF</td>
<td>QL(420 ml per fill retail)</td>
</tr>
<tr>
<td>hydrocortisone (intrarectal) enem 100 mg/60ml</td>
<td>F</td>
<td>QL(420 ml per fill retail)</td>
</tr>
<tr>
<td><strong>Rectal Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>phenylephrine-shark liver oil-cocoa butter supp</td>
<td>F</td>
<td>QL(12 ea per fill retail)</td>
</tr>
<tr>
<td>phenylephrine-shark liver oil-mineral oil-petrolatum oint</td>
<td>F</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td><strong>Rectal Local Anesthetics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pramoxine hcl (rectal) foam 1 %</td>
<td>F</td>
<td>QL(15 gm per fill retail)</td>
</tr>
<tr>
<td>PROCTOFOAM FOAM (Use Pramoxine HCl (Rectal))</td>
<td>NF</td>
<td>QL(15 gm per fill retail)</td>
</tr>
<tr>
<td><strong>Rectal Steroids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANUSOL-HC CREA (Use Hydrocortisone (Rectal))</td>
<td>NF</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>hydrocortisone (rectal) crea 2.5 %</td>
<td>F</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td><strong>ANTACIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antacid Combinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alum &amp; mag hydrox-simethicone chew 200mg-25mg-200mg</td>
<td>F</td>
<td>QL(24 ml daily)</td>
</tr>
<tr>
<td>alum &amp; mag hydrox-simethicone liq 200mg/5ml-20mg/5ml-200mg/5ml</td>
<td>F</td>
<td>QL(24 ml daily)</td>
</tr>
<tr>
<td>alum &amp; mag hydrox-simethicone liq 400mg/5ml-40mg/5ml-400mg/5ml</td>
<td>F</td>
<td>QL(24 ml daily)</td>
</tr>
<tr>
<td>alum &amp; mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml</td>
<td>F</td>
<td>QL(24 ml daily)</td>
</tr>
<tr>
<td>alum &amp; mag hydrox-simethicone susp 400mg/5ml-40mg/5ml-400mg/5ml</td>
<td>F</td>
<td>QL(24 ml daily)</td>
</tr>
<tr>
<td>GELUSIL CHEW (Use Alum &amp; Mag Hydrox-Simethicone)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use Alum &amp; Mag Hydrox-Simethicone)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>Antacids - Aluminum Salts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALUMINUM HYDROXIDE SUSP OR</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Antacids - Bicarbonate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sodium bicarbonate (antacid) tabs</td>
<td>F</td>
<td>Limit 496 per month;QL(16.5 4 ea daily)</td>
</tr>
<tr>
<td><strong>Antacids - Calcium Salts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcium carbonate (antacid) chew 500 mg, 750 mg, 1000 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUMS CHEW (Use Calcium Carbonate (Antacid))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TUMS CHEWY BITES CHEW (Use Calcium Carbonate (Antacid))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TUMS E-X 750 CHEW (Use Calcium Carbonate (Antacid))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TUMS EXTRA STRENGTH 750 CHEW (Use Calcium Carbonate (Antacid))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TUMS KIDS CHEW (Use Calcium Carbonate (Antacid))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TUMS LASTING EFFECTS CHEW (Use Calcium Carbonate (Antacid))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TUMS SMOOTHIES CHEW (Use Calcium Carbonate (Antacid))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TUMS ULTRA 1000 CHEW (Use Calcium Carbonate (Antacid))</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Antacids - Magnesium Salts**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>magnesium oxide tabs 400 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections**

**Anti-infective Agents - Misc.**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>metronidazole tabs or 250 mg, 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>trimethoprim tabs</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**Anti-infective Misc. - Combinations**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Glycopeptides**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRVANQ SOLR</td>
<td>F</td>
<td>QL(300 ml per fill retail)</td>
</tr>
<tr>
<td>VANCOCIN HCL CAPS 125 MG (Use Vancomycin HCl)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>VANCOCIN HCL CAPS 250 MG (Use Vancomycin HCl)</td>
<td>NF</td>
<td>QL(8 ea daily)</td>
</tr>
<tr>
<td>vancomycin hcl caps or 125 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>vancomycin hcl caps or 250 mg</td>
<td>F</td>
<td>QL(8 ea daily)</td>
</tr>
<tr>
<td>vancomycin hcl solr iv 1 gm, 1000 mg</td>
<td>F</td>
<td>QL(14 ea per fill retail)</td>
</tr>
<tr>
<td>vancomycin hcl solr iv 500 mg</td>
<td>F</td>
<td>Limit 14 per month;QL(0.46 7 ea daily)</td>
</tr>
</tbody>
</table>

**Leprostatics**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dapsone tabs</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**Lincosamides**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLEOCIN CAPS OR 150 MG, 300 MG (Use Clindamycin HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)</td>
<td>NF</td>
<td>Limit 1 package per claim;QL(100 ml per fill retail)</td>
</tr>
<tr>
<td>clindamycin hcl caps 150 mg, 300 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>clindamycin palmitate hydrochloride solr 75 mg/5ml</td>
<td>F</td>
<td>Limit 1 package per claim;QL(100 ml per fill retail)</td>
</tr>
</tbody>
</table>

**Oxazolidinones**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIVEXTRO TABS OR 200 MG</td>
<td>F</td>
<td>PA; QL(6 ea per fill retail)</td>
</tr>
</tbody>
</table>

**ANTIANGINAL AGENTS - Drugs to Treat Chest Pain**

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nitrates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ISOSORBIDE DINITRATE ER TBCR</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ISOSORBIDE DINITRATE TABS 30 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>isosorbide mononitrate tabs 10 mg, 20 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>NITRO-BID OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NITROSTAT SUBL (Use Nitroglycerin)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Benzodiazepines**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>ATIVAN SOLN IJ 2 MG/ML, 4 MG/ML (Use Lorazepam)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>ATIVAN TABS OR 1 MG (Use Lorazepam)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>chlordiazepoxide hcl caps</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>clorazepate dipotassium tabs</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>DIAZEPAM SOLN IJ 5 MG/ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>diazepam soln ij 5 mg/ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DIAZEPAM SOLN OR 5 MG/5ML</td>
<td>F</td>
<td>QL(500 ml per fill retail)</td>
</tr>
<tr>
<td>diazepam tabs or 2 mg, 5 mg, 10 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>lorazepam conc or 2 mg/ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>lorazepam soln ij 2 mg/ml, 4 mg/ml, 20 mg/10ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>lorazepam tabs or 0.5 mg, 2 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>lorazepam tabs or 1 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>oxazepam caps 10 mg, 15 mg, 30 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>OXAZEPAM CAPS 10 MG, 30 MG</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>TRÁNXENE T TABS (Use Clorazepate Dipotassium)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
</tbody>
</table>

**ANTIANXIETY AGENTS - Drugs to Treat Anxiety**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>buspirone hcl tabs 15 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>buspirone hcl tabs 30 mg, 7.5 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>buspirone hcl tabs 5 mg, 10 mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>droperidol soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>HYDROXYZINE HCL SOLN IM 25 MG/ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl syrp or 10 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALIUM TABS (Use Diazepam)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>XANAX TABS (Use Alprazolam)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
</tbody>
</table>

**ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms**

<table>
<thead>
<tr>
<th>Antiarrhythmics Type I-A</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>disopyramide phosphate caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NORPACE CAPS (Use Disopyramide Phosphate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>NORPACE CR CP12 150 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>quinidine gluconate tbcr or 324 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>QUINIDINE SULFATE TABS</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antiarrhythmics Type I-B</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MEXILETINE HCL CAPS 150 MG, 200 MG, 250 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>mexiletine hcl caps 200 mg, 250 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antiarrhythmics Type I-C</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>flecainide acetate tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>propafenone hcl tabs 150 mg, 225 mg, 300 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antiarrhythmics Type III</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>amiodarone hcl tabs or 200 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>dofetilide caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TIKOSYN CAPS (Use Dofetilide)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions**

<table>
<thead>
<tr>
<th>Anti-Inflammatory Agents</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>cromolyn sodium nebu</td>
<td>F</td>
<td>QL(8 ml daily)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bronchodilators - Anticholinergics</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ATROVENT HFA AERS</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.87 gm daily)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCRUSE ELLIPTA AEPB</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ipratropium bromide soln</td>
<td>F</td>
<td>Limit 1 package per month;QL(12.5 ml daily)</td>
</tr>
<tr>
<td>TUDORZA PRESSAIR AEPB</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.03 4 ea daily)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leukotriene Modulators</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>montelukast sodium chew</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>montelukast sodium pack</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>montelukast sodium tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SINGULAIR CHEW (Use Montelukast Sodium)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SINGULAIR PACK (Use Montelukast Sodium)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SINGULAIR TABS (Use Montelukast Sodium)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selective Phosphodiesterase 4 (PDE4) Inhibitors</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DALIRESP TABS 500 MCG</td>
<td>F</td>
<td>PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Steroid Inhalants</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AEROSPAN AERS</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.3 gm daily)</td>
</tr>
<tr>
<td>budesonide (inhalation) susp</td>
<td>F</td>
<td>QL(4 ml daily); AL(Up to 6 yrs old )</td>
</tr>
<tr>
<td>FLOVENT DISKUS AEPB</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.4 gm daily)</td>
</tr>
<tr>
<td>FLOVENT HFA AERO 44 MCG/ACT</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.36 7 gm daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
<th>Tier</th>
<th>Limitations/</th>
<th>Limitations/</th>
</tr>
</thead>
<tbody>
<tr>
<td>PULMICORT FLEXHALER AEPB</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.04 ea daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PULMICORT SUSP (Use Budesonide (Inhalation))</td>
<td>NF</td>
<td>QL(4 ml daily); AL(Upto 6 yrs old )</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sympathomimetics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVAIR DISKUS AEPB (Use Fluticasone-Salmeterol)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate aers in 108 mcg/act</td>
<td>F</td>
<td>QL(0.45 gm daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate aers in 108 mcg/act</td>
<td>F</td>
<td>QL(1.2 gm daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate aers in 108 mcg/act</td>
<td>F</td>
<td>QL(0.57 gm daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALBUTEROL SULFATE ER TB12</td>
<td>F</td>
<td>QL(2 ml daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate nebu in 0.5 %</td>
<td>F</td>
<td>QL(12.5 ml daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml</td>
<td>F</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate syrp or 2 mg/5ml</td>
<td>F</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate tabs or 2 mg, 4 mg</td>
<td>F</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate tb12 or 4 mg, 8 mg</td>
<td>F</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANORO ELLIPTA AEPB</td>
<td>F</td>
<td>PA</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMBIVENT RESPIMAT AERS</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.13 4 gm daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DULERA AERO</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.43 4 gm daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluticasone-salmeterol aepb</td>
<td>F</td>
<td>QL(2 ea daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ipratropium-albuterol soln</td>
<td>F</td>
<td>QL(12 ml daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METAPROTERENOL SULFATE SYRP 10 MG/5ML</td>
<td>F</td>
<td>QL(30 ml daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Xanthines</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ELIXOPHYLLIN ELIX</td>
<td>F</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THEO-24 CP24</td>
<td>F</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>theophylline soln 80 mg/15ml</td>
<td>F</td>
<td>QL(475 ml per fill retail)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</td>
<td>F</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>theophylline tb24 400 mg, 600 mg</td>
<td>F</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTICOAGULANTS - Blood Thinners</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coumarin Anticoagulants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COUMADIN TABS (Use Warfarin Sodium)</td>
<td>NF</td>
<td></td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>warfarin sodium tabs</td>
<td>F</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Factor Xa Inhibitors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIQUISTARTERPACK TABS</td>
<td>F</td>
<td>QL(4 ea daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIQUISTABS</td>
<td>F</td>
<td>QL(4 ea daily)</td>
<td>F</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>XARELTO TABS 10 MG</td>
<td>F</td>
<td>QL(1 ea daily, 35 ea per 180 days retail)</td>
</tr>
<tr>
<td>XARELTO TABS 15 MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>XARELTO TABS 20 MG</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

### Heparins And Heparinoid-Like Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>enoxaparin sodium soln ij 300 mg/3ml</td>
<td>F</td>
<td>QL(42 ml per 7 days retail); SP</td>
</tr>
<tr>
<td>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</td>
<td>F</td>
<td>QL(14 ml per 7 days retail); SP</td>
</tr>
<tr>
<td>enoxaparin sodium soln sc 30 mg/0.3ml</td>
<td>F</td>
<td>QL(5 ml per 7 days retail); SP</td>
</tr>
<tr>
<td>enoxaparin sodium soln sc 40 mg/0.4ml</td>
<td>F</td>
<td>QL(6 ml per 7 days retail); SP</td>
</tr>
<tr>
<td>enoxaparin sodium soln sc 60 mg/0.6ml</td>
<td>F</td>
<td>QL(9 ml per 7 days retail); SP</td>
</tr>
<tr>
<td>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</td>
<td>F</td>
<td>QL(12 ml per 7 days retail); SP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>heparin sodium (porcine) soln</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

### Anticonvulsants - Benzodiazepines

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clonazepam tabs 0.5 mg, 1 mg, 2 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
</tbody>
</table>

### Heparins And Heparinoid-Like Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIASTAT ACUDIAL GEL</td>
<td>F</td>
<td>QL(1 ea per fill retail); AL(Up to 21 yrs old)</td>
</tr>
<tr>
<td>DIASTAT PEDIATRIC GEL</td>
<td>F</td>
<td>QL(1 ea per fill retail); AL(Up to 21 yrs old)</td>
</tr>
<tr>
<td>diazepam (anticonvulsant) gel</td>
<td>F</td>
<td>QL(1 ea per fill retail); AL(Up to 21 yrs old)</td>
</tr>
<tr>
<td>DIAZEPAM GEL RE 20 MG, 2.5 MG</td>
<td>F</td>
<td>QL(1 ea per fill retail); AL(Up to 21 yrs old)</td>
</tr>
<tr>
<td>DIAZEPAM RECTAL GEL GEL</td>
<td>F</td>
<td>QL(1 ea per fill retail); AL(Up to 21 yrs old)</td>
</tr>
<tr>
<td>KLOPION TABS (Use Clonazepam)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
</tbody>
</table>

### Anticonvulsants - Misc.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTIOM TABS</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>BANZEL SUSB</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>BANZEL TABS</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>BRIVIACT SOLN OR 10 MG/ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BRIVIACT TABS OR 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>carbamazepine chew</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>carbamazepine cp12</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>carbamazepine susp</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>carbamazepine tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>carbamazepine tb12</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CARBATROL CP12 (Use Carbamazepine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>gabapentin caps 100 mg, 300 mg, 400 mg</td>
<td>F</td>
<td>QL(9 ea daily)</td>
</tr>
</tbody>
</table>

### Anticonvulsants - Drugs to Treat Seizures

#### AMPA Glutamate Receptor Antagonists

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FYCOMPA SUSP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FYCOMPA TABS</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
</table>
gabapentin soln 250 mg/5ml, 300 mg/6ml | F         |                    |
gabapentin tabs 600 mg          | F         | QL(6 ea daily)     |
gabapentin tabs 800 mg          | F         | QL(4 ea daily)     |
KEPPRA SOLN IV 500 MG/5ML (Use Levetiracetam) | NF       |                    |
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam) | NF       | QL(30 ml daily)    |
KEPPRA TABS OR 1000 MG (Use Levetiracetam) | NF       |                    |
KEPPRA TABS OR 250 MG, 750 MG (Use Levetiracetam) | NF       | QL(4 ea daily)     |
KEPPRA TABS OR 500 MG (Use Levetiracetam) | NF       | QL(6 ea daily)     |
KEPPRA XR TB24 (Use Levetiracetam) | NF       |                    |
LAMICTAL CHEWABLE DISPERABLE CHEW (Use Lamotrigine) | NF       |                    |
LAMICTAL TABS (Use Lamotrigine)  | NF       |                    |
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (Use Lamotrigine) | NF       | ST                 |
lamatrigine chew 5 mg, 25 mg  | F         |                    |
lamatrigine tabs 25 mg, 100 mg, 150 mg, 200 mg  | F         |                    |
lamatrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg  | F         | ST                 |
levetiracetam soln iv 500 mg/5ml | F         |                    |
levetiracetam soln or 100 mg/ml, 500 mg/5ml | F         | QL(30 ml daily)    |
levetiracetam tabs or 1000 mg  | F         |                    |
levetiracetam tabs or 250 mg, 750 mg  | F         | QL(4 ea daily)     |
levetiracetam tabs or 500 mg  | F         | QL(6 ea daily)     |
levetiracetam tabs 250 mg, 750 mg  | F         | QL(4 ea daily)     |
levetiracetam tabs 500 mg  | F         | QL(6 ea daily)     |
levetiracetam tabs 1000 mg  | F         |                    |

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>topiramate tabs 25 mg, 50 mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>TRILEPTAL SUSP (Use Oxcarbazepine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TRILEPTAL TABS (Use Oxcarbazepine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>VIMPAT SOLN OR 10 MG/ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ZONEGRAN CAPS (Use Zonisamide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>zonisamide caps</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**Carbamates**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>felbamate susp</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>felbamate tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FELBATOL SUSP (Use Felbamate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>FELBATOL TABS (Use Felbamate)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**GABA Modulators**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GABITRIL TABS (Use Tiagabine HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>tiagabine hcl tabs</td>
<td>F</td>
<td></td>
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</tbody>
</table>

**Hydantoins**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DILANTIN CAPS 30 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DILANTIN INFATABS CHEW (Use Phenytoin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DILANTIN-125 SUSP (Use Phenytoin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEGANONE TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PHENYTEK CAPS (Use Phenytoin Sodium Extended)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>phenytoin chew</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>phenytoin sodium extended caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>phenytoin susp</td>
<td>F</td>
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</table>

**Succinimides**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELONTIN CAPS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ethosuximide caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ethosuximide soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ZARONTIN CAPS (Use Ethosuximide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ZARONTIN SOLN (Use Ethosuximide)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Valproic Acid**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPAKENE CAPS (Use Valproic Acid)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DEPAKENE SOLN (Use Valproate Sodium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DEPAKOTE ER TB24 (Use Divalproex Sodium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DEPAKOTE SPRINKLES CSDR (Use Divalproex Sodium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DEPAKOTE TBEC (Use Divalproex Sodium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>divalproex sodium csdr</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>divalproex sodium tb24</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>divalproex sodium tbec</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>valproate sodium soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>valproic acid caps or 250 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIDEPRESSANTS - Drugs to Treat Depression**

**Alpha-2 Receptor Antagonists (Tetracyclics)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>mirtazapine tabs 15 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>mirtazapine tabs 30 mg</td>
<td>F</td>
<td>QL(1.5 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>mirtazapine tabs 45 mg, 7.5 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>mirtazapine tbdp 15 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>mirtazapine tbdp 30 mg</td>
<td>F</td>
<td>QL(1.5 ea daily)</td>
</tr>
<tr>
<td>mirtazapine tbdp 45 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>REMERON SOLTAB TBDP 15 MG (Use Mirtazapine)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>REMERON SOLTAB TBDP 30 MG (Use Mirtazapine)</td>
<td>NF</td>
<td>QL(1.5 ea daily)</td>
</tr>
<tr>
<td>REMERON SOLTAB TBDP 45 MG (Use Mirtazapine)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>REMERON TABS 15 MG (Use Mirtazapine)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>REMERON TABS 30 MG (Use Mirtazapine)</td>
<td>NF</td>
<td>QL(1.5 ea daily)</td>
</tr>
<tr>
<td>REMERON TABS 45 MG (Use Mirtazapine)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>APLENZIN TB24</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>bupropion hcl tabs 75 mg, 100 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>bupropion hcl tb12 100 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>bupropion hcl tb12 150 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>bupropion hcl tb12 200 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>bupropion hcl tb24 150 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>BUPROPION HYDROCHLORIDE ER (XL) TB24</td>
<td>F</td>
<td>QL(8 ml daily)</td>
</tr>
<tr>
<td>FORFIVO XL TB24</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>MAPROTLINE HCL TABS</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>WELLBUTRIN SR TB12 100 MG (Use Bupropion HCl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLBUTRIN SR TB12 150 MG (Use Bupropion HCl)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>WELLBUTRIN SR TB12 200 MG (Use Bupropion HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>WELLBUTRIN XL TB24 150 MG (Use Bupropion HCl)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>WELLBUTRIN XL TB24 300 MG (Use Bupropion HCl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

**Monoamine Oxidase Inhibitors (MAOIs)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSAM PT24</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>MARPLAN TABS</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>NARDIL TABS (Use Phenelzine Sulfate)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>PARNATE TABS (Use Tranylcypromine Sulfate)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
</tbody>
</table>

**Selective Serotonin Reuptake Inhibitors (SSRIs)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELEXA TABS 10 MG (Use Citalopram Hydrobromide)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>CELEXA TABS 20 MG (Use Citalopram Hydrobromide)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>CELEXA TABS 40 MG (Use Citalopram Hydrobromide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>citalopram hydrobromide soln 10 mg/5ml</td>
<td>F</td>
<td>QL(8 ml daily)</td>
</tr>
<tr>
<td>citalopram hydrobromide tabs 10 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>citalopram hydrobromide tabs 20 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>citalopram hydrobromide tabs 40 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>escitalopram oxalate soln 5 mg/5ml</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>escitalopram oxalate tabs 10 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>escitalopram oxalate tabs 20 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>escitalopram oxalate tabs 5 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>FLUOXETINE DR CPDR</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl caps 10 mg, 20 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>fluoxetine hcl caps 40 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>fluoxetine hcl soln 20 mg/5ml</td>
<td>F</td>
<td>QL(20 ml daily, 30 day(s) limit); AL(At least 7 yrs old)</td>
</tr>
<tr>
<td>fluoxetine hcl tabs 10 mg</td>
<td>F</td>
<td>QL(1 ea daily); AL(At least 13 yrs old)</td>
</tr>
<tr>
<td>fluoxetine hcl tabs 20 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>fluoxetine hcl tabs 60 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FLUOXETINE HYDROCHLORIDE TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>fluvoxamine maleate cp24 100 mg, 150 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>fluvoxamine maleate tabs 100 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>fluvoxamine maleate tabs 25 mg, 50 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>LEXAPRO TABS 10 MG (Use Escitalopram Oxalate)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>paroxetine hcl tabs 10 mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>paroxetine hcl tabs 20 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>paroxetine hcl tabs 30 mg, 40 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>paroxetine hcl tabs 25 mg, 50 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>NEFAZODONE HCL TABS 100 MG, 150 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>nefazodone hcl tabs 50 mg, 250 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEFAZODONE HYDROCHLORIDE TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>trazodone hcl tabs 300 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>trazodone hcl tabs 50 mg, 100 mg, 150 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TRINTELLIX TABS</td>
<td>F</td>
<td>PA</td>
</tr>
<tr>
<td>VIIBRYD STARTER PACK KIT</td>
<td>F</td>
<td>PA</td>
</tr>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIIBRYD TABS</td>
<td>F</td>
<td>PA; QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>Serotonin-Norepinephrine Reuptake Inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYMBALTA CPEP (Use Duloxetine HCl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>DESVENLAFAXINE ER TB24 50 MG, 100 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>desvenlafaxine succinate tb24</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>duloxetine hcl cpep 40 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>EFFEXOR XR CP24 37.5 MG (Use Venlafaxine HCl)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>EFFEXOR XR CP24 75 MG (Use Venlafaxine HCl)</td>
<td>NF</td>
<td>QL(5 ea daily)</td>
</tr>
<tr>
<td>FETZIMA CP24</td>
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<td></td>
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<tr>
<td>FETZIMA TITRATION PACK C4PK</td>
<td>F</td>
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<tr>
<td>KHEDEZLA TB24</td>
<td>F</td>
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</tr>
<tr>
<td>PRISTIQ TB24 (Use Desvenlafaxine Succinate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>venlafaxine hcl cp24 150 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>venlafaxine hcl cp24 37.5 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>venlafaxine hcl cp24 75 mg</td>
<td>F</td>
<td>QL(5 ea daily)</td>
</tr>
<tr>
<td>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</td>
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<td></td>
</tr>
<tr>
<td>venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>Tricyclic Agents</strong></td>
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<tr>
<td>amitriptyline hcl tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AMOXAPINE TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ANAFRANIL CAPS (Use Clomipramine HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>Drug Name</strong></td>
<td>Drug Tier</td>
<td>Requirements/ Limits</td>
</tr>
<tr>
<td>clomipramine hcl caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>desipramine hcl tabs 25 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</td>
<td>F</td>
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</tr>
<tr>
<td>DOXEPIN HCL CAPS 150 MG</td>
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</tr>
<tr>
<td>doxepin hcl conc 10 mg/ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ELAVIL TABS (Use Amitriptyline HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>imipramine hcl tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>imipramine pamoate caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NORPRAMIN TABS 10 MG (Use Desipramine HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>NORPRAMIN TABS 25 MG (Use Desipramine HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>nortriptyline hcl soln 10 mg/5ml</td>
<td>F</td>
<td>QL(20 ml daily)</td>
</tr>
<tr>
<td>NORTRIPTYLINE HCL SOLN 10 MG/5ML</td>
<td>F</td>
<td>QL(20 ml daily)</td>
</tr>
<tr>
<td>PAMELOR CAPS (Use Nortriptyline HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>protriptyline hcl tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>SURMONTIL CAPS (Use Trimipramine Maleate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TOFRANIL TABS (Use Imipramine HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>trimipramine maleate caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIDIABETICS - Drugs to Regulate Blood Sugar</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acarbose tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>GLYSET TABS (Use Miglitol)</td>
<td>NF</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>miglitol tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PRECOSE TABS (Use Acarbose)</td>
<td>NF</td>
<td></td>
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**Antidiabetic - Amylin Analogs**

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<thead>
<tr>
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<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>SYMLINPEN 120 SOPN</td>
<td>F</td>
<td>Limit 4 pens per month; QL(0.36 ml daily)</td>
</tr>
<tr>
<td>SYMLINPEN 60 SOPN</td>
<td>F</td>
<td>Limit 4 pens per month; QL(0.2 ml daily, 100 day(s) limit)</td>
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**Antidiabetic Combinations**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTOPLUS MET TABS (Use Pioglitazone HCl-Metformin HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ACTOPLUS MET XR TB24</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>alogliptin-metformin hcl tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>alogliptin-pioglitazone tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>DUETACT TABS (Use Pioglitazone HCl-Glimepiride)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>glipizide-metformin hcl tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>GLUCOVANCE TABS (Use Glyburide-Metformin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>glyburide-metformin tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>GLYXAMBI TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>INVOKAMET TABS 50MG-1000MG, 150MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>INVOKAMET TABS 50MG-500MG, 150MG-500MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>INVOKAMET XR TB24 50MG-1000MG, 150MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>INVOKAMET XR TB24 50MG-500MG, 150MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>JANUMET TABS 50MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET TABS 50MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-1000MG, 100MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>JENTADUETO TABS</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>JENTADUETO XR TB24</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>KAZANO TABS (Use Alogliptin-Metformin HCl)</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>KOMBIGLYZE XR TB24 5MG-1000MG, 2.5MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>KOMBIGLYZE XR TB24 5MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-1000MG, 100MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>JANUMET TABS 50MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET TABS 50MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-1000MG, 100MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-1000MG, 100MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-1000MG, 100MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-1000MG, 100MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>JANUMET XR TB24 50MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily, 100 day(s) limit)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSENI TABS 12.5MG-15MG, 12.5MG-30MG (Use Alogliptin-Pioglitazone)</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>OSENI TABS 25MG-15MG, 25MG-30MG, 25MG-45MG, 12.5MG-45MG (Use Alogliptin-Pioglitazone)</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>pioglitazone hcl-glimepiride tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl tabs</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>QTERN TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>SEGLUROMET TABS</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>SOLIQUA 100/33 SOPN</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>STEGLUJAN TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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</thead>
<tbody>
<tr>
<td>SYNJARDY TABS 5MG-1000MG, 12.5MG-1000MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>SYNJARDY TABS 5MG-500MG, 12.5MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>SYNJARDY XR TB24</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>XIGDUO XR TB24 5MG-1000MG, 10MG-1000MG, 2.5MG-1000MG</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>XIGDUO XR TB24 5MG-500MG, 10MG-500MG</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
</tbody>
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**Biguanides**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORTAMET TB24 1000 MG (Use Metformin HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>FORTAMET TB24 500 MG (Use Metformin HCl)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>GLUCOPHAGE TABS 1000 MG (Use Metformin HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>GLUCOPHAGE TABS 500 MG (Use Metformin HCl)</td>
<td>NF</td>
<td>QL(5 ea daily)</td>
</tr>
<tr>
<td>GLUCOPHAGE TABS 850 MG (Use Metformin HCl)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>GLUCOPHAGE XR TB24 500 MG (Use Metformin HCl)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>GLUCOPHAGE XR TB24 750 MG (Use Metformin HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>GLUMETZA TB24 1000 MG (Use Metformin HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>GLUMETZA TB24 500 MG (Use Metformin HCl)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>metformin hcl tabs 1000 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>metformin hcl tabs 500 mg</td>
<td>F</td>
<td>QL(5 ea daily)</td>
</tr>
<tr>
<td>metformin hcl tabs 850 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>metformin hcl tb24 500 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>metformin hcl tb24 750 mg, 1000 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>METFORMIN HYDROCHLORIDE SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>RIOMET SOLN</td>
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**Diabetic Other**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS GLUCOSE CHEW 4 GM</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>DEX4 QUICK DISSOLVE GLUCOSE CHEW</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>dextrose (diabetic use) gel 40 %, 15 gm/38gm</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>GLUCAGEN HYPOKIT SOLR</td>
<td>F</td>
<td>QL(1 ea per fill retail)</td>
</tr>
<tr>
<td>GLUCAGON EMERGENCY KIT KIT</td>
<td>F</td>
<td>QL(1 ea per fill retail)</td>
</tr>
<tr>
<td>GLUCOSE CHEW 4 GM</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>GNP GLUCOSE CHEW 4 GM</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>GNP QUICK DISSOLVE GLUCOSE CHEW</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>KORLYM TABS</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>LEADER QUICK DISSOLVE GLUCOSE CHEW</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>PROGLYCEM SUSP</td>
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<td>QL(100 day(s) limit)</td>
</tr>
<tr>
<td>SM GLUCOSE CHEW 4 GM</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>WALGREENS GLUCOSE CHEW 4 GM</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
</tbody>
</table>

**Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alogliptin benzoate tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>JANUVIA TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>NESINA TABS 12.5 MG (Use Alogliptin Benzoate)</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>NESINA TABS 25 MG (Use Alogliptin Benzoate)</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>NESINA TABS 6.25 MG (Use Alogliptin Benzoate)</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/ Limits</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Incretin Mimetic Agents (GLP-1 Receptor)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONGLYZA TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>TRADJENTA TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td><strong>Insulin Sensitizing Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADLYXIN SOPN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ADLYXIN STARTER PACK PNKT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BYDUREON PEN PEN</td>
<td>F</td>
<td>Limit 1 syringe per month;QL(0.14 3 ea daily)</td>
</tr>
<tr>
<td>BYDUREON SRER</td>
<td>F</td>
<td>Limit 1 syringe per month;QL(0.14 3 ea daily)</td>
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<tr>
<td>BYETTA SOPN 10 MCG/0.04ML</td>
<td>F</td>
<td>Limit 1 syringe per month;QL(0.08 ml daily)</td>
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<tr>
<td>BYETTA SOPN 5 MCG/0.02ML</td>
<td>F</td>
<td>Limit 1 syringe per month;QL(0.04 ml daily)</td>
</tr>
<tr>
<td>OZEMPIC SOPN</td>
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<tr>
<td>TANZEUM PEN</td>
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</tr>
<tr>
<td>TRULICITY SOPN</td>
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<tr>
<td>VICTOZA SOPN</td>
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<td>Limit 3 syringes per month;QL(0.3 ml daily)</td>
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<tr>
<td><strong>Insulin</strong></td>
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<tr>
<td>ACTOS TABS (Use Pioglitazone HCl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>AVANDIA TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>pioglitazone hcl tabs</td>
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<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>Insulin</strong></td>
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<td></td>
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<tr>
<td>ADMELOG SOLOSTAR SOPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>AFREZZA POWD</td>
<td>F</td>
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</tr>
<tr>
<td>APIDRA SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>APIDRA SOLOSTAR SOPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>BASAGLAR KWIKPEN SOPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>FIASP FLEXTOUCH SOPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>FIASP SOLN</td>
<td>F</td>
<td>Limit 30mls per month;QL(1 ml daily)</td>
</tr>
<tr>
<td>HUMALOG JUNIOR KWIKPEN SOPN</td>
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<td>QL(1 ml daily)</td>
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<tr>
<td>HUMALOG KWIKPEN SOPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>HUMALOG MIX 50/50 KWIKPEN SUPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>HUMALOG MIX 50/50 SUSP</td>
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<td>Limit 40mls per month;QL(1.34 ml daily)</td>
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<tr>
<td>HUMALOG MIX 75/25 KWIKPEN SUPN</td>
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<td>QL(1 ml daily)</td>
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<tr>
<td>HUMALOG MIX 75/25 SUSP</td>
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<td>Limit 40mls per month;QL(1.34 ml daily)</td>
</tr>
<tr>
<td>HUMALOG SOCT</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>HUMALOG SOLN</td>
<td>F</td>
<td>Limit 40mls per month;QL(1.34 ml daily)</td>
</tr>
<tr>
<td>HUMULIN 70/30 KWIKPEN SUPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>HUMULIN 70/30 SUSP</td>
<td>F</td>
<td>Limit 40mls per month;QL(1.34 ml daily)</td>
</tr>
<tr>
<td>HUMULIN N KWIKPEN SUPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>HUMULIN N SUSP</td>
<td>F</td>
<td>Limit 40mls per month;QL(1.34 ml daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMULIN R SOLN</td>
<td>F</td>
<td>Limit 40mls per month; QL(1.34 ml daily)</td>
</tr>
<tr>
<td>HUMULIN R U-500 (CONCENTRATED) SOLN</td>
<td>F</td>
<td>QL(1.34 ml daily)</td>
</tr>
<tr>
<td>HUMULIN R U-500 KWIKPEN SOPN</td>
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<td>QL(1.34 ml daily)</td>
</tr>
<tr>
<td>INSULIN LISPRO KWIKPEN SOPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>INSULIN LISPRO SOLN</td>
<td>F</td>
<td>Limit 40mls per month; QL(1.34 ml daily)</td>
</tr>
<tr>
<td>LANTUS SOLN</td>
<td>F</td>
<td>Limit 30mls per month; QL(1 ml daily)</td>
</tr>
<tr>
<td>LANTUS SOLOSTAR SOPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>LEVEMIR FLEXTOUCH SOPN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>LEVEMIR SOLN</td>
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<td></td>
</tr>
<tr>
<td>NOVOLIN 70/30 FLEXPEN RELION SUPN</td>
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<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>NOVOLIN 70/30 FLEXPEN SUPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>NOVOLIN 70/30 RELION SUSP</td>
<td>F</td>
<td>Limit 40mls per month; QL(1.34 ml daily)</td>
</tr>
<tr>
<td>NOVOLIN 70/30 SUSP</td>
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<td>Limit 40mls per month; QL(1.34 ml daily)</td>
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<tr>
<td>NOVOLIN N RELION SUSP</td>
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<td>Limit 40mls per month; QL(1.34 ml daily)</td>
</tr>
<tr>
<td>NOVOLIN N SUSP</td>
<td>F</td>
<td>Limit 40mls per month; QL(1.34 ml daily)</td>
</tr>
<tr>
<td>NOVOLIN R RELION SOLN</td>
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<td>NOVOLIN R SOLN</td>
<td>F</td>
<td>Limit 40mls per month; QL(1.34 ml daily)</td>
</tr>
<tr>
<td>NOVOLOG FLEXPEN SOPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
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</thead>
<tbody>
<tr>
<td>NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>NOVOLOG MIX 70/30 SUSP</td>
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<td>Limit 40mls per month; QL(1.34 ml daily)</td>
</tr>
<tr>
<td>NOVOLOG PENFILL SOCT</td>
<td>F</td>
<td>QL(1 ml daily)</td>
</tr>
<tr>
<td>NOVOLOG SOLN</td>
<td>F</td>
<td>Limit 30mls per month; QL(1 ml daily)</td>
</tr>
<tr>
<td>TOUJELO MAX SOLOSTAR SOPN</td>
<td>F</td>
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</tr>
<tr>
<td>TOUJELO SOLOSTAR SOPN</td>
<td>F</td>
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</tr>
<tr>
<td>TRESIBA FLEXTOUCH SOPN</td>
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**Meglitinide Analogues**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>nateglinide tabs</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>PRANDIN TABS (Use Repaglinide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>repaglinide tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>STARLIX TABS (Use Nateglinide)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
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</table>

**Sodium-Glucose Co-Transporter 2 (SGLT2)**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FARXIGA TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>INVOKANA TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>JARDIANCE TABS</td>
<td>F</td>
<td>QL(1 ea daily, 100 day(s) limit)</td>
</tr>
<tr>
<td>STEGLATRO TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

**Sulfonylureas**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMARYL TABS 1 MG, 2 MG (Use Glimepiride)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>AMARYL TABS 4 MG (Use Glimepiride)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>CHLORPROPAMIDE TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>glimepiride tabs 1 mg, 2 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>glimepiride tabs 4 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>glipizide tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>glipizide tb24</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>GLUCOTROL TABS (Use Glipizide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>GLUCOTROL XL TB24 (Use Glipizide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>glyburide micronized tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>glyburide tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>GLYCINESE TABS (Use Glyburide Micronized)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TOLAZAMIDE TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TOLBUTAMIDE TABS</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea**

Antidiarrheal/Probiotic Agents - Misc.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bismuth subsalicylate chew</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>bismuth subsalicylate susp</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>bismuth subsalicylate tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PEPTO BISMOL TABS (Use Bismuth Subsalicylate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEPTO-BISMOL CHEW (Use Bismuth Subsalicylate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEPTO-BISMOL INSTACool CHEW (Use Bismuth Subsalicylate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEPTO-BISMOL MAX STRENGTH SUSP (Use Bismuth Subsalicylate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEPTO-BISMOL SUSP (Use Bismuth Subsalicylate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEPTO-BISMOL TO-GO CHEW (Use Bismuth Subsalicylate)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Antiparistaclitic Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>diphenoxylate w/ atropine tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DIPHENOXYLATE/ATROPINE LIQUID</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>IMODIUM A-D CAPS 2 MG (Use Loperamide HCl)</td>
<td>NF</td>
<td>QL(8 ea daily); RX/OTC</td>
</tr>
<tr>
<td>IMODIUM A-D TABS 2 MG (Use Loperamide HCl)</td>
<td>NF</td>
<td>QL(8 ea daily)</td>
</tr>
<tr>
<td>LOMOTIL TABS (Use Diphenoxylate w/ Atropine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>loperamide hcl caps 2 mg</td>
<td>F</td>
<td>QL(8 ea daily); RX/OTC</td>
</tr>
<tr>
<td>loperamide hcl liqd 1 mg/5ml</td>
<td>F</td>
<td>QL(40 ml daily)</td>
</tr>
<tr>
<td>loperamide hcl tabs 2 mg</td>
<td>F</td>
<td>QL(8 ea daily)</td>
</tr>
</tbody>
</table>

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

Antidotes - Chelating Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMET CAPS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>JADENU TABS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

Antidotes and Specific Antagonists

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SM IPECAC SYRUP SYRUP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Naloxone hcl soln 0.4 mg/ml</td>
<td>F</td>
<td>QL(2 ml per 90 days retail)</td>
</tr>
<tr>
<td>naltrexone hcl tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NARCAN LIQUID</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>VIVITROL SUSP</td>
<td>F</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**ANTIEMETICS - Drugs to Treat Nausea and Vomiting**

5-HT3 Receptor Antagonists

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ondansetron hcl soln or 4 mg/5ml</td>
<td>F</td>
<td>QL(50 ml per fill retail)</td>
</tr>
<tr>
<td>ondansetron hcl tabs or 24 mg</td>
<td>F</td>
<td>QL(1 ea per 14 days retail)</td>
</tr>
</tbody>
</table>

Nevada Silver Summit

Updated June 1, 2019
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ondansetron hcl tabs or 4 mg, 8 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ONDANSETRON HYDROCHLORIDE SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ondansetron tbdp</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ZOFRAO ODT TDBP (Use Ondansetron)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ZOFRAO SOLN 4 MG/5ML (Use Ondansetron HCl)</td>
<td>NF</td>
<td>QL(50 ml per fill retail)</td>
</tr>
<tr>
<td>ZOFRAO TABS 4 MG, 8 MG (Use Ondansetron HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
</tbody>
</table>

**Antiemetics - Anticholinergic**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dimenhydrinate tabs or 50 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DRAMAMINE TABS (Use Dimenhydrinate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>meclizine hcl chew 25 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>meclizine hcl tabs 25 mg, 12.5 mg</td>
<td>F</td>
<td>RX/OTC</td>
</tr>
</tbody>
</table>

**ANTIFUNGALS - Drugs to Treat Fungal Infections**

**Antifungals**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRIS-PEG TABS (Use Griseofulvin Ultrimicrosize)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>griseofulvin microsize susp</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>griseofulvin microsize tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>griseofulvin ultramicrosize tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>LAMISIL TABS (Use Terbinaine HCl)</td>
<td>NF</td>
<td>QL(1 ea daily,90 ea per 120 days retail)</td>
</tr>
<tr>
<td>nystatin tabs 500000 unit</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>terbinaine hcl tabs 250 mg</td>
<td>F</td>
<td>QL(1 ea daily,90 ea per 120 days retail)</td>
</tr>
</tbody>
</table>

**Imidazole-Related Antifungals**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (Use Fluconazole)</td>
<td>NF</td>
<td>Limit 1 package per claim;QL(70 ml per fill retail)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/ Limits</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>BENADRYL ALLERGY CAPS (Use Diphenhydramine HCl)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (Use Diphenhydramine HCl)</td>
<td>NF</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>BENADRYL ALLERGY TABS (Use Diphenhydramine HCl)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>clemastine fumarate tabs 1.34 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>diphenhydramine hcl caps or 25 mg, 50 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>diphenhydramine hcl elix or 12.5 mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>diphenhydramine hcl liq or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>diphenhydramine hcl tabs or 25 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>SILPHEN COUGH SYRP</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>TAVIST ALLERGY TABS (Use Clemastine Fumarate)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
</tbody>
</table>

**Antihistamines - Non-Sedating**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLEGRA ALLERGY TABS 180 MG (Use Fexofenadine HCl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ALLEGRA ALLERGY TABS 60 MG (Use Fexofenadine HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>cetirizine hcl chew 5 mg, 10 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC</td>
</tr>
<tr>
<td>cetirizine hcl syr 1 mg/ml, 5 mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC</td>
</tr>
<tr>
<td>cetirizine hcl tabs 5 mg, 10 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)</td>
<td>NF</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride)</td>
<td>NF</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>ZYRTEC ALLERGY TABS (Use Cetirizine HCl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)</td>
<td>NF</td>
<td>QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC</td>
</tr>
</tbody>
</table>

**Antihistamines - Phenothiazines**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>promethazine hcl soln or 6.25 mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(At least 2 yrs old)</td>
</tr>
<tr>
<td>promethazine hcl supp re 25 mg, 50 mg, 12.5 mg</td>
<td>F</td>
<td>QL(12 ea per fill retail); AL(At least 2 yrs old)</td>
</tr>
<tr>
<td>promethazine hcl syr or 6.25 mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(At least 2 yrs old)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</td>
<td>F</td>
<td>AL (At least 2 yrs old)</td>
</tr>
</tbody>
</table>

**Antihistamines - Piperidines**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cyproheptadine hcl syrp</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl tabs</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol**

**Antihyperlipidemics - Combinations**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ezetimibe-simvastatin tabs</td>
<td>F</td>
<td>ST</td>
</tr>
<tr>
<td>VYTORIN TABS (Use Ezetimibe-Simvastatin)</td>
<td>NF</td>
<td>ST</td>
</tr>
</tbody>
</table>

**Bile Acid Sequestrants**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>cholestyramine light pack</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cholestyramine light powd</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cholestyramine pack</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cholestyramine powd</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>COLESTID GRAN 5 GM (Use Colestipol HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>COLESTID TABS 1 GM (Use Colestipol HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl gran 5 gm</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl tabs 1 gm</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>QUESTRAN LIGHT POWD (Use Cholestyramine Light)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>QUESTRAN PACK (Use Cholestyramine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>QUESTRAN POWD (Use Cholestyramine)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Fibric Acid Derivatives**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fenofibrate micronized caps 134 mg, 200 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>fenofibrate micronized caps 67 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
</tbody>
</table>

**HMG CoA Reductase Inhibitors**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>atorvastatin calcium tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>CRESTOR TABS (Use Rosuvastatin Calcium)</td>
<td>NF</td>
<td>ST; QL(1 ea daily)</td>
</tr>
<tr>
<td>LIPITOR TABS (Use Atorvastatin Calcium)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>lovastatin tabs 10 mg, 20 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>lovastatin tabs 40 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>PRAVACHOL TABS (Use Pravastatin Sodium)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>pravastatin sodium tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>rosuvastatin calcium tabs</td>
<td>F</td>
<td>ST; QL(1 ea daily)</td>
</tr>
<tr>
<td>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>simvastatin tabs 80 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (Use Simvastatin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ZOCOR TABS 80 MG (Use Simvastatin)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Intestinal Cholesterol Absorption Inhibitors**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ezetimibe tabs 10 mg</td>
<td>F</td>
<td>ST</td>
</tr>
<tr>
<td>ZETIA TABS (Use Ezetimibe)</td>
<td>NF</td>
<td>ST</td>
</tr>
</tbody>
</table>

**Nicotinic Acid Derivatives**

Nevada Silver Summit

Updated June 1, 2019
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>niacin (antihyperlipidemic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>niacin (antihyperlipidemic) tbcr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIAIN TABS 500 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NIACOR TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NIASPAN TBCR (Use Niacin (Antihyperlipidemic))</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure**

**ACE Inhibitors**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCUPRIL TABS (Use Quinapril HCl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ALTACE CAPS (Use Ramipril)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>benazepril hcl tabs 40 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>benazepril hcl tabs 5 mg, 10 mg, 20 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>captopril tabs</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>enalapril maleate tabs</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>fosinopril sodium tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>lisinopril tabs 2.5 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>LOTENSIN TABS 10 MG, 20 MG (Use Benazepril HCl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>LOTENSIN TABS 40 MG (Use Benazepril HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>PRINIVIL TABS (Use Lisinopril)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>quinapril hcl tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ramipril caps</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>trandolapril tabs 1 mg, 2 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>trandolapril tabs 4 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>VASOTEC TABS (Use Enalapril Maleate)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
</tbody>
</table>

**Angiotensin II Receptor Antagonists**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZESTRIL TABS 2.5 MG (Use Lisinopril)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use Lisinopril)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
</tbody>
</table>

**Antiadrenergic Antihypertensives**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATACAND TABS (Use Candesartan Cilexetil)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>AVAPRO TABS (Use Irbesartan)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>BENICAR TABS (Use Olmesartan Medoxomil)</td>
<td>NF</td>
<td>ST</td>
</tr>
<tr>
<td>candesartan cilexetil tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>COZAAR TABS (Use Losartan Potassium)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>DIOVAN TABS (Use Valsartan)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>irbesartan tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>losartan potassium tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>MICARDIS TABS (Use Telmisartan)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>olmesartan medoxomil tabs</td>
<td>F</td>
<td>ST</td>
</tr>
<tr>
<td>telmisartan tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>valsartan tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>terazosin hcl caps</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**Antihypertensive Combinations**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCURETIC TABS 10MG-12.5MG (Use Quinapril-Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>ACCURETIC TABS 20MG-12.5MG (Use Quinapril-Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>ACCURETIC TABS 20MG-25MG (Use Quinapril-Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>amlodipine besylate-benazepril hcl caps 5mg-10mg, 5mg-20mg, 10mg-20mg, 2.5mg-10mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>amlodipine besylate-olmesartan medoxomil tabs</td>
<td>F</td>
<td>ST</td>
</tr>
<tr>
<td>amlodipine besylate-valsartan tabs</td>
<td>F</td>
<td>ST</td>
</tr>
<tr>
<td>amlodipine-valsartan-hydrochlorothiazide tabs</td>
<td>F</td>
<td>ST</td>
</tr>
<tr>
<td>ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>atenolol &amp; chlorthalidone tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)</td>
<td>NF</td>
<td>ST</td>
</tr>
<tr>
<td>benazepril &amp; hydrochlorothiazide tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)</td>
<td>NF</td>
<td>ST</td>
</tr>
<tr>
<td>bisoprolol &amp; hydrochlorothiazide tabs 5mg-6.25mg, 10mg-6.25mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>candesartan cilexetil-hydrochlorothiazide tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</td>
<td>F</td>
<td>ST</td>
</tr>
<tr>
<td>olmesartan medoxomil-hydrochlorothiazide tabs</td>
<td>F</td>
<td>ST</td>
</tr>
<tr>
<td>PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>quinapril-hydrochlorothiazide tabs 10mg-12.5mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>quinapril-hydrochlorothiazide tabs 20mg-12.5mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>quinapril-hydrochlorothiazide tabs 20mg-25mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>TEKTURNA HCT TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>telmisartan-amlodipine tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>telmisartan-hydrochlorothiazide tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>TENORETIC 100 TABS (Use Atenolol &amp; Chlorthalidone)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>TENORETIC 50 TABS (Use Atenolol &amp; Chlorthalidone)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)</td>
<td>NF</td>
<td>ST</td>
</tr>
<tr>
<td>TWYNSTA TABS (Use Telmisartan-Amlodipine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>valsartan-hydrochlorothiazide tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>VASERETIC TABS (Use Enalapril Maleate &amp; Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ZESTORETIC TABS 10MG-12.5MG, 20MG-12.5MG (Use Lisinopril &amp; Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ZESTORETIC TABS 20MG-25MG (Use Lisinopril &amp; Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ZIAC TABS 5MG-6.25MG, 10MG-6.25MG (Use Bisoprolol &amp; Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>Direct Renin Inhibitors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aliskiren fumarate tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TEKTURNA TABS 150 MG, 300 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TEKTURNA TABS 150 MG, 300 MG (Use Aliskiren Fumarate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>Vasodilators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>minoxidil tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antimalarial Combinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COARTEM TABS</td>
<td>F</td>
<td>QL(24 ea per fill retail)</td>
</tr>
<tr>
<td>Antimalarials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLOROQUINE PHOSPHATE TABS 250 MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>chloroquine phosphate tabs 500 mg</td>
<td>F</td>
<td>QL(8 ea per 56 days retail)</td>
</tr>
<tr>
<td>hydroxychloroquine sulfate tabs 200 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>KRINTAFEL TABS 150 MG</td>
<td>F</td>
<td>QL(2 ea per 30 days retail)</td>
</tr>
<tr>
<td>MEFLOQUINE HCL TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>mefloquine hcl tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PRIMAQUINE PHOSPHATE TABS (Use Primaquine Phosphate)</td>
<td>NF</td>
<td>PA</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>primaquine phosphate tabs 26.3 mg</td>
<td>F</td>
<td>PA</td>
</tr>
</tbody>
</table>

### ANTIMYASTHENIC/CHOLINERGIC AGENTS

#### Antimyasthenic/Cholinergic Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MESTINON TABS 60 MG (Use Pyridostigmine Bromide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>pyridostigmine bromide tabs 60 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>pyridostigmine bromide tbcr 180 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

### ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

#### Antimycobacterial Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ethambutol hcl tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ISONIAZID SYRP OR 50 MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>isoniazid tabs or 100 mg, 300 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MYAMBUTOL TABS (Use Ethambutol HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>pyrazinamide tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>RIFADIN CAPS OR 150 MG, 300 MG (Use Rifampin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>rifampin caps or 150 mg, 300 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TRECATOR TABS</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer

#### Alkylating Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALKERAN TABS OR 2 MG (Use Melphanal)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>cyclophosphamide caps or 25 mg, 50 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CYCLOPHOSPHAMIDE CAPS OR 25 MG (Use Cyclophosphamide)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

#### Antimetabolites

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>capecitabine tabs</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>mercaptopurine tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>METHOTREXATE SODIUM SOLN IJ 250 MG/10ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium tabs or 2.5 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PURIXAN SUSP</td>
<td>F</td>
<td>AL(Upto 8 yrs old )</td>
</tr>
<tr>
<td>TREXALL TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>XELODA TABS (Use Capecitabine)</td>
<td>NF</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

#### Antineoplastic - Hedgehog Pathway Inhibitors

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERIVEDGE CAPS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ODOMZO CAPS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

#### Antineoplastic - Hormonal and Related Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>abiraterone acetate tabs 250 mg</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>anastrozole tabs 1 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ARIMIDEX TABS (Use Anastrozole)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AROMASIN TABS (Use Exemestane)</td>
<td>NF</td>
<td>ST; Try anastrozole or letrozole first; SP</td>
</tr>
<tr>
<td>bicalutamide tabs 50 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>CASODEX TABS (Use Bicalutamide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ELIGARD KIT</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>EMCYT CAPS</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>ERLEADA TABS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>exemestane tabs 25 mg</td>
<td>F</td>
<td>ST; Try anastrozole or letrozole first; SP</td>
</tr>
<tr>
<td>FARESTON TABS (Use Toremifene Citrate)</td>
<td>NF</td>
<td>PA</td>
</tr>
<tr>
<td>FEMARA TABS (Use Letrozole)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>FIRMAGON SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>flutamide caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>HYDROXYPROGESTERONE CAPROATE SOLN 1.25 GM/5ML</td>
<td>F</td>
<td>PA; Limit 5 ml per month; QL(0.167 ml daily); AL (At least 16 yrs old); SP</td>
</tr>
<tr>
<td>letrozole tabs 2.5 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>leuprolide acetate kit</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (1-MONTH) KIT</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (3-MONTH) KIT</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (4-MONTH) KIT</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (6-MONTH) KIT</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LYSODREN TABS</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>megestrol acetate susp</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**Antineoplastic - Immunomodulators**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>megestrol acetate tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>tamoxifen citrate tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>toremifene citrate tabs 60 mg</td>
<td>F</td>
<td>PA</td>
</tr>
<tr>
<td>TRELSTAR MIXJECT SUSR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>VANTAS KIT</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>XTANDI CAPS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZOLADEX IMPL</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZYTIGA TABS (Use Abiraterone Acetate)</td>
<td>NF</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**Antineoplastic Enzyme Inhibitors**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFINITOR DISPERZ TBSO</td>
<td>F</td>
<td>PA; SP</td>
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<tr>
<td>AFINITOR TABS</td>
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<tr>
<td>BOSULIF TABS</td>
<td>F</td>
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<tr>
<td>BRAFTOVI CAPS</td>
<td>F</td>
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<tr>
<td>COTELLIC TABS</td>
<td>F</td>
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<tr>
<td>erlotinib hcl tabs</td>
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<tr>
<td>FARYDAK CAPS</td>
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<tr>
<td>GILOTRIF TABS</td>
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<tr>
<td>GLEEVEC TABS (Use Imatinib Mesylate)</td>
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<tr>
<td>IBRANCE CAPS</td>
<td>F</td>
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<tr>
<td>ICLUSIG TABS</td>
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<td>PA; SP</td>
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<tr>
<td>imatinib mesylate tabs</td>
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<tr>
<td>INLYTA TABS</td>
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<tr>
<td>ISTODAX (OVERFILL) SOLR</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>JAKAFI TABS</td>
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<td>MEKINIST TABS</td>
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<td>MEKTOVI TABS</td>
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<tr>
<td>NEXAVAR TABS</td>
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<td>NINLARO CAPS</td>
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<tr>
<td>ROMIDEPSIN SOLR</td>
<td>F</td>
<td>PA; SP</td>
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<tr>
<td>SPRYCEL TABS</td>
<td>F</td>
<td>PA; SP</td>
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<tr>
<td>STIVARGA TABS</td>
<td>F</td>
<td>PA; SP</td>
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<tr>
<td>SUTENT CAPS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TAFINLR CAPS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TARCEVA TABS (Use Erlotinib HCl)</td>
<td>NF</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TASIGNA CAPS 150 MG, 200 MG</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TYKERB TABS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>VOTRIENT TABS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>XALKORI CAPS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZELBORAF TABS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZOLINZA CAPS</td>
<td>F</td>
<td>PA; SP</td>
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<tr>
<td>ZYKADIA CAPS 150 MG</td>
<td>F</td>
<td>PA; SP</td>
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<tr>
<td><strong>Antineoplastics Misc.</strong></td>
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<tr>
<td>bexarotene caps 75 mg</td>
<td>F</td>
<td>PA; SP</td>
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<tr>
<td>HYDREA CAPS (Use Hydroxyurea)</td>
<td>NF</td>
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<tr>
<td>hydroxyurea caps 500 mg</td>
<td>F</td>
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<tr>
<td>MATULANE CAPS</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>TARGRETIN CAPS OR 75 MG (Use Bexarotene)</td>
<td>NF</td>
<td>PA; SP</td>
</tr>
<tr>
<td>tretinoin (chemotherapy) caps</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>Chemotherapy Rescue/Antidote Agents</td>
<td></td>
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<tr>
<td>LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG</td>
<td>F</td>
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<tr>
<td>leucovorin calcium tabs or 5 mg, 25 mg</td>
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</tr>
<tr>
<td>MESNEX TABS OR 400 MG</td>
<td>F</td>
<td>SP</td>
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<tr>
<td>Mitotic Inhibitors</td>
<td></td>
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<tr>
<td>ETOPOSIDE CAPS OR 50 MG</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>Topoisomerase I Inhibitors</td>
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<td></td>
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<tr>
<td>HYCAMTIN CAPS OR 0.25 MG, 1 MG</td>
<td>F</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

### Antiparkinson Adjuvants

- **carbidopa tabs 25 mg**
  - F
- **LODOSYN TABS (Use Carbidopa)**
  - NF

### Antiparkinson Anticholinergics

- **benztropine mesylate soln**
  - F
- **benztropine mesylate tabs**
  - F
- **COGENTIN SOLN (Use Benztropine Mesylate)**
  - NF
- **trihexyphenidyl hcl elix 0.4 mg/ml**
  - F
- **trihexyphenidyl hcl tabs 2 mg, 5 mg**
  - F

### Antiparkinson Dopaminergics

- **amantadine hcl caps 100 mg**
  - F
- **amantadine hcl syrp 50 mg/5ml**
  - F
- **bromocriptine mesylate caps**
  - F
- **bromocriptine mesylate tabs**
  - F
- **carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg**
  - F

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>carbidopa-levodopa tbc 25mg-100mg, 50mg-200mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MIRAPEX TABS (Use Pramipexole Dihydrochloride)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>PARLODEL CAPS (Use Bromocriptine Mesylate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PARLODEL TABS (Use Bromocriptine Mesylate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>REQUIP TABS 0.25 MG, 3 MG, 4 MG (Use Ropinirole Hydrochloride)</td>
<td>NF</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (Use Ropinirole Hydrochloride)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>SINEMET CR TBCR (Use Carbidopa-Levodopa)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SINEMET TABS (Use Carbidopa-Levodopa)</td>
<td>NF</td>
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**Antiparkinson Monoamine Oxidase Inhibitors**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>ELDEPRYL CAPS (Use Selegiline HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>selegiline hcl caps 5 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>selegiline hcl tabs 5 mg</td>
<td>F</td>
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</table>

**Antipsychotics - Misc.**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>EQUETRO CP12</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use Ziprasidone HCl)</td>
<td>NF</td>
<td>QL(2 ea daily); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>GEODON SOLR IM 20 MG</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>LATUDA TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NUPLAZID TABS 17 MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>VRAYLAR CAPS 3 MG, 6 MG, 1.5 MG, 4.5 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ziprasidone hcl caps</td>
<td>F</td>
<td>QL(2 ea daily); AL(At least 18 yrs old)</td>
</tr>
</tbody>
</table>

**Benzisoxazoles**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>FANAPT TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FANAPT TITRATION PACK TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>INVEGA SUSTENNA SUSY 117 MG/0.75ML</td>
<td>F</td>
<td>PA; Limit 1 syringe per month; QL(0.02 ml daily); SP</td>
</tr>
<tr>
<td>INVEGA SUSTENNA SUSY 156 MG/ML</td>
<td>F</td>
<td>PA; Limit 1 syringe per month; QL(0.03 ml daily); SP</td>
</tr>
<tr>
<td>INVEGA SUSTENNA SUSY 234 MG/1.5ML</td>
<td>F</td>
<td>PA; Limit 1 syringe per month; QL(0.05 ml daily); SP</td>
</tr>
<tr>
<td>INVEGA SUSTENNA SUSY 39 MG/0.25ML</td>
<td>F</td>
<td>PA; Limit 1 syringe per month; QL(0.00 9 ml daily); SP</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>INVEGA SUSTENNA SUSY 78 MG/0.5ML</td>
<td>F</td>
<td>PA; Limit 1 syringe per month; QL (0.01 8 ml daily); SP</td>
</tr>
<tr>
<td>INVEGA TB24 (Use Paliperidone)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>INVEGA TRINZA SUSY</td>
<td>F</td>
<td>PA; Limit 1 syringe every 3 months; SP</td>
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<tr>
<td>paliperidone tb24</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>RISPERDAL CONSTA SUSR</td>
<td>F</td>
<td>PA; Limit 2 vials per month; QL (0.07 2 ea daily); SP</td>
</tr>
<tr>
<td>RISPERDAL M-TAB TBDP (Use Risperidone)</td>
<td>NF</td>
<td>QL (2 ea daily); AL (At least 5 yrs old)</td>
</tr>
<tr>
<td>RISPERDAL SOLN 1 MG/ML (Use Risperidone)</td>
<td>NF</td>
<td>QL (4 ml daily); AL (At least 5 yrs old)</td>
</tr>
<tr>
<td>RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use Risperidone)</td>
<td>NF</td>
<td>QL (4 ea daily); AL (At least 5 yrs old)</td>
</tr>
<tr>
<td>RISPERIDONE ODT TBDP</td>
<td>F</td>
<td>QL (1 ea daily); AL (At least 5 yrs old)</td>
</tr>
<tr>
<td>risperidone soln 1 mg/ml</td>
<td>F</td>
<td>QL (4 ml daily); AL (At least 5 yrs old)</td>
</tr>
<tr>
<td>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</td>
<td>F</td>
<td>QL (4 ea daily); AL (At least 5 yrs old)</td>
</tr>
<tr>
<td>risperidone tbdp 0.25 mg</td>
<td>F</td>
<td>QL (1 ea daily); AL (At least 5 yrs old)</td>
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<tr>
<td>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</td>
<td>F</td>
<td>QL (2 ea daily); AL (At least 5 yrs old)</td>
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**Butyrophenones**

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<thead>
<tr>
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<tbody>
<tr>
<td>HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)</td>
<td>NF</td>
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<tr>
<td>HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)</td>
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**Dibenzapines**

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<thead>
<tr>
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<tbody>
<tr>
<td>CLOZAPINE ODT TBDP</td>
<td>F</td>
<td>QL (3 ea daily)</td>
</tr>
<tr>
<td>clozapine tabs 100 mg</td>
<td>F</td>
<td>QL (9 ea daily); AL (At least 18 yrs old)</td>
</tr>
<tr>
<td>clozapine tabs 25 mg, 50 mg, 200 mg</td>
<td>F</td>
<td>QL (3 ea daily); AL (At least 18 yrs old)</td>
</tr>
<tr>
<td>clozapine tbdp 100 mg</td>
<td>F</td>
<td>QL (9 ea daily)</td>
</tr>
<tr>
<td>clozapine tbdp 25 mg, 12.5 mg</td>
<td>F</td>
<td>QL (3 ea daily)</td>
</tr>
<tr>
<td>CLOZARIL TABS 100 MG (Use Clozapine)</td>
<td>NF</td>
<td>QL (9 ea daily); AL (At least 18 yrs old)</td>
</tr>
<tr>
<td>CLOZARIL TABS 25 MG (Use Clozapine)</td>
<td>NF</td>
<td>QL (3 ea daily); AL (At least 18 yrs old)</td>
</tr>
<tr>
<td>FAZACLO TBDP 100 MG (Use Clozapine)</td>
<td>NF</td>
<td>QL (9 ea daily)</td>
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<tr>
<td>FAZACLO TBDP 150 MG, 200 MG</td>
<td>F</td>
<td>QL (3 ea daily)</td>
</tr>
<tr>
<td>FAZACLO TBDP 25 MG, 12.5 MG (Use Clozapine)</td>
<td>NF</td>
<td>QL (3 ea daily)</td>
</tr>
<tr>
<td>loxapine succinate caps</td>
<td>F</td>
<td>QL (4 ea daily)</td>
</tr>
<tr>
<td>olanzapine solr im 10 mg</td>
<td>F</td>
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</tr>
<tr>
<td>olanzapine tabs or 10 mg, 7.5 mg</td>
<td>F</td>
<td>QL (2 ea daily); AL (At least 13 yrs old)</td>
</tr>
<tr>
<td>olanzapine tabs or 15 mg, 20 mg</td>
<td>F</td>
<td>QL (1 ea daily); AL (At least 13 yrs old)</td>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>olanzapine tabs or 5 mg, 2.5 mg</td>
<td>F</td>
<td>QL(4 ea daily); AL(At least 13 yrs old)</td>
</tr>
<tr>
<td>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</td>
<td>F</td>
<td>QL(1 ea daily); AL(At least 13 yrs old)</td>
</tr>
<tr>
<td>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>quetiapine fumarate tabs 300 mg, 400 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>quetiapine fumarate tbdp 50 mg, 150 mg, 200 mg, 300 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>SAPHRIS SUBL</td>
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<tr>
<td>SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use Quetiapine Fumarate)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>SEROQUEL TABS 300 MG, 400 MG (Use Quetiapine Fumarate)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>SEROQUEL XR TB24 (Use Quetiapine Fumarate)</td>
<td>NF</td>
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</tr>
<tr>
<td>VERSACLOZ SUSP</td>
<td>F</td>
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<tr>
<td>ZYPREXA RELPREVV SUSR</td>
<td>F</td>
<td>PA; Limit 2 vials per month; QL(0.07 2 ea daily); SP</td>
</tr>
<tr>
<td>ZYPREXA SOLR IM 10 MG (Use Olanzapine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ZYPREXA TABS OR 10 MG, 7.5 MG (Use Olanzapine)</td>
<td>NF</td>
<td>QL(2 ea daily); AL(At least 13 yrs old)</td>
</tr>
<tr>
<td>ZYPREXA TABS OR 15 MG, 20 MG (Use Olanzapine)</td>
<td>NF</td>
<td>QL(1 ea daily); AL(At least 13 yrs old)</td>
</tr>
<tr>
<td>ZYPREXA TABS OR 5 MG, 2.5 MG (Use Olanzapine)</td>
<td>NF</td>
<td>QL(4 ea daily); AL(At least 13 yrs old)</td>
</tr>
<tr>
<td>ZYPREXA ZYDIS TBDP (Use Olanzapine)</td>
<td>NF</td>
<td>QL(1 ea daily); AL(At least 13 yrs old)</td>
</tr>
<tr>
<td>Dihydroindolones</td>
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<tr>
<td>MOLINDONE HYDROCHLORIDE TABS</td>
<td>F</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
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<tbody>
<tr>
<td>Phenothiazines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORPROMAZINE HCL SOLN IJ 25 MG/ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>chlorpromazine hcl tabs or 10 mg</td>
<td>F</td>
<td>QL(10 ea daily)</td>
</tr>
<tr>
<td>chlorpromazine hcl tabs or 25 mg, 50 mg, 100 mg, 200 mg</td>
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<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>fluphenazine decanoate soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FLUPHENAZINE HCL CONC OR 5 MG/ML</td>
<td>F</td>
<td></td>
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<tr>
<td>FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML</td>
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<td></td>
</tr>
<tr>
<td>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</td>
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<td></td>
</tr>
<tr>
<td>perphenazine tabs</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>prochlorperazine edisylate soln 10 mg/2ml</td>
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<td></td>
</tr>
<tr>
<td>PROCHLORPERAZINE EDISYLATE SOLN 50 MG/10ML</td>
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<td></td>
</tr>
<tr>
<td>prochlorperazine maleate tabs</td>
<td>F</td>
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<tr>
<td>prochlorperazine supp</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>thioridazine hcl tabs</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>trifluoperazine hcl tabs</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quinolinone Derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABILIFY TABS (Use Aripiprazole)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>aripiprazole soln 1 mg/ml</td>
<td>F</td>
<td>QL(25 ml daily); AL(At least 6 yrs old)</td>
</tr>
<tr>
<td>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>aripiprazole tbdp 10 mg, 15 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARISTADA PRSY 441 MG/1.6ML</td>
<td>F</td>
<td>PA; Limit 1 syringe per month; QL (0.05 7 ml daily); SP</td>
</tr>
<tr>
<td>ARISTADA PRSY 662 MG/2.4ML</td>
<td>F</td>
<td>PA; Limit 1 syringe per month; QL (0.08 6 ml daily); SP</td>
</tr>
<tr>
<td>ARISTADA PRSY 882 MG/3.2ML</td>
<td>F</td>
<td>PA; Limit 1 syringe per month; QL (0.11 4 ml daily); SP</td>
</tr>
<tr>
<td>REXULTI TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Thioxanthenes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thiothixene caps</td>
<td>F</td>
<td>QL (3 ea daily)</td>
</tr>
</tbody>
</table>

**ANTISEPTICS & DISINFECTANTS**

**Antiseptics & Disinfectants**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>formaldehyde soln 10%, 10%</td>
<td>F</td>
<td>QL (90 ml per fill retail)</td>
</tr>
<tr>
<td>chlorhexidine gluconate liq 4%</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>dakin's solution soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DAKINS SOLUTION FULL STRENGTH SOLN (Use Dakin's Solution)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DAKINS SOLUTION HALF STRENGTH SOLN (Use Dakin's Solution)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DAKINS SOLUTION QUARTER STRENGTH SOLN (Use Dakin's Solution)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>HIBICLENS LIQD (Use Chlorhexidine Gluconate)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Iodine Antiseptics**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETADINE SOLN 10 % (Use Povidone-Iodine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>povidone-iodine soln 10 %</td>
<td>F</td>
<td></td>
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</tbody>
</table>

**ANTIVIRALS - Drugs to Treat Viral Infections**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>abacavir sulfate soln 20 mg/ml</td>
<td>F</td>
<td>QL (30 ml daily)</td>
</tr>
<tr>
<td>abacavir sulfate tabs 300 mg</td>
<td>F</td>
<td>QL (2 ea daily)</td>
</tr>
<tr>
<td>abacavir sulfate-lamivudine tabs 600mg-300mg</td>
<td>F</td>
<td>QL (1 ea daily)</td>
</tr>
<tr>
<td>abacavir sulfate-lamivudine-zidovudine tabs 300mg-150mg-300mg</td>
<td>F</td>
<td>QL (2 ea daily)</td>
</tr>
<tr>
<td>APTIVUS CAPS 250 MG</td>
<td>F</td>
<td>QL (4 ea daily)</td>
</tr>
<tr>
<td>APTIVUS SOLN 100 MG/ML</td>
<td>F</td>
<td>QL (10 ml daily)</td>
</tr>
<tr>
<td>atazanavir sulfate caps</td>
<td>F</td>
<td>QL (2 ea daily)</td>
</tr>
<tr>
<td>ATRIPLA TABS</td>
<td>F</td>
<td>QL (1 ea daily)</td>
</tr>
<tr>
<td>BIKTARVY TABS</td>
<td>F</td>
<td>QL (1 ea daily)</td>
</tr>
<tr>
<td>CIMDUO TABS</td>
<td>F</td>
<td>QL (1 ea daily)</td>
</tr>
<tr>
<td>COMBIVIR TABS (Use Lamivudine-Zidovudine)</td>
<td>NF</td>
<td>QL (2 ea daily)</td>
</tr>
<tr>
<td>COMPLERA TABS</td>
<td>F</td>
<td>QL (1 ea daily)</td>
</tr>
<tr>
<td>CRIXIVAN CAPS 200 MG</td>
<td>F</td>
<td>QL (9 ea daily)</td>
</tr>
<tr>
<td>CRIXIVAN CAPS 400 MG</td>
<td>F</td>
<td>QL (6 ea daily)</td>
</tr>
<tr>
<td>DELSTRIGO TABS</td>
<td>F</td>
<td>ST; QL (1 ea daily)</td>
</tr>
<tr>
<td>DESCOVY TABS</td>
<td>F</td>
<td>QL (1 ea daily)</td>
</tr>
<tr>
<td>didanosine cpdr</td>
<td>F</td>
<td>QL (1 ea daily)</td>
</tr>
<tr>
<td>DOVATO TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>EDURANT TABS</td>
<td>F</td>
<td>QL (1 ea daily)</td>
</tr>
<tr>
<td>emtrIVA CAPS 200 MG</td>
<td>F</td>
<td>QL (1 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMTRIVA SOLN 10 MG/ML</td>
<td>F</td>
<td>QL(24 ml daily)</td>
</tr>
<tr>
<td>EPIVIR SOLN 10 MG/ML (Use Lamivudine)</td>
<td>NF</td>
<td>QL(30 ml daily)</td>
</tr>
<tr>
<td>EPIVIR TABS 150 MG (Use Lamivudine)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>EPIVIR TABS 300 MG (Use Lamivudine)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>EVOTAZ TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>fosamprenavir calcium tabs</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>FUZEON SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>GENVOYA TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>INTELENA TABS 200 MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>INTELENA TABS 25 MG, 100 MG</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>INVIRASE CAPS 200 MG</td>
<td>F</td>
<td>QL(10 ea daily)</td>
</tr>
<tr>
<td>INVIRASE TABS 500 MG</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>ISENTRESS CHEW 100 MG</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>ISENTRESS CHEW 25 MG</td>
<td>F</td>
<td>QL(12 ea daily)</td>
</tr>
<tr>
<td>ISENTRESS PACK 100 MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ISENTRESS TABS 400 MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>JULUCA TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)</td>
<td>NF</td>
<td>Limit 1 package per claim; QL(160 ml per fill retail)</td>
</tr>
<tr>
<td>KALETRA TABS 100MG-25MG</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>KALETRA TABS 200MG-50MG</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>lamivudine soln 10 mg/ml</td>
<td>F</td>
<td>QL(30 ml daily)</td>
</tr>
<tr>
<td>lamivudine tabs 150 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>lamivudine tabs 300 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>lamivudine-zidovudine tabs 150mg-300mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>LEXIVA SUSP 50 MG/ML</td>
<td>F</td>
<td>QL(56 ml daily)</td>
</tr>
<tr>
<td>LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>lopinavir-ritonavir soln</td>
<td>F</td>
<td>Limit 1 package per claim; QL(160 ml per fill retail)</td>
</tr>
<tr>
<td>nevirapine susp 50 mg/5ml</td>
<td>F</td>
<td>QL(40 ml daily)</td>
</tr>
<tr>
<td>nevirapine tabs 200 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>nevirapine tb24 100 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>nevirapine tb24 400 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>NORVIR CAPS 100 MG</td>
<td>F</td>
<td>QL(12 ea daily)</td>
</tr>
<tr>
<td>NORVIR PACK 100 MG</td>
<td>F</td>
<td>QL(12 ea daily)</td>
</tr>
<tr>
<td>NORVIR SOLN 80 MG/ML</td>
<td>F</td>
<td>QL(15 ml daily)</td>
</tr>
<tr>
<td>NORVIR TABS 100 MG (Use Ritonavir)</td>
<td>NF</td>
<td>QL(12 ea daily)</td>
</tr>
<tr>
<td>ODEFSEY TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>PIFELTRO TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>PREZCOBIX TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PREZISTA SUSP 100 MG/ML</td>
<td>F</td>
<td>QL(12 ml daily)</td>
</tr>
<tr>
<td>PREZISTA TABS 150 MG</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>PREZISTA TABS 75 MG, 600 MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>PREZISTA TABS 800 MG</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>RESRIPTOR TABS 100 MG</td>
<td>F</td>
<td>QL(12 ea daily)</td>
</tr>
<tr>
<td>RESRIPTOR TABS 200 MG</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETROVIR CAPS 100 MG (Use Zidovudine)</td>
<td>NF</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>RETROVIR IV INFUSION SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>RETROVIR SYRP 50 MG/5ML (Use Zidovudine)</td>
<td>NF</td>
<td>QL(60 ml daily)</td>
</tr>
<tr>
<td>REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>REYATAZ PACK 50 MG</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>ritonavir tabs</td>
<td>F</td>
<td>QL(12 ea daily)</td>
</tr>
<tr>
<td>SELZENTRY TABS 150 MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>SELZENTRY TABS 25 MG, 75 MG</td>
<td>F</td>
<td>QL 2 per day;SL(2 ea daily)</td>
</tr>
<tr>
<td>SELZENTRY TABS 300 MG</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>stavudine caps</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>STRIBILD TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SUSTIVA CAPS 200 MG (Use Efavirenz)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SUSTIVA CAPS 50 MG (Use Efavirenz)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>SUSTIVA TABS 600 MG (Use Efavirenz)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SYMFI LO TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SYMFI TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SYMTUZA TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>tenofovir disoproxil fumarate tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>TIVICAY TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TRIUMEQ TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>TRUVADA TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
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**CMV Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALCYTE TABS 450 MG (Use Valganciclovir HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------</td>
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</tr>
<tr>
<td><strong>Hepatitis Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>valganciclovir hcl tabs 450 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>adefovir dipivoxil tabs 10 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>entecavir tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>HEPSEERA TABS (Use Adefovir Dipivoxil)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>MAVYRET TABS</td>
<td>F</td>
<td>PA; QL(3 ea daily); SP</td>
</tr>
<tr>
<td><strong>Herpes Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acyclovir caps 200 mg</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>acyclovir susp 200 mg/5ml</td>
<td>F</td>
<td>Limit 400 ml per month; QL(13.34 ml daily)</td>
</tr>
<tr>
<td>acyclovir tabs 400 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>acyclovir tabs 800 mg</td>
<td>F</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>valacyclovir hcl tabs 1 gm, 1000 mg</td>
<td>F</td>
<td>Limit 21 per Month; QL(42 ea per 21 days retail)</td>
</tr>
<tr>
<td>valacyclovir hcl tabs 500 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>VALTREX TABS 1 GM (Use Valacyclovir HCl)</td>
<td>NF</td>
<td>Limit 21 per Month; QL(42 ea per 21 days retail)</td>
</tr>
<tr>
<td>VALTREX TABS 500 MG (Use Valacyclovir HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ZOVIRAX CAPS OR 200 MG (Use Acyclovir)</td>
<td>NF</td>
<td>Limit 50 per month; QL(1.67 ea daily)</td>
</tr>
<tr>
<td>ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)</td>
<td>NF</td>
<td>Limit 400 ml per month; QL(13.34 ml daily)</td>
</tr>
<tr>
<td>ZOVIRAX TABS OR 400 MG (Use Acyclovir)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td><strong>Influenza Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>oseltamivir phosphate caps or 30 mg</td>
<td>F</td>
<td>QL(20 ea per 30 days retail)</td>
</tr>
<tr>
<td>oseltamivir phosphate caps or 45 mg, 75 mg</td>
<td>F</td>
<td>QL(10 ea per 30 days retail)</td>
</tr>
<tr>
<td>oseltamivir phosphate susr or 6 mg/ml</td>
<td>F</td>
<td>QL(120 ml per 30 days retail)</td>
</tr>
<tr>
<td>RELENZA DISKHALER AEPB</td>
<td>F</td>
<td>Limit 1 package per month; QL(0.67 ea daily); AL(At least 6 yrs old)</td>
</tr>
<tr>
<td>TAMIFLU CAPS 30 MG (Use Oseltamivir Phosphate)</td>
<td>NF</td>
<td>QL(20 ea per 30 days retail)</td>
</tr>
<tr>
<td>TAMIFLU CAPS 45 MG, 75 MG (Use Oseltamivir Phosphate)</td>
<td>NF</td>
<td>QL(10 ea per 30 days retail)</td>
</tr>
<tr>
<td>TAMIFLU SUSR 6 MG/ML (Use Oseltamivir Phosphate)</td>
<td>NF</td>
<td>QL(120 ml per 30 days retail)</td>
</tr>
<tr>
<td><strong>BETA BLOCKERS - Drugs to Treat High Blood Pressure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>carvedilol phosphate cp24</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>carvedilol tabs 25 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>COREG CR CP24 (Use Carvedilol Phosphate)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (Use Carvedilol)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>COREG TABS 25 MG (Use Carvedilol)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>labetalol hcl tabs or 100 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>labetalol hcl tabs or 200 mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>labetalol hcl tabs or 300 mg</td>
<td>F</td>
<td>QL(8 ea daily)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td><strong>Beta Blockers Cardio-Selective</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acebutolol hcl caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>atenolol tabs</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>bisoprolol fumarate tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>LOPRESSOR TABS 100 MG (Use Metoprolol Tartrate)</td>
<td>NF</td>
<td>QL(4.5 ea daily)</td>
</tr>
<tr>
<td>LOPRESSOR TABS 50 MG (Use Metoprolol Tartrate)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>metoprolol succinate tb24 200 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>metoprolol tartrate tabs or 100 mg</td>
<td>F</td>
<td>QL(4.5 ea daily)</td>
</tr>
<tr>
<td>metoprolol tartrate tabs or 25 mg, 50 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>TENORMIN TABS (Use Atenolol)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td><strong>Beta Blockers Non-Selective</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>BETAPACE TABS (Use Sotalol HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>CORGARD TABS (Use Nadolol)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>HEMANGEOL SOLN</td>
<td>F</td>
<td>PA;</td>
</tr>
<tr>
<td>INDERAL LA CP24 (Use Propranolol HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>nadolol tabs</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>pindolol tabs</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
</tbody>
</table>

### Calcium Channel Blockers - Drugs to Treat High Blood Pressure

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>sotalol hcl (afib/afl) tabs</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>sotalol hcl tabs 240 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>sotalol hcl tabs 80 mg, 120 mg, 160 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>TIMOLOL MALEATE TABS 10 MG, 20 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>timolol maleate tabs 5 mg</td>
<td>F</td>
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### Calcium Channel Blockers

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADALAT CC TB24 30 MG, 90 MG (Use Nifedipine)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ADALAT CC TB24 60 MG (Use Nifedipine)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>amlodipine besylate tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>CALAN SR TBCR (Use Verapamil HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>CALAN TABS (Use Verapamil HCl)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use Diltiazem HCl Coated Beads)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>CARDIZEM CD CP24 240 MG (Use Diltiazem HCl Coated Beads)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
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<tr>
<td>CARDIZEM TABS (Use Diltiazem HCl)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>DILT-XR CP24</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/ Limits</th>
</tr>
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<tbody>
<tr>
<td>diltiazem hcl coated beads cp24 240 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>diltiazem hcl cp24 or 120 mg, 180 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>diltiazem hcl cp24 or 240 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>diltiazem hcl extended release beads cp24</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>felodipine tb24</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>nicardipine hcl caps or 20 mg, 30 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>nifedipine caps 10 mg, 20 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>nifedipine tb24 30 mg, 90 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>nifedipine tb24 60 mg</td>
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<tr>
<td>NORVASC TABS (Use Amlodipine Besylate)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>PROCARDIA CAPS (Use Nifedipine)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
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<tr>
<td>PROCARDIA XL TB24 30 MG, 90 MG (Use Nifedipine)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>PROCARDIA XL TB24 60 MG (Use Nifedipine)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
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<tr>
<td>TIAZAC CP24 (Use Diltiazem HCl Extended Release Beads)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>verapamil hcl cp24 or 120 mg, 180 mg, 240 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
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<tr>
<td>VERAPAMIL HCL SR CP24</td>
<td>F</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
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<tr>
<td>verapamil hcl tbcr or 120 mg, 180 mg, 240 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
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<tr>
<td>VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>VERELAN CP24 360 MG</td>
<td>F</td>
<td>QL(1 ea daily)</td>
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<table>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))</td>
<td>NF</td>
<td>PA; SP</td>
</tr>
<tr>
<td>sildenafil citrate (pulmonary hypertension) soln</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>sildenafil citrate (pulmonary hypertension) tabs</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cephalosporins - 1st Generation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cefadroxil caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cefadroxil susr</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cefadroxil tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cephalaxin caps 250 mg, 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cephalaxin susr 125 mg/5ml, 250 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>KEFLEX CAPS 250 MG, 500 MG (Use Cephalexin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>Cephalosporins - 2nd Generation</strong></td>
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<td></td>
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<tr>
<td>cefaclor caps 250 mg, 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cefprozil susr 125 mg/5ml, 250 mg/5ml</td>
<td>F</td>
<td>Limit 1 package per claim; QL(100 ml per fill retail); AL (Up to 12 yrs old)</td>
</tr>
<tr>
<td>cefprozil tabs 250 mg, 500 mg</td>
<td>F</td>
<td>QL(20 ea per fill retail)</td>
</tr>
<tr>
<td><strong>Cephalosporins - 3rd Generation</strong></td>
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</tr>
<tr>
<td>CEFTIN SUSR</td>
<td>F</td>
<td>Limit 1 package per claim; QL(100 ml per fill retail); AL (Up to 12 yrs old)</td>
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<tr>
<td>cefuroxime axetil tabs</td>
<td>F</td>
<td>QL(20 ea per fill retail)</td>
</tr>
<tr>
<td>CONTRACEPTIVES - Drugs to Prevent Pregnancy</td>
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<tr>
<td>Combination Contraceptives - Oral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREVICON-28 TABS (Use Norethindrone &amp; Eth Estradiol)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>DESOGEN TABS (Use Desogestrel &amp; Ethinyl Estradiol)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>desogestrel &amp; ethinyl estradiol tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>desogestrel-ethinyl estradiol tabals</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>desogestrel-ethinyl estradiol (biphasic) tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>desogestrel-ethinyl estradiol (triphasic) tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>drospirenone-ethinyl estradiol tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ethynodiol diacet &amp; eth estrad tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>FEMCON FE CHEW (Use Norethindrone &amp; Ethinyl Estradiol-Fe)</td>
<td>NF</td>
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<tr>
<td>GENERESS FE CHEW (Use Norethindrone &amp; Ethinyl Estradiol-Fe)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>levonorgestrel &amp; eth estradiol tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>levonorgestrel-eth estradiol (triphasic) tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>levonorgestrel-ethinyl estradiol (91-day) tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet &amp; Eth Estra)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>LOESTRIN 1/20-21 TABS (Use Norethindrone Acet &amp; Eth Estra)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>LOESTRIN FE 1.5/30 TABS (Use Norethin Acet &amp; Estrad-Fe)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>LOESTRIN FE 1/20 TABS (Use Norethin Acet &amp; Estrad-Fe)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>NECON 1/50-28 TABS</td>
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<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>NECON 10/11-28 TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>norethindrone &amp; eth estradiol tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>norethindrone &amp; ethinyl estradiol-fe chew</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>norethindrone acet &amp; eth estradiol tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol-fe tabs 75mg-1mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>norethindrone-eth estradiol (triphasic) tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>norgestimate-ethinyl estradiol (triphasic) tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
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<td>norgestimate-ethinyl estradiol tabs 0.25mg-35mcg</td>
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<td>QL(1 ea daily)</td>
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<tr>
<td>norgestrel &amp; ethinyl estradiol tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>NORINYL 1+35 TABS (Use Norethindrone &amp; Eth Estradiol)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>OGESTREL TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>ORTHO-NOVUM 1/35 TABS (Use Norethindrone &amp; Eth Estradiol)</td>
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<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))</td>
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<tr>
<td>OVCON-35 TABS (Use Norethindrone &amp; Eth Estradiol)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
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<tr>
<td>YASMUN 28 TABS (Use Drospirenone-Ethinyl Estradiol)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>YAZ TABS (Use Drospirenone-Ethinyl Estradiol)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>XULANE PTWK</td>
<td>F</td>
<td>QL(0.11 ea daily)</td>
</tr>
<tr>
<td>NUVARING RING</td>
<td>F</td>
<td>13 rtl MAX fill,365 rtl day(s) supply,</td>
</tr>
<tr>
<td>ELLA TABS</td>
<td>F</td>
<td>QL(4 ea per 365 days retail)</td>
</tr>
<tr>
<td>levonorgestrel (emergency oc) tabs 1.5 mg</td>
<td>F</td>
<td>QL(1 ea per 21 days retail)</td>
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<th>Drug Name</th>
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<tr>
<td>PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))</td>
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<tr>
<td>Progestin Contraceptives - IUD</td>
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<tr>
<td>SKYLA IUD 13.5 MG</td>
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<tr>
<td>Progestin Contraceptives - Implants</td>
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<tr>
<td>NEXPLANON IMPL</td>
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<td>SP</td>
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<tr>
<td>Progestin Contraceptives - Injectable</td>
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</tr>
<tr>
<td>DEPO-PROVERA CONTRACEPTIVE SUSP (Use Medroxyprogesterone Acetate (Contraceptive))</td>
<td>NF</td>
<td>QL(1 ml per fill retail)</td>
</tr>
<tr>
<td>DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))</td>
<td>NF</td>
<td>QL(1 ml per fill retail)</td>
</tr>
<tr>
<td>DEPO-SUBQ PROVERA 104 SUSY</td>
<td>F</td>
<td>QL(1 ml per fill retail)</td>
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<tr>
<td>medroxyprogesterone acetate (contraceptive) susp</td>
<td>F</td>
<td>QL(1 ml per fill retail)</td>
</tr>
<tr>
<td>medroxyprogesterone acetate (contraceptive) susy</td>
<td>F</td>
<td>QL(1 ml per fill retail)</td>
</tr>
<tr>
<td>Progestin Contraceptives - Oral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>norethindrone (contraceptive) tabs 0.35 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucocorticosteroids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORTEF TABS (Use Hydrocortisone)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>CORTISONE ACETATE TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>dexamethasone elix 0.5 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE INTENSOL CONC</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</td>
<td>F</td>
<td>QL(5 ml daily)</td>
</tr>
<tr>
<td>DEXAMETHASONE SOLN 0.5 MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE TABS 1 MG, 2 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MEDROL DOSEPAK TBPK (Use Methylprednisolone)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>MEDROL TABS 4 MG, 8 MG (Use Methylprednisolone)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone tabs 4 mg, 8 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone tbpk 4 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MILLIPRED TABS 5 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate soln or 15 mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>prednisolone sodium phosphate soln or 20 mg/5ml</td>
<td>F</td>
<td>QL(150 ml per fill retail)</td>
</tr>
<tr>
<td>prednisolone sodium phosphate soln or 5 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>prednisolone soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>prednisolone syrp</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PREDNISONE INTENSOL CONC</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PREDNISONE SOLN 5 MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>PREDNISONE TABS 50 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PREDNISONE TBPK 5 MG, 10 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)</td>
<td>NF</td>
<td>QL(150 ml per fill retail)</td>
</tr>
</tbody>
</table>

**Mineralocorticoids**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>fludrocortisone acetate tabs</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms**

**Antitussives**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>benzonatate caps 100 mg</td>
<td>F</td>
<td>AL (At least 10 yrs old)</td>
</tr>
<tr>
<td>benzonatate caps 200 mg</td>
<td>F</td>
<td>QL (1 ea daily); AL (At least 10 yrs old)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELSYM COUGH CHILDREN'S SUER (Use Dextromethorphan Polistirex)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DELSYM SUER (Use Dextromethorphan Polistirex)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>dextromethorphan polistirex suer 30 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>hydrocodone w/homatropine syr 5mg/5ml-1.5mg/5ml</td>
<td>F</td>
<td>AL (At least 18 yrs old)</td>
</tr>
<tr>
<td>TESSALON PERLES CAPS (Use Benzonatate)</td>
<td>NF</td>
<td>AL (At least 10 yrs old)</td>
</tr>
</tbody>
</table>

**Cough/Cold/Allergy Combinations**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen w/ dm liq 5mg/5ml-160mg/5ml, 5mg/5ml-5mg/5ml-160mg/5ml-160mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ADVIL COLD &amp; SINUS TABS (Use Pseudoephedrine-Ibuprofen)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>brompheniramine &amp; phenyleph elix 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml</td>
<td>F</td>
<td>QL (120 ml per fill retail)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/ Limits</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>dextromethorphan-guaifenesin liq 5mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml, 10mg/5ml-200mg/5ml, 20mg/10ml-200mg/10ml, 20mg/10ml-400mg/10ml, 20mg/20ml-400mg/20ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-100mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml-100mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>dextromethorphan-guaifenesin syrptabs 20mg-400mg, 20mg-20mg-400mg-400mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>dextromethorphan-guaifenesin tb12 30mg-600mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>dextromethorphan-phenylephrine-acetaminophen caps 10mg-325mg-5mg, 10mg-10mg-325mg-325mg-5mg-5mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DIMETAPP COLD &amp; ALLERGY ELIX 1MG/5ML-2.5MG/5ML (Use Brompheniramine &amp; Phenyleph)</td>
<td>NF</td>
<td>QL(120 ml per fill retail)</td>
</tr>
<tr>
<td>ED BRON GP LIQD 100MG/5ML-5MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>guaifenesin-codeine syrptabs 100mg/5ml-10mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>LOHIST-D LIQD 30MG/5ML-2MG/5ML</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>loratadine &amp; pseudoephedrine tb12 5mg-120mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>loratadine &amp; pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>MUCINEX D MAXIMUM STRENGTH TB12 (Use Pseudoephedrine-Guaifenesin)</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MUCINEX D TB12 (Use Pseudoephedrine-Guaifenesin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>MUCINEX DM TB12 (Use Dextromethorphan-Guaifenesin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>phenylephrine-chlorphen-dm liq 15mg/5ml-4mg/5ml-10mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>phenylephrine-dm liq</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>phenylephrine-dm soln</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>promethazine &amp; phenylephrine soln</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(At least 2 yrs old)</td>
</tr>
<tr>
<td>promethazine w/codeine syrptabs 100mg/5ml-10mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>promethazine w/codeine syrptabs 100mg/5ml-10mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>promethazine-dm soln</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>promethazine-dm syrptabs 100mg/5ml-10mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>promethazine-phenylephrine-codeine syrptabs 100mg/5ml-10mg/5ml</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>PROMETHAZINE/PHENYLEPHRINE SYRP</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(At least 2 yrs old)</td>
</tr>
<tr>
<td>PROMETHAZINE/PHENYLEPHRINE/CODEINE SYRP</td>
<td>F</td>
<td>QL(240 ml per fill retail); AL(At least 18 yrs old)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>pseudoephed-bromphen-dm syrp</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>pseudoephedrine w/ codeine-gg soln 30mg/5ml-100mg/5ml-10mg/5ml-70%</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>pseudoephedrine-chlorphen-dm liqd</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>pseudoephedrine-guaifenesin tb12 60mg-600mg, 120mg-1200mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>pseudoephedrine-ibuprofen tabs 200mg-30mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (Use Dextromethorphan-Guaifenesin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ROBITUSSIN PEAK COLD DM SYRP (Use Dextromethorphan-Guaifenesin)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SCOT-TUSSIN LIQD 13.3MG/5ML-25MG/5ML-83.3MG/5ML-4.2MG/5ML-83.3MG/5ML (Use Pheniramine-PE w/ Sod Salicylate &amp; Caffeine Citrate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TRIAMINIC COLD &amp; COUGH DAY TIME CHILDRENS SYRP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>Expectorants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>guaifenesin liq 100 mg/5ml, 200 mg/10ml, 400 mg/20ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>guaifenesin syr 100 mg/5ml, 200 mg/10ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>guaifenesin tb12 600 mg, 1200 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

| Misc. Respiratory Inhalants                   |           |                                                         |
| sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 % | F         |                                                         |
| Mucolytics                                    |           |                                                         |
| acetylcysteine soln                           | F         |                                                         |

| DERMATOLOGICALS - Drugs to Treat Skin Conditions |
| Acne Products                                 |           |                                                         |
| ACNE MEDICATION 10 LOTN                      | F         |                                                         |
| ACNE MEDICATION 5 LOTN                       | F         |                                                         |
| BENZAC AC WASH LIQD (Use Benzoyl Peroxide)    | NF        | RX/OTC                                                  |
| benzoyl peroxide bar 10 %                    | F         |                                                         |
| BENZOYL PEROXIDE CLEANSER LIQD 6 %           | F         |                                                         |
| benzoyl peroxide crea 10 %                   | F         |                                                         |
| benzoyl peroxide gel 10 %                    | F         | RX/OTC                                                  |
| BENZOYL PEROXIDE GEL 2.5 %                   | F         |                                                         |
| benzoyl peroxide gel 5 %                     | F         |                                                         |
| benzoyl peroxide liq 4 %, 6 %                | F         |                                                         |
| benzyol peroxide liq 5 %, 10 %               | F         | RX/OTC                                                  |
| CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN | F         |                                                         |
| CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical)) | NF        |                                                         |
| CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical)) | NF        | QL(60 ml per fill retail)                               |

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLEOCIN-T SOLN (Use Clindamycin Phosphate</strong></td>
<td><strong>NF</strong></td>
<td><strong>(Topical))</strong></td>
</tr>
<tr>
<td>clindamycin phosphate (topical) gel 1 %</td>
<td><strong>F</strong></td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>clindamycin phosphate (topical) lotn 1 %</td>
<td><strong>F</strong></td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>clindamycin phosphate (topical) soln 1 %</td>
<td><strong>F</strong></td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>DESQUAM-X WASH LIQD (Use Benzoyl Peroxide)</td>
<td><strong>NF</strong></td>
<td>RX/OTC</td>
</tr>
<tr>
<td>ERYGEL GEL (Use Erythromycin (Acne Aid))</td>
<td><strong>NF</strong></td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>erythromycin (acne aid) gel 2 %</td>
<td><strong>F</strong></td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>erythromycin (acne aid) soln 2 %</td>
<td><strong>F</strong></td>
<td></td>
</tr>
<tr>
<td>isotretinoin caps 10 mg, 20 mg, 40 mg</td>
<td><strong>F</strong></td>
<td>PA; QL(2 ea daily); AL(At least 12 yrs old - Up to 22 yrs old)</td>
</tr>
<tr>
<td>KLARON LOTN (Use Sulfacetamide Sodium (Acne))</td>
<td><strong>NF</strong></td>
<td>QL(120 ml per fill retail)</td>
</tr>
<tr>
<td>PANoxyL-4 CREAMY WASH LIQD (Use Benzoyl Peroxide)</td>
<td><strong>NF</strong></td>
<td></td>
</tr>
<tr>
<td>RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (Use Tretinoin)</td>
<td><strong>NF</strong></td>
<td>QL(20 gm per fill retail); AL(Up to 21 yrs old)</td>
</tr>
<tr>
<td>RETIN-A GEL 0.01 % (Use Tretinoin)</td>
<td><strong>NF</strong></td>
<td>QL(15 gm per fill retail); AL(Up to 21 yrs old)</td>
</tr>
<tr>
<td>RETIN-A GEL 0.025 % (Use Tretinoin)</td>
<td><strong>NF</strong></td>
<td>QL(20 gm per fill retail); AL(Up to 21 yrs old)</td>
</tr>
<tr>
<td>SODIUM SULFACETAMIDE/SULFUR LOTN 5%-10%</td>
<td><strong>F</strong></td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>SODIUM SULFACETAMIDE/SULFUR SUSP 5%-10%</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
</tbody>
</table>

**Antibiotics - Topical**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACIGUENT OINT (Use Bacitracin (Topical))</td>
<td><strong>NF</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>bacitracin (topical) oint 500 unit/gm</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>bacitracin zinc oint</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>bacitracin-polymyxin b oint</td>
<td><strong>F</strong></td>
<td></td>
</tr>
<tr>
<td>BACTROBAN CREA (Use Mupirocin Calcium (Topical))</td>
<td><strong>NF</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>CENTANY OINT 2 %</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>gentamicin sulfate (topical) crea</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>gentamicin sulfate (topical) oint</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>mupirocin calcium (topical) crea 2 %</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>MUPIROCIN CREA 2 %</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>mupirocin oint 2 %</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>neomycin-bacitracin-polymyxin oint</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>neomycin-polymyxin w/ pramoxine crea 10000unit/gm-3.5mg/gm-10mg/gm</td>
<td><strong>F</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>NEOSPORIN ORIGINAL OINT (Use Neomycin- Bacitracin-Polymyxin)</td>
<td><strong>NF</strong></td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (Use Neomycin-Polymyxin w/ Pramoxine)</td>
<td>NF</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>POLYSPORIN OINT (Use Bacitracin-Polymyxin B)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>Antifungals - Topical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clotrimazole (topical) crea 1%</td>
<td>F</td>
<td>QL(30 gm per fill retail); RX/OTC</td>
</tr>
<tr>
<td>clotrimazole (topical) soln 1%</td>
<td>F</td>
<td>QL(30 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>clotrimazole w/ betamethasone crea 1%-0.05%</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>clotrimazole w/ betamethasone lotn 1%-0.05%</td>
<td>F</td>
<td>QL(30 ml per fill retail)</td>
</tr>
<tr>
<td>econazole nitrate crea 1%</td>
<td>F</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>ketoconazole (topical) crea 2%</td>
<td>F</td>
<td>Limit 1 package per claim; QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>ketoconazole (topical) sham 2%</td>
<td>F</td>
<td>QL(120 ml per fill retail)</td>
</tr>
<tr>
<td>LAMISIL AT CREA (Use Terbinafine HCl (Topical))</td>
<td>NF</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>LAMISIL AT JOCK ITCH CREA (Use Terbinafine HCl (Topical))</td>
<td>NF</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>LOTRIMIN AF CREA 1% (Use Clotrimazole (Topical))</td>
<td>NF</td>
<td>QL(30 gm per fill retail); RX/OTC</td>
</tr>
<tr>
<td>LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))</td>
<td>NF</td>
<td>QL(30 gm per fill retail); RX/OTC</td>
</tr>
<tr>
<td>LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))</td>
<td>NF</td>
<td>QL(30 gm per fill retail); RX/OTC</td>
</tr>
<tr>
<td>LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)</td>
<td>NF</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td><strong>Antihistamines - Topical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antineoplastic or Premalignant Lesion Agents -</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antipruritics - Topical</strong></td>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>camphor &amp; menthol lotn 0.5%-0.5%</td>
<td>F</td>
<td>QL(222 ml per fill retail)</td>
</tr>
<tr>
<td>SARNA LOTN (Use Camphor &amp; Menthol)</td>
<td>NF</td>
<td>QL(222 ml per fill retail)</td>
</tr>
</tbody>
</table>

**Antipsoriatics**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcipotriene crea 0.005 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>calcipotriene soln 0.005 %</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>DOVONEX CREA (Use Calcipotriene)</td>
<td>NF</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>tazarotene crea</td>
<td>F</td>
<td>PA; QL(60 gm per fill retail); AL(Up to 21 yrs old )</td>
</tr>
<tr>
<td>TAZORAC CREA 0.05 %</td>
<td>F</td>
<td>PA; QL(60 gm per fill retail); AL(Up to 21 yrs old )</td>
</tr>
<tr>
<td>TAZORAC CREA 0.1 % (Use Tazarotene)</td>
<td>NF</td>
<td>PA; QL(60 gm per fill retail); AL(Up to 21 yrs old )</td>
</tr>
<tr>
<td>TAZORAC GEL 0.05 %, 0.1 %</td>
<td>F</td>
<td>PA; QL(60 gm per fill retail); AL(Up to 21 yrs old )</td>
</tr>
</tbody>
</table>

**Antiseborrheic Products**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVACE PLUS WASH LIQD (Use Sulfacetamide Sodium)</td>
<td>NF</td>
<td>QL(360 ml per fill retail)</td>
</tr>
<tr>
<td>OVACE WASH LIQD (Use Sulfacetamide Sodium)</td>
<td>NF</td>
<td>QL(360 ml per fill retail)</td>
</tr>
<tr>
<td>selenium sulfide lotn 1 %</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>selenium sulfide lotn 2.5 %</td>
<td>F</td>
<td>QL(120 ml per fill retail)</td>
</tr>
<tr>
<td>selenium sulfide sham 1 %</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>SELSUN BLUE DAILY LOTN (Use Selenium Sulfide)</td>
<td>NF</td>
<td>QL(240 ml per fill retail)</td>
</tr>
<tr>
<td>SELSUN BLUE LOTN (Use Selenium Sulfide)</td>
<td>NF</td>
<td>QL(240 ml per fill retail)</td>
</tr>
</tbody>
</table>

**Antivirals - Topical**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>acyclovir topical crea 5 %</td>
<td>F</td>
<td>QL(5 gm per fill retail)</td>
</tr>
<tr>
<td>acyclovir topical oint 5 %</td>
<td>F</td>
<td>Limit 1 package per month; QL(1 gm daily)</td>
</tr>
<tr>
<td>ZOVIRAX CREA EX 5 % (Use Acyclovir Topical)</td>
<td>NF</td>
<td>QL(5 gm per fill retail)</td>
</tr>
<tr>
<td>ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)</td>
<td>NF</td>
<td>Limit 1 package per month; QL(1 gm daily)</td>
</tr>
</tbody>
</table>

**Burn Products**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SILVADENE CREA (Use Silver Sulfadiazine)</td>
<td>NF</td>
<td>QL(50 gm per fill retail)</td>
</tr>
<tr>
<td>silver sulfadiazine crea 1 %</td>
<td>F</td>
<td>QL(50 gm per fill retail)</td>
</tr>
</tbody>
</table>

**Corticosteroids - Topical**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>APEXICON E CREA</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>betamethasone dipropionate (topical) crea 0.05 %</td>
<td>F</td>
<td>1 rtl pack lmt per fill,</td>
</tr>
<tr>
<td>betamethasone dipropionate augmented crea 0.05 %</td>
<td>F</td>
<td>QL(50 gm per fill retail)</td>
</tr>
<tr>
<td>betamethasone valerate crea 0.1 %</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>betamethasone valerate lotn 0.1 %</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>betamethasone valerate oint 0.1 %</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>clobetasol propionate crea 0.05 %</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>clobetasol propionate emollient base crea</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>clobetasol propionate gel 0.05 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>clobetasol propionate oint 0.05 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>clobetasol propionate soln 0.05 %</td>
<td>F</td>
<td>QL(25 ml per fill retail)</td>
</tr>
<tr>
<td>DERMATOP OINT (Use Prednicarbate)</td>
<td>NF</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>desonide crea 0.05 %</td>
<td>F</td>
<td>1 rtl pack lmt per fill,</td>
</tr>
<tr>
<td>desonide oint 0.05 %</td>
<td>F</td>
<td>1 rtl pack lmt per fill,</td>
</tr>
<tr>
<td>DESOWEN CREA (Use Desonide)</td>
<td>NF</td>
<td>1 rtl pack lmt per fill,</td>
</tr>
<tr>
<td>desoximetasone crea 0.05 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>DIFLORASONE DIACETATE CREA</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>diflorasone diacetate oint</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)</td>
<td>NF</td>
<td>QL(50 gm per fill retail)</td>
</tr>
<tr>
<td>ELOCON CREA (Use Mometasone Furoate)</td>
<td>NF</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>ELOCON OINT (Use Mometasone Furoate)</td>
<td>NF</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>EPIFOAM FOAM 1%-1%</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>fluocinonide crea 0.05 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>fluocinonide emulsified base crea</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>fluocinonide gel 0.05 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>fluocinonide oint 0.05 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>fluocinonide soln 0.05 %</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>fluticasone propionate crea 0.05 %</td>
<td>F</td>
<td>Limit 1 package per month;QL(2 gm daily)</td>
</tr>
<tr>
<td>fluticasone propionate oint 0.005 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>hydrocortisone (topical) crea 0.5 %, 2.5 %</td>
<td>F</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>hydrocortisone (topical) soln 1 %, 2.5 %</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>hydrocortisone (topical) oint 0.5 %</td>
<td>F</td>
<td>Limit 1 package per month;QL(2 gm daily)</td>
</tr>
<tr>
<td>hydrocortisone (topical) oint 1 %</td>
<td>F</td>
<td>Limit 1 package per month;QL(1 gm daily)</td>
</tr>
<tr>
<td>hydrocortisone butyrate soln 0.1 %</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>hydrocortisone-aloë vera crea 1%</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>LOCOID SOLN (Use Hydrocortisone Butyrate)</td>
<td>NF</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>mometasone furoate crea 0.1 %</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>mometasone furoate oint 0.1 %</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>mometasone furoate soln 0.1 %</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))</td>
<td>NF</td>
<td>QL(60 gm per fill retail); RX/OTC</td>
</tr>
<tr>
<td>prednicarbate crea 0.1 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>PREDNICARBATE CREA 0.1 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>PREDNICARBATE OINT 0.1 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>PSORCON CREA</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>TEMOVATE CREA (Use Clobetasol Propionate)</td>
<td>NF</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>TEMOVATE OINT (Use Clobetasol Propionate)</td>
<td>NF</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>TOPICORT CREA 0.05 % (Use Desoximetasone)</td>
<td>NF</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical) crea 0.025 %</td>
<td>F</td>
<td>QL(454 gm per fill retail)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical) crea 0.1 %</td>
<td>F</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical) crea 0.5 %</td>
<td>F</td>
<td>QL(15 gm per fill retail)</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %</td>
<td>F</td>
<td>QL(80 gm per fill retail)</td>
</tr>
<tr>
<td>triamcinolone acetonide (topical) oint 0.5 %</td>
<td>F</td>
<td>QL(15 gm per fill retail)</td>
</tr>
<tr>
<td>TRIDESILON CREA (Use Desonide)</td>
<td>NF</td>
<td>1 rtl pack lmt per fill,</td>
</tr>
<tr>
<td>Diaper Rash Products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diaper rash products oint</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Emollient/Keratolytic Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>urea crea 40 %</td>
<td>F</td>
<td>QL(210 gm per fill retail); RX/OTC</td>
</tr>
<tr>
<td>urea lotn 40 %</td>
<td>F</td>
<td>QL(240 ml per fill retail)</td>
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<tr>
<td>Emollients</td>
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<tr>
<td>AQUAPHILIC OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AQUAPHOR ADVANCED THERAPY BABY OINT</td>
<td>F</td>
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</tr>
<tr>
<td>AQUAPHOR ADVANCED THERAPY OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AQUAPHOR OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DAILY CONDITIONING TREATMENT OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>emollient oint 0.16gm/30gm-300mg/30gm-100unit/30gm, 41 %, 52 %,</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>GOLD BOND ULTIMATE HEALING OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))</td>
<td>NF</td>
<td>QL(140 gm per fill retail); RX/OTC</td>
</tr>
<tr>
<td>LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))</td>
<td>NF</td>
<td>Limit 1 package per month;QL(13.34 ml daily); RX/OTC</td>
</tr>
<tr>
<td>LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))</td>
<td>NF</td>
<td>Limit 1 package per month;QL(13.34 ml daily); RX/OTC</td>
</tr>
<tr>
<td>lactic acid (ammonium lactate) crea 12 %</td>
<td>F</td>
<td>QL(140 gm per fill retail); RX/OTC</td>
</tr>
<tr>
<td>lactic acid (ammonium lactate) lotn 12 %</td>
<td>F</td>
<td>Limit 1 package per month;QL(13.34 ml daily); RX/OTC</td>
</tr>
<tr>
<td>LANAPHLILIC OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>OINTMENT BASE OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>RA ADVANCED HEALING OINT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Immunomodulating Agents - Topical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDARA CREA (Use Imiquimod)</td>
<td>NF</td>
<td>QL(48 ea per 180 days retail)</td>
</tr>
<tr>
<td>imiquimod crea 5 %</td>
<td>F</td>
<td>QL(48 ea per 180 days retail)</td>
</tr>
<tr>
<td>Immunosuppressive Agents - Topical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIDEL CREA (Use Pimecrolimus)</td>
<td>NF</td>
<td>PA; Limit 1 package per month;QL(1 gm daily)</td>
</tr>
<tr>
<td>pimecrolimus crea 1 %</td>
<td>F</td>
<td>PA; Limit 1 package per month;QL(1 gm daily)</td>
</tr>
<tr>
<td>PROTOPIC OINT (Use Tacrolimus (Topical))</td>
<td>NF</td>
<td>PA; Limit 1 package per month;QL(1 gm daily)</td>
</tr>
<tr>
<td>tacrolimus (topical) oint</td>
<td>F</td>
<td>PA; Limit 1 package per month;QL(1 gm daily)</td>
</tr>
<tr>
<td>Keratolytic/Antimitotic Agents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KERALYT GEL 6 % (Use Salicylic Acid)</td>
<td>NF</td>
<td>QL(40 gm per fill retail)</td>
</tr>
<tr>
<td>podofilox soln 0.5 %</td>
<td>F</td>
<td>QL(4 ml per fill retail)</td>
</tr>
<tr>
<td>salicylic acid gel ex 6 %</td>
<td>F</td>
<td>QL(40 gm per fill retail)</td>
</tr>
</tbody>
</table>

**Local Anesthetics - Topical**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTHRITIS PAIN RELIEVING CREA</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>capsaicin crea 0.025 %</td>
<td>F</td>
<td>QL(42.5 gm per fill retail)</td>
</tr>
<tr>
<td>capsaicin crea 0.1 %</td>
<td>F</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>CAPZASIN-HP CREA (Use Capsaicin)</td>
<td>NF</td>
<td>QL(42.5 gm per fill retail)</td>
</tr>
<tr>
<td>dibuacine oint</td>
<td>F</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>lidocaine crea 4 %</td>
<td>F</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>lidocaine hcl crea ex 3 %</td>
<td>F</td>
<td>QL(30 gm per fill retail); RX/OTC</td>
</tr>
<tr>
<td>lidocaine hcl crea ex 4 %</td>
<td>F</td>
<td>QL(65 ml per fill retail)</td>
</tr>
<tr>
<td>lidocaine hcl gel ex 2 %</td>
<td>F</td>
<td>QL(30 ml per fill retail)</td>
</tr>
<tr>
<td>lidocaine hcl gel ex 2 %</td>
<td>F</td>
<td>QL(30 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>lidocaine-prilocaine crea 2.5%-2.5%</td>
<td>F</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>LMX 4 CREA (Use Lidocaine)</td>
<td>NF</td>
<td>QL(30 gm per fill retail)</td>
</tr>
<tr>
<td>PREDATOR CREA (Use Lidocaine HCl)</td>
<td>NF</td>
<td>QL(65 ml per fill retail)</td>
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**Misc. Topical**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>4-N-1 CREA 1 %</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>COOL BOTTOMS CREA 1 %</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>DRYSOL SOLN</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>NEUTRAPHOR CREA 1 %</td>
<td>F</td>
<td>QL(65 ml per fill retail)</td>
</tr>
<tr>
<td>NEUTRAPHORUS REX CREA 1 %</td>
<td>F</td>
<td>QL(65 ml per fill retail)</td>
</tr>
</tbody>
</table>

**Rosacea Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>METROCREAM CREA (Use Metronidazole (Topical))</td>
<td>NF</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>METROLOTION LOTN (Use Metronidazole (Topical))</td>
<td>NF</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>metronidazole (topical) crea 0.75 %</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>metronidazole (topical) gel 0.75 %</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>metronidazole (topical) lotn 0.75 %</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
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</tbody>
</table>

**Scabicides & Pediculicides**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>crotamiton lotn 10 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>ELIMITE CREA (Use Permethrin)</td>
<td>NF</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>EURAX CREA 10 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>EURAX LOTN (Use Crotamiton)</td>
<td>NF</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>malathion lotn 0.5 %</td>
<td>F</td>
<td>QL(59 ml per fill retail)</td>
</tr>
<tr>
<td>NATROBA SUSP</td>
<td>F</td>
<td>QL(120 ml per fill retail); AL(At least 1 yrs old)</td>
</tr>
<tr>
<td>NIX CREME RINSE LIQD (Use Permethrin)</td>
<td>NF</td>
<td>QL(59 ml per fill retail)</td>
</tr>
<tr>
<td>OVIDE LOTN (Use Malathion)</td>
<td>NF</td>
<td>QL(59 ml per fill retail)</td>
</tr>
<tr>
<td>permethrin crea 5 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>permethrin liqd 1 %</td>
<td>F</td>
<td>QL(60 gm per fill retail)</td>
</tr>
<tr>
<td>permethrin lotn 1 %</td>
<td>F</td>
<td>QL(120 ml per fill retail)</td>
</tr>
<tr>
<td>pyrethrins-piperonyl butoxide liqd 0.33%-4%</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>pyrethrins-piperonyl butoxide sham 0.3%-0.33%-4%, 0.33%-4%</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>pyrethrins-piperonyl butoxide sham 0.33%-4%</td>
<td>F</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>pyrethrins-piperonyl butoxide-permethrin-nit remover kit 0.5%-0.33%-4%</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>RID COMPLETE LICE ELIMINATION KIT (Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>RID LIQD (Use Pyrethrins-Piperonyl Butoxide)</td>
<td>NF</td>
<td>QL(60 ml per fill retail)</td>
</tr>
<tr>
<td>SPINOSAD SUSP</td>
<td>F</td>
<td>QL(120 ml per fill retail); AL(At least 1 yrs old)</td>
</tr>
</tbody>
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**Sunscreens**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ANTHELIOS 60 MELT-IN SUNSCREEN LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO ABSOLUTELY AGELESS LEAVE-ON DAY MASK SPF 30 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO ACTIVE NATURALS PROTECT+HYDRATE/SPF 30 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO BABY CONTINUOUS PROTECTION LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO BABY CONTINUOUS PROTECTION SPF50 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO KIDS CONTINUOUS PROTECTION SPF 50 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO NATURAL PROTECTION SPF 50 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO POSITIVELY RADIANT DAILY MOISTURIZER SPF15 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO PROTECT + HYDRATE SPF 50 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO PROTECT + HYDRATE SPF 70 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO SMART ESSENTIALS DAILY NOURISHING MOISTURIZER SPF30 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF15 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AVEENO ULTRA-CALMING DAILY MOISTURIZER SPF30 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BULL FROG SUPERBLOCK SPF50 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BULL FROG ULTIMATE SHEER PROTECTION FACE SUNBLOCK SPF 30 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BULL FROG ULTIMATE SHEER PROTECTION SUNBLOCK SPF 30 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BULL FROG WATER ARMOR SPORT FACE SPF 30 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CERAVE SUNSCREEN FACE/SPF50 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CHANTAL SUN SCREEN SPF 30 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>COTZ LOTN</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>DIABETIDERM SUNSCREEN SPF15 LOTN</td>
<td>F</td>
<td></td>
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<tr>
<td>FACE COTZ LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>HUGGIES LITTLE SWIMMERS SPF50 LOTN 1%-5%-0.8%-7.5%-5%</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>KERI AGE DEFY &amp; PROTECT LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF110 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA AGE SHIELD FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA COOLDRY SPORT WITH HELIOPLEX SPF30 LOTN</td>
<td>F</td>
<td></td>
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<tr>
<td>NEUTROGENA HEALTHY DEFENSE DAILY MOISTURIZER PURESCEEN LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA MENS SPF 20 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA MOISTURE SPF15UNTINTED LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA SPORT FACE SUNBLOCK WITH HELIOPLEX SPF70 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA ULTRA SHEER DRY-TOUCH SPF 45 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 100 LOTN</td>
<td>F</td>
<td></td>
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<tr>
<td>NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 55 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA ULTRA SHEER DRY-TOUCH WITH HELIOPLEX SPF 70 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NIVEA HAND THERAPY LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NIVEA VISAGE UV CARE DAILY FACIAL LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PRE SUN KIDS LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PURE &amp; FREE BABY SUNSCREEN BROAD SPECTRUM SPF50 PURESCEEN LOTN</td>
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<tr>
<td>RA RX SUNCARE ADVANCED PROTECTION SPF50 LOTN</td>
<td>F</td>
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<tr>
<td>ROC MULTI CORREXION 5 IN1 DAILY MOISTURIZER SPF30 LOTN</td>
<td>F</td>
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</tr>
<tr>
<td>ROC RETINOL CORREXION SPF30 LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>SHADE SUNBLOCK SPF 45 LOTN (Use Sunscreens)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SHADE UVAGUARD SPF 15 LOTN (Use Sunscreens)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SOLBAR AVO LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>SOLBAR PF SPF15 LOTN 7.5%-6%</td>
<td>F</td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sunscreens lotn 4%-5%, 9.1 %, 5%-10%, 1%-0.5%, 5.5%-8%, 4.9%-4.7%, 7.5%-4.5%, 7.5%-3%-5%, 2%-1%-1%-4%, 3%-7%-4%-13%, 2%-7.5%-6%-3%, 5%-7.5%-4%-9%, 5%-9%-7.5%-6%, 2%-5%-2%-2%-2%, 2%-5%-4%-5%-8%, 2%-2%-4%-5%-13%, 2%-2%-5%-2%-10%, 2%-5%-2%-2%-10%, 2%-5%-2%-4%-13%, 3%-5%-6%-5%-13%, 3%-7%-4%-5%-13%, 3%-10%-6%-5%-15%, 5%-2%-7.5%-6%-8%, 5%-3%-7.5%-6%-9%, 2%-2%-2%-2%-5%-10.5%, 2%-5%-7.5%-6%-12%, 2%-5%-1%-7.5%-6%-15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL BLOCK SPF 60 COVERUP LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TOTAL BLOCK SPF 65 CLEAR LOTN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>WATER BABIES SPF 30 LOTN (Use Sunscreens)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>Tar Products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coal tar extract sham 0.5 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DHS TAR GEL SHAM (Use Coal Tar Extract)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DHS TAR SHAM (Use Coal Tar Extract)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA T/GEL SHAM (Use Coal Tar Extract)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use Coal Tar Extract)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DIAGNOSTIC PRODUCTS</td>
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<td></td>
</tr>
<tr>
<td>Diagnostic Tests</td>
<td></td>
<td></td>
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<tr>
<td>CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP</td>
<td>F</td>
<td></td>
</tr>
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<td>CHEK-STIX CONTROL STRP</td>
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**Drug Name**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMSTRIP-K STRP</td>
<td>F</td>
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</tr>
<tr>
<td>FORA GTEL BLOOD KETONE TESTSTRIPS STRP</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>KETOCARE STRP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>KETONE TEST STRIPS STRP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>KETOSTIX STRP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NOVA MAX PLUS KETONE TESTSTRIPS STRP</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>PRECISION XTRA STRP VI</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>PTS PANELS KETONE TEST STRP</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>RELION KETONE STRP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>RELION KETONE TEST STRIPS STRP</td>
<td>F</td>
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</tr>
<tr>
<td>TRUE METRIX BLOOD GLUCOSE TESTSTRIPS STRP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRUETEST BLOOD GLUCOSE TEST STRIPS</td>
<td>F</td>
<td>INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC</td>
</tr>
<tr>
<td>TRUETEST BLOOD GLUCOSE TEST STRIPS</td>
<td>F</td>
<td>INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC</td>
</tr>
<tr>
<td>TRUETEST STRIPS STRP</td>
<td>F</td>
<td>INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC</td>
</tr>
<tr>
<td>TRUETRACK BLOOD GLUCOSE TEST STRP</td>
<td>F</td>
<td>INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC</td>
</tr>
<tr>
<td>TRUETRACK TEST STRP</td>
<td>F</td>
<td>INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC</td>
</tr>
</tbody>
</table>

**DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

<table>
<thead>
<tr>
<th>Dietary Management Products</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>DEPLIN 15 CAPS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DEPLIN 7.5 CAPS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ELFOLATE TABS</td>
<td>F</td>
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</tr>
<tr>
<td>L-METHYL FOLATE CA/S-ALGAL CAPS</td>
<td>F</td>
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</tr>
<tr>
<td>L-METHYL FOLATE CALCIUM TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>L-METHYL FOLATE FORMULA 15 CAPS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>L-METHYL FOLATE FORMULA 7.5 CAPS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>L-METHYL FOLATE FORTE CAPS</td>
<td>F</td>
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</tr>
<tr>
<td>L-METHYL FOLATE TABS</td>
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<tr>
<td>LEVOMEFOLATE CALCIUM ALGAL POWDER CAPS</td>
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**DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes**

<table>
<thead>
<tr>
<th>Digestive Enzymes</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CREON CPEP</td>
<td>F</td>
<td>19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 76000UNIT-24000UNIT-120000UNIT</td>
</tr>
<tr>
<td>PANCREAZE CPEP</td>
<td>F</td>
<td>14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT</td>
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</tbody>
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**DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure**

<table>
<thead>
<tr>
<th>Carbonic Anhydrase Inhibitors</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>acetazolamide cp12</td>
<td>F</td>
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</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>acetazolamide tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>DIAMOX CP12 (Use Acetazolamide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>methazolamide tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEPTAZANE TABS (Use Methazolamide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>Diuretic Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone &amp; Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>amiloride &amp; hydrochlorothiazide tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>DYAZIDE CAPS (Use Triamterene &amp; Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>MAXZIDE TABS (Use Triamterene &amp; Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>MAXZIDE-25 TABS (Use Triamterene &amp; Hydrochlorothiazide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>spironolactone &amp; hydrochlorothiazide tabs 25mg-25mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>triamterene &amp; hydrochlorothiazide caps</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>triamterene &amp; hydrochlorothiazide tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>Loop Diuretics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BUMEX TABS (Use Bumetanide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DEMADEX TABS (Use Torsemide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>furosemide soln ij 10 mg/ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>furosemide soln or 10 mg/ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIC SOLN OR 8 MG/ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>furosemide tabs or 20 mg, 40 mg, 80 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LASIX TABS (Use Furosemide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>torsemide tabs</td>
<td>QL(1 ea daily)</td>
<td></td>
</tr>
<tr>
<td><strong>Potassium Sparing Diuretics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDACTONE TABS (Use Spironolactone)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>amiloride hcl tabs</td>
<td>QL(4 ea daily)</td>
<td></td>
</tr>
<tr>
<td>spironolactone tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Thiazides and Thiazide-Like Diuretics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLOROTHIAZIDE TABS 250 MG</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>chlorothiazide tabs 500 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>chlorothalidone tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>hydrochlorothiazide caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>hydrochlorothiazide tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>indapamide tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>metolazone tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MICROZIDE CAPS (Use Hydrochlorothiazide)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTONEL TABS 35 MG (Use Risedronate Sodium)</td>
<td>NF</td>
<td>PA; Limit 4 per month; QL(0.13 4 ea daily)</td>
</tr>
<tr>
<td>ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium)</td>
<td>NF</td>
<td>PA; QL(1 ea daily)</td>
</tr>
<tr>
<td>ALENDRONATE SODIUM SOLN 70 MG/75ML</td>
<td>F</td>
<td>PA; QL(10.8 ml daily)</td>
</tr>
<tr>
<td>alendronate sodium tabs 35 mg, 70 mg</td>
<td>F</td>
<td>PA; Limit 4 per month; QL(0.15 ea daily)</td>
</tr>
<tr>
<td>ALENDRONATE SODIUM TABS 40 MG</td>
<td>F</td>
<td>PA; QL(1 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alendronate sodium tabs 5 mg, 10 mg</td>
<td>F</td>
<td>PA; QL(1 ea daily)</td>
</tr>
<tr>
<td>ATELVIA TBEC (Use Risedronate Sodium)</td>
<td>NF</td>
<td>PA; QL(0.15 ea daily)</td>
</tr>
<tr>
<td>calcitonin (salmon) soln</td>
<td>F</td>
<td>QL(0.143 ml daily)</td>
</tr>
<tr>
<td>FOSAMAX TABS (Use Alendronate Sodium)</td>
<td>NF</td>
<td>Limit 1 per month; QL(0.15 ea daily)</td>
</tr>
<tr>
<td>MIACALCIN SOLN</td>
<td>F</td>
<td>Limit 1 package per month; QL(0.06 7 ml daily, 2 ml per fill retail)</td>
</tr>
<tr>
<td>risedronate sodium tabs 35 mg</td>
<td>F</td>
<td>PA; Limit 4 per month; QL(0.13 4 ea daily)</td>
</tr>
<tr>
<td>risedronate sodium tabs 5 mg, 30 mg</td>
<td>F</td>
<td>PA; QL(1 ea daily)</td>
</tr>
<tr>
<td>risedronate sodium tbec 35 mg</td>
<td>F</td>
<td>PA; QL(0.15 ea daily)</td>
</tr>
</tbody>
</table>

**Growth Hormones**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORDITROPIN FLEXPRO SOLN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SAIZEN CLICK.EASY SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SAIZEN SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SAIZENPREP RECONSTITUTIONKIT SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SEROSTIM SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZORBTIVE SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**Hormone Receptor Modulators**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVISTA TABS (Use Raloxifene HCI)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>raloxifene hcl tabs 60 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

**LHRH/GnRH Agonist Analog Pituitary**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYNAREL SOLN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**Metabolic Modifiers**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcitriol caps or 0.25 mcg, 0.5 mcg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))</td>
<td>NF</td>
<td>QL(30 ml daily)</td>
</tr>
<tr>
<td>CARNITOR SOLN OR 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))</td>
<td>NF</td>
<td>QL(30 ml daily)</td>
</tr>
<tr>
<td>CARNITOR TABS OR 330 MG (Use Levocarnitine (Metabolic Modifiers))</td>
<td>NF</td>
<td>QL(3 ea daily); RX/OTC</td>
</tr>
<tr>
<td>FABRAZYME SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GALAFOLD CAPS</td>
<td>F</td>
<td>PA; QL(0.5 ea daily)</td>
</tr>
<tr>
<td>levocarnitine (metabolic modifiers) soln 1 gm/10ml</td>
<td>F</td>
<td>QL(30 ml daily)</td>
</tr>
<tr>
<td>levocarnitine (metabolic modifiers) tabs 330 mg</td>
<td>F</td>
<td>QL(3 ea daily); RX/OTC</td>
</tr>
<tr>
<td>ROCALTROL CAPS 0.25 MCG, 0.5 MCG (Use Calcitriol)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Posterior Pituitary Hormones**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)</td>
<td>NF</td>
<td>PA; SP</td>
</tr>
<tr>
<td>DDAVP SOLN NA 0.01 %</td>
<td>F</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)</td>
<td>NF</td>
<td>PA; QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>DDAVP TABS OR 0.1 MG, 0.2 MG (Use Desmopressin Acetate)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>desmopressin acetate soln ij 4 mcg/ml</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>desmopressin acetate spray refrigerated soln</td>
<td>F</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>desmopressin acetate spray soln 0.01 %</td>
<td>F</td>
<td>PA; QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>desmopressin acetate tabs or 0.1 mg, 0.2 mg</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
</tbody>
</table>

**Vasopressin Receptor Antagonists**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>JYNARQUE TBPK</td>
<td>F</td>
<td>PA</td>
</tr>
</tbody>
</table>

**ESTROGENS - Hormone Replacement/Modifying Drugs**

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estrogen Combinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVELLA TABS (Use Estradiol &amp; Norethindrone Acetate)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>COMBIPATCH PTTW</td>
<td>F</td>
<td>Limit 8 patches per month; QL(0.29 ea daily)</td>
</tr>
<tr>
<td>estradiol &amp; norethindrone acetate tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>FEMHRT LOW DOSE TABS (Use Norethindrone Acetate-Ethinyl Estradiol)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PREMPHASE TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>PREMPRO TABS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>Estrogens</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALORA PTTW</td>
<td>F</td>
<td>Limit 8 patches per month; QL(0.29 ea daily)</td>
</tr>
<tr>
<td>CLIMARA PTWK (Use Estradiol)</td>
<td>NF</td>
<td>Limit 4 patches per month; QL(0.14 3 ea daily)</td>
</tr>
<tr>
<td>ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (Use Estradiol)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>estradiol pttw td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</td>
<td>F</td>
<td>Limit 8 patches per month; QL(0.29 ea daily)</td>
</tr>
<tr>
<td>estradiol pttw td 0.0375 mg/24hr</td>
<td>F</td>
<td>QL(0.29 ea daily)</td>
</tr>
<tr>
<td>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</td>
<td>F</td>
<td>Limit 4 patches per month; QL(0.14 3 ea daily)</td>
</tr>
<tr>
<td>estradiol tabs or 0.5 mg, 1 mg, 2 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ESTROPIPATE TABS 0.75 MG, 1.5 MG</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoroquinolones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>CIPROFLOXACIN HCL TABS 100 MG</td>
<td>F</td>
<td>QL(6 ea per fill retail)</td>
</tr>
<tr>
<td>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>LEVAQUIN TABS (Use Levofloxacin)</td>
<td>NF</td>
<td>QL(1 ea daily; 14 ea per fill retail)</td>
</tr>
<tr>
<td>levofloxacin tabs or 250 mg, 500 mg, 750 mg</td>
<td>F</td>
<td>QL(1 ea daily; 14 ea per fill retail)</td>
</tr>
<tr>
<td>OFLOXACIN TABS 300 MG</td>
<td>F</td>
<td>QL(56 ea per fill retail)</td>
</tr>
<tr>
<td>ofloxacin tabs 400 mg</td>
<td>F</td>
<td>QL(56 ea per fill retail)</td>
</tr>
<tr>
<td><strong>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antiflatulents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAS-X CHEW (Use Simethicone)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYLICON INFANTS GAS RELIEF SUSP (Use Simethicone)</td>
<td>NF</td>
<td>QL(30 ml per fill retail)</td>
</tr>
<tr>
<td>MYLICON SUSP (Use Simethicone)</td>
<td>NF</td>
<td>QL(30 ml per fill retail)</td>
</tr>
<tr>
<td>simethicone chew 80 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>simethicone susp 20 mg/0.3ml, 40 mg/0.6ml</td>
<td>F</td>
<td>QL(30 ml per fill retail)</td>
</tr>
</tbody>
</table>

**Bile Acid Synthesis Disorder Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOLBAM CAPS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

**Gallstone Solubilizing Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIGALL CAPS (Use Ursodiol)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>URSO 250 TABS (Use Ursodiol)</td>
<td>NF</td>
<td>QL(7 ea daily)</td>
</tr>
<tr>
<td>ursodiol caps 300 mg</td>
<td></td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>ursodiol tabs 250 mg</td>
<td></td>
<td>QL(7 ea daily)</td>
</tr>
</tbody>
</table>

**Gastrointestinal Stimulants**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl tabs or 5 mg, 10 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGLAN TABS (Use Metoclopramide HCl)</td>
<td>NF</td>
<td></td>
</tr>
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</table>

**Inflammatory Bowel Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASACOL HD TBEC (Use Mesalamine)</td>
<td>F</td>
<td>ST; QL(3 ea daily)</td>
</tr>
<tr>
<td>AZULFIDINE EN-TABS TBEC (Use Sulfasalazine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>AZULFIDINE TABS (Use Sulfasalazine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>balsalazide disodium caps 750 mg</td>
<td>F</td>
<td>QL(9 ea daily)</td>
</tr>
<tr>
<td>COLAZAL CAPS (Use Balsalazide Disodium)</td>
<td>NF</td>
<td>QL(9 ea daily)</td>
</tr>
<tr>
<td>LIALDA TBEC (Use Mesalamine)</td>
<td>NF</td>
<td>QL(9 ea daily)</td>
</tr>
<tr>
<td>mesalamine enem re 4 gm</td>
<td>F</td>
<td>QL(60 ml daily)</td>
</tr>
<tr>
<td>mesalamine tbec or 1.2 gm</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**Intestinal Acidifiers**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lactulose (encephalopathy) soln</td>
<td></td>
<td>F</td>
</tr>
</tbody>
</table>

**Phosphate Binder Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcium acetate (phosphate binder) caps 667 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**GENITOURINARY AGENTS - MISCELLANEOUS**

- **- Miscellaneous Drugs to Treat Reproductive Organs and Urinary System**

**Alkalinizers**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>potassium citrate (alkalinizer) tbcrr 540 mg, 1080 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>potassium citrate-citric acid pack 3300mg-1002mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>UROCIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>UROCIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Genitourinary Irrigants**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium chloride (gu irrigant) soln</td>
<td></td>
<td>F</td>
</tr>
</tbody>
</table>

**Interstitial Cystitis Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELMIRON CAPS</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
</tbody>
</table>

**Prostatic Hypertrophy Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>finasteride tabs 5 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>FLOMAX CAPS (Use Tamsulosin HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>PROSCAR TABS (Use Finasteride)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>tamsulosin hcl caps 0.4 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
</tbody>
</table>

**Urinary Analgesics**

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>phenazopyridine hcl tabs 95 mg, 100 mg, 200 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PYRIDIUM TABS (Use Phenazopyridine HCl)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**GOUT AGENTS - Drugs to Treat Gout**

### Gout Agent Combinations

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>colchicine w/ probenecid tabs</td>
<td>F</td>
<td>PA; Limit 6 per claim; QL (6 ea per fill retail)</td>
</tr>
</tbody>
</table>

### Gout Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>allopurinol tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>colchicine tabs 0.6 mg</td>
<td>F</td>
<td>PA; Limit 6 per claim; QL (6 ea per fill retail)</td>
</tr>
<tr>
<td>COLCHICINE TABS 0.6 MG</td>
<td>F</td>
<td>PA; Limit 6 per claim; QL (6 ea per fill retail)</td>
</tr>
<tr>
<td>COLCrys TABS 0.6 MG</td>
<td>F</td>
<td>PA; Limit 6 per claim; QL (6 ea per fill retail)</td>
</tr>
<tr>
<td>ZYLOPRIM TABS (Use Allopurinol)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

### Uricosurics

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>probenecid tabs</td>
<td>F</td>
<td></td>
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</table>

**HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders**

### Antihemophilic Products

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVATE SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>ADYNOVATE SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>AFSTYLA KIT 1500 UNIT, 2500 UNIT</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>ALPHANINE SD SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>ALPROLIX SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>BEBULIN SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>BENEFIX KIT</td>
<td>F</td>
<td>SP</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECOMBINATE SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>RIASTAP SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>RIXUBIS SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>TRETEN SOLR</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>WILATE KIT</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>XYNTHA KIT</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>XYNTHA SOLOFUSE KIT</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td><strong>Hemataologic - Tyrosine Kinase Inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAVALISSE TABS</td>
<td>F</td>
<td>PA</td>
</tr>
<tr>
<td><strong>Hematorheologic Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pentoxifylline tbcr</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Platelet Aggregation Inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGRYLIN CAPS (Use Anagrelide HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>anagrelide hcl caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BRILINTA TABS</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>cilostazol tabs</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>clopidogrel bisulfate tabs 75 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>dipyridamole tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>EFFIENT TABS (Use Prasugrel HCl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>PLAVIX TABS 75 MG (Use Clopidogrel Bisulfate)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>prasugrel hcl tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>Hematopoietic Agents - Drugs to Treat Blood Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Agents for Gaucher Disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CERDELGA CAPS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>CEREZYME SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td><strong>Agents for Sickle Cell Anemia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DROXIA CAPS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Cobalamins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyanocobalamin soln ij 1000 mcg/ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Folic Acid/Folates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>folic acid tabs or 1 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>folic acid tabs or 400 mcg, 800 mcg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>Hematopoietic Growth Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE SOLN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ARANESP ALBUMIN FREE SOSY</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>EPOGEN SOLN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>MIRCERA SOSY</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>NPLATE SOLR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>PROMACTA PACK 12.5 MG</td>
<td>F</td>
<td>PA</td>
</tr>
<tr>
<td>PROMACTA TABS 50 MG, 75 MG, 12.5 MG</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZARXIO SOSY</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td><strong>Hematopoietic Mixtures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>Iron</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FER-IN-SOL SOLN (Use Ferrous Sulfate)</td>
<td>NF</td>
<td>100 / 30 days QL(3.4 ml daily)</td>
</tr>
<tr>
<td>FERRETTS TABS</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ferrous fumarate tabs 324 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ferrous gluconate tabs 27 mg, 240 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FERROUS GLUCONATE TABS 324 MG</td>
<td>F</td>
<td>AL(Upto 50 yrs old)</td>
</tr>
<tr>
<td>ferrous sulfate dried tbcr 160 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ferrous sulfate elix 220 mg/5ml</td>
<td>F</td>
<td>QL(16 ml daily)</td>
</tr>
<tr>
<td>FERROUS SULFATE LIQD 220 MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ferrous sulfate soln 15 mg/ml</td>
<td>F</td>
<td>100 / 30 days QL(3.4 ml daily)</td>
</tr>
<tr>
<td>ferrous sulfate tabs 65 mg, 325 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FERROUS SULFATE TBEC 324 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ferrous sulfate tbec 325 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>HEMOCYTE TABS (Use Ferrous Fumarate)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>IRON CHEWS PEDIATRIC CHEW 15 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>polysaccharide iron complex caps 150 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>Stem Cell Mobilizers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOZOBIL SOLN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td><strong>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMICAR TABS 500 MG (Use Aminocaproic Acid)</td>
<td>NF</td>
<td>QL(24 ea per fill retail); SP</td>
</tr>
<tr>
<td>aminocaproic acid tabs or 500 mg</td>
<td>F</td>
<td>QL(24 ea per fill retail); SP</td>
</tr>
<tr>
<td><strong>Antihistamine Hypnotics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl (sleep) caps 25 mg, 50 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl (sleep) liqd 50 mg/30ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl (sleep) tabs 25 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>doxylamine succinate (sleep) tabs 50 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NYTOL MAXIMUM STRENGTH TABS (Use Diphenhydramine HCl (Sleep))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>UNISOM SLEEPGELS CAPS (Use Diphenhydramine HCl (Sleep))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>UNISOM SLEEPTABS TABS (Use Doxylamine Succinate (Sleep))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ZZZQUIL CAPS (Use Diphenhydramine HCl (Sleep))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ZZZQUIL LIQD (Use Diphenhydramine HCl (Sleep))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>Barbiturate Hypnotics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMYTAL SODIUM SOLR</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BUTISOL SODIUM TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>phenobarbital elix</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHENOBARBITAL SODIUM SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>phenobarbital soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>phenobarbital tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>SECONAL SODIUM CAPS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Hypnotics - Tricyclic Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SILENOR TABS</td>
<td>F</td>
<td>ST; Try 2 preferred hypnotics first</td>
</tr>
<tr>
<td><strong>Non-Barbiturate Hypnotics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMBIEN TABS (Use Zolpidem Tartrate)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>estazolam tabs</td>
<td>F</td>
<td>ST; Try 2 preferred hypnotics first</td>
</tr>
<tr>
<td>eszopiclone tabs</td>
<td>F</td>
<td>ST; Try 2 preferred hypnotics first</td>
</tr>
<tr>
<td>FLURAZEPAM HCL CAPS</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>HALCION TABS (Use Triazolam)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>LUNESTA TABS (Use Eszopiclone)</td>
<td>NF</td>
<td>ST; Try 2 preferred hypnotics first</td>
</tr>
<tr>
<td>midazolam hcl soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>midazolam hcl syrp</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>RESTORIL CAPS 15 MG (Use Temazepam)</td>
<td>NF</td>
<td>QL(1 ea daily); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>RESTORIL CAPS 30 MG (Use Temazepam)</td>
<td>NF</td>
<td>QL(2 ea daily); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>RESTORIL CAPS 7.5 MG, 22.5 MG (Use Temazepam)</td>
<td>NF</td>
<td>ST; Try 2 preferred hypnotics first</td>
</tr>
<tr>
<td>SONATA CAPS (Use Zaleplon)</td>
<td>NF</td>
<td>QL(1 ea daily); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>temazepam caps 15 mg</td>
<td>F</td>
<td>QL(1 ea daily); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>temazepam caps 30 mg</td>
<td>F</td>
<td>QL(2 ea daily); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>temazepam caps 7.5 mg, 22.5 mg</td>
<td>F</td>
<td>ST; Try 2 preferred hypnotics first</td>
</tr>
<tr>
<td>triazolam tabs</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>zaleplon caps</td>
<td>F</td>
<td>QL(1 ea daily); AL(At least 18 yrs old)</td>
</tr>
<tr>
<td>zolpidem tartrate tabs or 5 mg, 10 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td><strong>LAXATIVES - Bowel Treatment Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulk Laxatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcium polycarbophil tabs 625 mg</td>
<td>F</td>
<td>QL(10 ea daily)</td>
</tr>
<tr>
<td>EVAC POWD (Use Psyllium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>FIBERCON TABS (Use Calcium Polycarbophil)</td>
<td>NF</td>
<td>QL(10 ea daily)</td>
</tr>
<tr>
<td>KONSYL DAILY FIBER PACK 100 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>KONSYL DAILY FIBER POWD 100 % (Use Psyllium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>KONSYL ORIGINAL FORMULADAILY FIBER POWD (Use Psyllium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>METAMUCIL CAPS 0.52 GM (Use Psyllium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>METAMUCIL ORIGINAL TEXTURE POWD (Use Psyllium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>METAMUCIL POWD 48.57 % (Use Psyllium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>psyllium caps 0.52 gm, 520 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>psyllium powd 30 %, 33 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Laxative Combinations</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLYTE-FLAVOR PACKS SOLR (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)</td>
<td>NF</td>
<td>QL(4000 ml per fill retail)</td>
</tr>
<tr>
<td>GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)</td>
<td>NF</td>
<td>QL(4000 ml per fill retail)</td>
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<tr>
<td>NULYTELY/FLAVOR PACKS SOLR (Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)</td>
<td>NF</td>
<td>QL(4000 ml per fill retail)</td>
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<tr>
<td>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</td>
<td>F</td>
<td>QL(4000 ml per fill retail)</td>
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<tr>
<td>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr 420gm-11.2gm-1.48gm-5.72gm</td>
<td>F</td>
<td>QL(4000 ml per fill retail)</td>
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<tr>
<td>sennosides-docusate sodium tabs</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>SENOKOT S TABS (Use Sennosides-Docusate Sodium)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
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<tr>
<th>Laxatives - Miscellaneous</th>
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<tr>
<td>glycerin (laxative) supp 2 gm, 1.2 gm, 2.1 gm</td>
<td>F</td>
<td></td>
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<tr>
<td>GLYCERIN ADULT SUPP (Use Glycerin (Laxative))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>lactulose soln 10 gm/15ml, 20 gm/30ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MIRALAX PACK (Use Polystrene Glycol 3350)</td>
<td>NF</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>MIRALAX POWD (Use Polystrene Glycol 3350)</td>
<td>NF</td>
<td>QL(34 gm daily); RX/OTC</td>
</tr>
<tr>
<td>PEDIA-LAX SUPP RE 2.8 GM</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>polyethylene glycol 3350 pack</td>
<td>F</td>
<td>RX/OTC</td>
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<tr>
<td>polyethylene glycol 3350 powd</td>
<td>F</td>
<td>QL(34 gm daily); RX/OTC</td>
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<tr>
<td>SORBITOL SOLN OR 70 %</td>
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<tr>
<th>Saline Laxatives</th>
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<tbody>
<tr>
<td>COLACE CAPS (Use Docusate Sodium)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>docusate calcium caps</td>
<td>F</td>
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<th>Stimulant Laxatives</th>
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<tbody>
<tr>
<td>bisacodyl supp re 10 mg</td>
<td>F</td>
<td>QL(12 ea per fill retail)</td>
</tr>
<tr>
<td>bisacodyl tbec or 5 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>DULCOLAX SUPP RE 10 MG (Use Bisacodyl)</td>
<td>NF</td>
<td>QL(12 ea per fill retail)</td>
</tr>
<tr>
<td>DULCOLAX TBEC OR 5 MG (Use Bisacodyl)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>EX-LAX TABS (Use Sennosides)</td>
<td>NF</td>
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</tr>
<tr>
<td>SENNA SYRP 176 MG/5ML</td>
<td>F</td>
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<tr>
<td>sennosides liqd 8.8 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>sennosides syrp 8.8 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>sennosides tabs 15 mg, 8.6 mg, 17.2 mg</td>
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<tr>
<th>Surfactant Laxatives</th>
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<tr>
<td>COLACE CAPS (Use Docusate Sodium)</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>docusate calcium caps</td>
<td>F</td>
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
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<tr>
<td>docusate sodium caps or 100 mg, 250 mg</td>
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<td>QL(3 ea daily)</td>
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<tr>
<td>docusate sodium liqd or 50 mg/5ml, 150 mg/15ml</td>
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<tr>
<td>docusate sodium syrp or 60 mg/15ml</td>
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</tr>
<tr>
<td>docusate sodium tabs or 100 mg</td>
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<td></td>
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<tr>
<td>MACROLIDES - Drugs to Treat Bacterial Infections</td>
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<tr>
<td><strong>Azithromycin</strong></td>
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<tr>
<td>AZITHROMYCIN PACK OR 1 GM</td>
<td>F</td>
<td>QL(2 ea per fill retail)</td>
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<tr>
<td>azithromycin susr or 100 mg/5ml</td>
<td>F</td>
<td>Limit 1 package per claim; QL(15 ml per fill retail)</td>
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<tr>
<td>azithromycin susr or 200 mg/5ml</td>
<td>F</td>
<td>Limit 1 package per claim; QL(30 ml per fill retail)</td>
</tr>
<tr>
<td>azithromycin tabs or 250 mg</td>
<td>F</td>
<td>QL(6 ea per fill retail)</td>
</tr>
<tr>
<td>azithromycin tabs or 500 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
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<tr>
<td>azithromycin tabs or 600 mg</td>
<td>F</td>
<td>Limit 8 per 28 days; QL(0.286 ea daily)</td>
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<tr>
<td>ZITHROMAX PACK OR 1 GM</td>
<td>F</td>
<td>QL(2 ea per fill retail)</td>
</tr>
<tr>
<td>ZITHROMAX SUSR OR 100 MG/5ML (Use Azithromycin)</td>
<td>NF</td>
<td>Limit 1 package per claim; QL(15 ml per fill retail)</td>
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<tr>
<td>ZITHROMAX SUSR OR 200 MG/5ML (Use Azithromycin)</td>
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<td>Limit 1 package per claim; QL(30 ml per fill retail)</td>
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<tr>
<td>ZITHROMAX TABS OR 250 MG (Use Azithromycin)</td>
<td>NF</td>
<td>QL(6 ea per fill retail)</td>
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<tr>
<td>ZITHROMAX TABS OR 500 MG (Use Azithromycin)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
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<tr>
<td>ZITHROMAX TABS OR 600 MG (Use Azithromycin)</td>
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<td>Limit 8 per 28 days; QL(0.286 ea daily)</td>
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<tr>
<th>Drug Name</th>
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<td>PCE TBEC</td>
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**MEDICAL DEVICES AND SUPPLIES**

### Bandages-Dressings-Tape

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<th>Drug Name</th>
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<tr>
<td>ALLEVYN PLUS CAVITY PADS</td>
<td>F</td>
<td>RX/OTC</td>
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<tr>
<td>ALLEVYN THIN PADS</td>
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<td>RX/OTC</td>
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<tr>
<td>AMD FOAM DRESSING 4&quot;X4&quot; PADS</td>
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<td>RX/OTC</td>
</tr>
<tr>
<td>AMD FOAM DRESSING/TOP SHEET 4&quot;X4&quot; PADS</td>
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<td>RX/OTC</td>
</tr>
<tr>
<td>BAND-AID GAUZE PADS LARGE 4&quot; X 4&quot; PADS</td>
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<td>RX/OTC</td>
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<tr>
<td>BAND-AID GAUZE PADS MEDIUM 3&quot; X 3&quot; PADS</td>
<td>F</td>
<td>RX/OTC</td>
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<tr>
<td>BAND-AID GAUZE PADS SMALL 2&quot; X 2&quot; PADS</td>
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<td>RX/OTC</td>
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<tr>
<td>BAND-AID MIRASORB GAUZE SPONGES LARGE 4&quot; X 4&quot; PADS</td>
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<tr>
<td>BIATAIN ADHESIVE FOAM DRESSING 4&quot;X4&quot; PADS</td>
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<td>BORDERED GAUZE PADS</td>
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<td>CARRASMAST FOAM PADS</td>
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<td>CARRASMAST PADS XX</td>
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<td>COPA ISLAND BORDERED FOAM DRESSING 4&quot;X4&quot; PADS</td>
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<td>COPA PLUS HYDROPHILIC FOAM DRESSING 4&quot;X4&quot; PADS</td>
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<th>Drug Name</th>
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<tr>
<td>COVRSITE COVER DRESSING PADS</td>
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<td>COVRSITE PLUS COMPOSITE DRESSING PADS</td>
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<td>CURITY ALL PURPOSE SPONGES 2&quot;X2&quot; 4PLY PADS</td>
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<td>CURITY ALL PURPOSE SPONGES 2&quot;X2&quot; PADS</td>
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<tr>
<td>CURITY ALL PURPOSE SPONGES 3&quot;X3&quot; 4PLY PADS</td>
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<td>RX/OTC</td>
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<tr>
<td>CURITY ALL PURPOSE SPONGES 4 PLY PADS</td>
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<td>RX/OTC</td>
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<tr>
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<td>RX/OTC</td>
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<tr>
<td>CURITY ALL PURPOSE SPONGES 4&quot;X4&quot; 4PLY/SOFT POUCH PADS</td>
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<td>RX/OTC</td>
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<td>CURITY ALL PURPOSE SPONGES 4&quot;X4&quot; PADS</td>
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<tr>
<td>CURITY AMD ANTIMICROBIAL GAUZE SPONGES 2&quot;X2&quot; 8 PLY PADS</td>
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<td>CURITY AMD ANTIMICROBIAL GAUZE SPONGES 4&quot;X4&quot; 12 PLY PADS</td>
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<td>RX/OTC</td>
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<th>Drug Name</th>
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**Contraceptives**

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**Drug Name**

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**Misc. Devices**

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**Parenteral Therapy Supplies**

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**MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches**

**Migraine Products**

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<tr>
<td>MIGRANAL SOLN</td>
<td>F</td>
<td>AL(At least 18 yrs old)</td>
<td></td>
</tr>
</tbody>
</table>

**Serotonin Agonists**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERGE TABS (Use Naratriptan HCl)</td>
<td>NF</td>
<td>Limit 9 per month; QL(0.3 ea daily); AL(At least 18 yrs old)</td>
<td></td>
</tr>
<tr>
<td>eletriptan hydrobromide tabs</td>
<td>F</td>
<td>Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)</td>
<td></td>
</tr>
<tr>
<td>IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (Use Sumatriptan)</td>
<td>NF</td>
<td>Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)</td>
<td></td>
</tr>
<tr>
<td>IMITREX SOLN SC 6 MG/0.5ML (Use Sumatriptan Succinate)</td>
<td>NF</td>
<td>QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use Sumatriptan Succinate)</td>
<td>NF</td>
<td>Limit 2 per month; QL(0.06 7 ml daily); AL(At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use Sumatriptan Succinate)</td>
<td>NF</td>
<td>Limit 2 syringes per month; QL(0.06 7 ml daily); AL(At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use Sumatriptan Succinate)</td>
<td>NF</td>
<td>Limit 9 per month; QL(0.3 ea daily); AL(At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>MAXALT TABS (Use Rizatriptan Benzoate)</td>
<td>NF</td>
<td>Limit 12 per month; QL(0.4 ea daily); AL(At least 6 yrs old)</td>
<td></td>
</tr>
<tr>
<td>MAXALT-MLT TBDP (Use Rizatriptan Benzoate)</td>
<td>NF</td>
<td>QL(0.4 ea daily)</td>
<td></td>
</tr>
<tr>
<td>naratriptan hcl tabs</td>
<td>F</td>
<td>Limit 9 per month; QL(0.3 ea daily); AL(At least 18 yrs old)</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-----------</td>
<td>---------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>RELPAX TABS <em>(Use Eletriptan Hydrobromide)</em></td>
<td>NF</td>
<td>Limit 6 per month; QL(0.2 ea daily); AL (At least 18 yrs old)</td>
<td></td>
</tr>
<tr>
<td>rizatriptan benzoate tabs 5 mg, 10 mg</td>
<td>F</td>
<td>Limit 12 per month; QL(0.4 ea daily); AL (At least 6 yrs old)</td>
<td></td>
</tr>
<tr>
<td>rizatriptan benzoate tbdp 5 mg, 10 mg</td>
<td>F</td>
<td>QL(0.4 ea daily)</td>
<td></td>
</tr>
<tr>
<td>sumatriptan soln</td>
<td>F</td>
<td>Limit 6 per month; QL(0.2 ea daily); AL (At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>sumatriptan succinate soaj sc 6 mg/0.5ml</td>
<td>F</td>
<td>Limit 2 syringes per month; QL(0.067 ml daily); AL (At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>sumatriptan succinate soct sc 6 mg/0.5ml</td>
<td>F</td>
<td>Limit 2 per month; QL(0.067 ml daily); AL (At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>sumatriptan succinate soln sc 6 mg/0.5ml</td>
<td>F</td>
<td>QL(2.5 ml per 30 days retail); AL (At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML</td>
<td>F</td>
<td>Limit 2 syringes per month; QL(0.067 ml daily); AL (At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</td>
<td>F</td>
<td>Limit 9 per month; QL(0.3 ea daily); AL (At least 12 yrs old)</td>
<td></td>
</tr>
<tr>
<td>zolmitriptan tabs</td>
<td>F</td>
<td>Limit 6 per month; QL(0.2 ea daily); AL (At least 18 yrs old)</td>
<td></td>
</tr>
</tbody>
</table>

### MINERALS & ELECTROLYTES

#### Calcium

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCI-CHEW CHEW</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>calcium carbonate tabs 500 mg, 1250 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>calcium carbonate-cholecalciferol chew 500mg-100unit, 500mg-400unit</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>calcium carbonate-cholecalciferol tabs 500mg-5mg, 500mg-200unit, 500mg-400unit, 500mg-800unit, 500mg-500mg-400unit-400unit, 600mg-600mg-800unit-400unit</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-500mg-200unit-200unit</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>calcium citrate tabs 200 mg, 950 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CALCIUM TABS 600MG-200UNIT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CALTRATE 600+D3 TABS (Use Calcium Carbonate-Cholecalciferol)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>oyster shell tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PARVA-CAL TABS 500MG-200UNIT</td>
<td>F</td>
<td></td>
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</tbody>
</table>

**Electrolyte Mixtures**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERASPORT EX1 SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ENFAMIL ENFALYTE SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>EQUALYTE SOLN (Use Oral Electrolytes)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>HYDRALYTE FREEZER POPS SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>HYDRALYTE SOLN 270MG/250ML-210MG/250ML, 45MEQ/L-45MEQ/L-20MEQ/L-90MEQ/L-16GM/L</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>oral electrolytes soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PEDIALYTE ADVANCED CARE SOLN (Use Oral Electrolytes)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEDIALYTE FREEZER POOPS SOLN (Use Oral Electrolytes)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEDIALYTE SINGLES SOLN (Use Oral Electrolytes)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Fluoride**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</td>
<td>F</td>
<td>AL(Up to 15 yrs old )</td>
</tr>
<tr>
<td>sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml</td>
<td>F</td>
<td>AL(Up to 15 yrs old )</td>
</tr>
</tbody>
</table>

**Magnesium**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>magnesium oxide (mg supplement) tabs 400 mg, 241.3 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MAGOX 400 TABS (Use Magnesium Oxide (Mg Supplement))</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**Phosphate**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic &amp; Monobasic)</td>
<td>NF</td>
<td>QL(8 ea daily)</td>
</tr>
<tr>
<td>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic tabs 130mg-155mg-852mg</td>
<td>F</td>
<td>QL(8 ea daily)</td>
</tr>
</tbody>
</table>

**Potassium**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-TAB TBCR 10 MEQ (Use Potassium Chloride)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>K-TAB TBCR 8 MEQ, 20 MEQ</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>KLOR-CON M15 TBCR</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>potassium bicarbonate tbef</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>potassium chloride cpcr or 10 meq</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>potassium chloride cpcr or 8 meq</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>POTASSIUM CHLORIDE ER TBCR</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>potassium chloride microencapsulated crystals er tbcr</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>potassium chloride pack or 20 meq</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>potassium chloride soln or 10 %, 20 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>potassium chloride tbcr or 8 meq, 10 meq</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Sodium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sodium chloride soln ij 0.9 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>SODIUM CHLORIDE SOLN IJ 0.9 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>SODIUM CHLORIDE SOLN IV 0.9 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>sodium chloride soln iv 0.9 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Zinc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>zinc sulfate caps or 220 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS THERAPEUTIC CLASSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chelating Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPEN TITRATABS TABS 250 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Immunosuppressive Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZASAN TABS</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>azathioprine tabs or 50 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CELLCEPT CAPS 250 MG (Use Mycophenolate Mofetil)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>CELLCEPT INTRAVENOUS SOLR (Use Mycophenolate Mofetil HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>CELLCEPT SUSR 200 MG/ML (Use Mycophenolate Mofetil)</td>
<td>NF</td>
<td>QL(15 ml daily)</td>
</tr>
<tr>
<td>CELLCEPT TABS 500 MG (Use Mycophenolate Mofetil)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>cyclosporine caps or 25 mg, 100 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>cyclosporine modified (for microemulsion) caps 25 mg, 50 mg, 100 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>cyclosporine modified (for microemulsion) soln 100 mg/ml</td>
<td>F</td>
<td>QL(8 ml daily)</td>
</tr>
<tr>
<td>CYCLOSPORINE MODIFIED CAPS</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>cyclosporine soln iv 50 mg/ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>IMURAN TABS (Use Azathioprine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>mycophenolate mofetil caps 250 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>mycophenolate mofetil hcl soln 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>mycophenolate mofetil susr 200 mg</td>
<td>F</td>
<td>QL(15 ml daily)</td>
</tr>
<tr>
<td>mycophenolate mofetil tabs 500 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>mycophenolate sodium tbec 180 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>mycophenolate sodium tbec 360 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>MYFORTIC TBEC 180 MG (Use Mycophenolate Sodium)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>MYFORTIC TBEC 360 MG (Use Mycophenolate Sodium)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>NEORAL CAPS 25 MG, 100 MG (Use Cyclosporine Modified (For Microemulsion))</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>NEORAL SOLN 100 MG/ML (Use Cyclosporine Modified (For Microemulsion))</td>
<td>NF</td>
<td>QL(8 ml daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG</td>
<td>NF</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>PROGRAF SOLN IV 5 MG/ML</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAPAMUNE SOLN (Use Sirolimus)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>RAPAMUNE TABS (Use Sirolimus)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>SANDIMMUNE SOLN IV 50 MG/ML (Use Cyclosporine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SANDIMMUNE SOLN OR 100 MG/ML</td>
<td>F</td>
<td>QL(8 ml daily)</td>
</tr>
<tr>
<td>sirolimus soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>sirolimus tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>tacrolimus caps</td>
<td>F</td>
<td>QL(3 ea daily)</td>
</tr>
<tr>
<td>ZORTRESS TABS</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

### Potassium Removing Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate)</td>
<td>NF</td>
<td>QL(454 gm per fill retail)</td>
</tr>
<tr>
<td>sodium polystyrene sulfonate powd or</td>
<td>F</td>
<td>QL(454 gm per fill retail)</td>
</tr>
<tr>
<td>sodium polystyrene sulfonate susp or 15 gm/60ml</td>
<td>F</td>
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</tr>
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</table>

### MOUTH/THROAT/DENTAL AGENTS

#### Anesthetics Topical Oral

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine hcl (mouth-throat) soln 2 %</td>
<td>F</td>
<td>QL(100 ml per fill retail)</td>
</tr>
</tbody>
</table>

#### Anti-infectives - Throat

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>nystatin (mouth-throat) susp</td>
<td>F</td>
<td>QL(120 ml per fill retail)</td>
</tr>
</tbody>
</table>

#### Antiseptics - Mouth/Throat

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlorhexidine gluconate (mouth-throat) soln 0.12 %</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

### Dental Products

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

### Steroids - Mouth/Throat/Dental

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>triamcinolone acetonide (mouth) pste</td>
<td>F</td>
<td>QL(5 gm per fill retail)</td>
</tr>
</tbody>
</table>

### Throat Products - Misc.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AQUORAL SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>CAPHOSOL SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>CVS DRY MOUTH SPRAY SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>EQL DRY MOUTH ORAL RINSE SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>MOI-STIR SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOUTHKOTE SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>NUMOISYN LIQD</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>ORAL RELIEF SPRAY FOR DRYMOUTH &amp; DISCOMFORT SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>pilocarpine hcl (oral) tabs 5 mg</td>
<td>F</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>RA DRY MOUTH SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>SALAGEN TABS 5 MG (Use Pilocarpine HCl (Oral))</td>
<td>NF</td>
<td>QL(6 ea daily)</td>
</tr>
<tr>
<td>XEROSTOMIA RELIEF SPRAY SOLN</td>
<td>F</td>
<td>QL(900 ml per fill retail); RX/OTC</td>
</tr>
</tbody>
</table>

**MULTIVITAMINS**

**B-Complex Vitamins**

- *b-complex vitamins caps or 70mg-100mg-1mg-10mg-2mg-1.5mg-100mcg, 60mg-60mg-3mg-5mg-20mg-3mg-1mcg-0.5mg, 60mg-60mg-5mg-20mg-3mg-1mcg-3mg-0.5mg*
  
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>b-complex vitamins caps or 70mg-100mg-1mg-10mg-2mg-1.5mg-100mcg, 60mg-60mg-3mg-5mg-20mg-3mg-1mcg-0.5mg, 60mg-60mg-5mg-20mg-3mg-1mcg-3mg-0.5mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

**B-Complex w/ Folic Acid**

- *b-complex w/ c & folic acid caps 1.5mg-5mg-20mg-1.7mg-6mcg-1mg-150mcg-10mg-100mg, 5mg-1.7mg-6mcg-20mg-1.5mg-1mg-150mcg-10mg-100mcg*

<table>
<thead>
<tr>
<th>Drug Name</th>
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</thead>
<tbody>
<tr>
<td>b-complex w/ c &amp; folic acid caps 1.5mg-5mg-20mg-1.7mg-6mcg-1mg-150mcg-10mg-100mg, 5mg-1.7mg-6mcg-20mg-1.5mg-1mg-150mcg-10mg-100mcg</td>
<td>F</td>
<td>QL(1 ea daily); RX/OTC</td>
</tr>
</tbody>
</table>

**Multiple Vitamins w/ Minerals**

- *ACTIVESSENTIALS PACK*
- *AIRBORNE LOZG*
- *BIOVOL SYRP*
- *C-BUFF POWD*
- *CENTRUM MULTIVITAMIN FLAVOR BURST DRINK PACK*
- *CONCEPTIONXR MOTILITY SUPPORT FORMULA Misc*
- *CORVITE TABS (Use Multiple Vitamins w/ Minerals & Folic Acid)*

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVESSENTIALS PACK</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AIRBORNE LOZG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>BIOVOL SYRP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>C-BUFF POWD</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CENTRUM MULTIVITAMIN FLAVOR BURST DRINK PACK</td>
<td>F</td>
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<tr>
<td>CONCEPTIONXR MOTILITY SUPPORT FORMULA Misc</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CORVITE TABS (Use Multiple Vitamins w/ Minerals &amp; Folic Acid)</td>
<td>NF</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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<tr>
<td>CVS DIABETES HEALTH SUPPORT MISC</td>
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<tr>
<td>CVS IMMUNE SUPPORT VITAMIN C PACK</td>
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<tr>
<td>DAILY HEART HEALTH SUPPORT MISC</td>
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<tr>
<td>DAILY PAK MAXIMUM MULTIVITAMIN/ASIAN GINSENG EXTRACT MISC</td>
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<tr>
<td>DIABETES HEALTH PACK MISC</td>
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<tr>
<td>DIABETES SUPPORT PACK MISC</td>
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<tr>
<td>EMERGEN-C BLUE PACK</td>
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</tr>
<tr>
<td>EMERGEN-C FIVE PACK</td>
<td>F</td>
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<tr>
<td>EMERGEN-C HEART HEALTH PACK</td>
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<tr>
<td>EMERGEN-C IMMUNE PACK</td>
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<td>EMERGEN-C IMMUNE PLUS PACK</td>
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<tr>
<td>EMERGEN-C IMMUNE+ WARMERS PACK</td>
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<tr>
<td>EMERGEN-C JOINT HEALTH PACK</td>
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<tr>
<td>EMERGEN-C KIDZ PACK</td>
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<tr>
<td>EMERGEN-C MSM LITE PACK</td>
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<td>EMERGEN-C PINK PACK</td>
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<tr>
<td>EMERGEN-C SUPER FRUIT PACK</td>
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<td>EMERGEN-C VITAMIN C LITE PACK</td>
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<td>EMERGEN-C VITAMIN C PACK</td>
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<tr>
<td>EMERGEN-C VITAMIN D &amp; CALCIUM PACK</td>
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<tr>
<td>END FATIGUE DAILY ENERGENEFUSION POWD</td>
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<tr>
<td>ENERGY BOOSTER PACK</td>
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<tbody>
<tr>
<td>EVOLUTION60 PACK</td>
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<td>IMMUNE SUPPORT VITAMIN C PACK</td>
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<tr>
<td>KP MENS DAILY PACK MISC</td>
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<tr>
<td>KP WOMENS DAILY PACK MISC</td>
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<td>LIFE PACK MENS MISC</td>
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<tr>
<td>LIFE PACK WOMENS MISC</td>
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<tr>
<td>MAXIMIN PACK PACK</td>
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<tr>
<td>MEGA MULTIVITAMIN POWD</td>
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<td>MULTI FOR HER PACK</td>
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<tr>
<td>MULTI FOR HIM PACK</td>
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</tr>
<tr>
<td>multiple vitamins w/ minerals &amp; folic acid tabs</td>
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<tr>
<td>ONE-DAILY MULTI-VITAMIN/MINERAL PACK</td>
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<tr>
<td>PA MENS 50 PLUS VITAPAK MISC</td>
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</tr>
<tr>
<td>PA MENS VITAPAK MISC</td>
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<tr>
<td>PA WOMENS 50 PLUS VITAPAK MISC</td>
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<tr>
<td>PA WOMENS VITAPAK MISC</td>
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<tr>
<td>PHLEXY-VITS POWD</td>
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<tr>
<td>PREMIUM PACKETS MISC</td>
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<tr>
<td>PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS MENS MISC</td>
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<td>PRESCRIPTIVE FORMULAS OPTIMAL VITAMIN PACKS WOMENS MISC</td>
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<th>Drug Name</th>
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<tbody>
<tr>
<td>PROXEED PLUS PACK</td>
<td>F</td>
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<tr>
<td>RA ESSENCE-C PACK</td>
<td>F</td>
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</tr>
<tr>
<td>SKIN BEAUTY &amp; WELLNESS PACK</td>
<td>F</td>
<td></td>
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<tr>
<td>STROVITE FORTE SYRP</td>
<td>F</td>
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</tr>
<tr>
<td>SUPER NU-THERA POWD</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>SYNAGEX CAPS</td>
<td>F</td>
<td></td>
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<tr>
<td>SYNATEK CAPS</td>
<td>F</td>
<td></td>
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<tr>
<td>THERANATAL LACTATION COMPLETE MISC</td>
<td>F</td>
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<tr>
<td>ULTRA MENS PACK MISC</td>
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<tr>
<td>ULTRA WOMENS PACK MISC</td>
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<tr>
<td>VITAMENT PACK</td>
<td>F</td>
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<tr>
<td>VITAMIN C EFFERVESCENT BLEND PACK</td>
<td>F</td>
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<tr>
<td>VITAMIN C/ELECTROLYTES PACK</td>
<td>F</td>
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</tr>
<tr>
<td>VITAMINS TO GO MAXIMUM MISC</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>VITAMINS TO GO MEN MISC</td>
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<tr>
<td>VITAMINS TO GO WOMEN MISC</td>
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<tr>
<td>WOMENS PACK MISC</td>
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<tr>
<td>ZINC LOZG OR 50MG-15MG-500UNIT-100MG, 50MG-15MG-10MG-500UNIT-100MG, 10MG-5MG-10MG-10MG-15MG-500UNIT-60MG</td>
<td>F</td>
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<tr>
<td>Ped MV w/ Fluoride</td>
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</tr>
<tr>
<td>pediatric vitamins acd w/ fluoride soln</td>
<td>F</td>
<td>QL(50 ml per fill retail); AL(Up to 13 yrs old )</td>
</tr>
<tr>
<td>Ped Multi Vitamins w/Fl &amp; FE</td>
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</tbody>
</table>

**Drug Name**                          | **Drug Tier** | **Requirements/Limits**                                           |
**Pediatric Multiple Vitamins**       | F            |                                                               |
| ped multivitamins w/ iron soln      | F            | QL(50 ml per fill retail); AL(Up to 13 yrs old ) |
| **Pediatric Vitamins**              | F            |                                                               |
| pediatric vitamins adc soln 1500unit/ml-400unit/ml-35mg/ml | F | QL(50 ml per fill retail) |
| **Prenatal Vitamins**               | F            |                                                               |
| CLASSIC PRENATAL TABS               | F            | QL(1 ea daily); AL(Up to 45 yrs old ) |
| CVS PRENATAL GUMMY/DHA/FOLIC ACID CHEW | F | |
| CVS PRENATAL TABS                   | F            | QL(1 ea daily); AL(Up to 45 yrs old ) |
| EQL PRENATAL FORMULA TABS           | F            | QL(1 ea daily); AL(Up to 45 yrs old ) |
| GNP PRENATAL TABS                   | F            | QL(1 ea daily); AL(Up to 45 yrs old ) |
| GOODSENSE PRENATAL VITAMINS TABS    | F            | QL(1 ea daily); AL(Up to 45 yrs old ) |
| HM PRENATAL TABS                    | F            | QL(1 ea daily); AL(Up to 45 yrs old ) |
| KP PRENATAL MULTIVITAMINS TABS      | F            | QL(1 ea daily); AL(Up to 45 yrs old ) |
| KPN PRENATAL TABS                   | F            | QL(1 ea daily); AL(Up to 45 yrs old ) |
| M-NATAL PLUS TABS                   | F            | QL(1 ea daily); AL(Up to 45 yrs old ); RX/OTC |

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<tbody>
<tr>
<td>M-VIT TABS</td>
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<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
</tr>
<tr>
<td>MULTI PRENATAL TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>MYNATAL CAPS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>NAT-RUL PRENATAL VITAMINS TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>NEONATAL PLUS TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
</tr>
<tr>
<td>NEONATAL VITAMIN TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>NIVA-PLUS TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
</tr>
<tr>
<td>O-CAL FA TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
</tr>
<tr>
<td>PNV FOLIC ACID + IRON MULTIVITAMIN TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
</tr>
<tr>
<td>PNV PRENATAL PLUS MULTIVITAMIN TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
</tr>
<tr>
<td>PRE-NATAL FORMULA TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>PRENATAL AND IRON TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>PRENATAL FORMULA CAPS 35MG-30UNIT-4000UNIT-200MG-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>PRENATAL FORTE TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
</tbody>
</table>

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<table>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>PRENATAL TABS 4000UNIT-200MG-11UNIT-27MG-25MG-1.84MG-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>PRENATAL VITAMIN &amp; MINERAL TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>PRENATAL VITAMINS TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>PRENATAL VITAMINS/IRON TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>PRENATAL VITAMINS PLUS LOW IRON TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
</tr>
<tr>
<td>PRENATAL VITAMINS TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>PREPLUS TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
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<tr>
<td>PX PRENATAL MULTIVITAMINS TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
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<td>QC PRENATAL TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
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<tr>
<td>RA PRENATAL FORMULA/FOLICACID TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>RA PRENATAL TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>RIGHT STEP PRENATAL TABS</td>
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<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>SM PRENATAL VITAMINS TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old)</td>
</tr>
<tr>
<td>THERANATAL CORE NUTRITION TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
</tr>
<tr>
<td>TRICARE TABS</td>
<td>F</td>
<td>QL(1 ea daily); AL(Up to 45 yrs old); RX/OTC</td>
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</table>

**Vitamins w/ Lipotropics**

vitamins w/ lipotropics caps 50mg-50mg-50mg-50mg-50mg-50mcg-50mcg-50mcg-50mg, 86mg-2mg-10mg-83mg-240mg-3mg-2mcg-3mg-110mg-1.65mg, 50mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-50mg-50mcg-50mg, 75mg-30mg-2unit-10000unit-40mg-15mg-31mg-2.5mg-4mg-2mcg-75mg-400unit, 10000unit-3mg-0.5mg-2mg-75mg-58mg-30mg-2unit-0.5mg-4mg-40mg-15mg-31.4mg-2.5mg-2mcg-5mg-1mg-75mg-400unit

**MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms**

Central Muscle Relaxants

baclofen tabs or 10 mg, 20 mg

CHLORZOXAZONE TABS 500 MG

cyclobenzaprine hcl tabs 5 mg, 10 mg

methocarbamol tabs or 500 mg, 750 mg

PARAFON FORTE DSC TABS (Use Chlorzoxazone)

ROBAXIN TABS OR 500 MG (Use Methocarbamol)

ROBAXIN-750 TABS (Use Methocarbamol)

tizanidine hcl tabs 2 mg, 4 mg

ZANAFLEX TABS 4 MG (Use Tizanidine HCl)

**NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus**

Nasal Agents - Misc.

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>OCEAN NASAL SPRAY SOLN (Use Saline)</td>
<td>NF</td>
<td>QL (90 ml per fill retail)</td>
</tr>
<tr>
<td>saline soln 0.65%-0.002%, 0.65 %</td>
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<td>QL (90 ml per fill retail)</td>
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**Nasal Anti-infectives**

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<tr>
<td>BACTROBAN NASAL OINT</td>
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**Nasal Antiallergy**

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTEPRO SOLN (Use Azelastine HCl)</td>
<td>NF</td>
<td>Limit 1 package per month; QL (1 ml daily)</td>
</tr>
<tr>
<td>azelastine hcl soln</td>
<td>F</td>
<td>Limit 1 package per month; QL (1 ml daily)</td>
</tr>
<tr>
<td>cromolyn sodium (nasal) aers 5.2 mg/act</td>
<td>F</td>
<td>QL (26 ml per fill retail)</td>
</tr>
<tr>
<td>NASALCROM AERS (Use Cromolyn Sodium (Nasal))</td>
<td>NF</td>
<td>QL (26 ml per fill retail)</td>
</tr>
</tbody>
</table>

**Nasal Anticholinergics**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ipratropium bromide (nasal) soln 0.03 %</td>
<td>F</td>
<td>Limit 1 package per month; QL (1.2 ml daily)</td>
</tr>
<tr>
<td>ipratropium bromide (nasal) soln 0.06 %</td>
<td>F</td>
<td>Limit 1 package per month; QL (0.5 ml daily)</td>
</tr>
</tbody>
</table>

**Nasal Steroids**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))</td>
<td>NF</td>
<td>QL (16 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>FLOXANE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))</td>
<td>NF</td>
<td>QL (16 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>FLUNISOLIDE SOLN</td>
<td>F</td>
<td>QL (25 ml per fill retail)</td>
</tr>
<tr>
<td>fluticasone propionate (nasal) susp 50 mcg/act</td>
<td>F</td>
<td>QL (16 ml per fill retail); RX/OTC</td>
</tr>
<tr>
<td>mometasone furoate (nasal) susp 50 mcg/act</td>
<td>F</td>
<td>QL (17 gm per fill retail); AL (At least 2 yrs old)</td>
</tr>
</tbody>
</table>

**Sympathomimetic Decongestants**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRENALIN SOLN NA 0.1 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NASAL DECONGESTANT LIQD</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NASAL DECONGESTANT SYRP</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl (oral) tabs 10 mg</td>
<td>F</td>
<td>QL (24 ea per fill retail)</td>
</tr>
<tr>
<td>pseudoephedrine hcl liqd 15 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>pseudoephedrine hcl tabs 30 mg, 60 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>pseudoephedrine hcl tb12 120 mg</td>
<td>F</td>
<td>QL (2 ea daily)</td>
</tr>
<tr>
<td>SUDAFED CHILDRENS LIQD (Use Pseudoephedrine HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SUDAFED CONGESTION TABS (Use Pseudoephedrine HCl)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>(Use Pseudoephedrine HCl)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUDAFED PE CONGESTION TABS (Use Phenylephrine HCl</td>
<td>NF</td>
<td>QL(24 ea per fill retail)</td>
</tr>
<tr>
<td>(Oral))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NUTRIENTS**

**Misc. Nutritional Substances**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>omega-3 fatty acids caps</td>
<td>QL(6 ea daily)</td>
<td></td>
</tr>
<tr>
<td>1000mg, 1200mg, 1000mg, 1200mg, 180mg-120mg, 1200mg-2unit, 300mg-1000mg, 350mg-1000mg, 360mg-1200mg, 600mg-1000mg, 600mg-1200mg, 180mg-1200mg, 180mg-1200mg-5unit, 300mg-180mg-120mg, 300mg-200mg-1unit, 1000mg-180mg-120mg, 160mg-1000mg-100mg, 180mg-1000mg-120mg, 180mg-1200mg-144mg, 216mg-1200mg-144mg, 270mg-1000mg-180mg, 300mg-1000mg-1unit, 300mg-1000mg-200mg, 300mg-1unit-1000mg, 336mg-1200mg-276mg, 350mg-1000mg-250mg, 400mg-1000mg-300mg, 500mg-1000mg-250mg, 180mg-120mg-1.8unit, 300mg-180mg-1gm-120mg, 1000mg-180mg-120mg-1mg, 210mg-1000mg-75mg-90mg, 360mg-360mg-12mg-1200mg, 60mg-180mg-1200mg-120mg, 60mg-360mg-1200mg-300mg, 1000mg-180mg-120mg-1unit, 180mg-1000mg-120mg-1unit, 180mg-1unit-1000mg-120mg, 300mg-1000mg-200mg-1unit, 300mg-180mg-1000mg-120mg, 360mg-216mg-1200mg-144mg, 600mg-324mg-1200mg-216mg, 900mg-455mg-1000mg-360mg, 100mg-1000mg-500mg-10unit, 216mg-1200mg-144mg-15unit, 300mg-1000mg-1000mg-1unit, 340mg-180mg-1unit-1000mg-120mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/ Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>ARGinine tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>arginine tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>L-TRYPTOPHAN TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC AGENTS - Drugs to Treat the Eye</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Artificial Tears and Lubricants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>artificial tear ointment oint</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>artificial tear solution soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>polyvinyl alcohol soln 1.4%</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>TEARS NATURALE PM OINT (Use White Petrolatum-Mineral Oil)</td>
<td>NF</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>white petrolatum-mineral oil oint</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td><strong>Beta-blockers - Ophthalmic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETAGAN SOLN (Use Levobunolol HCl)</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>betaxolol hcl (ophth) soln 0.5%</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>carteolol hcl (ophth) soln</td>
<td>F</td>
<td>Limit 1 package per month; QL(0.5 ml daily)</td>
</tr>
<tr>
<td>CARTEOLOL HCL SOLN</td>
<td>F</td>
<td>Limit 1 package per month; QL(0.5 ml daily)</td>
</tr>
<tr>
<td>COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>levobunolol hcl soln 0.5%</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>METIPRANOLOL SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Drug Name</strong></td>
<td><strong>Drug Tier</strong></td>
<td><strong>Requirements/ Limits</strong></td>
</tr>
<tr>
<td>timolol maleate (ophth) solg 0.5%</td>
<td>F</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>timolol maleate (ophth) soln 0.25%</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>timolol maleate (ophth) soln 0.5%</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.5%</td>
<td>F</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>TIMOPTIC OCUDOSE SOLN</td>
<td>F</td>
<td>QL(60 ea per fill retail)</td>
</tr>
<tr>
<td>TIMOPTIC SOLN 0.25% (Use Timolol Maleate (Ophth))</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>TIMOPTIC SOLN 0.5% (Use Timolol Maleate (Ophth))</td>
<td>NF</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>TIMOPTIC-XE SOLG 0.5%</td>
<td>F</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td><strong>Cycloplegic Mydriatics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE OINT OP 1%</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>ATROPINE SULFATE SOLN OP 1%</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>CYCLOGYL SOLN 0.5 %, 1 % (Use Cyclopentolate HCl)</td>
<td>NF</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>CYCLOGYL SOLN 2 % (Use Cyclopentolate HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl soln 0.5 %</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>cyclopentolate hcl soln 2 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ISOPTO ATROPINE SOLN</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>MYDRIACYL SOLN (Use Tropicamide)</td>
<td>NF</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>tropicamide soln</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td><strong>Miotics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISOPTO CARPINE SOLN (Use Pilocarpine HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Adrenergic Agents</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>apraclonidine hcl soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate soln 0.2 %</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>IOPIDINE SOLN 1 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Anti-infectives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin b (ophth) oint</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))</td>
<td>NF</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>erythromycin (ophth) oint</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>GENTAK OINT</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>gentamicin sulfate (ophth) oint</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>gentamicin sulfate (ophth) soln</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>moxifloxacin hcl (ophth) soln 0.5 %</td>
<td>F</td>
<td>QL(3 ml per fill retail)</td>
</tr>
<tr>
<td>neomycin-bacitracin zn-polymyxin oint</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN 0.025MG/ML-10000UNIT/ML-1.75MG/ML</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>OCUFLOX SOLN (Use Ofloxacin (Ophth))</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>ofloxacin (ophth) soln 0.3 %</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>polymyxin b-trimethoprim soln 0.1%-10000unit/ml</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>sulfacetamide sodium (ophth) soln 10 %</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>SULFACETAMIDE SODIUM OINT OP 10 %</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Decongestants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl (ophth) soln 2.5 %</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>tetrahydrozoline hcl (ophth) soln 0.05 %</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.5 ml daily)</td>
</tr>
<tr>
<td>VISINE SOLN (Use Tetrahydrozoline HCl (Ophth))</td>
<td>NF</td>
<td>Limit 1 package per month;QL(0.5 ml daily)</td>
</tr>
<tr>
<td><strong>Ophthalmic Local Anesthetics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tetracaine hcl (ophth) soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Steroids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE S.O.P. OINT</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>BLEPHAMIDE SUSP</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %</td>
<td>F</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>fluorometholone (ophth) susp 0.1 %</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))</td>
<td>NF</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>FML OINT 0.1 %</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (Use Neomycin-Polymyxin-Dexameth)</td>
<td>NF</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (Use Neomycin-Polymyxin-Dexameth)</td>
<td>NF</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>Neomycin-polymyxin-dexameth oint 10000unit/gm-3.5mg/gm-0.1%</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>Neomycin-polymyxin-dexameth susp 10000unit/ml-3.5mg/ml-0.1%</td>
<td>F</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>Neomycin/Polymyxin/Hydrocortisone SUSP</td>
<td>F</td>
<td>QL(8 ml per fill retail)</td>
</tr>
<tr>
<td>OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))</td>
<td>NF</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>PRED FORTE SUSP</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>PRED MILD SUSP</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>PRED-G SUSP 0.3%-1%</td>
<td>F</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>PREDNISOLONE ACETATE P-F SUSP</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>PREDNISOLONE ACETATE SUSP</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1%</td>
<td>F</td>
<td>Limit 1 package per month;QL(0.34 ml daily)</td>
</tr>
<tr>
<td>sulfacetamide soda-prednisolone soln</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>TOBRADEX OINT 0.3%-0.1%</td>
<td>F</td>
<td>QL(4 gm per fill retail)</td>
</tr>
<tr>
<td>TOBRADEX SUSP (Use Tobramycin-Dexamethasone)</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>tobramycin-dexamethasone susp 0.3%-0.1%</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
</tbody>
</table>

**Ophthalmics - Misc.**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>ACULAR SOLN (Use Ketorolac Tromethamine (Ophth))</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>ALOCRIL SOLN</td>
<td>F</td>
<td>ST; Try ketotifen ophth. first;QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>ALOMIDE SOLN</td>
<td>F</td>
<td>ST; Try ketotifen ophth. first;QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>azelastine hcl (ophth) soln</td>
<td>F</td>
<td>ST; Try ketotifen ophth. first;QL(6 ml per fill retail)</td>
</tr>
<tr>
<td>AZOPT SUSP</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>cromolyn sodium (ophth) soln</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>diclofenac sodium (ophth) soln</td>
<td>F</td>
<td>QL(5 ml per fill retail)</td>
</tr>
<tr>
<td>DORZOLAMIDE HCL SOLN 2%</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>dorzolamide hcl soln 2%</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>FLURBIPROFEN SODIUM SOLN</td>
<td>F</td>
<td>QL(3 ml per fill retail)</td>
</tr>
<tr>
<td>flurbiprofen sodium soln</td>
<td>F</td>
<td>QL(3 ml per fill retail)</td>
</tr>
<tr>
<td>ketorolac tromethamine (ophth) soln 0.4%</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>ketorolac tromethamine (ophth) soln 0.5%</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>ketotifen fumarate (ophth) soln 0.025%</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>NEVANAC SUSP 0.1%</td>
<td>F</td>
<td>QL(3 ml per fill retail)</td>
</tr>
<tr>
<td>TRUSOPT SOLN (Use Dorzolamide HCl)</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZADITOR SOLN (Use Ketotifen Fumarate (Ophth))</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>Prostaglandins - Ophthalmic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LATANOPROST SOLN 0.005 %</td>
<td>F</td>
<td>QL(3 ml per fill retail)</td>
</tr>
<tr>
<td>latanoprost soln 0.005 %</td>
<td>F</td>
<td>QL(3 ml per fill retail)</td>
</tr>
<tr>
<td>XALATAN SOLN (Use Latanoprost)</td>
<td>NF</td>
<td>QL(3 ml per fill retail)</td>
</tr>
<tr>
<td>OTIC AGENTS - Drugs to Treat the Ear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otic Agents - Miscellaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetic acid (otic soln)</td>
<td>F</td>
<td>QL(15 ml per fill retail)</td>
</tr>
<tr>
<td>carbamide peroxide (otic soln 6.5 %)</td>
<td>F</td>
<td>Limit 1 package per month; QL(0.5 ml daily)</td>
</tr>
<tr>
<td>DEBROX SOLN (Use Carbamide Peroxide (Otic))</td>
<td>NF</td>
<td>Limit 1 package per month; QL(0.5 ml daily)</td>
</tr>
<tr>
<td>Otic Anti-infectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLOXIN OTIC SOLN (Use Ofloxac (Otic))</td>
<td>NF</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>ofloxac (otic soln 0.3 %)</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>Otic Combinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIPRODEX SUSP</td>
<td>F</td>
<td>QL(7.5 ml per 30 days retail)</td>
</tr>
<tr>
<td>CORTANE-B-OTIC SOLN (Use Pramoxine-HC-Chloroxenol)</td>
<td>NF</td>
<td>Limit 1 package per month; QL(0.34 ml daily)</td>
</tr>
<tr>
<td>neomycin-polymyxin-hc (otic soln)</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>neomycin-polymyxin-hc (otic susp)</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>OTICIN HC NR SOLN (Use Pramoxine-HC-Chloroxenol)</td>
<td>NF</td>
<td>Limit 1 package per month; QL(0.34 ml daily)</td>
</tr>
<tr>
<td>PRAMOTIC LIQD</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Otic Steroids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DERMOTIC OIL (Use Fluocinolone Acetonide (Otic))</td>
<td>NF</td>
<td>Limit 1 package per month; QL(0.67 ml daily)</td>
</tr>
<tr>
<td>fluocinolone acetonide (otic) oil 0.01 %</td>
<td>F</td>
<td>Limit 1 package per month; QL(0.67 ml daily)</td>
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<tr>
<td>hydrocortisone w/acetic acid soln</td>
<td>F</td>
<td>QL(10 ml per fill retail)</td>
</tr>
<tr>
<td>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxytocics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>methylergonovine maleate tabs or 0.2 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monoclonal Antibodies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYNAGIS SOLN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>PENICILLINS - Drugs to Treat Bacterial Infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aminopenicillins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amoxicillin caps 250 mg, 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AMOXICILLIN CHEW 125 MG, 250 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>amoxicillin tabs 875 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ampicillin caps 250 mg, 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AMPICILLIN CAPS 500 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Natural Penicillins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>penicillin v potassium tabs 250 mg, 500 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

### Penicillin Combinations

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>amoxicillin &amp; pot clavulanate susr 200mg/5ml-28.5mg/5ml</td>
<td>F</td>
<td>Limit 1 package per claim;QL(100 ml per fill retail)</td>
</tr>
<tr>
<td>amoxicillin &amp; pot clavulanate susr 250mg/5ml-62.5mg/5ml</td>
<td>F</td>
<td>Limit 1 package per claim;QL(150 ml per fill retail)</td>
</tr>
<tr>
<td>amoxicillin &amp; pot clavulanate susr 400mg/5ml-57mg/5ml</td>
<td>F</td>
<td>Limit 2 packages per claim;QL(400 ml per fill retail)</td>
</tr>
<tr>
<td>amoxicillin &amp; pot clavulanate susr 600mg/5ml-42.9mg/5ml</td>
<td>F</td>
<td>Limit 2 packages per claim;QL(400 ml per fill retail)</td>
</tr>
<tr>
<td>amoxicillin &amp; pot clavulanate tabs 250mg-125mg</td>
<td>F</td>
<td>QL(30 ea per fill retail)</td>
</tr>
<tr>
<td>amoxicillin &amp; pot clavulanate tabs 500mg-125mg, 875mg-125mg</td>
<td>F</td>
<td>QL(20 ea per fill retail)</td>
</tr>
<tr>
<td>amoxicillin &amp; pot clavulanate tb12 1000mg-62.5mg</td>
<td>F</td>
<td>Limit 40 per 30 days;QL(1.34 ea daily)</td>
</tr>
<tr>
<td>AMOXICILLIN/CLAVULANATE POTASSIUM CHEW</td>
<td>F</td>
<td>QL(20 ea per fill retail)</td>
</tr>
<tr>
<td>AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12</td>
<td>F</td>
<td>Limit 40 per 30 days;QL(1.34 ea daily)</td>
</tr>
<tr>
<td>AUGMENTIN ES-600 SUSR (Use Amoxicillin &amp; Pot Clavulanate)</td>
<td>NF</td>
<td>Limit 2 packages per claim;QL(400 ml per fill retail)</td>
</tr>
<tr>
<td>AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML</td>
<td>F</td>
<td>Limit 1 package per claim;QL(150 ml per fill retail)</td>
</tr>
<tr>
<td>AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin &amp; Pot Clavulanate)</td>
<td>NF</td>
<td>Limit 1 package per claim;QL(150 ml per fill retail)</td>
</tr>
</tbody>
</table>

### Penicillinase-Resistant Penicillins

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>dicloxacillin sodium caps</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

### PROGESTINS - Hormone Replacement/Modifying Drugs

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYGESTIN TABS (Use Norethindrone Acetate)</td>
<td>NF</td>
<td>QL(20 ea per fill retail)</td>
</tr>
<tr>
<td>hydroxyprogesterone caproate oil 250 mg/ml</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>MAKENA OIL IM 250 MG/ML (Use Hydroxyprogesterone Caproate)</td>
<td>NF</td>
<td>SP</td>
</tr>
<tr>
<td>MAKENA SOAJ SC 275 MG/1.1ML</td>
<td>F</td>
<td>SP</td>
</tr>
<tr>
<td>medroxyprogesterone acetate tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MEGACE ES SUSP (Use Megestrol Acetate (Appetite))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>megestrol acetate (appetite) susp 625 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>norethindrone acetate tabs 5 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>progesterone micronized caps 100 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>progesterone micronized caps 200 mg</td>
<td>F</td>
<td>Limit 20 per month;QL(0.67 ea daily)</td>
</tr>
<tr>
<td>PROMETRIUM CAPS 100 MG (Use Progesterone Micronized)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>PROMETRIUM CAPS 200 MG (Use Progesterone Micronized)</td>
<td>NF</td>
<td>Limit 20 per month;QL(0.67 ea daily)</td>
</tr>
<tr>
<td>PROVERA TABS (Use Medroxyprogesterone Acetate)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

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### Pychotherapeutic and Neurological Agents - Misc. - Drugs to Treat Mental and Emotional Conditions

#### Agents for Chemical Dependency

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTABUSE TABS 250 MG (Use Disulfiram)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>disulfiram tabs 250 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

#### Antidementia Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARICEPT TABS 5 MG, 10 MG (Use Donepezil Hydrochloride)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>donepezil hydrochloride tabs 5 mg, 10 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>EXELON PT24 (Use Rivastigmine)</td>
<td>NF</td>
<td>PA; QL(1 ea daily)</td>
</tr>
<tr>
<td>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML</td>
<td>F</td>
<td>QL(6 ml daily)</td>
</tr>
<tr>
<td>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>memantine hcl soln 2 mg/ml</td>
<td>F</td>
<td>QL(10 ml daily)</td>
</tr>
<tr>
<td>memantine hcl tabs</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>memantine hcl tabs 5 mg, 10 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>NAMENDA TABS (Use Memantine HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>NAMENDA TITRATION PAK TABS (Use Memantine HCl)</td>
<td>NF</td>
<td>Limit 1 package per 28 days; QL(1.75 ea daily)</td>
</tr>
<tr>
<td>RAZADYNE ER CP24 (Use Galantamine Hydrobromide)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>RAZADYNE TABS (Use Galantamine Hydrobromide)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>rivastigmine pt24</td>
<td>F</td>
<td>PA; QL(1 ea daily)</td>
</tr>
</tbody>
</table>

#### Combination Psychotherapeutics

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERPHENAZINE/AMITRIP TYLENOL TABS</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
</tbody>
</table>

#### Fibromyalgia Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVELLA TABS</td>
<td>F</td>
<td>PA; QL(2 ea daily)</td>
</tr>
<tr>
<td>SAVELLA TITRATION PACK MISC</td>
<td>F</td>
<td>PA; QL(55 ea per 365 days retail)</td>
</tr>
</tbody>
</table>

#### Multiple Sclerosis Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMPYRA TB12 (Use Dalfampridine)</td>
<td>NF</td>
<td>PA; SP</td>
</tr>
<tr>
<td>AUBAGIO TABS</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>AVONEX KIT</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>AVONEX PEN AJKT</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>AVONEX PSKT</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>BETASERON KIT 0.3 MG</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>COPAXONE SOSY (Use Glatiramer Acetate)</td>
<td>NF</td>
<td>PA; SP</td>
</tr>
<tr>
<td>dalfampridine tb12 10 mg</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>GILENYA CAPS 0.5 MG</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>glatiramer acetate sosy</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>LEMTRADA SOLN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>PLEGRIDY SOPN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>PLEGRIDY SOSY</td>
<td>F</td>
<td>PA; SP</td>
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<tr>
<td>PLEGRIDY STARTER PACK SOPN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>PLEGRIDY STARTER PACK SOSY</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>REBIF REBIDOSE SOAJ</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>REBIF REBIDOSE TITRATIONPACK SOAJ</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>REBIF SOSY</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>REBIF TITRATION PACK SOSY</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TECFIDERA CPDR</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TECFIDERA STARTER PACK MISC</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>TYSABRI CONC</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ZINBRYTA SOSY</td>
<td>F</td>
<td>PA; SP</td>
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</table>

Premenstrual Dysphoric Disorder (PMDD) Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUOXETINE CAPS</td>
<td>F</td>
<td></td>
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</tbody>
</table>

Psychotherapeutic and Neurological Agents -

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERGOLOID MESYLATES TABS</td>
<td>F</td>
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</table>

Smoking Deterrents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>bupropion hcl (smoking deterrent) tb12 150 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTHPAK TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CHANTIX STARTING MONTH PAK TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CHANTIX TABS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NICODERM CQ PT24 (Use Nicotine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>NICORETTE GUM (Use Nicotine Polacrilex)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>NICORETTE LOZG (Use Nicotine Polacrilex)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>NICORETTE MINI LOZG (Use Nicotine Polacrilex)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>nicotine polacrilex gum</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>nicotine polacrilex lozg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>nicotine pt24</td>
<td>F</td>
<td></td>
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</tbody>
</table>

Cystic Fibrosis Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KALYDECO PACK 50 MG, 75 MG</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>KALYDECO TABS 150 MG</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>ORKAMBI PACK 100MG-125MG, 150MG-188MG</td>
<td>F</td>
<td>PA</td>
</tr>
<tr>
<td>ORKAMBI TABS 100MG-125MG, 200MG-125MG</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>PULMOZYME SOLN</td>
<td>F</td>
<td>PA; SP</td>
</tr>
<tr>
<td>SYMDEKO TBPK</td>
<td>F</td>
<td>PA; SP</td>
</tr>
</tbody>
</table>

Respiratory Agents - Misc. - Drugs to Treat Lung Conditions

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICOTINE TRANSDERMAL SYSTEM KIT</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NICOTROL INHALER INHA</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NICOTROL NS SOLN</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ZYBAN TB12 (Use Bupropion HCl (Smoking Deterrent))</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
</tbody>
</table>

Tetracyclines - Drugs to Treat Bacterial Infections

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>doxycycline (monohydrate) caps 50 mg, 100 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>doxycycline (monohydrate) tabs 50 mg, 100 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>doxycycline hyclate caps or 50 mg, 100 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>doxycycline hyclate tabs or 100 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (Use Minocycline HCl)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>minocycline hcl caps 50 mg, 75 mg, 100 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MONODOX CAPS 100 MG (Use Doxycycline (Monohydrate))</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td><strong>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antithyroid Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>methimazole tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>propylthiouracil tabs</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>TAPAZOLE TABS (Use Methimazole)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>Thyroid Hormones</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use Thyroid)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>CYTOMEL TABS (Use Liothyronine Sodium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Synthroid tabs or 5 mcg, 25 mcg, 50 mcg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antispasmodics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANASPAZ TBDP (Use Hyoscyamine Sulfate)</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td>BENTYL CAPS OR 10 MG (Use Dicyclomine HCl)</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td>dicyclomine hcl caps or 10 mg</td>
<td>F</td>
<td>QL(40 ml daily)</td>
</tr>
<tr>
<td>dicyclomine hcl soln or 10 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>dicyclomine hcl tabs or 20 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>glycopyrrolate tabs or 1 mg, 2 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>hyoscyamine sulfate elix or 0.125 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>hyoscyamine sulfate soln or 0.125 mg/ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>hyoscyamine sulfate tb12 or 0.375 mg</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>hyoscyamine sulfate tbdp or 0.125 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>LEVBID TB12 (Use Hyoscyamine Sulfate)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>ROBINUL FORTE TABS (Use Glycopyrrolate)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>ROBINUL TABS OR 1 MG (Use Glycopyrrolate)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td><strong>H-2 Antagonists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIMETIDINE HCL SOLN</td>
<td>F</td>
<td>QL(27 ml daily)</td>
</tr>
<tr>
<td>cimetidine tabs 200 mg</td>
<td>F</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>cimetidine tabs 300 mg, 400 mg, 800 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>famotidine susr or 40 mg/5ml</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>famotidine tabs or 10 mg, 40 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>famotidine tabs or 20 mg</td>
<td>F</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)</td>
<td>NF</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>PEPCID AC TABS (Use Famotidine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEPCID SUSR 40 MG/5ML (Use Famotidine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PEPCID TABS 20 MG (Use Famotidine)</td>
<td>NF</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>PEPCID TABS 40 MG (Use Famotidine)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ranitidine hcl caps or 150 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>ranitidine hcl caps or 300 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>ranitidine hcl syrp or 15 mg/ml or 15 mg/5ml, 75 mg/5ml, 150 mg/10ml</td>
<td>F</td>
<td>QL(40 ml daily); AL(Up to 6 yrs old)</td>
</tr>
<tr>
<td>ranitidine hcl tabs or 150 mg</td>
<td>F</td>
<td>QL(2 ea daily); RX/OTC</td>
</tr>
<tr>
<td>ranitidine hcl tabs or 75 mg, 300 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>TAGAMET HB TABS (Use Cimetidine)</td>
<td>NF</td>
<td>RX/OTC</td>
</tr>
<tr>
<td>ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)</td>
<td>NF</td>
<td>QL(2 ea daily); RX/OTC</td>
</tr>
<tr>
<td>ZANTAC 75 TABS (Use Ranitidine HCl)</td>
<td>NF</td>
<td>QL(2 ea daily); RX/OTC</td>
</tr>
<tr>
<td>ZANTAC TABS OR 150 MG (Use Ranitidine HCl)</td>
<td>NF</td>
<td>QL(2 ea daily); RX/OTC</td>
</tr>
<tr>
<td>ZANTAC TABS OR 300 MG (Use Ranitidine HCl)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td><strong>Misc. Anti-Ulcer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARAFATE SUSP 1 GM/10ML</td>
<td>F</td>
<td>QL(420 ml per-fill retail); AL(Up to 6 yrs old)</td>
</tr>
<tr>
<td>CARAFATE TABS 1 GM (Use Sucralfate)</td>
<td>NF</td>
<td>QL(4 ea daily)</td>
</tr>
<tr>
<td>sucralfate tabs</td>
<td>F</td>
<td>QL(4 ea daily)</td>
</tr>
</tbody>
</table>

### Proton Pump Inhibitors

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>EQ OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>EQL OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>esomeprazole magnesium cpdr 40 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>GNP OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>HM OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>KLS OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>lansoprazole cpdr 15 mg</td>
<td>F</td>
<td>QL(4 ea daily); RX/OTC</td>
</tr>
<tr>
<td>lansoprazole cpdr 30 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>omeprazole cpdr 10 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>omeprazole cpdr 20 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>omeprazole cpdr 40 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>OMEPRAZOLE TBEC 20 MG</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>pantoprazole sodium tbec or 20 mg</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>pantoprazole sodium tbec or 40 mg</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>PREVACID 24HR CPDR (Use Lansoprazole)</td>
<td>NF</td>
<td>QL(4 ea daily); RX/OTC</td>
</tr>
<tr>
<td>PREVACID CPDR 15 MG (Use Lansoprazole)</td>
<td>NF</td>
<td>QL(4 ea daily); RX/OTC</td>
</tr>
<tr>
<td>PREVACID CPDR 30 MG (Use Lansoprazole)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PREVACID SOLUTAB TBDP (Use Lansoprazole)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PROTONIX TBEC OR 20 MG (Use Pantoprazole Sodium)</td>
<td>NF</td>
<td>QL(1 ea daily)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTONIX TBEC OR 40 MG (Use Pantoprazole Sodium)</td>
<td>NF</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>PX OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>RA OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SB OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SM OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>SW OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>TGT OMEPRAZOLE TBEC</td>
<td>F</td>
<td>QL(1 ea daily)</td>
</tr>
<tr>
<td>CYTOTEC TABS (Use Misoprostol)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>misoprostol tabs</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections**

**Urinary Anti-infective Combinations**

methenamine-hyoscymethylene blue-sod phenyl sal tabs 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg

**Urinary Anti-infectives**

FURADANTIN SUSP (Use Nitrofurantoin)      NF  QL(40 ml daily)
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)   NF  
MACRODANTIN CAPS 50 MG, 100 MG (Use Nitrofurantoin Macrystal)  NF  
methenamine mandelate tabs            F  
nitrofurantoin macrocrystal caps 50 mg, 100 mg    F  
nitrofurantoin monohyd macro caps 100 mg    F  
nitrofurantoin susp 25 mg/5ml          F  QL(40 ml daily)

**VACCINES**

**Bacterial Vaccines**

ACTHIB SOLR      F  AL(At least 19 yrs old)
BEXSERO SUSY     F  AL(At least 19 yrs old)
HIBERIX SOLR     F  AL(At least 19 yrs old)
MENACTRA INJ     F  AL(At least 19 yrs old)
MENVEO SOLR      F  AL(At least 19 yrs old)
PEDVAX HIB SUSP  F  AL(At least 19 yrs old)
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNEUMOVAX 23 INJ</td>
<td>F</td>
<td>One per lifetime; AL (At least 65 yrs old)</td>
</tr>
<tr>
<td>PNEUMOVAX 23/1 DOSE INJ</td>
<td>F</td>
<td>One per lifetime; AL (At least 65 yrs old)</td>
</tr>
<tr>
<td>PREVNAR 13 SUSP</td>
<td>F</td>
<td>One per lifetime; AL (At least 65 yrs old)</td>
</tr>
<tr>
<td>TRUMENBA SUSY</td>
<td>F</td>
<td>AL (At least 19 yrs old)</td>
</tr>
</tbody>
</table>

**Viral Vaccines**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/ Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGERIX-B INJ</td>
<td>F</td>
<td>AL (At least 19 yrs old)</td>
</tr>
<tr>
<td>ENGERIX-B SUSP</td>
<td>F</td>
<td>AL (At least 19 yrs old)</td>
</tr>
<tr>
<td>FLUMIST QUADRIVALENT SUSP</td>
<td>F</td>
<td>AL (At least 19 yrs old - Up to 49 yrs old)</td>
</tr>
<tr>
<td>GARDASIL 9 SUSP</td>
<td>F</td>
<td>AL (At least 19 yrs old - Up to 26 yrs old)</td>
</tr>
<tr>
<td>GARDASIL 9 SUSY</td>
<td>F</td>
<td>AL (At least 19 yrs old - Up to 26 yrs old)</td>
</tr>
<tr>
<td>GARDASIL SUSP</td>
<td>F</td>
<td>AL (At least 19 yrs old - Up to 26 yrs old)</td>
</tr>
<tr>
<td>HAVRIX SUSP</td>
<td>F</td>
<td>AL (At least 19 yrs old)</td>
</tr>
<tr>
<td>IPOL INACTIVATED IPV INJ</td>
<td>F</td>
<td>AL (At least 19 yrs old)</td>
</tr>
<tr>
<td>M-M-R II INJ</td>
<td>F</td>
<td>AL (At least 19 yrs old)</td>
</tr>
<tr>
<td>PROQUAD SUSR</td>
<td>F</td>
<td>AL (At least 19 yrs old)</td>
</tr>
<tr>
<td>RECOMBIVAX HB SUSP</td>
<td>F</td>
<td>AL (At least 19 yrs old)</td>
</tr>
<tr>
<td>ROTARIX SUSR</td>
<td>F</td>
<td>AL (Up to 1 yrs old)</td>
</tr>
<tr>
<td>ROTATEQ SOLN</td>
<td>F</td>
<td>AL (Up to 1 yrs old)</td>
</tr>
<tr>
<td>SHINGRIX SUSR</td>
<td>F</td>
<td>AL (At least 50 yrs old)</td>
</tr>
</tbody>
</table>

**Vaginal Anti-infectives**

- **CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)**
  - NF
  - QL (40 gm per fill retail)

- **clindamycin phosphate vaginal crea 2 %**
  - F
  - QL (40 gm per fill retail)

- **clotrimazole vaginal crea 1 %**
  - F
  - QL (45 gm per fill retail)

- **clotrimazole vaginal crea 2 %**
  - F
  - QL (20 gm per fill retail)

- **GYNAZOLE-1 CREA**
  - F

- **GYNE-LOTRIMIN 3 CREA (Use Clotrimazole Vaginal)**
  - NF
  - QL (20 gm per fill retail)

- **GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)**
  - NF
  - QL (45 gm per fill retail)

- **METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)**
  - NF
  - QL (70 gm per fill retail)

- **metronidazole vaginal gel 0.75 %**
  - F
  - QL (70 gm per fill retail)

- **MICONAZOLE 3 SUPP**
  - F
  - QL (3 ea per fill retail)

- **miconazole nitrate vaginal crea 2 %**
  - F
  - QL (45 gm per fill retail)

- **miconazole nitrate vaginal crea 4 %**
  - F
  - Limit 1 package per month; QL (1.5 gm daily)

- **miconazole nitrate vaginal kit**
  - F

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>miconazole nitrate vaginal kit</td>
<td>F</td>
<td>QL(1 gm per fill retail)</td>
</tr>
<tr>
<td>miconazole nitrate vaginal supp 100 mg</td>
<td>F</td>
<td>QL(7 ea per fill retail)</td>
</tr>
<tr>
<td>MONISTAT 1 COMBO PACK KIT (Use Miconazole Nitrate Vaginal)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (Use Miconazole Nitrate Vaginal)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>MONISTAT 3 COMBINATION PACK KIT (Use Miconazole Nitrate Vaginal)</td>
<td>NF</td>
<td>QL(1 gm per fill retail)</td>
</tr>
<tr>
<td>MONISTAT 3 CREA (Use Miconazole Nitrate Vaginal)</td>
<td>NF</td>
<td>Limit 1 package per month; QL(1.5 gm daily)</td>
</tr>
<tr>
<td>MONISTAT 7 SIMPLY CURE CREA (Use Miconazole Nitrate Vaginal)</td>
<td>NF</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>TERAZOL 7 CREA (Use Terconazole Vaginal)</td>
<td>NF</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>TERCONAZOLE CREA</td>
<td>F</td>
<td>QL(20 gm per fill retail)</td>
</tr>
<tr>
<td>terconazole vaginal crea 0.4 %</td>
<td>F</td>
<td>QL(45 gm per fill retail)</td>
</tr>
<tr>
<td>terconazole vaginal crea 0.8 %</td>
<td>F</td>
<td>QL(20 gm per fill retail)</td>
</tr>
<tr>
<td>terconazole vaginal supp 80 mg</td>
<td>F</td>
<td>QL(3 ea per fill retail)</td>
</tr>
<tr>
<td>tioconazole vaginal oint</td>
<td>F</td>
<td>QL(5 gm per fill retail)</td>
</tr>
<tr>
<td>Vaginal Estrogens</td>
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</tr>
<tr>
<td>ESTRACE CREA VA 0.1 MG/GM (Use Estradiol Vaginal)</td>
<td>NF</td>
<td>Limit 1 package per month; QL(1.5 gm daily)</td>
</tr>
<tr>
<td>estradiol vaginal crea 0.1 mg/gm</td>
<td>F</td>
<td>Limit 1 package per month; QL(1.5 gm daily)</td>
</tr>
<tr>
<td>estradiol vaginal tabs 10 mcg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>PREMARIN CREA VA 0.625 MG/GM</td>
<td>F</td>
<td>Limit 1 package per month; QL(1.5 gm daily)</td>
</tr>
<tr>
<td>VAGIFEM TABS (Use Estradiol Vaginal)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis Therapy Agents</td>
<td></td>
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</tr>
<tr>
<td>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</td>
<td>F</td>
<td>QL(4 ea per 365 days retail)</td>
</tr>
<tr>
<td>EPIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))</td>
<td>NF</td>
<td>QL(4 ea per 365 days retail)</td>
</tr>
<tr>
<td>Vasopressors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>midodrine hcl tabs</td>
<td>F</td>
<td></td>
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<tr>
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<td></td>
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<tr>
<td>Oil Soluble Vitamins</td>
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</tr>
<tr>
<td>cholecalciferol caps 1000 unit, 2000 unit</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cholecalciferol caps 5000 unit</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>cholecalciferol caps 50000 unit</td>
<td>F</td>
<td>Limit 8 per month; QL(0.26 7 ea daily)</td>
</tr>
<tr>
<td>cholecalciferol chew 400 unit</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cholecalciferol liqd 400 unit/ml</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>cholecalciferol tabs 25 mcg, 400 unit, 1000 unit</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>D-VI-SOL LIQD (Use Cholecalciferol)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DRISDOL CAPS (Use Ergocalciferol)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ergocalciferol caps</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ergocalciferol soln</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>MEPHYTON TABS (Use Phytonadione)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>phytonadione tabs or 5 mg</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
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<tr>
<td>vitamin a caps 10000 unit</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>vitamin a tabs 10000 unit</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>vitamin e caps or 100 unit, 200 unit, 400 unit</td>
<td>F</td>
<td>QL(2 ea daily)</td>
</tr>
<tr>
<td>vitamin e soln or 50 unit/ml, 15 unit/0.3ml</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCOCID POWD</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ascorbic acid chew or 500mg, 500 mg, 7.5mg-500mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ASCORBIC ACID POWD OR</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg, 25mg-35mg-500mg</td>
<td>F</td>
<td>100 / 30 days;QL(100 ea per 34 days retail)</td>
</tr>
<tr>
<td>biotin caps or 5 mg, 5000 mcg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>niacin cpcr 250 mg, 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>niacin tabs 50 mg, 100 mg, 500 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>niacin tbcr 250 mg, 500 mg, 750 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>NIACIN TR TBCR</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>pyridoxine hcl tabs or 25 mg, 50 mg, 100 mg, 250 mg</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>riboflavin tabs 50 mg, 100 mg</td>
<td>F</td>
<td>100 / 30 days;QL(100 ea per 34 days retail)</td>
</tr>
<tr>
<td>SLO-NIACIN TBCR (Use Niacin)</td>
<td>NF</td>
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</tr>
<tr>
<td>thiamine hcl tabs or 50 mg, 100 mg, 250 mg</td>
<td>F</td>
<td>100 / 30 days;QL(100 ea per 34 days retail)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>thiamine mononitrate tabs 100 mg</td>
<td>F</td>
<td>100 / 30 days;QL(100 ea per 34 days retail)</td>
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<tr>
<td>VITAMIN C POWD</td>
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<tr>
<td>VITAMIN C SYRP 500 MG/5ML</td>
<td>F</td>
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