Preferred Drug List

The Western Sky Community care Preferred Drug List includes a list of drug covered by your prescription benefit. This list is updated often and may change.

To get the most up-to-date information, you may view the latest Preferred Drug List on our website: **WesternSkyCommunityCare.com** or call **1-844-543-8996 (TTY/TDD 711)**.

Preferred Drug Locator Instructions:

1. Within the PDF, 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 drug(s).

What is the Western Sky Community Care Preferred Drug List (PDL)?

The preferred drug list (which is also called a “formulary”) is a list showing the drugs that can be covered by your Western Sky Community Health Plan. The drug listed will be covered as long as you:

- Have a medical need for the drug
- Fill your drugs at a pharmacy that we cover
- Follow any other rules that may apply to you as a member

For more information on how to fill your drugs, please review your Member Handbook or call Western Sky Community Care (WSCC) Member Services at **1-844-543-8996** (TTY/TDD **711**).

How will I know what I will pay?

In most cases you will not have a copay. However, depending on the category you are eligible for or the drug(s) you are taking, you may have a copay

Will the Preferred Drug List change?

Yes, it will change if there is a new drug or there is a less expensive generic that becomes available. You will be notified if any changes are made to the drug list that may impact you.

How do I use the Preferred Drug List?

The best way to find your drug is by going to the back of this book to the index and looking it up by name. If the drug is in all CAPITAL LETTERS (EX: CIPRO TABS) the drug is a BRAND name drug and if the drug is in all lower case letters (ex: ciprofloxacin) the drug is a generic name drug. Next to your drug, you will see the page number where you can find coverage information.

What are generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the BRAND name drug, but often costs less.

Does the plan cover over–the –counter (OTC) drugs?

Yes, Western Sky Community Care covers certain OTC drugs. All covered OTC drugs appear in the PDL. All OTC drugs must be written on a valid prescription by a licensed provider in order to be covered.

Are there any limits on my drug coverage?

There may be some limits on covered drugs such as:

PRIOR AUTHORIZATION (PA):
Your provider may need to get approval from us before you fill some of your drug orders. Drugs that require prior authorization are found in the PDL by a PA in the **Additional Information** column. To find out more about this process, please call Member Services at **1-844-543-8996** (TTY/ TDD **711**) and a representative will explain the process to you.

QUANTITY LIMITS (QL):
For certain drugs there are limits to the amount of a drug that will be covered for a period of time. You can tell if your drug needs a QL in **Additional Information** column.

- You can also contact your provider to decide if you should first try a different drug on our list or different dose of the drug before you request an exception.
- Contact Member Services at **1-844-543-8996** (TTY/TDD **711**) and ask how you or your provider can submit a quantity limit exception request.

MORPHINE MILLIGRAM EQUIVALENT (MME) DOSING:
MME dosing is a tool used to make sure you are taking a safe dose of pain drugs. This tool helps WSCC calculate the total daily dose of pain drugs a member is taking no matter which pain drug is prescribed. The current daily limit is 90MME per day. If you are taking more than 90MME per day of pain drugs, you will need to get a prior authorization.

HOW MUCH IS 90 MME/DAY FOR COMMONLY PRESCRIBED OPIOIDS? 90 MME/day:

- 90 mg of hydrocodone (9 tablets of hydrocodone/ acetaminophen 10/325)
- 60 mg of oxycodone (2 tablets of oxycodone sustained-release 30 mg)
- 20 mg of methadone (4 tablets of methadone 5 mg)

SPECIALTY PHARMACY (SP) DRUGS: Specialty drugs are certain prescription drugs used to treat special health conditions and often require special attention. These drugs need a prior authorization before a prescription may be filled. Your prescription can be filled for up to a 30-day supply and must be filled at Acaria Specialty Pharmacy. Your drugs will then be mailed to you. For more information about specialty drugs, contact Member Services at **1-844-543-8996** (TTY/TDD **711**).

What if my drug(s) is not on the Preferred Drug List?

Talk to your provider to decide if you should first try a different drug on the list before you request an exception. Member Services will tell you how you or your provider can ask for an exception if your drug(s) are not covered. Contact WSCC Member Services at **1-844- 543-8996** (TTY/TDD **711**) for further assistance.

Which drug categories are not covered by the Preferred Drug List?

The following drug categories are not part of the benefit:

- Fertility drugs
- Weight loss or weight gain
- Drug Efficacy Study Implementation (DESI). These are drugs that are not shown to be safe and effective.
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Bulk chemicals/powders
- Experimental and investigational drugs
- Drugs and devices not approved by the FDA

Contacts for Pharmacy Appeals/Grievances

Members: In the event that a member disagrees with the decision regarding coverage of a drug, the member may request an appeal by calling Member Services at **1-844-543-8996** (TTY/TDD **711**).

Providers: In the event that a provider disagrees with the decision regarding coverage of a drug, the provider may request an appeal by submitting additional information to in writing to the Appeals Department at the following address:

Western Sky Community Care Health Plan
Appeals Department

P.O. Box 5090,

Farmington, MO. 63640-5090

After a decision is made, the provider will receive a response by mail. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously endanger the life or health of a member by calling Western Sky Community Care Health Plan at **1-844-543-8996** (TTY/TDD **711**).

Abbreviations:

- **AL:** Age Limit
- **PA:** Prior Authorization
- **QL:** Quantity Limit
- **SP:** Specialty Medication
- **MP:** Maintenance drug eligible for 90 day supply

Such services are funded in part with the State of New Mexico

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 *(Use amphetamine-dextroamphetamine)*	P	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS *(Use amphetamine-dextroamphetamine)*	P	QL(2 ea daily); AL(At least 3 yrs old)
ADZENYS XR-ODT TBED	P	AL(At least 6 yrs old)
amphetamine sulfate TABS	P	AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	P	AL(At least 13 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(2 ea daily); AL(At least 3 yrs old)
DESOXYN *(Use methamphetamine hcl)*	NP	
DEXEDRINE CP24 10 MG, 15 MG *(Use dextroamphetamine sulfate)*	NP	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 5 MG *(Use dextroamphetamine sulfate)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate SOLN	P	AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	P	AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(3 ea daily); AL(At least 3 yrs old)
DYANAVEL XR SUER	P	AL(At least 6 yrs old)
EVEKEO TABS *(Use amphetamine sulfate)*	NP	AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	P	QL(1 ea daily); AL(At least 6 yrs old)
lisdexamfetamine dimesylate CHEW	P	QL(1 ea daily); AL(At least 6 yrs old)
methamphetamine hcl	P	
MYDAYIS CP24 *(Use amphetamine-dextroamphetamine)*	NP	AL(At least 13 yrs old)
VYVANSE CAPS	P	QL(1 ea daily); AL(At least 6 yrs old)
VYVANSE CHEW	P	QL(1 ea daily); AL(At least 6 yrs old)
Analeptics		
CAFCIT SOLN IV 60 MG/3ML *(Use caffeine citrate)*	NP	
caffeine & sodium benzoate	P	

Drug Name	Drug Tier	Requirements/ Limits
caffeine citrate SOLN OR	P	QL(45 ml per fill retail)
caffeine TABS	P	
DOPRAM	P	
ENERGY CHEWS	P	
VIVARIN TABS *(Use caffeine)*	NP	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	P	AL(At least 6 yrs old)
clonidine hcl (adhd) TB12	P	AL(At least 6 yrs old)
guanfacine hcl (adhd)	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV *(Use guanfacine hcl (adhd))*	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 *(Use clonidine hcl (adhd))*	NP	AL(At least 6 yrs old)
QELBREE 150 MG, 200 MG	P	QL(2 ea daily); AL(At least 6 yrs old - Up to 17 yrs old)
QELBREE 100 MG	P	QL(3 ea daily); AL(At least 6 yrs old - Up to 17 yrs old)
STRATTERA *(Use atomoxetine hcl)*	NP	AL(At least 6 yrs old)
Stimulants - Misc.		
APTENSIO XR CP24 30 MG, 40 MG, 50 MG, 60 MG *(Use methylphenidate hcl)*	NP	AL(At least 6 yrs old)
APTENSIO XR CP24 10 MG, 15 MG, 20 MG *(Use methylphenidate hcl)*	NP	AL(At least 3 yrs old)
armodafinil	P	QL(1 ea daily); PA
CONCERTA TBCR 36 MG *(Use methylphenidate hcl)*	NP	QL(2 ea daily); AL(At least 3 yrs old)
CONCERTA TBCR 18 MG, 27 MG *(Use methylphenidate hcl)*	NP	QL(1 ea daily); AL(At least 3 yrs old)
CONCERTA TBCR 54 MG *(Use methylphenidate hcl)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
COTEMPLA XR-ODT TBED	P	AL(At least 6 yrs old)
DAYTRANA PTCH 30 MG/9HR *(Use methylphenidate)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR *(Use methylphenidate)*	NP	QL(1 ea daily); AL(At least 3 yrs old)
dexmethylphenidate hcl CP24	P	QL(1 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl TABS	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
FOCALIN TABS *(Use dexmethylphenidate hcl)*	NP	QL(2 ea daily); AL(At least 6 yrs old)
JORNAY PM CP24	P	QL(1 ea daily); AL(At least 6 yrs old)
METADATE CD CPCR *(Use methylphenidate hcl)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN *(Use methylphenidate hcl)*	NP	AL(At least 3 yrs old)
methylphenidate hcl CHEW	P	AL(At least 3 yrs old)
methylphenidate hcl CP24 30 MG, 40 MG, 50 MG, 60 MG	P	AL(At least 6 yrs old)
methylphenidate hcl CP24 10 MG, 15 MG, 20 MG	P	AL(At least 3 yrs old)
methylphenidate hcl CPCR	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl SOLN	P	AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl TABS	P	QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl TB24	P	
methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG	P	QL(1 ea daily); AL(At least 3 yrs old)
methylphenidate hcl TBCR 10 MG, 36 MG	P	QL(2 ea daily); AL(At least 3 yrs old)
methylphenidate hcl TBCR 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate PTCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR	P	QL(1 ea daily); AL(At least 3 yrs old)
methylphenidate PTCH 30 MG/9HR	P	QL(1 ea daily); AL(At least 6 yrs old)
modafinil	P	QL(1 ea daily)
NUVIGIL *(Use armodafinil)*	NP	QL(1 ea daily); PA
PROVIGIL *(Use modafinil)*	NP	QL(1 ea daily)
QUILLICHEW ER CHER 20 MG	P	AL(At least 3 yrs old)
QUILLICHEW ER CHER 30 MG, 40 MG	P	AL(At least 6 yrs old)
QUILLIVANT XR SRER	P	AL(At least 3 yrs old)
RELEXXII TBCR 45 MG, 54 MG, 63 MG, 72 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 36 MG	P	QL(2 ea daily); AL(At least 3 yrs old)
RELEXXII TBCR 18 MG, 27 MG	P	QL(1 ea daily); AL(At least 3 yrs old)
RELEXXII TBCR 45 MG, 54 MG, 63 MG, 72 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
RITALIN LA CP24 10 MG, 20 MG *(Use methylphenidate hcl)*	NP	AL(At least 3 yrs old)
RITALIN LA CP24 30 MG, 40 MG *(Use methylphenidate hcl)*	NP	AL(At least 6 yrs old)
RITALIN TABS *(Use methylphenidate hcl)*	NP	QL(3 ea daily); AL(At least 3 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
MELATONIN SUBL	P	QL(1 ea daily)
melatonin TABS 3 MG, 5 MG	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU *(Use tobramycin)*	NP	SP
KITABIS PAK NEBU *(Use tobramycin)*	P	QL(1 ml daily); SP; PA
neomycin sulfate TABS	P	
TOBI PODHALER CAPS	P	SP
TOBI NEBU *(Use tobramycin)*	NF	SP
tobramycin sulfate SOLN IJ	P	
tobramycin sulfate SOLR	P	
tobramycin NEBU	P	SP
tobramycin NEBU	P	QL(1 ml daily); SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	P	SP; PA
XELJANZ XR TB24	P	SP; PA
XELJANZ SOLN	P	SP; PA
XELJANZ TABS	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Antirheumatic Antimetabolites		
METHOTREXATE	P	
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	P	SP; MP; PA
ADALIMUMAB-ADAZ SOSY	P	SP; MP; PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	P	SP; MP; PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	P	SP; MP; PA
ADALIMUMAB-ADBM AJKT	P	SP; MP; PA
ADALIMUMAB-ADBM PSKT	P	SP; MP; PA
ADALIMUMAB-FKJP AJKT	P	SP; MP; PA
ADALIMUMAB-FKJP PSKT	P	SP; MP; PA
HADLIMA PUSHTOUCH SOAJ	P	SP; MP; PA
HADLIMA SOSY	P	SP; MP; PA
YUSIMRY	P	SP; MP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	P	SP; PA
ACTEMRA SOLN	P	SP; PA
ACTEMRA SOSY	P	SP; PA
KEVZARA SOAJ	P	SP; PA
KEVZARA SOSY	P	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS *(Use ibuprofen)*	NP	MP
ALEVE ARTHRITIS TABS *(Use naproxen sodium)*	NP	QL(2 ea daily); MP
ALEVE TABS *(Use naproxen sodium)*	NP	QL(2 ea daily); MP
ANAPROX DS TABS *(Use naproxen sodium)*	NP	MP
CELEBREX 400 MG *(Use celecoxib)*	NP	QL(2 ea daily); PA
CELEBREX 50 MG, 100 MG, 200 MG *(Use celecoxib)*	NP	QL(1 ea daily); PA
celecoxib 50 MG, 100 MG, 200 MG	P	QL(1 ea daily); PA
celecoxib 400 MG	P	QL(2 ea daily); PA
CHILDRENS ADVIL SUSP 100 MG/5ML *(Use ibuprofen)*	NP	MP; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	NP	MP; RX/OTC
DAYPRO TABS *(Use oxaprozin)*	NP	MP
diclofenac potassium TABS 50 MG	P	MP
diclofenac sodium TB24	P	MP
diclofenac sodium TBEC	P	MP
EC-NAPROSYN TBEC *(Use naproxen)*	NP	QL(2 ea daily); MP
etodolac CAPS	P	MP
etodolac TABS	P	MP
etodolac TB24	P	MP
FELDENE CAPS *(Use piroxicam)*	NP	MP
flurbiprofen TABS	P	MP
ibuprofen CHEW	P	MP
ibuprofen SUSP	P	MP; RX/OTC
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	P	MP
indomethacin CAPS 25 MG, 50 MG	P	MP
indomethacin CPCR	P	MP
INFANTS ADVIL SUSP *(Use ibuprofen)*	NP	MP
ketoprofen CAPS 75 MG	P	MP

Drug Name	Drug Tier	Requirements/ Limits
ketoprofen CP24	P	
ketorolac tromethamine TABS	P	QL(20 ea per 30 days retail)
LODINE TABS *(Use etodolac)*	NP	MP
mefenamic acid CAPS	P	
meloxicam SUSP	NP	
MELOXICAM SUSP *(Use meloxicam)*	NP	
meloxicam TABS	P	MP
MOBIC TABS *(Use meloxicam)*	NP	MP
MOTRIN CHILDRENS CHEW *(Use ibuprofen)*	NP	MP
MOTRIN INFANTS DROPS SUSP *(Use ibuprofen)*	NP	MP
nabumetone	P	MP
NAPRELAN TB24 375 MG, 500 MG *(Use naproxen sodium)*	NP	
NAPROSYN SUSP *(Use naproxen)*	NP	
NAPROSYN TABS 500 MG *(Use naproxen)*	NP	MP
naproxen sodium TABS 220 MG	P	QL(2 ea daily); MP
naproxen sodium TABS 275 MG, 550 MG	P	MP
naproxen sodium TB24 375 MG, 500 MG	P	
naproxen SUSP	P	
naproxen TABS	P	MP
naproxen TBEC	P	QL(2 ea daily); MP
oxaprozin TABS	P	MP
piroxicam CAPS	P	MP
sulindac TABS	P	MP
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	SP; PA
OTEZLA TBPK	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Pyrimidine Synthesis Inhibitors		
ARAVA *(Use leflunomide)*	NP	MP
leflunomide	P	MP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	P	QL(4 ea daily)
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	P	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	P	QL(4 ea daily)
butalbital-acetaminophen TABS 50 MG-325 MG	P	
butalbital-aspirin-caffeine CAPS	P	QL(4 ea daily)
ESGIC TABS *(Use butalbital-acetaminophen-caffeine)*	NP	QL(4 ea daily)
FIORICET CAPS *(Use butalbital-acetaminophen-caffeine)*	NP	
Analgesics Other		
acetaminophen CHEW	P	
acetaminophen LIQD 160 MG/5ML	P	
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	
acetaminophen SUPP 120 MG, 650 MG	P	QL(12 ea per fill retail)
acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	P	
acetaminophen TABS 325 MG, 500 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per fill retail)
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW *(Use acetaminophen)*	NP	
TYLENOL CHILDRENS PAIN +FEVER SUSP *(Use acetaminophen)*	NP	
TYLENOL CHILDRENS SUSP *(Use acetaminophen)*	NP	
TYLENOL EXTRA STRENGTH TABS *(Use acetaminophen)*	NP	
TYLENOL FOR CHILDREN/ADULTS SUSP *(Use acetaminophen)*	NP	
TYLENOL INFANTS PAIN+FEVER SUSP *(Use acetaminophen)*	NP	
TYLENOL TABS *(Use acetaminophen)*	NP	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	P	
aspirin CHEW	P	
ASPIRIN SUPP 300 MG	P	QL(12 ea per fill retail)
aspirin TABS 325 MG	P	
aspirin TBEC 81 MG, 325 MG	P	
BUFFERIN *(Use aspirin buffered (cal carb-mag carb-mag oxide))*	NP	
diflunisal TABS	P	MP
ECOTRIN ARTHRITIS PAIN TBEC *(Use aspirin)*	NP	
ECOTRIN REGULAR STRENGTH TBEC *(Use aspirin)*	NP	
ECOTRIN TBEC *(Use aspirin)*	NP	
salsalate	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP *(Use fentanyl citrate)*	NP	Smart PA
codeine sulfate TABS 30 MG	P	Smart PA; QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS	P	Smart PA; QL(2 ea daily); AL(At least 12 yrs old)
DILAUDID LIQD *(Use hydromorphone hcl)*	NP	Smart PA
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML *(Use hydromorphone hcl)*	NP	Smart PA
DILAUDID TABS *(Use hydromorphone hcl)*	NP	Smart PA; QL(6 ea daily)
fentanyl citrate LPOP	P	Smart PA
fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 1000 MCG/20ML	P	Smart PA
FENTANYL CITRATE SOLN IJ 100 MCG/2ML, 250 MCG/5ML *(Use fentanyl citrate)*	NP	Smart PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	Smart PA; QL(0.34 ea daily)
hydromorphone hcl LIQD	P	Smart PA
hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML	P	Smart PA

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML	P	Smart PA
HYDROMORPHONE HCL SUPP	P	Smart PA; QL(12 ea per fill retail)
hydromorphone hcl TABS	P	Smart PA; QL(6 ea daily)
hydromorphone hcl TB24	P	
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 1 MG/ML	P	Smart PA
HYDROMORPHONE HYDROCHLORIDE SOLN IJ *(Use hydromorphone hcl)*	NP	Smart PA
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	P	Smart PA
morphine sulfate SOLN IV 4 MG/ML, 8 MG/ML	P	
morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML	P	Smart PA; QL(240 ml per fill retail)
morphine sulfate SOLN IV 10 MG/ML	P	Smart PA
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	P	Smart PA; QL(20 ml daily)
MORPHINE SULFATE SOLN IV 4 MG/ML, 8 MG/ML	NP	Smart PA
morphine sulfate SUPP	P	Smart PA; QL(24 ea per fill retail)
morphine sulfate TABS	P	Smart PA; QL(6 ea daily)
morphine sulfate TBCR	P	Smart PA; QL(3 ea daily)
MS CONTIN TBCR *(Use morphine sulfate)*	NP	Smart PA; QL(3 ea daily)
OXAYDO TABS 5 MG	P	Smart PA; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
oxycodone hcl CAPS	P	Smart PA; QL(6 ea daily)
oxycodone hcl CONC 100 MG/5ML	P	Smart PA; QL(6 ml daily)
oxycodone hcl SOLN	P	Smart PA; QL(90 ml daily)
oxycodone hcl TABS	P	Smart PA; QL(6 ea daily)
oxymorphone hcl TABS	P	Smart PA
ROXICODONE TABS *(Use oxycodone hcl)*	NP	Smart PA; QL(6 ea daily)
tramadol hcl TABS 50 MG	P	Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
tramadol hcl TB24	P	Smart PA; AL(At least 18 yrs old)
ULTRAM TABS *(Use tramadol hcl)*	NP	Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
acetaminophen w/ codeine SOLN	P	Smart PA; QL(30 ml daily); AL(At least 12 yrs old)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	P	Smart PA; QL(6 ea daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	P	Smart PA; AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	P	Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod	P	Smart PA; QL(4 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(Use butalbital-acetaminophen-caffeine w/ codeine)*	NP	Smart PA; AL(At least 12 yrs old)
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	Smart PA; QL(180 ml daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	P	Smart PA
hydrocodone-acetaminophen TABS 325 MG-10 MG	P	Smart PA; QL(6 ea daily)
hydrocodone-acetaminophen TABS 325 MG-7.5 MG	P	Smart PA; QL(8 ea daily)
hydrocodone-acetaminophen TABS 325 MG-5 MG	P	Smart PA; QL(12 ea daily)
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	P	Smart PA
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	Smart PA; QL(6 ea daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG *(Use oxycodone w/ acetaminophen)*	NP	Smart PA; QL(6 ea daily)
tramadol-acetaminophen	P	Smart PA; QL(4 ea daily); AL(At least 18 yrs old)
ULTRACET *(Use tramadol-acetaminophen)*	NP	Smart PA; QL(4 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Opioid Partial Agonists		
BELBUCA FILM	P	Smart PA
BRIXADI SOSY 128 MG/0.36ML	P	QL(0.36 ml per 28 days retail); SP
BRIXADI SOSY 8 MG/0.16ML	P	QL(0.64 ml per 28 days retail); SP
BRIXADI SOSY 16 MG/0.32ML	P	QL(1.28 ml per 28 days retail); SP
BRIXADI SOSY 96 MG/0.27ML	P	QL(0.27 ml per 28 days retail); SP
BRIXADI SOSY 64 MG/0.18ML	P	QL(0.18 ml per 28 days retail); SP
BRIXADI SOSY 24 MG/0.48ML	P	QL(1.92 ml per 28 days retail); SP
BRIXADI SOSY 32 MG/0.64ML	P	QL(2.56 ml per 28 days retail); SP
BUPRENEX SOLN *(Use buprenorphine hcl)*	NP	Smart PA
buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	P	Smart PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	P	QL(4 ea daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG	P	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	P	QL(4 ea daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	P	QL(9 ea daily)
buprenorphine hcl SOLN	P	Smart PA
buprenorphine hcl SUBL 8 MG	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl SUBL 2 MG	P	QL(9 ea daily)
buprenorphine PTWK	P	Smart PA; QL(0.143 ea daily)
BUTRANS PTWK *(Use buprenorphine)*	NP	Smart PA; QL(0.143 ea daily)
SUBLOCADE SOSY	P	SP
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(3 ea daily)
SUBOXONE FILM SL 2 MG-8 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(4 ea daily)
ZUBSOLV SUBL	P	QL(3 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
testosterone cypionate SOLN IM 100 MG/ML	P	QL(0.2858 ml daily)
testosterone cypionate SOLN IM 200 MG/ML	P	Limit 4mls per month; QL(0.1429 ml daily)
testosterone enanthate SOLN IM	P	QL(0.1429 ml daily)
testosterone SOLN	P	PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA *(Use hydrocortisone (intrarectal))*	NP	QL(420 ml per fill retail)
hydrocortisone (intrarectal)	P	QL(420 ml per fill retail)
Rectal Combinations		
ANALPRAM HC SINGLES CREA EX *(Use hydrocortisone acetate w/ pramoxine)*	NP	
ANALPRAM HC CREA EX *(Use hydrocortisone acetate w/ pramoxine)*	NP	
ANALPRAM-HC CREA EX 1 %-1 % *(Use hydrocortisone acetate w/ pramoxine)*	NP	
hydrocortisone acetate w/ pramoxine CREA EX	P	
phenylephrine-shark liver oil-cocoa butter	P	QL(12 ea per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum	P	QL(30 gm per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) FOAM EX	P	QL(15 gm per fill retail)
PROCTOFOAM FOAM EX *(Use pramoxine hcl (rectal))*	NP	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX *(Use hydrocortisone (rectal))*	NP	QL(30 gm per fill retail)
hydrocortisone (rectal) EX 2.5 %	P	QL(30 gm per fill retail)
hydrocortisone (rectal) EX 1 %	P	
hydrocortisone acetate (rectal) 30 MG	P	
PROCTOCORT EX *(Use hydrocortisone (rectal))*	NP	
PROCTOCORT *(Use hydrocortisone acetate (rectal))*	NP	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD	P	QL(24 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
alum & mag hydrox-simethicone SUSP	P	QL(24 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	P	Limit 496 per month; QL(16.54 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG	P	
TUMS CHEWY BITES CHEW *(Use calcium carbonate (antacid))*	NP	
TUMS E-X 750 CHEW *(Use calcium carbonate (antacid))*	NP	
TUMS EXTRA STRENGTH 750 CHEW *(Use calcium carbonate (antacid))*	NP	
TUMS LASTING EFFECTS CHEW *(Use calcium carbonate (antacid))*	NP	
TUMS SMOOTHIES CHEW *(Use calcium carbonate (antacid))*	NP	
TUMS CHEW *(Use calcium carbonate (antacid))*	NP	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	P	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BILTRICIDE *(Use praziquantel)*	NP	
EMVERM CHEW	P	
praziquantel	P	
pyrantel pamoate SUSP 144 MG/ML	P	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG *(Use isosorbide dinitrate)*	NP	MP
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	P	MP
isosorbide mononitrate TABS	P	QL(2 ea daily); MP
isosorbide mononitrate TB24	P	QL(1 ea daily); MP
NITRO-BID OINT	P	MP
NITRO-DUR PT24 *(Use nitroglycerin)*	NP	MP
nitroglycerin CPCR	P	MP
nitroglycerin PT24	P	MP
nitroglycerin SOLN TL 0.4 MG/SPRAY	P	
nitroglycerin SUBL	P	MP
NITROLINGUAL SOLN TL *(Use nitroglycerin)*	NP	
NITROSTAT SUBL *(Use nitroglycerin)*	NP	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	P	QL(3 ea daily); MP
droperidol SOLN 2.5 MG/ML	P	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	P	
hydroxyzine hcl SYRP	P	

Drug Name	Drug Tier	Requirements/ Limits
hydroxyzine hcl TABS	P	MP
hydroxyzine pamoate CAPS	P	AL(At least 3 yrs old)
meprobamate	P	
VISTARIL CAPS *(Use hydroxyzine pamoate)*	NP	AL(At least 3 yrs old)
Benzodiazepines		
alprazolam TABS	P	Smart PA; QL(4 ea daily)
alprazolam TB24 0.5 MG, 1 MG, 2 MG	P	Smart PA; QL(1 ea daily)
alprazolam TB24 3 MG	P	Smart PA; QL(2 ea daily)
ATIVAN SOLN *(Use lorazepam)*	NP	
ATIVAN TABS 1 MG *(Use lorazepam)*	NP	Smart PA; QL(4 ea daily)
ATIVAN TABS 2 MG *(Use lorazepam)*	NP	Smart PA; QL(3 ea daily)
ATIVAN TABS 0.5 MG *(Use lorazepam)*	NP	Smart PA; QL(3 ea daily); AL(At least 18 yrs old)
chlordiazepoxide hcl CAPS	P	Smart PA; QL(4 ea daily); AL(At least 18 yrs old)
clorazepate dipotassium TABS	P	Smart PA; QL(3 ea daily); AL(At least 18 yrs old)
diazepam SOLN OR 5 MG/5ML	P	QL(500 ml per fill retail)
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	P	
DIAZEPAM SOLN IJ 5 MG/ML	P	
diazepam TABS	P	Smart PA; QL(4 ea daily)
lorazepam CONC	P	
lorazepam SOLN	P	
lorazepam TABS 2 MG	P	Smart PA; QL(3 ea daily)
lorazepam TABS 0.5 MG	P	Smart PA; QL(3 ea daily); AL(At least 18 yrs old)
lorazepam TABS 1 MG	P	Smart PA; QL(4 ea daily)
oxazepam CAPS	P	Smart PA; QL(4 ea daily)
TRANXENE T TABS 7.5 MG *(Use clorazepate dipotassium)*	NP	Smart PA; QL(3 ea daily); AL(At least 18 yrs old)
VALIUM TABS *(Use diazepam)*	NP	Smart PA; QL(4 ea daily)
XANAX XR TB24 3 MG *(Use alprazolam)*	NP	Smart PA; QL(2 ea daily)
XANAX XR TB24 0.5 MG, 1 MG, 2 MG *(Use alprazolam)*	NP	Smart PA; QL(1 ea daily)
XANAX TABS *(Use alprazolam)*	NP	Smart PA; QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	P	MP
NORPACE CR CP12 150 MG	P	
NORPACE CAPS *(Use disopyramide phosphate)*	NP	MP
quinidine gluconate TBCR	P	
Antiarrhythmics Type I-B		
mexiletine hcl	P	MP
Antiarrhythmics Type I-C		
flecainide acetate	P	MP
propafenone hcl CP12	P	
propafenone hcl TABS	P	MP
RYTHMOL SR CP12 *(Use propafenone hcl)*	NP	
Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/ Limits
amiodarone hcl TABS 200 MG	P	MP
dofetilide	P	
TIKOSYN *(Use dofetilide)*	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	P	SP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
INCRUSE ELLIPTA	P	QL(1 ea daily)
ipratropium bromide SOLN 0.02 %	P	QL(375 ml per 20 days retail)
SPIRIVA HANDIHALER CAPS *(Use tiotropium bromide monohydrate)*	NP	MP
tiotropium bromide monohydrate CAPS	P	MP
TUDORZA PRESSAIR	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
Leukotriene Modulators		
ACCOLATE *(Use zafirlukast)*	NP	
montelukast sodium CHEW	P	QL(1 ea daily); MP
montelukast sodium PACK	P	QL(1 ea daily)
montelukast sodium TABS	P	QL(1 ea daily); MP
SINGULAIR CHEW *(Use montelukast sodium)*	NP	QL(1 ea daily); MP
SINGULAIR PACK *(Use montelukast sodium)*	NP	QL(1 ea daily)
SINGULAIR TABS *(Use montelukast sodium)*	NP	QL(1 ea daily); MP
zafirlukast	P	
zileuton TB12	P	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(Use roflumilast)*	NP	QL(1 ea daily)
roflumilast	P	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	P	QL(1 ea daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily); MP
budesonide (inhalation) SUSP	P	QL(4 ml daily); MP
fluticasone propionate hfa	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); AL(Up to 12 yrs old)
PULMICORT SUSP *(Use budesonide (inhalation))*	NP	QL(4 ml daily); MP
QVAR REDIHALER 40 MCG/ACT	P	QL(0.36 gm daily)
QVAR REDIHALER 80 MCG/ACT	P	QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	NP	QL(2 ea daily)
albuterol sulfate AERS	P	
albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	P	QL(2 ea daily)
albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML	P	QL(12.5 ml daily)
ALBUTEROL SULFATE NEBU	P	QL(2 ml daily)
albuterol sulfate SYRP	P	MP
albuterol sulfate TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
budesonide-formoterol fumarate dihydrate	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
COMBIVENT RESPIMAT AERS	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	P	QL(2 ea daily)
ipratropium-albuterol SOLN	P	QL(12 ml daily)
isoproterenol hcl	P	
levalbuterol hcl	P	
PROAIR HFA AERS *(Use albuterol sulfate)*	NP	
PROVENTIL HFA AERS *(Use albuterol sulfate)*	NP	
SEREVENT DISKUS	P	QL(2 ea daily)
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	NF	
terbutaline sulfate TABS	P	MP
VENTOLIN HFA AERS *(Use albuterol sulfate)*	NP	
XOPENEX *(Use levalbuterol hcl)*	NP	
XOPENEX CONCENTRATE *(Use levalbuterol hcl)*	NP	
Xanthines		
THEO-24 CP24	P	
theophylline ELIX	P	
theophylline SOLN	P	QL(475 ml per fill retail); MP
theophylline TB12	P	
theophylline TB24	P	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	P	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
ELIQUIS TABS 2.5 MG	P	QL(2 ea daily)
ELIQUIS TABS 5 MG	P	QL(4 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA *(Use fondaparinux sodium)*	NP	SP
enoxaparin sodium SOLN IJ 300 MG/3ML	P	SP
enoxaparin sodium SOSY	P	SP
fondaparinux sodium	P	SP
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	P	
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ *(Use heparin (porcine) in sodium chloride)*	NP	
LOVENOX SOLN IJ 300 MG/3ML *(Use enoxaparin sodium)*	NP	SP
LOVENOX SOSY *(Use enoxaparin sodium)*	NP	SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	P	MP
PRADAXA CAPS	NP	MP
PRADAXA CAPS *(Use dabigatran etexilate mesylate)*	NP	MP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA SUSP	P	
FYCOMPA TABS	P	
Anticonvulsants - Benzodiazepines		
clobazam SUSP	P	
clobazam TABS	P	
clonazepam TABS	P	Smart PA; QL(4 ea daily)
clonazepam TBDP 0.25 MG	P	Smart PA; QL(16 ea daily)
clonazepam TBDP 2 MG	P	Smart PA; QL(2 ea daily)
clonazepam TBDP 0.5 MG	P	Smart PA; QL(8 ea daily)
clonazepam TBDP 0.125 MG	P	Smart PA; QL(32 ea daily)
clonazepam TBDP 1 MG	P	Smart PA; QL(4 ea daily)
DIASTAT ACUDIAL GEL *(Use diazepam (anticonvulsant))*	P	QL(1 ea per fill retail); AL(Up to 21 yrs old)
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	P	QL(1 ea per fill retail); AL(Up to 21 yrs old)
diazepam (anticonvulsant) GEL	P	QL(1 ea per fill retail); AL(Up to 21 yrs old)
KLONOPIN TABS *(Use clonazepam)*	NP	Smart PA; QL(4 ea daily)
NAYZILAM	P	QL(10 ea per 30 days retail); PA
ONFI SUSP *(Use clobazam)*	NP	
ONFI TABS *(Use clobazam)*	NP	
VALTOCO 10 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA
VALTOCO 15 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA
VALTOCO 20 MG DOSE LQPK	P	QL(10 ea per 30 days retail); PA
VALTOCO 5 MG DOSE LIQD	P	QL(10 ea per 30 days retail); PA
Anticonvulsants - Misc.		
APTIOM	P	PA
BANZEL SUSP *(Use rufinamide)*	NP	SP
BANZEL TABS *(Use rufinamide)*	NP	SP
BRIVIACT SOLN OR 10 MG/ML	P	SP; MP
BRIVIACT SOLN IV 50 MG/5ML	P	SP
BRIVIACT TABS	P	SP; MP
carbamazepine CHEW	P	AL(At least 4 yrs old); MP
carbamazepine CP12	P	AL(At least 4 yrs old); MP
carbamazepine SUSP	P	AL(At least 4 yrs old); MP
carbamazepine TABS	P	AL(At least 4 yrs old); MP
carbamazepine TB12	P	AL(At least 4 yrs old); MP
CARBATROL CP12 *(Use carbamazepine)*	NP	AL(At least 4 yrs old); MP
EPIDIOLEX	P	SP; PA
gabapentin CAPS	P	QL(4 ea daily)
gabapentin SOLN	P	
gabapentin TABS 600 MG, 800 MG	P	QL(4 ea daily)
KEPPRA XR TB24 *(Use levetiracetam)*	NP	MP
KEPPRA SOLN OR 100 MG/ML *(Use levetiracetam)*	NP	QL(30 ml daily); MP
KEPPRA SOLN IV 500 MG/5ML *(Use levetiracetam)*	NP	
KEPPRA TABS 250 MG, 500 MG, 750 MG *(Use levetiracetam)*	NP	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA TABS 1000 MG *(Use levetiracetam)*	NP	MP
lacosamide SOLN OR 10 MG/ML	P	
lacosamide SOLN IV 200 MG/20ML	P	
lacosamide TABS	P	QL(2 ea daily); PA
LAMICTAL CHEWABLE DISPERSIBLE CHEW *(Use lamotrigine)*	NP	AL(At least 10 yrs old); MP
LAMICTAL ODT KIT *(Use lamotrigine)*	NP	AL(At least 10 yrs old)
LAMICTAL ODT KIT	P	AL(At least 10 yrs old)
LAMICTAL ODT TBDP *(Use lamotrigine)*	NP	AL(At least 10 yrs old)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT *(Use lamotrigine)*	NP	AL(At least 10 yrs old)
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT *(Use lamotrigine)*	NP	AL(At least 10 yrs old)
LAMICTAL STARTER/TAKING VALPROATE KIT *(Use lamotrigine)*	NP	AL(At least 10 yrs old)
LAMICTAL XR KIT	P	AL(At least 18 yrs old)
LAMICTAL XR TB24 *(Use lamotrigine)*	NP	AL(At least 18 yrs old)
LAMICTAL TABS *(Use lamotrigine)*	NP	AL(At least 10 yrs old); MP
lamotrigine CHEW	P	AL(At least 10 yrs old); MP
lamotrigine KIT 25 MG	P	AL(At least 10 yrs old)
lamotrigine TABS	P	AL(At least 10 yrs old); MP
lamotrigine TB24	P	AL(At least 18 yrs old)
lamotrigine TBDP	P	AL(At least 10 yrs old)
LEVETIRACETAM *(Use levetiracetam in sodium chloride)*	NP	
levetiracetam in sodium chloride	P	
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	P	QL(30 ml daily); MP
levetiracetam SOLN IV 500 MG/5ML	P	
levetiracetam TABS 1000 MG	P	MP
levetiracetam TABS 250 MG, 500 MG, 750 MG	P	QL(4 ea daily); MP
levetiracetam TB24	P	MP
LYRICA CAPS 225 MG, 300 MG *(Use pregabalin)*	NP	QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG *(Use pregabalin)*	NP	QL(3 ea daily)
LYRICA SOLN *(Use pregabalin)*	NP	QL(30 ml daily)
MYSOLINE *(Use primidone)*	NP	MP
NEURONTIN CAPS *(Use gabapentin)*	NP	QL(4 ea daily)
NEURONTIN SOLN *(Use gabapentin)*	NP	
NEURONTIN TABS *(Use gabapentin)*	NP	QL(4 ea daily)
oxcarbazepine SUSP	P	AL(At least 2 yrs old); MP
oxcarbazepine TABS	P	AL(At least 2 yrs old); MP
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	P	QL(3 ea daily)
pregabalin CAPS 225 MG, 300 MG	P	QL(2 ea daily)
pregabalin SOLN	P	QL(30 ml daily)
primidone	P	MP
rufinamide SUSP	P	SP
rufinamide TABS	P	SP

Drug Name	Drug Tier	Requirements/ Limits
SPRITAM TB3D	P	
TEGRETOL SUSP *(Use carbamazepine)*	NP	AL(At least 4 yrs old); MP
TEGRETOL TABS *(Use carbamazepine)*	NP	AL(At least 4 yrs old); MP
TEGRETOL-XR TB12 *(Use carbamazepine)*	NP	AL(At least 4 yrs old); MP
TOPAMAX SPRINKLE CPSP 25 MG *(Use topiramate)*	NP	QL(8 ea daily); MP
TOPAMAX SPRINKLE CPSP 15 MG *(Use topiramate)*	NP	QL(6 ea daily); MP
TOPAMAX TABS *(Use topiramate)*	NP	QL(3 ea daily); MP
topiramate CPSP 15 MG	P	QL(6 ea daily); MP
topiramate CPSP 25 MG	P	QL(8 ea daily); MP
topiramate TABS	P	QL(3 ea daily); MP
TRILEPTAL SUSP *(Use oxcarbazepine)*	NP	AL(At least 2 yrs old); MP
TRILEPTAL TABS *(Use oxcarbazepine)*	NP	AL(At least 2 yrs old); MP
VIMPAT SOLN IV 200 MG/20ML *(Use lacosamide)*	NP	
VIMPAT SOLN OR 10 MG/ML *(Use lacosamide)*	NP	
VIMPAT TABS *(Use lacosamide)*	NP	QL(2 ea daily); PA
ZONEGRAN CAPS 25 MG, 100 MG *(Use zonisamide)*	NP	MP
zonisamide CAPS	P	MP
Carbamates		
felbamate SUSP	P	
felbamate TABS	P	
FELBATOL SUSP *(Use felbamate)*	NP	
FELBATOL TABS *(Use felbamate)*	NP	
GABA Modulators		
GABITRIL *(Use tiagabine hcl)*	NP	MP
SABRIL PACK *(Use vigabatrin)*	NP	SP
SABRIL TABS *(Use vigabatrin)*	NP	SP
tiagabine hcl	P	MP
vigabatrin PACK	P	SP
vigabatrin TABS	P	SP
Hydantoins		
CEREBYX *(Use fosphenytoin sodium)*	NP	
DILANTIN 30 MG	P	
DILANTIN *(Use phenytoin sodium extended)*	NP	MP
DILANTIN INFATABS CHEW *(Use phenytoin)*	NP	MP
DILANTIN-125 SUSP *(Use phenytoin)*	NP	MP
fosphenytoin sodium	P	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P	MP
phenytoin sodium SOLN	P	
phenytoin CHEW	P	MP
phenytoin SUSP	P	MP
Succinimides		
ethosuximide CAPS	P	MP
ethosuximide SOLN	P	MP
ZARONTIN CAPS *(Use ethosuximide)*	NP	MP
ZARONTIN SOLN *(Use ethosuximide)*	NP	MP
Valproic Acid		
DEPAKOTE ER TB24 *(Use divalproex sodium)*	NP	AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
DEPAKOTE SPRINKLES CSDR *(Use divalproex sodium)*	NP	AL(At least 6 yrs old); MP
DEPAKOTE TBEC *(Use divalproex sodium)*	NP	AL(At least 6 yrs old); MP
divalproex sodium CSDR	P	AL(At least 6 yrs old); MP
divalproex sodium TB24	P	AL(At least 6 yrs old); MP
divalproex sodium TBEC	P	AL(At least 6 yrs old); MP
valproate sodium SOLN OR 250 MG/5ML	P	
valproic acid CAPS	P	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	P	QL(1 ea daily); AL(At least 3 yrs old)
mirtazapine TBDP	P	QL(1 ea daily); AL(At least 3 yrs old)
REMERON SOLTAB TBDP *(Use mirtazapine)*	NP	QL(1 ea daily); AL(At least 3 yrs old)
REMERON TABS 15 MG, 30 MG *(Use mirtazapine)*	NP	QL(1 ea daily); AL(At least 3 yrs old); MP
Antidepressants - Misc.		
APLENZIN	P	
bupropion hcl TABS	P	QL(3 ea daily); AL(At least 6 yrs old); MP
bupropion hcl TB12	P	QL(2 ea daily); AL(At least 6 yrs old); MP
bupropion hcl TB24 450 MG	P	
bupropion hcl TB24 150 MG, 300 MG	P	QL(1 ea daily); AL(At least 6 yrs old); MP
FORFIVO XL TB24 *(Use bupropion hcl)*	P	
WELLBUTRIN SR TB12 *(Use bupropion hcl)*	NP	QL(2 ea daily); AL(At least 6 yrs old); MP
WELLBUTRIN XL TB24 *(Use bupropion hcl)*	NP	QL(1 ea daily); AL(At least 6 yrs old); MP
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	P	AL(At least 12 yrs old)
MARPLAN	P	AL(At least 16 yrs old)
NARDIL *(Use phenelzine sulfate)*	NP	AL(At least 18 yrs old)
PARNATE *(Use tranylcypromine sulfate)*	NP	AL(At least 16 yrs old)
phenelzine sulfate	P	AL(At least 18 yrs old)
tranylcypromine sulfate	P	AL(At least 16 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG, 20 MG *(Use citalopram hydrobromide)*	NP	QL(1.5 ea daily); AL(At least 6 yrs old)
CELEXA TABS 40 MG *(Use citalopram hydrobromide)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
citalopram hydrobromide SOLN	P	QL(8 ml daily); AL(At least 6 yrs old)
citalopram hydrobromide TABS 10 MG, 20 MG	P	QL(1.5 ea daily); AL(At least 6 yrs old)
citalopram hydrobromide TABS 40 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
escitalopram oxalate SOLN	P	AL(At least 6 yrs old)
escitalopram oxalate TABS 10 MG	P	QL(1.5 ea daily); AL(At least 6 yrs old)
escitalopram oxalate TABS 5 MG, 20 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
fluoxetine hcl CAPS 10 MG, 20 MG	P	QL(4 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl CAPS 40 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
fluoxetine hcl CPDR	P	AL(At least 18 yrs old); MP
fluoxetine hcl SOLN	P	QL(4 ml daily); AL(At least 6 yrs old)
fluoxetine hcl TABS 10 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
fluoxetine hcl TABS 20 MG, 60 MG	P	AL(At least 6 yrs old)
FLUOXETINE HYDROCHLORIDE TABS *(Use fluoxetine hcl)*	NP	AL(At least 6 yrs old)
fluvoxamine maleate CP24	P	AL(At least 8 yrs old); MP
fluvoxamine maleate TABS 100 MG	P	QL(3 ea daily); AL(At least 8 yrs old); MP
fluvoxamine maleate TABS 25 MG, 50 MG	P	QL(2 ea daily); AL(At least 8 yrs old); MP
LEXAPRO TABS 10 MG *(Use escitalopram oxalate)*	NP	QL(1.5 ea daily); AL(At least 6 yrs old)
LEXAPRO TABS 5 MG, 20 MG *(Use escitalopram oxalate)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
paroxetine hcl SUSP	P	QL(40 ml daily); AL(At least 18 yrs old)
paroxetine hcl TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
paroxetine hcl TB24	P	AL(At least 18 yrs old)
PAXIL CR TB24 *(Use paroxetine hcl)*	NP	AL(At least 18 yrs old)
PAXIL SUSP *(Use paroxetine hcl)*	NP	QL(40 ml daily); AL(At least 18 yrs old)
PAXIL TABS *(Use paroxetine hcl)*	NP	QL(2 ea daily); AL(At least 18 yrs old)
PEXEVA	P	AL(At least 18 yrs old); MP
PROZAC CAPS 40 MG *(Use fluoxetine hcl)*	NP	QL(2 ea daily); AL(At least 6 yrs old)
PROZAC CAPS 10 MG, 20 MG *(Use fluoxetine hcl)*	NP	QL(4 ea daily); AL(At least 6 yrs old)
sertraline hcl CONC	P	QL(10 ml daily); AL(At least 6 yrs old)
sertraline hcl TABS 25 MG, 50 MG	P	QL(1.5 ea daily); AL(At least 6 yrs old)
sertraline hcl TABS 100 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
ZOLOFT CONC *(Use sertraline hcl)*	NP	QL(10 ml daily); AL(At least 6 yrs old)
ZOLOFT TABS 100 MG *(Use sertraline hcl)*	NP	QL(2 ea daily); AL(At least 6 yrs old)
ZOLOFT TABS 25 MG, 50 MG *(Use sertraline hcl)*	NP	QL(1.5 ea daily); AL(At least 6 yrs old)
Serotonin Modulators		
nefazodone hcl	P	
trazodone hcl TABS 300 MG	P	QL(2 ea daily); AL(At least 10 yrs old)
trazodone hcl TABS 50 MG, 100 MG, 150 MG	P	AL(At least 10 yrs old); MP
TRINTELLIX	P	QL(1 ea daily); AL(At least 18 yrs old)
VIIBRYD STARTER PACK KIT	P	AL(At least 12 yrs old)
VIIBRYD TABS *(Use vilazodone hcl)*	NP	QL(1 ea daily); AL(At least 12 yrs old)
vilazodone hcl TABS	P	QL(1 ea daily); AL(At least 12 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		

Drug Name	Drug Tier	Requirements/ Limits
CYMBALTA CPEP *(Use duloxetine hcl)*	NP	QL(1 ea daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	P	
desvenlafaxine succinate 100 MG	P	AL(At least 18 yrs old); MP
desvenlafaxine succinate 25 MG, 50 MG	P	AL(At least 7 yrs old)
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	P	QL(1 ea daily); AL(At least 7 yrs old); MP
duloxetine hcl CPEP 40 MG	P	AL(At least 7 yrs old)
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	NP	QL(1 ea daily); AL(At least 18 yrs old); MP
FETZIMA TITRATION PACK C4PK	P	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 18 yrs old)
FETZIMA CP24	P	QL(1 ea daily); AL(At least 18 yrs old)
PRISTIQ 100 MG *(Use desvenlafaxine succinate)*	NP	AL(At least 18 yrs old); MP
PRISTIQ 25 MG, 50 MG *(Use desvenlafaxine succinate)*	NP	AL(At least 7 yrs old)
venlafaxine hcl CP24	P	QL(1 ea daily); AL(At least 18 yrs old); MP
venlafaxine hcl TABS	P	AL(At least 18 yrs old); MP
venlafaxine hcl TB24	P	QL(1 ea daily); AL(At least 18 yrs old)
Tricyclic Agents		
amitriptyline hcl TABS	P	
amoxapine	P	
ANAFRANIL *(Use clomipramine hcl)*	NP	AL(At least 10 yrs old)
clomipramine hcl	P	AL(At least 10 yrs old)
desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	
desipramine hcl TABS 25 MG	P	QL(2 ea daily)
doxepin hcl CAPS	P	
doxepin hcl CONC	P	
imipramine hcl TABS	P	
imipramine pamoate	P	
NORPRAMIN TABS 25 MG *(Use desipramine hcl)*	NP	QL(2 ea daily)
NORPRAMIN TABS 10 MG *(Use desipramine hcl)*	NP	
nortriptyline hcl CAPS	P	
nortriptyline hcl SOLN	P	QL(20 ml daily)
PAMELOR CAPS *(Use nortriptyline hcl)*	NP	
protriptyline hcl	P	
trimipramine maleate CAPS	P	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	P	
miglitol	P	
miglitol	P	
PRECOSE *(Use acarbose)*	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	Limit 4 pens per month; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	P	Limit 4 pens per month; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS *(Use pioglitazone hcl-metformin hcl)*	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
alogliptin-metformin hcl 500 MG-12.5 MG	P	QL(1 ea daily); MP
alogliptin-metformin hcl 1000 MG-12.5 MG	P	QL(2 ea daily)
alogliptin-pioglitazone	P	QL(1 ea daily); MP
DUETACT *(Use pioglitazone hcl-glimepiride)*	NP	
glipizide-metformin hcl	P	MP
glyburide-metformin	P	MP
KAZANO *(Use alogliptin-metformin hcl)*	NF	
KOMBIGLYZE XR *(Use saxagliptin-metformin hcl)*	NP	QL(1 ea daily); MP
OSENI *(Use alogliptin-pioglitazone)*	NF	
pioglitazone hcl-glimepiride	P	
pioglitazone hcl-metformin hcl TABS	P	QL(2 ea daily); MP
saxagliptin-metformin hcl	P	QL(1 ea daily); MP
SEGLUROMET	P	
SOLIQUA 100/33	P	QL(0.6 ml daily); PA
Biguanides		
GLUMETZA TB24 *(Use metformin hcl)*	NP	PA
metformin hcl TABS 1000 MG	P	QL(2 ea daily); MP
metformin hcl TABS 850 MG	P	QL(3 ea daily); MP
metformin hcl TABS 500 MG	P	QL(5 ea daily); MP
metformin hcl TB24 750 MG	P	QL(2 ea daily); MP
metformin hcl TB24 500 MG, 1000 MG	P	PA
metformin hcl TB24 500 MG	P	QL(4 ea daily); MP
Diabetic Other		
BD GLUCOSE CHEW	P	
CVS GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
CVS SOFT GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
diazoxide	P	
glucagon (rdna)	P	QL(1 ea per fill retail)
GLUCAGON EMERGENCY KIT *(Use glucagon (rdna))*	NP	QL(1 ea per fill retail)
GLUCO TO GO CHEW	P	Limit 50 per month; QL(1.67 ea daily)
GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
GNP GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
PROGLYCEM *(Use diazoxide)*	NP	
SM GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
TRUEPLUS GLUCOSE ON THE GO CHEW	P	Limit 50 per month; QL(1.67 ea daily)
TRUEPLUS GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
WALGREENS GLUCOSE CHEW	P	Limit 50 per month; QL(1.67 ea daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
alogliptin benzoate	P	QL(1 ea daily); MP
NESINA *(Use alogliptin benzoate)*	NF	
ONGLYZA *(Use saxagliptin hcl)*	NP	QL(1 ea daily); MP
saxagliptin hcl	P	QL(1 ea daily); MP
Incretin Mimetic Agents		
ADLYXIN STARTER PACK PNKT	P	Smart PA; QL(0.2 ml daily); MP
ADLYXIN SOPN	P	Smart PA; QL(0.2 ml daily); MP
BYDUREON BCISE AUIJ	P	Smart PA; QL(3.4 ml per 28 days retail)
BYETTA SOPN 10 MCG/0.04ML	P	SMART PA; Limit 1 syringe per month; QL(2.4 ml per 28 days retail)
BYETTA SOPN 5 MCG/0.02ML	P	SMART PA; Limit 1 syringe per month; QL(1.2 ml per 28 days retail)
OZEMPIC SOPN	P	Smart PA; MP
TRULICITY 0.75 MG/0.5ML, 1.5 MG/0.5ML	P	Smart PA; QL(2 ml per 28 days retail); MP
Insulin		
ADMELOG SOLOSTAR SOPN	P	QL(2 ml daily)
ADMELOG SOLN IJ	P	QL(2 ml daily)
BASAGLAR KWIKPEN SOPN	P	QL(2 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(2 ml daily)
HUMULIN 70/30 SUSP	P	QL(2 ml daily)
HUMULIN N KWIKPEN SUPN	P	QL(2 ml daily)
HUMULIN N SUSP	P	QL(2 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	QL(2 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	P	QL(0.6 ml daily)
HUMULIN R SOLN IJ	P	QL(2 ml daily)
INSULIN ASPART FLEXPEN SOPN	P	QL(2 ml daily); MP
INSULIN ASPART PENFILL SOCT	P	QL(2 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(2 ml daily); MP
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(2 ml daily); MP
INSULIN ASPART SOLN IJ	P	QL(2 ml daily); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 ml daily); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	P	QL(1.5 ml daily); MP
INSULIN DEGLUDEC SOLN	P	QL(1.5 ml daily); MP
INSULIN GLARGINE-YFGN SOLN	P	MP
INSULIN GLARGINE-YFGN SOPN	P	MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(2 ml daily); MP
INSULIN LISPRO KWIKPEN SOPN	P	QL(2 ml daily); MP
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(2 ml daily); MP
INSULIN LISPRO SOLN IJ	P	QL(2 ml daily); MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	QL(2 ml daily)
NOVOLIN 70/30 FLEXPEN SUPN	P	QL(2 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN 70/30 RELION SUSP	P	QL(2 ml daily)
NOVOLIN 70/30 SUSP	P	QL(2 ml daily)
NOVOLIN N FLEXPEN RELION SUPN	P	QL(2 ml daily)
NOVOLIN N FLEXPEN SUPN	P	QL(2 ml daily)
NOVOLIN N RELION SUSP	P	QL(2 ml daily)
NOVOLIN N SUSP	P	QL(2 ml daily)
NOVOLIN R RELION SOLN IJ	P	QL(2 ml daily)
NOVOLIN R SOLN IJ	P	QL(2 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	P	QL(2 ml daily)
NOVOLOG MIX 70/30 RELION SUSP	P	QL(2 ml daily); MP
Insulin Sensitizing Agents		
ACTOS *(Use pioglitazone hcl)*	NP	QL(1 ea daily); MP
pioglitazone hcl	P	QL(1 ea daily); MP
Meglitinide Analogues		
nateglinide	P	QL(3 ea daily); MP
repaglinide	P	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
STEGLATRO	P	
Sulfonylureas		
AMARYL 1 MG, 2 MG *(Use glimepiride)*	NP	QL(1 ea daily); MP
AMARYL 4 MG *(Use glimepiride)*	NP	QL(2 ea daily); MP
glimepiride 4 MG	P	QL(2 ea daily); MP
glimepiride 1 MG, 2 MG	P	QL(1 ea daily); MP
glipizide TABS	P	MP
glipizide TB24	P	MP
GLUCOTROL XL TB24 *(Use glipizide)*	NP	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	MP
glyburide TABS	P	MP
GLYNASE *(Use glyburide micronized)*	NP	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
ACIDOPHILUS CAP-MISC	P	
bismuth subsalicylate CHEW 262 MG	P	
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	P	
PEPTO-BISMOL MAX STRENGTH SUSP *(Use bismuth subsalicylate)*	NP	
PEPTO-BISMOL TO-GO CHEW *(Use bismuth subsalicylate)*	NP	
PEPTO-BISMOL CHEW *(Use bismuth subsalicylate)*	NP	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	
diphenoxylate w/ atropine TABS	P	
IMODIUM A-D CAPS *(Use loperamide hcl)*	NP	RX/OTC
IMODIUM A-D TABS *(Use loperamide hcl)*	NP	QL(2 ea daily)
LOMOTIL TABS *(Use diphenoxylate w/ atropine)*	NP	
loperamide hcl CAPS	P	RX/OTC
loperamide hcl TABS	P	QL(2 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		

Drug Name	Drug Tier	Requirements/ Limits
Antidotes - Chelating Agents		
CHEMET	P	
deferasirox TABS	P	SP; PA
JADENU TABS *(Use deferasirox)*	NP	SP; PA
Opioid Antagonists		
KLOXXADO LIQD	P	
naloxone hcl LIQD	P	RX/OTC
naloxone hcl SOLN 0.4 MG/ML	P	2 rtl pack lmt amt; 30 rtl pack lmt day(s)
naloxone hcl SOSY	P	QL(8 ml per 30 days retail)
naltrexone hcl	P	
NARCAN LIQD *(Use naloxone hcl)*	NP	RX/OTC
OPVEE NA	P	
VIVITROL	P	SP
ZIMHI SOSY	P	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ondansetron hcl SOLN IJ	P	
ondansetron hcl SOLN OR 4 MG/5ML	P	QL(30 ml daily)
ondansetron hcl SOSY	P	
ondansetron hcl TABS 4 MG, 8 MG	P	QL(3 ea daily)
ondansetron hcl TABS 24 MG	P	QL(1 ea daily)
ondansetron TBDP	P	QL(3 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(Use meclizine hcl)*	NP	RX/OTC
dimenhydrinate TABS	P	
DRAMAMINE TABS *(Use dimenhydrinate)*	NP	
meclizine hcl CHEW	P	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	P	RX/OTC
scopolamine	P	
TRANSDERM-SCOP *(Use scopolamine)*	NP	
trimethobenzamide hcl CAPS	P	
Antiemetics - Miscellaneous		
dronabinol CAPS	P	PA
MARINOL CAPS 2.5 MG *(Use dronabinol)*	NP	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	P	PA
aprepitant MISC	P	PA
EMEND TRIPACK CAPS *(Use aprepitant)*	NP	PA
EMEND CAPS 80 MG *(Use aprepitant)*	NP	PA
EMEND SUSR	P	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON *(Use flucytosine)*	NP	
flucytosine	P	
griseofulvin microsize SUSP	P	
griseofulvin microsize TABS	P	
griseofulvin ultramicrosize	P	
nystatin TABS	P	QL(6 ea daily)
terbinafine hcl TABS	P	QL(1 ea daily; 90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR *(Use fluconazole)*	NP	2 rtl pack lmt per fill
DIFLUCAN TABS 150 MG *(Use fluconazole)*	NP	QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DIFLUCAN TABS 200 MG *(Use fluconazole)*	NP	QL(2 ea daily)
DIFLUCAN TABS 50 MG *(Use fluconazole)*	NP	QL(7 ea per fill retail)
DIFLUCAN TABS 100 MG *(Use fluconazole)*	NP	QL(1 ea daily)
fluconazole SUSR	P	2 rtl pack lmt per fill
fluconazole TABS 50 MG	P	QL(7 ea per fill retail)
fluconazole TABS 100 MG	P	QL(1 ea daily)
fluconazole TABS 200 MG	P	QL(2 ea daily)
fluconazole TABS 150 MG	P	QL(2 ea per fill retail)
itraconazole CAPS	P	QL(1 ea daily); PA
SPORANOX PULSEPAK CAPS *(Use itraconazole)*	NP	QL(1 ea daily); PA
SPORANOX CAPS *(Use itraconazole)*	NP	QL(1 ea daily); PA
VFEND IV SOLR *(Use voriconazole)*	NP	
VFEND SUSR *(Use voriconazole)*	NP	
VFEND TABS *(Use voriconazole)*	NP	
voriconazole SOLR	P	
VORICONAZOLE SOLR *(Use voriconazole)*	NP	
voriconazole SUSR	P	
voriconazole TABS	P	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate SYRP	P	QL(60 ml daily)
chlorpheniramine maleate TABS	P	QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD *(Use diphenhydramine hcl)*	NP	QL(240 ml per fill retail)
BENADRYL ALLERGY ULTRATABS TABS *(Use diphenhydramine hcl)*	NP	QL(4 ea daily)
BENADRYL ALLERGY CAPS *(Use diphenhydramine hcl)*	NP	QL(4 ea daily)
BENADRYL ALLERGY TABS *(Use diphenhydramine hcl)*	NP	QL(4 ea daily)
clemastine fumarate TABS 1.34 MG	P	QL(2 ea daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	QL(2 ea daily)
diphenhydramine hcl CAPS	P	QL(4 ea daily)
diphenhydramine hcl ELIX 12.5 MG/5ML	P	QL(240 ml per fill retail)
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	QL(240 ml per fill retail)
diphenhydramine hcl TABS 25 MG	P	QL(4 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP *(Use fexofenadine hcl)*	NP	QL(10 ml daily)
ALLEGRA ALLERGY TABS 60 MG *(Use fexofenadine hcl)*	NP	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG *(Use fexofenadine hcl)*	NP	QL(1 ea daily)
cetirizine hcl CHEW	P	QL(1 ea daily)
cetirizine hcl SOLN OR	P	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
cetirizine hcl SYRP OR	P	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
cetirizine hcl TABS	P	QL(1 ea daily)
CLARINEX TABS *(Use desloratadine)*	NP	
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	NP	QL(240 ml per fill retail)
CLARITIN REDITABS JUNIORS TBDP *(Use loratadine)*	NP	
CLARITIN REDITABS TBDP 10 MG *(Use loratadine)*	NP	
CLARITIN SOLN *(Use loratadine)*	NP	QL(240 ml per fill retail)
CLARITIN TABS *(Use loratadine)*	NP	
desloratadine TABS	P	
fexofenadine hcl SUSP	P	QL(10 ml daily)
fexofenadine hcl TABS 60 MG	P	QL(2 ea daily)
fexofenadine hcl TABS 180 MG	P	QL(1 ea daily)
levocetirizine dihydrochloride TABS	P	RX/OTC
loratadine SOLN	P	QL(240 ml per fill retail)
loratadine TABS	P	
loratadine TBDP 10 MG	P	
XYZAL ALLERGY 24HR TABS *(Use levocetirizine dihydrochloride)*	NP	RX/OTC
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG *(Use cetirizine hcl)*	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR *(Use cetirizine hcl)*	NP	QL(240 ml per fill retail); AL(Up to 12 yrs old); RX/OTC
ZYRTEC CHEW 10 MG *(Use cetirizine hcl)*	NP	QL(1 ea daily)
Antihistamines - Phenothiazines		
PHENERGAN SOLN *(Use promethazine hcl)*	NP	
promethazine hcl SOLN 6.25 MG/5ML	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl SOLN 25 MG/ML, 50 MG/ML	P	
promethazine hcl SUPP	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl SYRP	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine hcl TABS	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	P	QL(1 ea daily)
VYTORIN *(Use ezetimibe-simvastatin)*	NP	QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA *(Use omega-3-acid ethyl esters)*	NP	
omega-3-acid ethyl esters	P	
Bile Acid Sequestrants		
cholestyramine light PACK	P	
cholestyramine light POWD	P	MP
cholestyramine PACK	P	
cholestyramine POWD	P	MP
COLESTID FLAVORED GRAN *(Use colestipol hcl)*	NP	MP
COLESTID FLAVORED PACK *(Use colestipol hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
COLESTID GRAN *(Use colestipol hcl)*	NP	MP
COLESTID PACK *(Use colestipol hcl)*	NP	
COLESTID TABS *(Use colestipol hcl)*	NP	MP
colestipol hcl GRAN	P	MP
colestipol hcl PACK	P	
colestipol hcl TABS	P	MP
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	NP	MP
QUESTRAN PACK *(Use cholestyramine)*	NP	
QUESTRAN POWD *(Use cholestyramine)*	NP	MP
Fibric Acid Derivatives		
choline fenofibrate	P	
fenofibrate micronized 67 MG	P	QL(2 ea daily); MP
fenofibrate micronized 134 MG, 200 MG	P	QL(1 ea daily); MP
fenofibrate TABS 160 MG	P	QL(1 ea daily)
fenofibrate TABS 40 MG, 48 MG, 120 MG, 145 MG	P	
fenofibrate TABS 54 MG	P	QL(3 ea daily); MP
FENOFIBRATE TABS	P	QL(1 ea daily)
FENOGLIDE TABS *(Use fenofibrate)*	NP	
gemfibrozil TABS	P	QL(2 ea daily); MP
LOPID TABS *(Use gemfibrozil)*	NP	QL(2 ea daily); MP
TRICOR TABS *(Use fenofibrate)*	NP	
TRILIPIX *(Use choline fenofibrate)*	NP	
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	P	QL(1 ea daily); MP
CRESTOR TABS *(Use rosuvastatin calcium)*	NP	
fluvastatin sodium TB24	P	
LESCOL XL TB24 *(Use fluvastatin sodium)*	NP	
LIPITOR TABS *(Use atorvastatin calcium)*	NP	QL(1 ea daily); MP
lovastatin TABS 40 MG	P	QL(2 ea daily); MP
lovastatin TABS 10 MG, 20 MG	P	QL(1 ea daily); MP
pravastatin sodium	P	QL(1 ea daily); MP
rosuvastatin calcium TABS	P	
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 ea daily); MP
simvastatin TABS 80 MG	P	MP
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	NP	QL(1 ea daily); MP
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	P	
ZETIA *(Use ezetimibe)*	NP	
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	P	MP
niacin (antihyperlipidemic) TBCR	P	
NIASPAN TBCR *(Use niacin (antihyperlipidemic))*	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(Use quinapril hcl)*	NP	QL(1 ea daily); MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(Use ramipril)*	NP	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
benazepril hcl 40 MG	P	QL(2 ea daily); MP
benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 ea daily); MP
captopril	P	QL(3 ea daily)
enalapril maleate TABS	P	QL(2 ea daily); MP
fosinopril sodium	P	QL(1 ea daily); MP
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	P	QL(2 ea daily); MP
lisinopril TABS 2.5 MG	P	QL(1 ea daily); MP
LOTENSIN 40 MG *(Use benazepril hcl)*	NP	QL(2 ea daily); MP
LOTENSIN 10 MG, 20 MG *(Use benazepril hcl)*	NP	QL(1 ea daily); MP
perindopril erbumine 4 MG, 8 MG	P	
quinapril hcl	P	QL(1 ea daily); MP
ramipril CAPS	P	QL(2 ea daily); MP
trandolapril 4 MG	P	QL(2 ea daily); MP
trandolapril 1 MG, 2 MG	P	QL(1 ea daily); MP
VASOTEC TABS *(Use enalapril maleate)*	NP	QL(2 ea daily); MP
ZESTRIL TABS 2.5 MG *(Use lisinopril)*	NP	QL(1 ea daily); MP
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG *(Use lisinopril)*	NP	QL(2 ea daily); MP
Agents for Pheochromocytoma		
DIBENZYLINE *(Use phenoxybenzamine hcl)*	NP	
phenoxybenzamine hcl	P	
Angiotensin II Receptor Antagonists		
ATACAND *(Use candesartan cilexetil)*	NP	
AVAPRO *(Use irbesartan)*	NP	QL(1 ea daily); MP
BENICAR *(Use olmesartan medoxomil)*	NP	
candesartan cilexetil	P	
COZAAR *(Use losartan potassium)*	NP	QL(1 ea daily); MP
DIOVAN TABS *(Use valsartan)*	NP	QL(1 ea daily); MP
irbesartan	P	QL(1 ea daily); MP
losartan potassium	P	QL(1 ea daily); MP
MICARDIS *(Use telmisartan)*	NP	QL(1 ea daily)
olmesartan medoxomil	P	
telmisartan	P	QL(1 ea daily)
valsartan TABS	P	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
CARDURA *(Use doxazosin mesylate)*	NP	MP
clonidine hcl TABS	P	AL(At least 6 yrs old); MP
doxazosin mesylate	P	MP
guanfacine hcl	P	AL(At least 6 yrs old); MP
methyldopa TABS	P	MP
MINIPRESS CAPS *(Use prazosin hcl)*	NP	MP
prazosin hcl CAPS	P	MP
terazosin hcl	P	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG *(Use quinapril-hydrochlorothiazide)*	NP	QL(3 ea daily)
ACCURETIC 25 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NP	QL(2 ea daily)
ACCURETIC 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-benazepril hcl 40 MG-10 MG, 40 MG-5 MG	P	MP
amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	P	QL(1 ea daily); MP
amlodipine besylate-olmesartan medoxomil	P	
amlodipine besylate-valsartan	P	
amlodipine-valsartan-hydrochlorothiazide	P	
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	NP	
atenolol & chlorthalidone	P	QL(1 ea daily); MP
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	NP	QL(1 ea daily); MP
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	NP	
benazepril & hydrochlorothiazide	P	QL(1 ea daily); MP
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	NP	
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	P	QL(1 ea daily); MP
bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	P	MP
candesartan cilexetil-hydrochlorothiazide	P	
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	NP	QL(1 ea daily); MP
DUTOPROL TB24	P	QL(1 ea daily); MP
enalapril maleate & hydrochlorothiazide	P	QL(2 ea daily); MP
EXFORGE *(Use amlodipine besylate-valsartan)*	NP	
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NP	
fosinopril sodium & hydrochlorothiazide	P	QL(1 ea daily); MP
HYZAAR *(Use losartan potassium & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
irbesartan-hydrochlorothiazide	P	QL(1 ea daily); MP
lisinopril & hydrochlorothiazide 25 MG-20 MG	P	QL(1 ea daily); MP
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	P	QL(2 ea daily); MP
losartan potassium & hydrochlorothiazide	P	QL(1 ea daily); MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG *(Use amlodipine besylate-benazepril hcl)*	NP	QL(1 ea daily); MP
LOTREL 40 MG-10 MG *(Use amlodipine besylate-benazepril hcl)*	NP	MP
metoprolol & hydrochlorothiazide TABS	P	QL(2 ea daily); MP
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	NP	QL(1 ea daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide	P	
olmesartan medoxomil-hydrochlorothiazide	P	

Drug Name	Drug Tier	Requirements/ Limits
quinapril-hydrochlorothiazide 12.5 MG-20 MG	P	QL(4 ea daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG	P	QL(3 ea daily)
quinapril-hydrochlorothiazide 25 MG-20 MG	P	QL(2 ea daily)
telmisartan-amlodipine	P	
telmisartan-hydrochlorothiazide	P	QL(1 ea daily)
TENORETIC 100 *(Use atenolol & chlorthalidone)*	NP	QL(1 ea daily); MP
TENORETIC 50 *(Use atenolol & chlorthalidone)*	NP	QL(1 ea daily); MP
trandolapril-verapamil hcl	P	
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	NP	
valsartan-hydrochlorothiazide	P	QL(1 ea daily); MP
VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)*	NP	QL(2 ea daily); MP
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(Use lisinopril & hydrochlorothiazide)*	NP	QL(2 ea daily); MP
ZESTORETIC 25 MG-20 MG *(Use lisinopril & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG *(Use bisoprolol & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
ZIAC 6.25 MG-2.5 MG *(Use bisoprolol & hydrochlorothiazide)*	NP	MP
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	P	
INSPRA *(Use eplerenone)*	NP	
Vasodilators		
hydralazine hcl TABS	P	MP
minoxidil 2.5 MG, 10 MG	P	MP
nitroprusside sodium	P	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS *(Use metronidazole)*	NP	
metronidazole CAPS	P	
metronidazole TABS	P	
tinidazole	P	
trimethoprim TABS	P	
XIFAXAN 550 MG	P	Smart PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(Use sulfamethoxazole-trimethoprim)*	NP	
BACTRIM TABS *(Use sulfamethoxazole-trimethoprim)*	NP	
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	P	
sulfamethoxazole-trimethoprim SUSP	P	
sulfamethoxazole-trimethoprim TABS	P	
Antiprotozoal Agents		
atovaquone	P	
MEPRON *(Use atovaquone)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
Carbapenems		
imipenem-cilastatin IV	P	
meropenem	P	
MEROPENEM	NP	
PRIMAXIN IV IV 500 MG-500 MG *(Use imipenem-cilastatin)*	NP	
Cyclic Lipopeptides		
CUBICIN *(Use daptomycin)*	NP	
CUBICIN RF *(Use daptomycin)*	NP	
daptomycin 500 MG	P	
DAPTOMYCIN *(Use daptomycin)*	NF	
DAPTOMYCIN 500 MG	NP	
Glycopeptides		
FIRVANQ SOLR OR 25 MG/ML *(Use vancomycin hcl)*	NP	
VANCOCIN CAPS 250 MG *(Use vancomycin hcl)*	NP	QL(8 ea daily)
VANCOCIN CAPS 125 MG *(Use vancomycin hcl)*	NP	QL(4 ea daily)
vancomycin hcl CAPS 125 MG	P	QL(4 ea daily)
vancomycin hcl CAPS 250 MG	P	QL(8 ea daily)
vancomycin hcl SOLR IV 1 GM, 1000 MG	P	QL(14 ea per fill retail)
vancomycin hcl SOLR IV 500 MG	P	Limit 14 per month; QL(0.467 ea daily)
vancomycin hcl SOLR OR 25 MG/ML	P	
Leprostatics		
dapsone	P	
Lincosamides		
CLEOCIN *(Use clindamycin hcl)*	NP	
CLEOCIN *(Use clindamycin hcl)*	NP	
CLEOCIN PEDIATRIC GRANULES *(Use clindamycin palmitate hydrochloride)*	NP	2 rtl pack lmt per fill
CLEOCIN PHOSPHATE SOLN IJ	NP	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML *(Use clindamycin phosphate)*	NP	
clindamycin hcl	P	
clindamycin hcl	P	
clindamycin palmitate hydrochloride	P	2 rtl pack lmt per fill
clindamycin phosphate in d5w	P	
clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML	P	
LINCOCIN *(Use lincomycin hcl)*	NP	
lincomycin hcl	P	
Monobactams		
AZACTAM *(Use aztreonam)*	NP	
aztreonam	P	
Oxazolidinones		
linezolid SOLN	P	
linezolid SUSR	P	
linezolid TABS	P	
SIVEXTRO TABS	P	QL(6 ea per fill retail); PA
ZYVOX SOLN *(Use linezolid)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
ZYVOX SUSR *(Use linezolid)*	NP	
ZYVOX TABS *(Use linezolid)*	NP	
Polymyxins		
colistimethate sodium	P	
COLY-MYCIN M *(Use colistimethate sodium)*	NP	
Urinary Anti-infectives		
HIPREX *(Use methenamine hippurate)*	NP	
MACROBID *(Use nitrofurantoin monohyd macro)*	NP	
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	NP	
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	NP	
methenamine hippurate	P	
methenamine mandelate	P	
nitrofurantoin	P	QL(40 ml daily); AL(Up to 6 yrs old)
nitrofurantoin macrocrystal	P	
nitrofurantoin macrocrystal	P	
nitrofurantoin monohyd macro	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	P	
COARTEM	P	QL(24 ea per fill retail)
MALARONE *(Use atovaquone-proguanil hcl)*	NP	
Antimalarials		
ARAKODA	P	
chloroquine phosphate TABS 500 MG	P	QL(8 ea per 56 days retail)
chloroquine phosphate TABS 250 MG	P	QL(2 ea daily)
hydroxychloroquine sulfate	P	
KRINTAFEL	P	QL(2 ea per 30 days retail)
mefloquine hcl	P	
PLAQUENIL *(Use hydroxychloroquine sulfate)*	NP	MP
primaquine phosphate TABS	P	
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	NP	
QUALAQUIN CAPS *(Use quinine sulfate)*	NP	
quinine sulfate CAPS 324 MG	P	
SOVUNA	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR *(Use pyridostigmine bromide)*	NP	
MESTINON TABS *(Use pyridostigmine bromide)*	NP	
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	P	MP
isoniazid SYRP	P	MP
isoniazid TABS	P	MP

Drug Name	Drug Tier	Requirements/ Limits
MYAMBUTOL TABS 400 MG *(Use ethambutol hcl)*	NP	MP
MYCOBUTIN *(Use rifabutin)*	NP	
pyrazinamide	P	
rifabutin	P	
RIFADIN SOLR *(Use rifampin)*	NP	
rifampin CAPS	P	
rifampin SOLR	P	
TRECATOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN *(Use melphalan hcl)*	NP	SP
ALKERAN *(Use melphalan)*	NP	
cyclophosphamide CAPS	P	
LEUKERAN	P	
melphalan	P	
melphalan hcl	P	SP
MYLERAN TABS	P	
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG *(Use temozolomide)*	NP	SP; PA
TEMODAR SOLR	P	SP; PA
temozolomide CAPS	P	SP; PA
Antimetabolites		
capecitabine	P	SP
mercaptopurine TABS	P	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	P	
methotrexate sodium TABS 2.5 MG	P	MP

Drug Name	Drug Tier	Requirements/ Limits
PURIXAN SUSP	P	AL(Up to 8 yrs old)
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P	
XELODA *(Use capecitabine)*	NP	SP
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	P	SP; PA
MVASI	P	SP; PA
ZIRABEV	P	SP; PA
Antineoplastic - Antibodies		
RUXIENCE	P	SP; PA
TRUXIMA	P	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	P	SP; PA
OGIVRI	P	SP; PA
TRAZIMERA	P	SP; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	P	SP; PA
GILOTRIF	P	SP; PA
TARCEVA *(Use erlotinib hcl)*	NP	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE	P	SP; PA
ODOMZO	P	SP; PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	P	SP; PA
anastrozole	P	MP
ARIMIDEX *(Use anastrozole)*	NP	MP
AROMASIN *(Use exemestane)*	NP	
bicalutamide	P	QL(1 ea daily)
CASODEX *(Use bicalutamide)*	NP	QL(1 ea daily)
ELIGARD SC	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
EMCYT	P	SP
EULEXIN	P	
exemestane	P	
FARESTON *(Use toremifene citrate)*	NP	PA
FEMARA *(Use letrozole)*	NP	MP
flutamide	P	
hydroxyprogesterone caproate (antineoplastic)	P	Limit 5ml per month; QL(0.167 ml daily); AL(At least 16 yrs old); SP
letrozole	P	MP
leuprolide acetate KIT IJ 1 MG/0.2ML	P	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	P	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	P	SP; PA
LUPRON DEPOT (4-MONTH) IM	P	SP; PA
LUPRON DEPOT (6-MONTH) IM	P	SP; PA
LYSODREN	P	SP
megestrol acetate SUSP	P	
megestrol acetate TABS	P	
NILANDRON *(Use nilutamide)*	NP	
nilutamide	P	
tamoxifen citrate TABS	P	MP
toremifene citrate	P	PA
TRELSTAR MIXJECT	P	SP; PA
ZYTIGA *(Use abiraterone acetate)*	NP	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	P	SP; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(Use everolimus)*	NP	SP; PA
AFINITOR TABS *(Use everolimus)*	NP	SP; PA
BOSULIF TABS 100 MG, 500 MG	P	SP; PA
COTELLIC	P	SP; PA
everolimus TABS	P	SP; PA
everolimus TBSO	P	SP; PA
FARYDAK	P	SP; PA
GLEEVEC *(Use imatinib mesylate)*	NP	SP; PA
IBRANCE CAPS	P	SP; PA
IBRANCE TABS	P	SP; PA
ICLUSIG	P	QL(1 ea daily); SP; PA
imatinib mesylate	P	SP; PA
JAKAFI	P	QL(2 ea daily); SP; PA
lapatinib ditosylate	P	SP; PA
MEKINIST TABS	P	SP; PA
NEXAVAR *(Use sorafenib tosylate)*	NP	SP; PA
NINLARO	P	SP; PA
pazopanib hcl	P	SP; PA
sorafenib tosylate	P	SP; PA
SPRYCEL	P	SP; PA
STIVARGA	P	SP; PA
sunitinib malate	P	SP; PA
SUTENT *(Use sunitinib malate)*	NP	SP; PA
TAFINLAR CAPS	P	SP; PA
TASIGNA	P	SP; PA
TYKERB *(Use lapatinib ditosylate)*	NP	SP; PA
VOTRIENT *(Use pazopanib hcl)*	NP	SP; PA
VOTRIENT	P	SP; PA
XALKORI CAPS	P	SP; PA
ZELBORAF	P	SP; PA
ZOLINZA	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastics Misc.		
ACTIMMUNE	P	SP; PA
bexarotene	P	SP; PA
HYDREA *(Use hydroxyurea)*	NP	
hydroxyurea	P	
MATULANE	P	SP; PA
SYNRIBO	P	SP; PA
TARGRETIN *(Use bexarotene)*	NP	SP; PA
tretinoin (chemotherapy)	P	SP; PA
UVADEX	NP	
Chemotherapy Rescue/Antidote/Protective Agents		
dexrazoxane hcl	P	SP
dexrazoxane hcl	P	SP
leucovorin calcium TABS	P	
levoleucovorin calcium SOLR	P	SP
mesna SOLN	P	SP
MESNEX SOLN *(Use mesna)*	NP	SP
MESNEX TABS	P	SP; PA
TOTECT	NP	SP
Mitotic Inhibitors		
etoposide CAPS	P	SP
Topoisomerase I Inhibitors		
CAMPTOSAR 40 MG/2ML, 100 MG/5ML *(Use irinotecan hcl)*	NP	SP
HYCAMTIN CAPS	P	SP; PA
HYCAMTIN SOLR *(Use topotecan hcl)*	NP	SP
irinotecan hcl 40 MG/2ML, 100 MG/5ML	P	SP
topotecan hcl SOLR	P	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	P	
LODOSYN *(Use carbidopa)*	NP	
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	P	
benztropine mesylate TABS	P	MP
trihexyphenidyl hcl SOLN	P	QL(16.67 ml daily); MP
trihexyphenidyl hcl TABS	P	MP
Antiparkinson COMT Inhibitors		
COMTAN *(Use entacapone)*	NP	
entacapone	P	
TASMAR *(Use tolcapone)*	NP	
tolcapone	P	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	P	MP
amantadine hcl SOLN	P	MP
bromocriptine mesylate CAPS	P	
bromocriptine mesylate TABS 2.5 MG	P	
carbidopa-levodopa TABS	P	MP
carbidopa-levodopa TBCR	P	MP
DHIVY TABS	P	MP
MIRAPEX ER TB24 *(Use pramipexole dihydrochloride)*	NP	
PARLODEL CAPS *(Use bromocriptine mesylate)*	NP	
PARLODEL TABS *(Use bromocriptine mesylate)*	NP	
pramipexole dihydrochloride TABS	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride TB24	P	
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 ea daily); MP
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	P	QL(6 ea daily); MP
ropinirole hydrochloride TB24	P	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(Use carbidopa-levodopa)*	NP	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(Use rasagiline mesylate)*	NP	
rasagiline mesylate	P	
selegiline hcl CAPS	P	AL(At least 18 yrs old); MP
selegiline hcl TABS	P	AL(At least 18 yrs old)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	P	AL(At least 12 yrs old)
LITHIUM	P	AL(At least 12 yrs old)
lithium carbonate CAPS	P	AL(At least 12 yrs old)
lithium carbonate TABS	P	AL(At least 12 yrs old)
lithium carbonate TBCR	P	AL(At least 12 yrs old)
LITHOBID TBCR *(Use lithium carbonate)*	NP	AL(At least 12 yrs old)
Antipsychotics - Misc.		
CAPLYTA 42 MG	P	QL(1 ea daily); AL(At least 18 yrs old)
CAPLYTA 10.5 MG, 21 MG	P	
EQUETRO	P	AL(At least 4 yrs old)
GEODON *(Use ziprasidone hcl)*	NP	QL(2 ea daily); AL(At least 10 yrs old)
GEODON *(Use ziprasidone mesylate)*	NP	AL(At least 10 yrs old)
LATUDA 20 MG, 40 MG, 60 MG, 80 MG *(Use lurasidone hcl)*	NP	QL(1 ea daily); AL(At least 10 yrs old)
LATUDA 120 MG *(Use lurasidone hcl)*	NP	AL(At least 10 yrs old)
lurasidone hcl 120 MG	P	AL(At least 10 yrs old)
lurasidone hcl 20 MG, 40 MG, 60 MG, 80 MG	P	QL(1 ea daily); AL(At least 10 yrs old)
NUPLAZID CAPS	P	QL(1 ea daily)
NUPLAZID TABS 10 MG	P	QL(3 ea daily)
VRAYLAR CAPS	P	QL(1 ea daily); AL(At least 18 yrs old)
VRAYLAR CPPK	P	AL(At least 18 yrs old)
ziprasidone hcl	P	QL(2 ea daily); AL(At least 10 yrs old)
ziprasidone mesylate	P	AL(At least 10 yrs old)
Benzisoxazoles		
FANAPT	P	AL(At least 18 yrs old)
FANAPT TITRATION PACK	P	AL(At least 18 yrs old)
INVEGA *(Use paliperidone)*	NP	AL(At least 12 yrs old)
INVEGA HAFYERA	P	Limit 1 syringe per 168 days; 1 rtl pack lmt amt; 168 rtl pack lmt day(s); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA	P	Limit 1 syringe per 28 days; 1 rtl pack lmt amt; 28 rtl pack lmt day(s); AL(At least 18 yrs old)
INVEGA TRINZA	P	Limit 1 syringe per 84 days; 1 rtl pack lmt amt; 84 rtl pack lmt day(s); AL(At least 18 yrs old)
paliperidone	P	AL(At least 12 yrs old)
PERSERIS PRSY	P	Limit 1 syringe per 28 days; 1 rtl pack lmt amt; 28 rtl pack lmt day(s); AL(At least 18 yrs old)
RISPERDAL CONSTA *(Use risperidone microspheres)*	NP	Limit 2 vials per 28 days; 2 rtl pack lmt amt; 28 rtl pack lmt day(s); AL(At least 18 yrs old)
RISPERDAL SOLN *(Use risperidone)*	NP	QL(4 ml daily); AL(At least 4 yrs old)
RISPERDAL TABS 4 MG *(Use risperidone)*	NP	QL(2 ea daily); AL(At least 12 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG *(Use risperidone)*	NP	QL(2 ea daily); AL(At least 4 yrs old)
risperidone microspheres	P	Limit 2 vials per 28 days; 2 rtl pack lmt amt; 28 rtl pack lmt day(s); AL(At least 18 yrs old)
risperidone SOLN	P	QL(4 ml daily); AL(At least 4 yrs old)
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	P	QL(2 ea daily); AL(At least 4 yrs old)
risperidone TABS 4 MG	P	QL(2 ea daily); AL(At least 12 yrs old)
risperidone TBDP 4 MG	P	QL(2 ea daily); AL(At least 12 yrs old)
risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG	P	QL(2 ea daily); AL(At least 4 yrs old)
risperidone TBDP 0.25 MG	P	QL(1 ea daily); AL(At least 4 yrs old)
Butyrophenones		
HALDOL DECANOATE 100 *(Use haloperidol decanoate)*	NP	AL(At least 18 yrs old)
HALDOL DECANOATE 50 *(Use haloperidol decanoate)*	NP	AL(At least 18 yrs old)
haloperidol decanoate	P	AL(At least 18 yrs old)
haloperidol lactate CONC	P	AL(At least 3 yrs old)
haloperidol lactate SOLN	P	AL(At least 3 yrs old)
haloperidol TABS 2 MG, 5 MG	P	AL(At least 3 yrs old)
haloperidol TABS 0.5 MG, 1 MG	P	QL(3 ea daily); AL(At least 3 yrs old)
haloperidol TABS 10 MG	P	QL(3 ea daily); AL(At least 12 yrs old)
haloperidol TABS 20 MG	P	AL(At least 18 yrs old)
Dibenzapines		
ADASUVE	P	
asenapine maleate	P	AL(At least 10 yrs old)
clozapine TABS 100 MG	P	QL(9 ea daily); AL(At least 8 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
clozapine TABS 25 MG, 50 MG, 200 MG	P	QL(3 ea daily); AL(At least 8 yrs old)
clozapine TBDP 100 MG	P	QL(9 ea daily); AL(At least 8 yrs old)
clozapine TBDP 12.5 MG, 25 MG	P	QL(3 ea daily); AL(At least 8 yrs old)
CLOZARIL TABS 25 MG, 50 MG, 200 MG *(Use clozapine)*	NP	QL(3 ea daily); AL(At least 8 yrs old)
CLOZARIL TABS 100 MG *(Use clozapine)*	NP	QL(9 ea daily); AL(At least 8 yrs old)
loxapine succinate	P	QL(4 ea daily)
olanzapine SOLR	P	
olanzapine TABS 15 MG, 20 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	P	QL(1 ea daily); AL(At least 4 yrs old)
olanzapine TBDP 15 MG, 20 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
olanzapine TBDP 5 MG, 10 MG	P	QL(1 ea daily); AL(At least 4 yrs old)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	P	QL(2 ea daily); AL(At least 5 yrs old)
quetiapine fumarate TB24	P	AL(At least 5 yrs old)
SAPHRIS *(Use asenapine maleate)*	NP	AL(At least 10 yrs old)
SAPHRIS 5 MG	P	AL(At least 10 yrs old)
SECUADO	P	QL(1 ea daily); AL(At least 18 yrs old)
SEROQUEL XR TB24 *(Use quetiapine fumarate)*	NP	AL(At least 5 yrs old)
SEROQUEL TABS *(Use quetiapine fumarate)*	NP	QL(2 ea daily); AL(At least 5 yrs old)
VERSACLOZ SUSP	P	AL(At least 8 yrs old)
ZYPREXA RELPREVV 405 MG	P	Limit 1 vial per 28 days; 1 rtl pack lmt amt; 28 rtl pack lmt day(s); AL(At least 18 yrs old)
ZYPREXA RELPREVV 210 MG, 300 MG	P	Limit 2 vials per 28 days; 2 rtl pack lmt amt; 28 rtl pack lmt day(s); AL(At least 18 yrs old)
ZYPREXA ZYDIS TBDP 5 MG, 10 MG *(Use olanzapine)*	NP	QL(1 ea daily); AL(At least 4 yrs old)
ZYPREXA ZYDIS TBDP 15 MG, 20 MG *(Use olanzapine)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
ZYPREXA SOLR *(Use olanzapine)*	NP	
ZYPREXA TABS 15 MG, 20 MG *(Use olanzapine)*	NP	QL(1 ea daily); AL(At least 6 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG *(Use olanzapine)*	NP	QL(1 ea daily); AL(At least 4 yrs old)
Dihydroindolones		
molindone hcl	P	
Phenothiazines		
chlorpromazine hcl SOLN 50 MG/2ML	P	AL(At least 5 yrs old)
chlorpromazine hcl SOLN 25 MG/ML	P	
chlorpromazine hcl TABS 10 MG	P	QL(10 ea daily)
chlorpromazine hcl TABS 50 MG	P	QL(3 ea daily); AL(At least 5 yrs old)
chlorpromazine hcl TABS 25 MG	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
chlorpromazine hcl TABS 100 MG, 200 MG	P	QL(3 ea daily); AL(At least 12 yrs old)
fluphenazine decanoate	P	
fluphenazine hcl CONC	P	
fluphenazine hcl ELIX	P	
fluphenazine hcl SOLN	P	
fluphenazine hcl TABS	P	
perphenazine TABS	P	QL(4 ea daily); AL(At least 12 yrs old)
prochlorperazine	P	
prochlorperazine edisylate 10 MG/2ML	P	
prochlorperazine maleate TABS	P	
thioridazine hcl	P	QL(3 ea daily)
trifluoperazine hcl TABS	P	QL(3 ea daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	P	Limit 1 syringe per 56 days; 1 rtl pack lmt amt; 56 rtl pack lmt day(s); AL(At least 18 yrs old)
ABILIFY MAINTENA PRSY	P	Limit 1 syringe per 28 days; 1 rtl pack lmt amt; 28 rtl pack lmt day(s); AL(At least 18 yrs old)
ABILIFY MAINTENA SRER	P	Limit 1 syringe per 28 days; 1 rtl pack lmt amt; 28 rtl pack lmt day(s); AL(At least 18 yrs old)
ABILIFY TABS 2 MG, 5 MG *(Use aripiprazole)*	NP	QL(1 ea daily); AL(At least 4 yrs old)
ABILIFY TABS 20 MG, 30 MG *(Use aripiprazole)*	NP	QL(1 ea daily); AL(At least 12 yrs old)
ABILIFY TABS 10 MG, 15 MG *(Use aripiprazole)*	NP	QL(1 ea daily)
aripiprazole SOLN OR	P	QL(25 ml daily); AL(At least 4 yrs old)
aripiprazole TABS 2 MG, 5 MG	P	QL(1 ea daily); AL(At least 4 yrs old)
aripiprazole TABS 10 MG, 15 MG	P	QL(1 ea daily)
aripiprazole TABS 20 MG, 30 MG	P	QL(1 ea daily); AL(At least 12 yrs old)
aripiprazole TBDP	P	QL(1 ea daily); AL(At least 4 yrs old)
ARISTADA 1064 MG/3.9ML	P	Limit 1 syringe per 56 days; 1 rtl pack lmt amt; 56 rtl pack lmt day(s); AL(At least 18 yrs old)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	P	Limit 1 syringe per 28 days; 1 rtl pack lmt amt; 28 rtl pack lmt day(s); AL(At least 18 yrs old)
ARISTADA INITIO	P	AL(At least 18 yrs old)
REXULTI	P	QL(1 ea daily); AL(At least 13 yrs old); MP
Thioxanthenes		
thiothixene	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde SOLN 10 %	P	QL(90 ml per fill retail)
Chlorine Antiseptics		

Drug Name	Drug Tier	Requirements/ Limits
chlorhexidine gluconate LIQD	P	
DAKINS SOLUTION FULL STRENGTH SOLN EX *(Use sodium hypochlorite)*	NP	
DAKINS SOLUTION HALF STRENGTH SOLN EX *(Use sodium hypochlorite)*	NP	
DAKINS SOLUTION QUARTER STRENGTH SOLN EX *(Use sodium hypochlorite)*	NP	
HIBICLENS LIQD *(Use chlorhexidine gluconate)*	NP	
sodium hypochlorite SOLN EX	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	P	QL(1 ea daily)
abacavir sulfate SOLN	P	QL(30 ml daily)
abacavir sulfate TABS	P	QL(2 ea daily)
APRETUDE	P	
APTIVUS CAPS	P	QL(4 ea daily)
atazanavir sulfate CAPS	P	QL(2 ea daily)
BIKTARVY	P	
CABENUVA	P	
CIMDUO	P	
COMBIVIR *(Use lamivudine-zidovudine)*	NP	QL(2 ea daily)
COMPLERA	P	QL(1 ea daily)
darunavir TABS 600 MG	P	QL(2 ea daily)
darunavir TABS 800 MG	P	QL(1 ea daily)
DELSTRIGO	P	QL(1 ea daily)
DESCOVY	P	QL(1 ea daily)
DOVATO	P	
EDURANT	P	QL(1 ea daily)
efavirenz CAPS 200 MG	P	QL(1 ea daily)
efavirenz CAPS 50 MG	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
efavirenz-emtricitabine-tenofovir disoproxil fumarate	P	QL(1 ea daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	P	
efavirenz TABS	P	QL(1 ea daily)
emtricitabine CAPS	P	QL(1 ea daily)
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	P	
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	P	QL(1 ea daily)
EMTRIVA CAPS *(Use emtricitabine)*	NP	QL(1 ea daily)
EMTRIVA SOLN	P	QL(24 ml daily)
EPIVIR SOLN *(Use lamivudine)*	NP	QL(30 ml daily)
EPIVIR TABS 150 MG *(Use lamivudine)*	NP	QL(2 ea daily)
EPIVIR TABS 300 MG *(Use lamivudine)*	NP	QL(1 ea daily)
EPZICOM *(Use abacavir sulfate-lamivudine)*	NP	QL(1 ea daily)
etravirine 200 MG	P	QL(2 ea daily)
etravirine 100 MG	P	QL(4 ea daily)
EVOTAZ	P	QL(1 ea daily)
fosamprenavir calcium TABS	P	QL(4 ea daily)
FUZEON SOLR	P	SP
GENVOYA	P	QL(1 ea daily)
INTELENCE 200 MG *(Use etravirine)*	NP	QL(2 ea daily)
INTELENCE 100 MG *(Use etravirine)*	NP	QL(4 ea daily)
INTELENCE 25 MG	P	QL(4 ea daily)
ISENTRESS HD TABS	P	
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
ISENTRESS PACK	P	QL(2 ea daily)
ISENTRESS TABS	P	QL(2 ea daily)
JULUCA	P	
KALETRA SOLN *(Use lopinavir-ritonavir)*	NP	2 rtl pack lmt per fill
KALETRA TABS 25 MG-100 MG *(Use lopinavir-ritonavir)*	NP	QL(4 ea daily)
KALETRA TABS 50 MG-200 MG *(Use lopinavir-ritonavir)*	NP	QL(6 ea daily)
lamivudine SOLN	P	QL(30 ml daily)
lamivudine TABS 300 MG	P	QL(1 ea daily)
lamivudine TABS 150 MG	P	QL(2 ea daily)
lamivudine-zidovudine	P	QL(2 ea daily)
LEXIVA SUSP	P	QL(56 ml daily)
LEXIVA TABS *(Use fosamprenavir calcium)*	NP	QL(4 ea daily)
lopinavir-ritonavir SOLN	P	2 rtl pack lmt per fill
lopinavir-ritonavir TABS 25 MG-100 MG	P	QL(4 ea daily)
lopinavir-ritonavir TABS 50 MG-200 MG	P	QL(6 ea daily)
maraviroc TABS 150 MG	P	QL(2 ea daily)
maraviroc TABS 300 MG	P	QL(4 ea daily)
nevirapine SUSP	P	QL(40 ml daily)
nevirapine TABS	P	QL(2 ea daily)
nevirapine TB24 100 MG	P	QL(3 ea daily)
nevirapine TB24 400 MG	P	QL(1 ea daily)
NORVIR PACK	P	QL(12 ea daily)
NORVIR SOLN	P	QL(15 ml daily)
NORVIR TABS *(Use ritonavir)*	NP	QL(12 ea daily)
ODEFSEY	P	
PIFELTRO	P	QL(1 ea daily)
PREZCOBIX	P	
PREZISTA SUSP	P	QL(12 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 150 MG	P	QL(3 ea daily)
PREZISTA TABS 600 MG *(Use darunavir)*	NP	QL(2 ea daily)
PREZISTA TABS 75 MG	P	QL(2 ea daily)
PREZISTA TABS 800 MG *(Use darunavir)*	NP	QL(1 ea daily)
RETROVIR CAPS *(Use zidovudine)*	NP	QL(6 ea daily)
RETROVIR SYRP *(Use zidovudine)*	NP	QL(60 ml daily)
REYATAZ CAPS 200 MG, 300 MG *(Use atazanavir sulfate)*	NP	QL(2 ea daily)
REYATAZ PACK	P	QL(6 ea daily)
ritonavir TABS	P	QL(12 ea daily)
RUKOBIA	P	
SELZENTRY SOLN	P	
SELZENTRY TABS 150 MG *(Use maraviroc)*	NP	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	P	QL(2 ea daily)
SELZENTRY TABS 300 MG *(Use maraviroc)*	NP	QL(4 ea daily)
stavudine CAPS	P	QL(2 ea daily)
STRIBILD	P	QL(1 ea daily)
SUNLENCA SOLN	P	SP
SUNLENCA TBPK	P	SP
SUSTIVA CAPS 50 MG *(Use efavirenz)*	NP	QL(2 ea daily)
SUSTIVA CAPS 200 MG *(Use efavirenz)*	NP	QL(1 ea daily)
SUSTIVA TABS *(Use efavirenz)*	NP	QL(1 ea daily)
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NP	
SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	NP	
SYMTUZA	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
tenofovir disoproxil fumarate TABS	P	QL(1 ea daily)
TIVICAY PD TBSO	P	
TIVICAY TABS	P	QL(1 ea daily)
TRIUMEQ PD TBSO	P	
TRIUMEQ TABS	P	
TRIZIVIR	P	QL(2 ea daily)
TROGARZO	P	SP
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG *(Use emtricitabine-tenofovir disoproxil fumarate)*	NP	
TRUVADA 200 MG-300 MG *(Use emtricitabine-tenofovir disoproxil fumarate)*	NP	QL(1 ea daily)
TYBOST	P	QL(1 ea daily)
VIRACEPT TABS 250 MG	P	QL(9 ea daily)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)
VIRAMUNE XR TB24 400 MG *(Use nevirapine)*	NP	QL(1 ea daily)
VIREAD POWD	P	QL(8 gm daily)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	NP	QL(1 ea daily)
VOCABRIA	P	
ZIAGEN SOLN *(Use abacavir sulfate)*	NP	QL(30 ml daily)
ZIAGEN TABS *(Use abacavir sulfate)*	NP	QL(2 ea daily)
zidovudine CAPS	P	QL(6 ea daily)
zidovudine SYRP	P	QL(60 ml daily)
zidovudine TABS	P	QL(2 ea daily)
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	P	QL(30 ea per 30 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CMV Agents		
ganciclovir sodium SOLR	P	
VALCYTE SOLR *(Use valganciclovir hcl)*	NP	
VALCYTE TABS *(Use valganciclovir hcl)*	NP	QL(2 ea daily)
valganciclovir hcl SOLR	P	
valganciclovir hcl TABS	P	QL(2 ea daily)
Hepatitis Agents		
adefovir dipivoxil	P	
BARACLUDE TABS *(Use entecavir)*	NP	
entecavir TABS	P	
EPCLUSA TABS *(Use sofosbuvir-velpatasvir)*	NF	SP
EPIVIR HBV TABS *(Use lamivudine (hbv))*	NP	
HEPSERA *(Use adefovir dipivoxil)*	NP	
lamivudine (hbv) TABS	P	
MAVYRET PACK	P	SP; PA
MAVYRET TABS	P	SP; PA
ribavirin (hepatitis c) CAPS	P	SP; PA
ribavirin (hepatitis c) TABS 200 MG	P	SP; PA
SOFOSBUVIR/VELPATASVIR TABS	P	SP; PA
Herpes Agents		
acyclovir CAPS	P	Limit 50 per month; QL(50 ea per 30 days retail)
acyclovir SUSP	P	Limit 400ml per month; QL(400 ml per 30 days retail)
acyclovir TABS OR	P	Limit 50 per month; QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
famciclovir	P	
valacyclovir hcl 1 GM, 1000 MG	P	QL(3 ea daily)
valacyclovir hcl 500 MG	P	QL(2 ea daily)
VALTREX 1 GM *(Use valacyclovir hcl)*	NP	QL(3 ea daily)
VALTREX 500 MG *(Use valacyclovir hcl)*	NP	QL(2 ea daily)
ZOVIRAX SUSP *(Use acyclovir)*	NP	Limit 400ml per month; QL(400 ml per 30 days retail)
Influenza Agents		
oseltamivir phosphate CAPS 45 MG, 75 MG	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)
oseltamivir phosphate CAPS 30 MG	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)
oseltamivir phosphate SUSR	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
RELENZA DISKHALER	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); AL(At least 6 yrs old)
rimantadine hydrochloride TABS	P	
TAMIFLU CAPS 45 MG, 75 MG *(Use oseltamivir phosphate)*	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(10 ea per 31 days retail)
TAMIFLU CAPS 30 MG *(Use oseltamivir phosphate)*	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(20 ea per 31 days retail)
TAMIFLU SUSR *(Use oseltamivir phosphate)*	NP	1 rtl MAX fill; 180 rtl day(s) supply; QL(120 ml per 31 days retail)
XOFLUZA	NP	
Misc. Antivirals		
LAGEVRIO	P	QL(40 ea per 30 days retail); AL(At least 18 yrs old)
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	P	
VIRAZOLE *(Use ribavirin)*	NP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 25 MG	P	QL(4 ea daily); MP
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	P	QL(3 ea daily); MP
carvedilol phosphate	P	QL(1 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG *(Use carvedilol)*	NP	QL(3 ea daily); MP
COREG 25 MG *(Use carvedilol)*	NP	QL(4 ea daily); MP
COREG CR *(Use carvedilol phosphate)*	NP	QL(1 ea daily)
labetalol hcl TABS 100 MG	P	QL(3 ea daily); MP
labetalol hcl TABS 200 MG	P	QL(6 ea daily); MP
labetalol hcl TABS 300 MG	P	QL(8 ea daily); MP
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	P	MP
atenolol TABS	P	QL(2 ea daily); MP
bisoprolol fumarate	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
BREVIBLOC SOLN 100 MG/10ML *(Use esmolol hcl)*	NP	
esmolol hcl SOLN 100 MG/10ML	P	
LOPRESSOR TABS 100 MG *(Use metoprolol tartrate)*	NP	QL(2 ea daily); MP
LOPRESSOR TABS 50 MG *(Use metoprolol tartrate)*	NP	QL(3 ea daily); MP
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	P	QL(1 ea daily); MP
metoprolol succinate TB24 200 MG	P	QL(2 ea daily); MP
metoprolol tartrate TABS 50 MG	P	QL(3 ea daily); MP
metoprolol tartrate TABS 25 MG, 100 MG	P	QL(2 ea daily); MP
TENORMIN TABS *(Use atenolol)*	NP	QL(2 ea daily); MP
TOPROL XL TB24 200 MG *(Use metoprolol succinate)*	NP	QL(2 ea daily); MP
TOPROL XL TB24 25 MG, 50 MG, 100 MG *(Use metoprolol succinate)*	NP	QL(1 ea daily); MP
Beta Blockers Non-Selective		
BETAPACE AF *(Use sotalol hcl (afib/afl))*	NP	QL(2 ea daily); MP
BETAPACE TABS 80 MG, 120 MG, 160 MG *(Use sotalol hcl)*	NP	QL(2 ea daily); MP
CORGARD TABS 20 MG, 40 MG, 80 MG *(Use nadolol)*	NP	QL(2 ea daily); MP
INDERAL LA CP24 *(Use propranolol hcl)*	NP	QL(2 ea daily); MP
nadolol TABS 20 MG, 40 MG, 80 MG	P	QL(2 ea daily); MP
pindolol TABS	P	MP
propranolol hcl CP24	P	QL(2 ea daily); MP
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	P	MP
propranolol hcl TABS	P	MP
sotalol hcl (afib/afl)	P	QL(2 ea daily); MP
sotalol hcl TABS 80 MG, 120 MG, 160 MG	P	QL(2 ea daily); MP
sotalol hcl TABS 240 MG	P	MP
timolol maleate TABS	P	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	P	QL(1 ea daily); MP
CALAN SR TBCR *(Use verapamil hcl)*	NP	QL(2 ea daily); MP
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG *(Use diltiazem hcl coated beads)*	NP	QL(1 ea daily); MP
CARDIZEM CD CP24 360 MG *(Use diltiazem hcl coated beads)*	NP	PA
CARDIZEM CD CP24 240 MG *(Use diltiazem hcl coated beads)*	NP	QL(2 ea daily); MP
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG *(Use diltiazem hcl)*	NP	PA
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)*	NP	QL(3 ea daily); MP
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	P	QL(1 ea daily); MP
diltiazem hcl coated beads CP24 360 MG	P	PA
diltiazem hcl coated beads CP24 240 MG	P	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl extended release beads	P	QL(1 ea daily); MP
diltiazem hcl CP12	P	QL(2 ea daily); MP
diltiazem hcl CP24 120 MG, 180 MG	P	QL(1 ea daily)
diltiazem hcl CP24 240 MG	P	QL(2 ea daily)
diltiazem hcl TABS	P	QL(3 ea daily); MP
diltiazem hcl TB24	P	PA
felodipine	P	QL(1 ea daily); MP
nicardipine hcl CAPS	P	
nifedipine CAPS	P	QL(4 ea daily); MP
nifedipine TB24 30 MG, 90 MG	P	QL(1 ea daily); MP
nifedipine TB24 60 MG	P	QL(2 ea daily); MP
nisoldipine 8.5 MG, 17 MG, 34 MG	P	
NORVASC TABS *(Use amlodipine besylate)*	NP	QL(1 ea daily); MP
PROCARDIA XL TB24 60 MG *(Use nifedipine)*	NP	QL(2 ea daily); MP
PROCARDIA XL TB24 30 MG, 90 MG *(Use nifedipine)*	NP	QL(1 ea daily); MP
SULAR 8.5 MG, 17 MG, 34 MG *(Use nisoldipine)*	NP	
TIAZAC *(Use diltiazem hcl extended release beads)*	NP	QL(1 ea daily); MP
verapamil hcl CP24 360 MG	P	QL(1 ea daily); MP
verapamil hcl CP24 120 MG, 180 MG, 240 MG	P	QL(2 ea daily); MP
verapamil hcl CP24 100 MG, 200 MG, 300 MG	P	MP
verapamil hcl TABS	P	QL(3 ea daily); MP
verapamil hcl TBCR	P	QL(2 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 *(Use verapamil hcl)*	NF	
VERELAN PM CP24 *(Use verapamil hcl)*	NF	MP
VERELAN CP24 120 MG, 180 MG, 240 MG *(Use verapamil hcl)*	NP	QL(2 ea daily); MP
VERELAN CP24 360 MG *(Use verapamil hcl)*	P	QL(1 ea daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN OR 0.05 MG/ML	P	
digoxin SOLN IJ 0.25 MG/ML	P	
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	P	MP
LANOXIN SOLN IJ *(Use digoxin)*	NP	
LANOXIN TABS 125 MCG, 250 MCG *(Use digoxin)*	NP	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	P	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	NP	
ENTRESTO	P	QL(2 ea daily)
Peripheral Vasodilators		
isoxsuprine hcl 10 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
Prostaglandin Vasodilators		
ORENITRAM TBCR	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	P	QL(1 ea daily); SP; PA
bosentan TABS	P	SP; PA
LETAIRIS *(Use ambrisentan)*	NP	QL(1 ea daily); SP; PA
TRACLEER TABS *(Use bosentan)*	NP	SP; PA
TRACLEER TBSO	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 ea daily); SP; PA
VYNDAQEL	P	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	P	
cefadroxil SUSR	P	
cefadroxil TABS	P	
cephalexin CAPS	P	
cephalexin CAPS	P	
cephalexin SUSR	P	
Cephalosporins - 2nd Generation		
cefaclor CAPS	P	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	P	
cefotetan disodium IJ 1 GM, 2 GM	P	
cefprozil SUSR	P	2 rtl pack lmt per fill; AL(Up to 12 yrs old)
cefprozil TABS	P	QL(20 ea per fill retail)
cefuroxime axetil TABS	P	QL(20 ea per fill retail)
cefuroxime sodium IJ 750 MG	P	
Cephalosporins - 3rd Generation		
cefdinir CAPS	P	QL(20 ea per fill retail)
cefdinir SUSR	P	2 rtl pack lmt per fill
cefixime SUSR	P	
ceftazidime IJ 1 GM, 6 GM	P	
ceftazidime IV 2 GM, 6 GM	P	
ceftriaxone sodium IJ 1 GM, 500 MG	P	
ceftriaxone sodium IJ 250 MG	P	QL(3 ea per fill retail)
SUPRAX SUSR 100 MG/5ML *(Use cefixime)*	NP	
Cephalosporins - 4th Generation		
cefepime hcl SOLR IJ 1 GM	P	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NP	QL(1 ea daily); MP
desogestrel & ethinyl estradiol	P	QL(1 ea daily); MP
desogestrel-ethinyl estradiol (biphasic)	P	QL(1 ea daily); MP
desogestrel-ethinyl estradiol (triphasic)	P	QL(1 ea daily); MP
drospirenone-ethinyl estradiol	P	QL(1 ea daily); MP
drospirenone-ethinyl estradiol-levomefolate calcium	P	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ESTROSTEP FE *(Use norethindrone acetate-ethinyl estradiol-fe)*	NP	QL(1 ea daily); MP
ethynodiol diacet & eth estrad	P	QL(1 ea daily); MP
GENERESS FE *(Use norethindrone & ethinyl estradiol-fe)*	NP	QL(1 ea daily); MP
levonorgestrel & eth estradiol TABS	P	QL(1 ea daily); MP
levonorgestrel-eth estradiol (triphasic)	P	QL(1 ea daily); MP
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	P	QL(1 ea daily); MP
levonorgestrel-ethinyl estradiol (continuous)	P	
LO LOESTRIN FE TABS	P	QL(1 ea daily); MP
LOSEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NP	QL(1 ea daily); MP
MINASTRIN 24 FE CHEW *(Use norethin acet & estrad-fe)*	NP	QL(1 ea daily); MP
MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))*	NP	QL(1 ea daily); MP
NATAZIA	P	QL(1 ea daily); MP
norethin acet & estrad-fe CAPS	P	QL(1 ea daily); MP
norethin acet & estrad-fe CHEW	P	QL(1 ea daily); MP
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	QL(1 ea daily); MP
norethindrone & eth estradiol	P	QL(1 ea daily); MP
norethindrone & ethinyl estradiol-fe	P	QL(1 ea daily); MP
norethindrone acet & eth estra	P	QL(1 ea daily); MP
norethindrone acetate-ethinyl estradiol-fe	P	QL(1 ea daily); MP
norethindrone-eth estradiol (triphasic)	P	QL(1 ea daily); MP
norgestimate-ethinyl estradiol	P	QL(1 ea daily); MP
norgestimate-ethinyl estradiol (triphasic)	P	QL(1 ea daily); MP
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	P	QL(1 ea daily); MP
QUARTETTE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NP	QL(1 ea daily); MP
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	NP	QL(1 ea daily); MP
SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))*	NP	QL(1 ea daily); MP
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	NP	QL(1 ea daily); MP
TYBLUME CHEW	P	QL(1 ea daily); MP
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	NP	QL(1 ea daily); MP
YAZ *(Use drospirenone-ethinyl estradiol)*	NP	QL(1 ea daily); MP
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	P	QL(0.11 ea daily); MP
TWIRLA	P	QL(39 ea per 365 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA	P	1 rtl pack lmt amt; 364 rtl pack lmt day(s); 1 mail pack lmt amt; 364 mail pack lmt day(s); MP
etonogestrel-ethinyl estradiol	P	MP

Drug Name	Drug Tier	Requirements/ Limits
NUVARING *(Use etonogestrel-ethinyl estradiol)*	NP	MP
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	P	SP
Emergency Contraceptives		
ELLA	P	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) 1.5 MG	P	QL(1 ea per 21 days retail)
PLAN B ONE-STEP *(Use levonorgestrel (emergency oc))*	NP	QL(1 ea per 21 days retail)
Progestin Contraceptives - Implants		
NEXPLANON	P	SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	NP	
DEPO-PROVERA CONTRACEPTIVE SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	NP	
DEPO-SUBQ PROVERA 104 SUSY SC	P	
medroxyprogesterone acetate (contraceptive) SUSP IM	P	
medroxyprogesterone acetate (contraceptive) SUSY IM	P	
Progestin Contraceptives - IUD		
KYLEENA	P	SP
LILETTA 20.1 MCG/DAY	P	SP
MIRENA	P	SP
SKYLA	P	SP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	P	QL(1 ea daily); MP
SLYND	P	QL(1 ea daily); MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide CPEP	P	
CORTEF TABS *(Use hydrocortisone)*	NP	
DEPO-MEDROL SUSP 40 MG/ML *(Use methylprednisolone acetate)*	NP	
DEXAMETHASONE INTENSOL CONC	P	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(5 ml daily)
dexamethasone ELIX	P	
dexamethasone SOLN	P	
dexamethasone TABS	P	
hydrocortisone TABS	P	
KENALOG-40 SUSP *(Use triamcinolone acetonide)*	NP	
MEDROL DOSEPAK TBPK *(Use methylprednisolone)*	NP	
MEDROL TABS 4 MG, 8 MG, 16 MG *(Use methylprednisolone)*	NP	
MEDROL TABS 4 MG, 8 MG, 16 MG *(Use methylprednisolone)*	NP	
methylprednisolone acetate SUSP 40 MG/ML	P	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML	P	

Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	P	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	P	
methylprednisolone TABS	P	
methylprednisolone TABS	P	
methylprednisolone TBPK	P	
ORAPRED ODT TBDP *(Use prednisolone sodium phosphate)*	NP	
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	NP	
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML	P	
prednisolone sodium phosphate SOLN 15 MG/5ML	P	QL(240 ml per fill retail)
prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ml per fill retail)
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML	P	
prednisolone sodium phosphate TBDP	P	
prednisolone SOLN	P	
PREDNISONE INTENSOL CONC	P	
prednisone SOLN	P	
prednisone TABS	P	
SOLU-MEDROL *(Use methylprednisolone sod succ)*	NP	
SOLU-MEDROL *(Use methylprednisolone sod succ)*	NP	
SOLU-MEDROL	NP	
SOLU-MEDROL	NP	
triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	P	
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML	P	
Mineralocorticoids		
fludrocortisone acetate TABS	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 MG, 200 MG	P	QL(3 ea daily); AL(At least 10 yrs old)
HYCODAN SOLN *(Use hydrocodone bitartrate-homatropine methylbromide)*	NP	AL(At least 18 yrs old)
hydrocodone bitartrate-homatropine methylbromide SOLN	P	AL(At least 18 yrs old)
Cough/Cold/Allergy Combinations		
brompheniramine & phenyleph ELIX	P	QL(120 ml per fill retail)
brompheniramine & pseudoeph ELIX	P	QL(120 ml per fill retail)
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	P	QL(120 ml per fill retail)
cetirizine-pseudoephedrine	P	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 *(Use loratadine & pseudoephedrine)*	NP	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 *(Use loratadine & pseudoephedrine)*	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	P	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	P	
guaifenesin-codeine SOLN	P	QL(240 ml per fill retail)
guaifenesin-codeine SYRP	P	QL(240 ml per fill retail)
loratadine & pseudoephedrine TB12	P	QL(2 ea daily)
loratadine & pseudoephedrine TB24	P	QL(1 ea daily)
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	P	QL(240 ml per fill retail)
phenylephrine-dm SOLN	P	QL(240 ml per fill retail)
promethazine & phenylephrine SYRP	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
promethazine w/codeine SOLN	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine w/codeine SYRP	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
promethazine-dm SYRP	P	QL(240 ml per fill retail)
promethazine-phenylephrine-codeine	P	QL(240 ml per fill retail); AL(At least 18 yrs old)
ZYRTEC-D ALLERGY/CONGESTION *(Use cetirizine-pseudoephedrine)*	NP	QL(2 ea daily)
ZYRTEC-D ALLERGY/SINUS *(Use cetirizine-pseudoephedrine)*	NP	QL(2 ea daily)
Misc. Respiratory Inhalants		
sodium chloride (inhalant) AERS	P	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	P	
Mucolytics		
acetylcysteine SOLN	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 40 MG *(Use isotretinoin)*	NP	QL(2 ea daily); AL(At least 12 yrs old); PA
ACNE MEDICATION 10 LOTN	P	
ACNE MEDICATION 5 LOTN	P	
ACZONE 5 % *(Use dapsone (topical))*	NP	
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	P	
adapalene CREA	P	
adapalene GEL 0.1 %	P	QL(45 gm per 30 days retail); AL(At least 12 yrs old); RX/OTC
adapalene GEL 0.3 %	P	
ATRALIN GEL *(Use tretinoin)*	NP	
AVAR LS CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	NP	
AVAR-E LS CREA *(Use sulfacetamide sodium w/ sulfur)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
BENZAC AC WASH LIQD 5 % *(Use benzoyl peroxide)*	NP	RX/OTC
BENZAMYCIN GEL *(Use benzoyl peroxide-erythromycin)*	NP	
benzoyl peroxide BAR	P	
benzoyl peroxide CREA 10 %	P	
benzoyl peroxide-erythromycin GEL	P	
benzoyl peroxide FOAM 9.8 %	P	
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	P	
benzoyl peroxide LIQD 4 %, 5 %, 10 %	P	
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	NP	QL(60 ml per fill retail)
CLINDAGEL GEL *(Use clindamycin phosphate (topical))*	NP	QL(2 ml daily)
clindamycin phosphate (topical) FOAM	P	
clindamycin phosphate (topical) GEL	P	QL(2 gm daily)
clindamycin phosphate (topical) LOTN	P	QL(60 ml per fill retail)
clindamycin phosphate (topical) SOLN	P	
clindamycin phosphate (topical) SWAB	P	
clindamycin phosphate-benzoyl peroxide (refrigerate)	P	
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	P	
dapsone (topical) 5 %	P	
DIFFERIN DAILY DEEP CLEANSER LIQD *(Use benzoyl peroxide)*	NP	RX/OTC
DIFFERIN CREA *(Use adapalene)*	NP	
DIFFERIN GEL 0.1 % *(Use adapalene)*	NP	QL(45 gm per 30 days retail); AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % *(Use adapalene)*	NP	
EPIDUO GEL *(Use adapalene-benzoyl peroxide)*	NP	
ERYGEL GEL *(Use erythromycin (acne aid))*	NP	QL(60 gm per fill retail)
erythromycin (acne aid) GEL	P	QL(60 gm per fill retail)
erythromycin (acne aid) SOLN	P	
EVOCLIN FOAM *(Use clindamycin phosphate (topical))*	NP	
isotretinoin 10 MG, 20 MG, 40 MG	P	QL(2 ea daily); AL(At least 12 yrs old); PA
KLARON *(Use sulfacetamide sodium (acne))*	NP	QL(120 ml per fill retail)
PLEXION CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	NP	
PLEXION CREA *(Use sulfacetamide sodium w/ sulfur)*	NP	
PLEXION LOTN *(Use sulfacetamide sodium w/ sulfur)*	NP	
RETIN-A MICRO *(Use tretinoin microsphere)*	NP	
RETIN-A MICRO PUMP 0.04 %, 0.1 % *(Use tretinoin microsphere)*	NP	
RETIN-A CREA *(Use tretinoin)*	NP	QL(20 gm per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A GEL 0.025 % *(Use tretinoin)*	NP	QL(20 gm per fill retail); AL(Up to 21 yrs old)
RETIN-A GEL 0.01 % *(Use tretinoin)*	NP	QL(15 gm per fill retail); AL(Up to 21 yrs old)
sulfacetamide sodium (acne)	P	QL(120 ml per fill retail)
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 9.8 %-4.8 %	P	
sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %	P	
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	P	QL(60 gm per fill retail)
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	P	
sulfacetamide sodium w/ sulfur PADS 10 %-4 %	P	
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	P	
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	P	QL(30 gm per fill retail)
SUMADAN WASH LIQD *(Use sulfacetamide sodium w/ sulfur)*	NP	
SUMAXIN PADS	NP	
tretinoin microsphere 0.04 %, 0.1 %	P	
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	P	QL(20 gm per fill retail); AL(Up to 21 yrs old)
tretinoin GEL 0.01 %	P	QL(15 gm per fill retail); AL(Up to 21 yrs old)
tretinoin GEL 0.05 %	P	
tretinoin GEL 0.025 %	P	QL(20 gm per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Antibiotics - Topical		
bacitracin (topical) OINT	P	QL(30 ea per fill retail)
bacitracin zinc OINT	P	QL(30 ea per fill retail)
bacitracin-polymyxin b OINT	P	
CENTANY OINT	P	QL(30 gm per fill retail)
gentamicin sulfate (topical) CREA	P	QL(30 gm per fill retail)
gentamicin sulfate (topical) OINT	P	QL(30 gm per fill retail)
mupirocin OINT	P	QL(30 gm per fill retail)
neomycin-bacitracin-polymyxin OINT	P	QL(30 ea per fill retail)
neomycin-polymyxin w/ pramoxine	P	QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT *(Use neomycin-bacitracin-polymyxin)*	NP	QL(30 ea per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH *(Use neomycin-polymyxin w/ pramoxine)*	NP	QL(30 gm per fill retail)
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM *(Use bacitracin-polymyxin b)*	NP	
Antifungals - Topical		
ciclopirox olamine CREA	P	
ciclopirox olamine SUSP	P	
ciclopirox KIT	P	
ciclopirox SHAM	P	
ciclopirox SOLN	P	
clotrimazole (topical) CREA	P	QL(30 gm per fill retail); RX/OTC
clotrimazole (topical) SOLN	P	QL(30 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole w/ betamethasone CREA	P	QL(45 gm per fill retail)
clotrimazole w/ betamethasone LOTN	P	QL(30 ml per fill retail)
econazole nitrate CREA	P	QL(30 gm per fill retail)
EXTINA FOAM *(Use ketoconazole (topical))*	NP	
iodoquinol-hydrocortisone in aloe vehicle	P	
ketoconazole (topical) CREA	P	2 rtl pack lmt per fill
ketoconazole (topical) FOAM	P	
ketoconazole (topical) SHAM 2 %	P	QL(120 ml per fill retail)
LAMISIL AT JOCK ITCH CREA *(Use terbinafine hcl (topical))*	NP	QL(30 gm per fill retail)
LAMISIL AT CREA *(Use terbinafine hcl (topical))*	NP	QL(30 gm per fill retail)
LOPROX SHAMPOO SHAM *(Use ciclopirox)*	NP	
LOPROX CREA *(Use ciclopirox olamine)*	NP	
LOPROX SUSP *(Use ciclopirox olamine)*	NP	
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	NP	QL(30 gm per fill retail); RX/OTC
LOTRIMIN AF CREA *(Use clotrimazole (topical))*	NP	QL(30 gm per fill retail); RX/OTC
MICATIN CREA *(Use miconazole nitrate (topical))*	NP	QL(45 gm per fill retail)
miconazole nitrate (topical) CREA	P	QL(45 gm per fill retail)
naftifine hcl CREA 2 %	P	
nystatin (topical) CREA	P	QL(30 gm per fill retail)
nystatin (topical) OINT	P	QL(30 gm per fill retail)
nystatin (topical) POWD EX	P	QL(60 gm per fill retail)
nystatin-triamcinolone CREA	P	QL(30 gm per fill retail)
nystatin-triamcinolone OINT	P	QL(30 gm per fill retail)
oxiconazole nitrate CREA	P	
OXISTAT CREA *(Use oxiconazole nitrate)*	NP	
terbinafine hcl (topical) CREA	P	QL(30 gm per fill retail)
TINACTIN CREA *(Use tolnaftate)*	NP	QL(30 gm per fill retail)
tolnaftate CREA	P	QL(30 gm per fill retail)
VYTONE 1.9 %-1 % *(Use iodoquinol-hydrocortisone in aloe vehicle)*	NP	
Antihistamines-Topical		
ITCH RELIEF CREA	P	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) GEL EX	P	QL(6.68 gm daily); RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX *(Use diclofenac sodium (topical))*	NP	QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
CARAC CREA *(Use fluorouracil (topical))*	P	QL(30 gm per fill retail)
diclofenac sodium (actinic keratoses) EX	P	PA
EFUDEX CREA *(Use fluorouracil (topical))*	NP	QL(40 gm per fill retail)
fluorouracil (topical) CREA 5 %	P	QL(40 gm per fill retail)
fluorouracil (topical) SOLN	P	QL(10 ml per fill retail)
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits
camphor & menthol LOTN	P	QL(222 ml per fill retail)
SARNA LOTN *(Use camphor & menthol)*	NP	QL(222 ml per fill retail)
Antipsoriatics		
acitretin	P	
calcipotriene CREA	P	QL(60 gm per fill retail)
calcipotriene SOLN	P	QL(60 ml per fill retail)
DOVONEX CREA *(Use calcipotriene)*	NP	QL(60 gm per fill retail)
methoxsalen rapid	P	
SILIQ	P	SP; PA
TALTZ SOAJ	P	SP; PA
TALTZ SOSY	P	SP; PA
tazarotene CREA	P	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA
tazarotene GEL	P	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA
TAZORAC CREA	P	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA
TAZORAC CREA *(Use tazarotene)*	NP	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA
TAZORAC GEL *(Use tazarotene)*	NP	QL(60 gm per fill retail); AL(Up to 21 yrs old); PA
Antiseborrheic Products		
OVACE PLUS WASH GEL *(Use sulfacetamide sodium)*	NP	
OVACE PLUS WASH LIQD *(Use sulfacetamide sodium)*	NP	QL(360 ml per fill retail)
OVACE PLUS SHAM *(Use sulfacetamide sodium)*	NP	
OVACE WASH LIQD *(Use sulfacetamide sodium)*	NP	QL(360 ml per fill retail)
selenium sulfide LOTN 2.5 %	P	QL(120 ml per fill retail)
selenium sulfide LOTN 1 %	P	QL(240 ml per fill retail)
selenium sulfide SHAM 1 %	P	QL(240 ml per fill retail)
SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN *(Use selenium sulfide)*	NP	QL(240 ml per fill retail)
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	NP	QL(240 ml per fill retail)
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	NP	QL(240 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN *(Use selenium sulfide)*	NP	QL(240 ml per fill retail)
SELSUN BLUE LOTN *(Use selenium sulfide)*	NP	QL(240 ml per fill retail)
sulfacetamide sodium GEL	P	
sulfacetamide sodium LIQD	P	QL(360 gm per fill retail)
sulfacetamide sodium SHAM 10 %	P	
Antivirals - Topical		
acyclovir topical CREA	P	QL(5 gm per fill retail)
acyclovir topical OINT	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); QL(30 gm per fill retail)
ZOVIRAX CREA *(Use acyclovir topical)*	NP	QL(5 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX OINT *(Use acyclovir topical)*	NP	1 rtl pack lmt amt; 30 rtl pack lmt day(s); QL(30 gm per fill retail)
Burn Products		
mafenide acetate PACK	P	
SILVADENE *(Use silver sulfadiazine)*	NP	QL(50 gm per fill retail)
silver sulfadiazine	P	QL(50 gm per fill retail)
SULFAMYLON PACK 5 % *(Use mafenide acetate)*	NP	
Corticosteroids - Topical		
ALA-SCALP LOTN	NP	
alclometasone dipropionate CREA	P	
APEXICON E CREA	P	QL(60 gm per fill retail)
betamethasone dipropionate augmented CREA	P	QL(50 gm per fill retail)
betamethasone dipropionate augmented LOTN	P	
betamethasone dipropionate augmented OINT	P	
betamethasone valerate CREA	P	QL(45 gm per fill retail)
betamethasone valerate FOAM	P	
betamethasone valerate LOTN	P	QL(60 ml per fill retail)
betamethasone valerate OINT	P	QL(45 gm per fill retail)
calcipotriene-betamethasone dipropionate OINT	P	
clobetasol propionate emollient base 0.05 %	P	QL(60 gm per fill retail)
clobetasol propionate emulsion	P	

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate CREA 0.05 %	P	QL(45 gm per fill retail)
clobetasol propionate FOAM	P	
clobetasol propionate GEL 0.05 %	P	QL(60 gm per fill retail)
clobetasol propionate LIQD	P	
clobetasol propionate LOTN	P	
clobetasol propionate OINT 0.05 %	P	QL(60 gm per fill retail)
clobetasol propionate SHAM	P	
clobetasol propionate SOLN 0.05 %	P	QL(25 ml per fill retail)
CLOBEX LIQD *(Use clobetasol propionate)*	NP	
CLOBEX LOTN 0.05 % *(Use clobetasol propionate)*	NP	
CLOBEX SHAM *(Use clobetasol propionate)*	NP	
CORDRAN CREA *(Use flurandrenolide)*	NP	
CORDRAN LOTN *(Use flurandrenolide)*	NP	
CORDRAN OINT	NP	
CUTIVATE LOTN *(Use fluticasone propionate)*	NP	
DERMA-SMOOTHE/FS BODY OIL *(Use fluocinolone acetonide)*	NP	
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	NP	
desonide CREA	P	
desonide LOTN	P	
desonide OINT	P	QL(2 gm daily)
DESOWEN CREA *(Use desonide)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
desoximetasone CREA 0.05 %	P	QL(60 gm per fill retail)
desoximetasone CREA 0.25 %	P	QL(2 gm daily)
desoximetasone GEL	P	QL(2 gm daily)
desoximetasone OINT 0.05 %	P	
desoximetasone OINT 0.25 %	P	QL(2 gm daily)
diflorasone diacetate CREA	P	QL(60 gm per fill retail)
diflorasone diacetate OINT	P	QL(60 gm per fill retail)
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	NP	
EPIFOAM FOAM	P	
fluocinolone acetonide CREA 0.025 %	P	
fluocinolone acetonide OIL	P	
fluocinolone acetonide OINT	P	
fluocinolone acetonide SOLN	P	
fluocinonide emulsified base	P	QL(60 gm per fill retail)
fluocinonide CREA 0.05 %	P	QL(60 gm per fill retail)
fluocinonide CREA 0.1 %	P	
fluocinonide GEL	P	QL(60 gm per fill retail)
fluocinonide OINT	P	QL(60 gm per fill retail)
fluocinonide SOLN	P	QL(60 ml per fill retail)
flurandrenolide CREA	P	
flurandrenolide LOTN	P	
fluticasone propionate CREA 0.05 %	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
fluticasone propionate LOTN	P	

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate OINT	P	QL(60 gm per fill retail)
halobetasol propionate CREA	P	
halobetasol propionate OINT	P	
hydrocortisone (topical) CREA 0.5 %, 2.5 %	P	QL(30 gm per fill retail)
hydrocortisone (topical) CREA 1 %	P	QL(60 gm per fill retail); RX/OTC
hydrocortisone (topical) LOTN 2 %	P	
hydrocortisone (topical) LOTN 1 %, 2.5 %	P	QL(60 gm per fill retail)
hydrocortisone (topical) OINT 1 %, 2.5 %	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); RX/OTC
hydrocortisone (topical) OINT 0.5 %	P	
hydrocortisone butyrate hydrophilic lipo base	P	
hydrocortisone butyrate CREA	P	
hydrocortisone butyrate LOTN	P	
hydrocortisone butyrate OINT	P	
hydrocortisone butyrate SOLN	P	QL(60 ml per fill retail)
hydrocortisone valerate OINT	P	
KENALOG AERS *(Use triamcinolone acetonide (topical))*	NP	
LOCOID LIPOCREAM	NP	
LOCOID LOTN *(Use hydrocortisone butyrate)*	NP	
LUXIQ FOAM *(Use betamethasone valerate)*	NP	
mometasone furoate CREA	P	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
mometasone furoate OINT	P	QL(45 gm per fill retail)
mometasone furoate SOLN	P	QL(60 ml per fill retail)
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA *(Use hydrocortisone (topical))*	NP	QL(60 gm per fill retail); RX/OTC
OLUX-E *(Use clobetasol propionate emulsion)*	NP	
OLUX FOAM *(Use clobetasol propionate)*	NP	
PRAMOSONE CREA 2.5 %-1 % *(Use pramoxine-hc)*	NP	
pramoxine-hc CREA 2.5 %-1 %	P	
pramoxine-hc GEL	P	
prednicarbate OINT	P	QL(60 gm per fill retail)
SYNALAR CREA *(Use fluocinolone acetonide)*	NP	
SYNALAR OINT *(Use fluocinolone acetonide)*	NP	
SYNALAR SOLN *(Use fluocinolone acetonide)*	NP	
TACLONEX OINT *(Use calcipotriene-betamethasone dipropionate)*	NP	
TEMOVATE CREA *(Use clobetasol propionate)*	NP	QL(45 gm per fill retail)
TEMOVATE OINT *(Use clobetasol propionate)*	NP	QL(60 gm per fill retail)
TOPICORT CREA 0.05 % *(Use desoximetasone)*	NP	QL(60 gm per fill retail)
TOPICORT CREA 0.25 % *(Use desoximetasone)*	NP	QL(2 gm daily)
TOPICORT GEL *(Use desoximetasone)*	NP	QL(2 gm daily)
TOPICORT OINT 0.05 % *(Use desoximetasone)*	NP	
TOPICORT OINT 0.25 % *(Use desoximetasone)*	NP	QL(2 gm daily)
triamcinolone acetonide (topical) AERS	P	
triamcinolone acetonide (topical) CREA 0.5 %	P	QL(15 gm per fill retail)
triamcinolone acetonide (topical) CREA 0.025 %	P	QL(454 gm per fill retail)
triamcinolone acetonide (topical) CREA 0.1 %	P	QL(30 gm per fill retail)
triamcinolone acetonide (topical) LOTN	P	QL(60 ml per fill retail)
triamcinolone acetonide (topical) OINT 0.5 %	P	QL(15 gm per fill retail)
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	P	QL(80 gm per fill retail)
TRIDESILON CREA 0.05 % *(Use desonide)*	NP	
VANOS CREA *(Use fluocinonide)*	NP	
Emollient/Keratolytic Agents		
HYDRO 40 FOAM FOAM *(Use urea)*	NP	
URAMAXIN GEL *(Use urea)*	NP	
urea in lactic acid vehicle	P	
urea CREA 39 %, 47 %	P	
urea CREA 40 %	P	QL(210 gm per fill retail); RX/OTC
urea FOAM	P	
urea GEL 45 %	P	
urea LOTN 40 %	P	QL(240 gm per fill retail)
Emollients		
lactic acid (ammonium lactate) CREA	P	QL(140 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
lactic acid (ammonium lactate) LOTN 12 %	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); RX/OTC
Immunomodulating Agents - Topical		
ALDARA *(Use imiquimod)*	NP	QL(48 ea per 180 days retail)
imiquimod 5 %	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL *(Use pimecrolimus)*	NP	1 rtl pack lmt amt; 30 rtl pack lmt day(s); PA
pimecrolimus	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); PA
PROTOPIC OINT *(Use tacrolimus (topical))*	NP	1 rtl pack lmt amt; 30 rtl pack lmt day(s); PA
tacrolimus (topical) OINT	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); PA
Keratolytic/Antimitotic Agents		
KERALYT GEL *(Use salicylic acid)*	NP	QL(40 gm per fill retail)
podofilox SOLN	P	QL(4 ml per fill retail)
salicylic acid FOAM	P	
salicylic acid GEL 6 %	P	QL(40 gm per fill retail)
salicylic acid LIQD 27.5 %	P	
salicylic acid SHAM 6 %	P	
salicylic acid SOLN 28.5 %	P	
SALVAX FOAM *(Use salicylic acid)*	NP	
ULTRASAL-ER SOLN *(Use salicylic acid)*	NP	
VIRASAL LIQD *(Use salicylic acid)*	NP	
Local Anesthetics - Topical		
capsaicin CREA 0.075 %	P	QL(60 gm per fill retail)
capsaicin CREA 0.1 %	P	QL(42.5 gm per fill retail)
capsaicin CREA 0.025 %	P	
CAPZASIN-HP CREA *(Use capsaicin)*	NP	QL(42.5 gm per fill retail)
dibucaine	P	QL(30 gm per fill retail)
GEN7T PTCH *(Use lidocaine)*	NF	RX/OTC
lidocaine hcl CREA 3 %	P	QL(30 gm per fill retail)
lidocaine hcl CREA 4 %	P	QL(65 gm per fill retail)
lidocaine hcl GEL 2 %	P	QL(30 ml per fill retail)
lidocaine hcl PRSY	P	QL(30 ml per fill retail)
lidocaine hcl SOLN	P	
lidocaine CREA 4 %	P	QL(30 gm per fill retail)
lidocaine-prilocaine CREA	P	QL(30 gm per fill retail)
lidocaine PTCH 5 %	P	PA
LIDODERM PTCH *(Use lidocaine)*	NP	PA
LIDOTRAL CREA	NP	
LIDOTRAN CREA	NP	
LMX 4 CREA *(Use lidocaine)*	NP	QL(30 gm per fill retail)
RA ARTHRITIS PAIN RELIEF CREA	P	QL(60 gm per fill retail)
Misc. Topical		
COLEMAN BOTANICALS INSECTREPELLENT LIQD	P	
COLEMAN SKINSMART INSECTREPELLENT/GO READY SPRAY PEN LIQD	P	
COLEMAN SKINSMART INSECTREPELLENT AERO	P	

Drug Name	Drug Tier	Requirements/ Limits
COLEMAN SKINSMART INSECTREPELLENT LIQD	P	
CUTTER LEMON EUCALYPTUS LIQD	P	
CUTTER NATURAL AERO	P	
CUTTER NATURAL LIQD	P	
CVS TOTAL HOME INSECT REPELLENT AERO	P	
DRYSOL SOLN	P	QL(60 ml per fill retail)
EAGLE WATCH MOSQUITO ELIMINATOR LIQD	P	
REPEL LEMON EUCALYPTUS INSECT REPELLENT AERO	P	
zinc oxide (topical) OINT 20 %	P	QL(60 gm per fill retail)
Rosacea Agents		
METROCREAM CREA *(Use metronidazole (topical))*	NP	QL(45 gm per fill retail)
METROGEL GEL 1 % *(Use metronidazole (topical))*	NP	
METROLOTION LOTN *(Use metronidazole (topical))*	NP	
metronidazole (topical) CREA	P	QL(45 gm per fill retail)
metronidazole (topical) GEL 0.75 %	P	QL(45 gm per fill retail)
metronidazole (topical) GEL 1 %	P	
metronidazole (topical) LOTN	P	
Scabicides & Pediculicides		
crotamiton LOTN	P	QL(60 gm per fill retail)
malathion	P	QL(59 ml per fill retail)
NATROBA *(Use spinosad)*	P	QL(120 ml per fill retail); AL(At least 1 yrs old)
NIX CREME RINSE LIQD EX *(Use permethrin)*	NP	
OVIDE *(Use malathion)*	NP	QL(59 ml per fill retail)
permethrin CREA	P	QL(60 gm per fill retail)
permethrin LIQD EX	P	
permethrin LOTN	P	QL(120 ml per fill retail)
pyrethrins-piperonyl butoxide LIQD 4 %-0.33 %	P	QL(60 ml per fill retail)
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 %	P	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	P	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	P	QL(60 ml per fill retail)
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	P	
spinosad	P	QL(120 ml per fill retail); AL(At least 1 yrs old)
Tar Products		
coal tar extract SHAM 0.5 %	P	
DHS TAR GEL SHAM *(Use coal tar extract)*	NP	
DHS TAR SHAM *(Use coal tar extract)*	NP	
NEUTROGENA T/GEL SHAM 0.5 % *(Use coal tar extract)*	NP	
DIAGNOSTIC PRODUCTS		

Drug Name	Drug Tier	Requirements/ Limits
Diagnostic Biologicals		
APLISOL	P	
TUBERSOL	P	
Diagnostic Tests		
ACCULA SARS-COV-2	P	
ACST KIT	P	RX/OTC
ADVIN COVID-19 ANTIGEN HOME TEST KIT	P	
BD VERITOR AT-HOME COVID-19 TEST KIT	P	
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2	P	
BINAXNOW COVID-19 AG CARD	P	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	P	
CHEMSTRIP-K STRP	P	
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	P	
COBAS LIAT SARS-COV-2 ASSAY	P	
COBAS LIAT SARS-COV-2 CONTROL	P	RX/OTC
COVID-19 AG TEST KIT	P	
COVID-19 AT-HOME TEST KIT KIT	P	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	P	
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	P	
CVS COVID-19 AT HOME TESTKIT KIT	P	
ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	P	RX/OTC
ELLUME COVID-19 HOME TEST KIT	P	
FASTEP COVID-19 ANTIGEN HOME TEST KIT	P	
FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	P	RX/OTC
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	
FORA GTEL BLOOD KETONE TEST STRIPS	P	QL(1 ea daily)
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	P	QL(1 ea daily)
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	P	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	P	
GOJJI BLOOD KETONE TEST STRIPS	P	QL(1 ea daily)
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	P	
ID NOW COVID-19	P	
ID NOW COVID-19 2.0	P	
ID NOW COVID-19 2.0 CONTROL SWAB KIT	P	RX/OTC
ID NOW COVID-19 CONTROL SWAB KIT	P	RX/OTC
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	

Drug Name	Drug Tier	Requirements/ Limits
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	P	
INTELISWAB COVID-19 RAPID TEST KIT	P	
KETONE TEST STRIPS STRP	P	
KETONE STRP	P	
KETOSTIX STRP	P	
LUCIRA CHECK IT COVID-19TEST KIT KIT	P	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	P	RX/OTC
LYRA DIRECT SARS-COV-2 ASSAY	P	
LYRA SARS-COV-2 ASSAY	P	
NOVA MAX PLUS KETONE TESTSTRIPS	P	QL(1 ea daily)
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	P	
PILOT COVID-19 AT-HOME TEST KIT	P	
PRECISION XTRA	P	QL(1 ea daily)
PTS PANELS KETONE TEST	P	QL(1 ea daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	P	
QUICKVUE SARS ANTIGEN TEST	P	
RAPID RESPONSE COVID-19	P	RX/OTC
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	P	
RELION KETONE TEST STRIPS STRP	P	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	P	SMART PA; INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
SOFIA SARS ANTIGEN FIA	P	
SOFIA2 SARS ANTIGEN FIA	P	
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	P	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	P	SMART PA; INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
XPERT XPRESS SARS-COV-2	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	P	MP
acetazolamide TABS	P	MP
methazolamide TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
Diuretic Combinations		
ALDACTAZIDE *(Use spironolactone & hydrochlorothiazide)*	NP	MP
amiloride & hydrochlorothiazide	P	QL(1 ea daily)
MAXZIDE-25 TABS *(Use triamterene & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
MAXZIDE TABS *(Use triamterene & hydrochlorothiazide)*	NP	QL(1 ea daily); MP
spironolactone & hydrochlorothiazide	P	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	QL(1 ea daily); MP
triamterene & hydrochlorothiazide TABS	P	QL(1 ea daily); MP
Loop Diuretics		
bumetanide TABS	P	MP
BUMEX TABS 0.5 MG *(Use bumetanide)*	NP	MP
EDECRIN *(Use ethacrynic acid)*	NP	
ethacrynate sodium	P	
ethacrynic acid	P	
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	P	MP
furosemide TABS	P	MP
LASIX TABS *(Use furosemide)*	NP	MP
SOAANZ TABS 20 MG	NP	
SODIUM EDECRIN *(Use ethacrynate sodium)*	NP	
torsemide TABS	P	
Potassium Sparing Diuretics		
ALDACTONE TABS *(Use spironolactone)*	NP	MP
amiloride hcl TABS	P	QL(4 ea daily)
spironolactone TABS	P	MP
Thiazides and Thiazide-Like Diuretics		
chlorothiazide sodium	P	
chlorthalidone 25 MG, 50 MG	P	MP
hydrochlorothiazide CAPS	P	MP
hydrochlorothiazide TABS	P	MP
indapamide TABS 1.25 MG, 2.5 MG	P	MP
metolazone	P	MP
SODIUM DIURIL *(Use chlorothiazide sodium)*	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG *(Use risedronate sodium)*	NP	Limit 4 per month; QL(4 ea per 28 days retail); PA
ACTONEL TABS 150 MG *(Use risedronate sodium)*	NP	
alendronate sodium SOLN	P	QL(10.8 ml daily)
alendronate sodium TABS 5 MG, 10 MG	P	QL(1 ea daily); MP
alendronate sodium TABS 35 MG, 70 MG	P	Limit 4 per month; QL(4 ea per 28 days retail)
ATELVIA TBEC *(Use risedronate sodium)*	NP	QL(0.15 ea daily); PA
BONIVA TABS *(Use ibandronate sodium)*	NP	
calcitonin (salmon) NA	P	QL(0.143 ml daily)
calcitonin (salmon) IJ	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); QL(2 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	NP	Limit 4 per month; QL(4 ea per 28 days retail)
ibandronate sodium SOLN	P	SP
ibandronate sodium TABS	P	
MIACALCIN IJ *(Use calcitonin (salmon))*	NP	1 rtl pack lmt amt; 30 rtl pack lmt day(s); QL(2 ml per fill retail)
RECLAST SOLN *(Use zoledronic acid)*	NP	SP
risedronate sodium TABS 150 MG	P	
risedronate sodium TABS 35 MG	P	Limit 4 per month; QL(4 ea per 28 days retail); PA
risedronate sodium TABS 5 MG, 30 MG	P	QL(1 ea daily); PA
risedronate sodium TBEC	P	QL(0.15 ea daily); PA
TYMLOS	P	SP; PA
zoledronic acid CONC	P	SP
zoledronic acid SOLN 5 MG/100ML	P	SP
Growth Hormone Receptor Antagonists		
SOMAVERT	P	SP; PA
Growth Hormones		
OMNITROPE SOLR SC	P	PA
ZOMACTON SOLR SC	P	SP; PA
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	NP	QL(1 ea daily)
raloxifene hcl	P	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	P	SP; PA
LHRH/GnRH Agonist Analog Pituitary		
Suppressants		
FENSOLVI SC	P	SP; PA
LUPRON DEPOT-PED (1-MONTH)	P	SP; PA
LUPRON DEPOT-PED (3-MONTH)	P	SP; PA
SYNAREL	P	SP; PA
Metabolic Modifiers		
BUPHENYL POWD *(Use sodium phenylbutyrate)*	NP	SP
calcitriol CAPS	P	
calcitriol SOLN OR	P	
CARNITOR SF SOLN OR *(Use levocarnitine (metabolic modifiers))*	NP	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML *(Use levocarnitine (metabolic modifiers))*	NP	QL(30 ml daily)
CARNITOR TABS *(Use levocarnitine (metabolic modifiers))*	NP	QL(9 ea daily)
cinacalcet hcl	P	SP; PA
doxercalciferol CAPS	P	
doxercalciferol SOLN	P	
HECTOROL SOLN *(Use doxercalciferol)*	NP	
KUVAN PACK *(Use sapropterin dihydrochloride)*	NP	SP; PA
KUVAN TABS *(Use sapropterin dihydrochloride)*	NP	SP; PA
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	P	QL(30 ml daily)
levocarnitine (metabolic modifiers) TABS	P	QL(9 ea daily)
MYALEPT	P	SP; PA
paricalcitol CAPS 1 MCG, 2 MCG	P	

Drug Name	Drug Tier	Requirements/ Limits
paricalcitol SOLN	P	SP
ROCALTROL CAPS *(Use calcitriol)*	NP	
ROCALTROL SOLN OR *(Use calcitriol)*	NP	
sapropterin dihydrochloride PACK	P	SP; PA
sapropterin dihydrochloride TABS	P	SP; PA
SENSIPAR *(Use cinacalcet hcl)*	NP	SP; PA
sodium phenylbutyrate POWD	P	SP
XURIDEN	P	SP
ZEMPLAR CAPS 1 MCG, 2 MCG *(Use paricalcitol)*	NP	
ZEMPLAR SOLN *(Use paricalcitol)*	NP	SP
Posterior Pituitary Hormones		
DDAVP TABS *(Use desmopressin acetate)*	NP	QL(3 ea daily)
desmopressin acetate spray	P	QL(5 ml per fill retail); PA
desmopressin acetate spray refrigerated	P	QL(5 ml per fill retail)
DESMOPRESSIN ACETATE SOLN NA	P	SP; PA
desmopressin acetate TABS	P	QL(3 ea daily)
STIMATE SOLN NA	P	SP; PA
Progesterone Receptor Antagonists		
MIFEPREX *(Use mifepristone)*	NP	
mifepristone	P	
Somatostatic Agents		
octreotide acetate SOLN	P	SP
SANDOSTATIN LAR DEPOT KIT	P	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(Use octreotide acetate)*	NP	SP
SIGNIFOR	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(Use estradiol & norethindrone acetate)*	NP	QL(1 ea daily)
ANGELIQ	P	
CLIMARA PRO	P	
COMBIPATCH PTTW	P	Limit 8 patches per month; QL(0.29 ea daily)
DUAVEE	P	
esterified estrogens & methyltestosterone	P	QL(1 ea daily)
estradiol & norethindrone acetate TABS	P	QL(1 ea daily)
FEMHRT *(Use norethindrone acetate-ethinyl estradiol)*	NP	
norethindrone acetate-ethinyl estradiol	P	
PREFEST	P	
PREMPHASE	P	QL(1 ea daily)
PREMPRO	P	QL(1 ea daily)
Estrogens		
ALORA PTTW	P	Limit 8 patches per month; QL(0.29 ea daily); MP
CLIMARA PTWK *(Use estradiol)*	NP	Limit 4 patches per month; QL(0.143 ea daily); MP
DELESTROGEN 20 MG/ML, 40 MG/ML *(Use estradiol valerate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
DEPO-ESTRADIOL	P	
ESTRACE TABS *(Use estradiol)*	NP	MP
estradiol valerate 20 MG/ML, 40 MG/ML	P	
estradiol PTTW 0.0375 MG/24HR	P	QL(0.29 ea daily); MP
estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	Limit 8 patches per month; QL(0.29 ea daily); MP
estradiol PTWK	P	Limit 4 patches per month; QL(0.143 ea daily); MP
estradiol TABS	P	MP
MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	NP	Limit 8 patches per month; QL(0.29 ea daily); MP
MINIVELLE PTTW 0.0375 MG/24HR *(Use estradiol)*	NP	QL(0.29 ea daily); MP
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR *(Use estradiol)*	NP	QL(0.29 ea daily); MP
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	NP	Limit 8 patches per month; QL(0.29 ea daily); MP
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	P	
ciprofloxacin hcl TABS 100 MG	P	QL(6 ea per fill retail)
ciprofloxacin in d5w 5 %-400 MG/200ML	P	
ciprofloxacin SUSR 500 MG/5ML	P	
CIPRO SUSR 500 MG/5ML	NP	
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	NP	
levofloxacin SOLN OR	P	
levofloxacin TABS	P	QL(1 ea daily; 14 ea per fill retail)
moxifloxacin hcl TABS	P	
ofloxacin 300 MG, 400 MG	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP *(Use simethicone)*	NP	QL(30 ml per fill retail)
MYLICON INFANTS GAS RELIEF SUSP *(Use simethicone)*	NP	QL(30 ml per fill retail)
simethicone CHEW 80 MG	P	
simethicone LIQD OR 20 MG/0.3ML	P	
simethicone SUSP	P	QL(30 ml per fill retail)
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	P	QL(1 ea daily); SP; PA
Gallstone Solubilizing Agents		
URSO 250 TABS *(Use ursodiol)*	NP	QL(7 ea daily); MP
URSO FORTE TABS *(Use ursodiol)*	NP	
ursodiol CAPS	P	QL(3 ea daily); MP
ursodiol TABS 250 MG	P	QL(7 ea daily); MP
ursodiol TABS 500 MG	P	
Gastrointestinal Antiallergy Agents		

Drug Name	Drug Tier	Requirements/ Limits
cromolyn sodium (mastocytosis)	P	
GASTROCROM *(Use cromolyn sodium (mastocytosis))*	NP	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	P	
metoclopramide hcl TABS	P	
REGLAN TABS *(Use metoclopramide hcl)*	NP	
Inflammatory Bowel Agents		
APRISO CP24 *(Use mesalamine)*	NP	
ASACOL HD TBEC *(Use mesalamine)*	NP	
AVSOLA	P	SP; PA
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	NP	MP
AZULFIDINE TABS *(Use sulfasalazine)*	NP	MP
balsalazide disodium CAPS	P	QL(9 ea daily)
COLAZAL CAPS *(Use balsalazide disodium)*	NP	QL(9 ea daily)
DELZICOL CPDR *(Use mesalamine)*	NP	
ENTYVIO SOLR	P	SP; PA
INFLECTRA SOLR	P	SP; PA
LIALDA TBEC *(Use mesalamine)*	NP	
mesalamine w/ cleanser	P	
mesalamine CP24	P	
mesalamine CPDR	P	
mesalamine ENEM	P	QL(60 ml daily)
mesalamine TBEC	P	
RENFLEXIS	P	SP; PA
ROWASA *(Use mesalamine w/ cleanser)*	NP	
SFROWASA ENEM	P	
sulfasalazine TABS	P	MP
sulfasalazine TBEC	P	MP
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	P	
LOTRONEX *(Use alosetron hcl)*	NP	
Phosphate Binder Agents		
calcium acetate (phosphate binder) CAPS	P	
FOSRENOL CHEW *(Use lanthanum carbonate)*	NP	
lanthanum carbonate CHEW	P	
RENVELA PACK *(Use sevelamer carbonate)*	NP	
RENVELA TABS *(Use sevelamer carbonate)*	NP	
sevelamer carbonate PACK	P	
sevelamer carbonate TABS	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR	P	
potassium citrate (alkalinizer) TBCR	P	
potassium citrate-citric acid PACK	P	
sodium citrate & citric acid	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	NP	
UROCIT-K 15 TBCR *(Use potassium citrate (alkalinizer))*	NP	
UROCIT-K 5 TBCR *(Use potassium citrate (alkalinizer))*	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP; PA
Genitourinary Irrigants		
neomycin/polymyxin b gu	P	
sodium chloride (gu irrigant) 0.9 %	P	
Prostatic Hypertrophy Agents		
alfuzosin hcl	P	
AVODART *(Use dutasteride)*	NP	
dutasteride	P	
dutasteride-tamsulosin hcl	P	
finasteride	P	QL(1 ea daily); MP
FLOMAX *(Use tamsulosin hcl)*	NP	QL(2 ea daily); MP
JALYN *(Use dutasteride-tamsulosin hcl)*	NP	
PROSCAR *(Use finasteride)*	NP	QL(1 ea daily); MP
tamsulosin hcl	P	QL(2 ea daily); MP
UROXATRAL *(Use alfuzosin hcl)*	NP	
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS *(Use phenazopyridine hcl)*	NF	
phenazopyridine hcl TABS 100 MG, 95 MG, 100 MG, 200 MG	P	
PYRIDIUM TABS *(Use phenazopyridine hcl)*	NP	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	P	
Gout Agents		
allopurinol	P	MP
allopurinol sodium	P	
ALOPRIM *(Use allopurinol sodium)*	NP	
colchicine TABS	P	Limit 6 per claim; QL(6 ea per fill retail); PA
COLCRYS TABS *(Use colchicine)*	NP	Limit 6 per claim; QL(6 ea per fill retail); PA
ZYLOPRIM *(Use allopurinol)*	NP	MP
Uricosurics		
probenecid	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA	P	SP; PA
AFSTYLA	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
FEIBA	P	SP; PA
FIBRYGA	P	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	P	SP; PA
IXINITY SOLR	P	SP; PA
KCENTRA	P	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
NOVOEIGHT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	P	SP; PA
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	P	SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	P	SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIASTAP	P	SP; PA
RIXUBIS SOLR	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(Use icatibant acetate)*	NP	SP; PA
icatibant acetate SOLN	P	SP; PA
icatibant acetate SOSY	P	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	P	SP; PA
Hematorheologic Agents		
pentoxifylline	P	MP
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	NP	
anagrelide hcl	P	
BRILINTA	P	QL(2 ea daily)
cilostazol	P	QL(2 ea daily); MP
clopidogrel bisulfate 300 MG	P	
clopidogrel bisulfate 75 MG	P	QL(1 ea daily); MP
dipyridamole	P	MP
EFFIENT *(Use prasugrel hcl)*	NP	QL(1 ea daily)
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	NP	QL(1 ea daily); MP
prasugrel hcl	P	QL(1 ea daily)
Thrombolytic Enzymes		
CATHFLO ACTIVASE IJ	P	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		

Drug Name	Drug Tier	Requirements/ Limits
DROXIA CAPS	P	
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	P	
cyanocobalamin TABS 1000 MCG	P	
Folic Acid/Folates		
folic acid TABS 1 MG	P	MP; RX/OTC
folic acid TABS 400 MCG, 800 MCG	P	QL(1 ea daily)
Hematopoietic Growth Factors		
RETACRIT	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
CORVITE 150 *(Use iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc)*	NP	
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	P	
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	P	QL(1 ea daily)
FOLGARD RX TABS	NP	
folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.2 MG-1 MG	P	
iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc	P	
Iron		
FER-IN-SOL SOLN *(Use ferrous sulfate)*	NP	QL(3.4 ml daily); MP
FERRETTS TABS	P	QL(2 ea daily)
ferrous gluconate TABS 27 MG, 240 MG	P	
FERROUS GLUCONATE TABS 324 MG	P	AL(Up to 50 yrs old)
ferrous sulfate dried TBCR 160 MG	P	
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	P	QL(16 ml daily); MP
ferrous sulfate SOLN 15 MG/ML	P	QL(3.4 ml daily); MP
ferrous sulfate TABS 65 MG, 325 MG	P	MP
ferrous sulfate TBEC	P	MP
FERROUS SULFATE TBEC *(Use ferrous sulfate)*	NP	MP
IRON CHEWS PEDIATRIC CHEW	P	
IRON TABS 28 MG	P	
polysaccharide iron complex CAPS 150 MG	P	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG *(Use aminocaproic acid)*	NP	SP
AMICAR TABS 500 MG *(Use aminocaproic acid)*	NP	QL(24 ea per fill retail); SP
aminocaproic acid TABS 1000 MG	P	SP
aminocaproic acid TABS 500 MG	P	QL(24 ea per fill retail); SP
LYSTEDA TABS *(Use tranexamic acid)*	NP	QL(30 ea per 5 days retail)
tranexamic acid TABS	P	QL(30 ea per 5 days retail)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) CAPS 50 MG	P	
diphenhydramine hcl (sleep) TABS 25 MG	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine hcl (sleep) TABS 50 MG	P	
doxylamine succinate (sleep)	P	
UNISOM SLEEPGELS CAPS *(Use diphenhydramine hcl (sleep))*	NP	
UNISOM SLEEPTABS *(Use doxylamine succinate (sleep))*	NP	
Barbiturate Hypnotics		
NEMBUTAL SODIUM SOLN *(Use pentobarbital sodium)*	NP	
pentobarbital sodium SOLN	P	
phenobarbital ELIX	P	
phenobarbital TABS	P	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	P	
SILENOR *(Use doxepin hcl (sleep))*	NP	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(Use zolpidem tartrate)*	NP	AL(At least 18 yrs old)
AMBIEN TABS *(Use zolpidem tartrate)*	NP	QL(1 ea daily); AL(At least 18 yrs old)
dexmedetomidine hcl SOLN	P	
DORAL *(Use quazepam)*	P	
EDLUAR SUBL	P	AL(At least 18 yrs old)
estazolam	P	
flurazepam hcl	P	QL(1 ea daily)
HALCION 0.25 MG *(Use triazolam)*	NP	QL(1 ea daily)
midazolam hcl SOLN IJ	P	
midazolam hcl SYRP	P	PA

Drug Name	Drug Tier	Requirements/ Limits
PRECEDEX SOLN *(Use dexmedetomidine hcl)*	NP	
quazepam	P	
RESTORIL 15 MG *(Use temazepam)*	NP	QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL 7.5 MG, 22.5 MG *(Use temazepam)*	NP	AL(At least 18 yrs old)
RESTORIL 30 MG *(Use temazepam)*	NP	QL(2 ea daily); AL(At least 18 yrs old)
temazepam 15 MG	P	QL(1 ea daily); AL(At least 18 yrs old)
temazepam 30 MG	P	QL(2 ea daily); AL(At least 18 yrs old)
temazepam 7.5 MG, 22.5 MG	P	AL(At least 18 yrs old)
triazolam	P	QL(1 ea daily)
zaleplon	P	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate SUBL	P	AL(At least 18 yrs old)
zolpidem tartrate TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate TBCR	P	AL(At least 18 yrs old)
Orexin Receptor Antagonists		
BELSOMRA	P	QL(1 ea daily); AL(At least 18 yrs old); PA
Selective Melatonin Receptor Agonists		
ramelteon	P	AL(At least 18 yrs old)
ROZEREM *(Use ramelteon)*	NP	AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	P	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EVAC POWD *(Use psyllium)*	NP	
KONSYL DAILY FIBER PACK 100 %	P	
KONSYL ORIGINAL DAILY FIBER PACK	P	
METAMUCIL FREE & NATURAL POWD *(Use psyllium)*	NP	
METAMUCIL ORIGINAL TEXTURE POWD *(Use psyllium)*	NP	
METAMUCIL POWD *(Use psyllium)*	NP	
psyllium CAPS 0.08 MG-5 MG-400 MG, 0.52 GM, 400 MG	P	
psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 51.7 %, 58.6 %, 100 %	P	
Laxative Combinations		
GOLYTELY SOLR *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	NP	QL(4000 ml per fill retail)
NULYTELY *(Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	NP	QL(4000 ml per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	P	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	QL(4000 ml per fill retail)
sennosides-docusate sodium TABS	P	QL(4 ea daily)
SENOKOT S TABS *(Use sennosides-docusate sodium)*	NP	QL(4 ea daily)
sodium sulfate-potassium sulfate-magnesium sulfate	P	
SUPREP BOWEL PREP KIT *(Use sodium sulfate-potassium sulfate-magnesium sulfate)*	NP	
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM	P	
GLYCERIN ADULT SUPP *(Use glycerin (laxative))*	NP	
lactulose SOLN	P	
MIRALAX MIX-IN PAX PACK *(Use polyethylene glycol 3350)*	NP	
MIRALAX PACK *(Use polyethylene glycol 3350)*	NP	
MIRALAX POWD *(Use polyethylene glycol 3350)*	NP	QL(34 gm daily)
PEDIA-LAX SUPP	P	
polyethylene glycol 3350 PACK	P	
polyethylene glycol 3350 POWD	P	QL(34 gm daily)
SORBITOL OR 70 %	P	
Saline Laxatives		
FLEET ENEMA ENEM *(Use sodium phosphates)*	NP	
FLEET PEDIATRIC ENEM *(Use sodium phosphates)*	NP	
magnesium citrate	P	
magnesium hydroxide SUSP 2400 MG/10ML	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	QL(33 ml daily)
MILK OF MAGNESIA CONCENTRATE SUSP	P	
sodium phosphates ENEM	P	
Stimulant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
bisacodyl SUPP	P	QL(12 ea per fill retail)
bisacodyl TBEC	P	QL(1 ea daily)
DULCOLAX PINK LAXATIVE TBEC *(Use bisacodyl)*	NP	QL(1 ea daily)
DULCOLAX SUPP *(Use bisacodyl)*	NP	QL(12 ea per fill retail)
DULCOLAX TBEC *(Use bisacodyl)*	NP	QL(1 ea daily)
SENNA SYRP	P	
sennosides LIQD	P	
sennosides SYRP 8.8 MG/5ML	P	
sennosides TABS 8.6 MG, 15 MG, 17.2 MG	P	
SENOKOT TABS *(Use sennosides)*	NP	
Surfactant Laxatives		
COLACE CLEAR CAPS *(Use docusate sodium)*	NP	
COLACE CAPS 100 MG *(Use docusate sodium)*	NP	QL(3 ea daily)
docusate calcium	P	
docusate sodium CAPS 100 MG, 250 MG	P	QL(3 ea daily)
docusate sodium CAPS 50 MG	P	
docusate sodium LIQD	P	
docusate sodium SYRP	P	
DOCUSATE SODIUM SYRP	P	
docusate sodium TABS	P	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetic Combinations		
bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %	P	
lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 %	P	
LIDOCAINE/EPINEPHRINE SOLN	NP	
MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % *(Use bupivacaine w/ epinephrine)*	NP	
SENSORCAINE-MPF/EPINEPHRINE SOLN 1 :200000-0.5 %	NP	
XYLOCAINE/EPINEPHRINE SOLN *(Use lidocaine w/ epinephrine)*	NP	
XYLOCAINE-MPF/EPINEPHRINE SOLN 1 :200000-1.5 %, 1 :200000-2 % *(Use lidocaine w/ epinephrine)*	NP	
Local Anesthetics - Amides		
BUPIVACAINE FISIOPHARMA SOLN IJ	NP	
bupivacaine hcl SOLN IJ	P	
BUPIVACAINE HYDROCHLORIDE SOLN IJ 0.25 %	NP	
bupivacaine in dextrose SOLN	P	
lidocaine hcl (local anesth.) SOLN	P	
LIDOCAINE HYDROCHLORIDE SOLN	NP	
MARCAINE SPINAL SOLN *(Use bupivacaine in dextrose)*	NP	
MARCAINE SOLN IJ *(Use bupivacaine hcl)*	NP	
mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	P	

Drug Name	Drug Tier	Requirements/ Limits
mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	P	
NAROPIN SOLN IJ 2 MG/ML, 7.5 MG/ML, 10 MG/ML *(Use ropivacaine hcl)*	NP	
NAROPIN SOLN IJ 2 MG/ML, 7.5 MG/ML, 10 MG/ML *(Use ropivacaine hcl)*	NP	
ropivacaine hcl SOLN IJ 2 MG/ML, 7.5 MG/ML, 10 MG/ML	P	
ropivacaine hcl SOLN IJ 2 MG/ML, 7.5 MG/ML, 10 MG/ML	P	
ROPIVACAINE HYDROCHLORIDE SOLN IJ 2 MG/ML	P	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % *(Use lidocaine hcl (local anesth.))*	NP	
XYLOCAINE SOLN 0.5 %, 1 %, 2 % *(Use lidocaine hcl (local anesth.))*	NP	
Local Anesthetics - Esters		
chloroprocaine hcl IJ	P	
NESACAINE IJ 2 %	NP	
NESACAINE-MPF IJ *(Use chloroprocaine hcl)*	NP	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	P	QL(2 ea per fill retail)
azithromycin SOLR	P	
azithromycin SUSR	P	2 rtl pack lmt per fill
azithromycin TABS 500 MG	P	QL(4 ea daily)
azithromycin TABS 600 MG	P	Limit 8 per 28 days; QL(0.286 ea daily)
azithromycin TABS 250 MG	P	QL(6 ea per fill retail)
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	NP	QL(6 ea per fill retail)
ZITHROMAX PACK *(Use azithromycin)*	P	QL(2 ea per fill retail)
ZITHROMAX SOLR *(Use azithromycin)*	NP	
ZITHROMAX SUSR *(Use azithromycin)*	NP	2 rtl pack lmt per fill
ZITHROMAX TABS 250 MG *(Use azithromycin)*	NP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG *(Use azithromycin)*	NP	QL(4 ea daily)
Clarithromycin		
clarithromycin SUSR 250 MG/5ML	P	
clarithromycin SUSR 125 MG/5ML	P	2 rtl pack lmt per fill
clarithromycin TABS	P	QL(28 ea per fill retail)
clarithromycin TB24	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	NP	
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	NP	
erythromycin base CPEP	P	
erythromycin base TABS	P	
erythromycin base TBEC	P	
erythromycin ethylsuccinate SUSR	P	
erythromycin stearate TABS 250 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
GAUZE PADS & DRESSINGS-MISC	P	RX/OTC
Contraceptives		
AIMSCO LUBRICATED MISC	P	
CAYA DPRH	P	
CONDOMS	P	
CONDOMS LATEX LUBRICATED-MISC	P	QL(36 ea per fill retail)
DUREX EXTRA SENSITIVE THIN DEVI	P	
DUREX REALFEEL NON-LATEX	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P	
FANTASY LUBRICATED MISC	P	
FC2 FEMALE CONDOM	P	
FEMCAP DEVI	P	
KAMELEON LUBRICATED MISC	P	
KIMONO COLORS DEVI	P	
KIMONO LUBRICATED MISC	P	
KIMONO MAXX/LARGE FLARE MISC	P	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	
KIMONO MICRO THIN MISC	P	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	
KIMONO PS LUBRICATED MISC	P	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	
KIMONO SENSATION LUBRICATED MISC	P	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	
KIMONO SPECIAL DEVI	P	
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	
K-Y ME & YOU INTENSE DEVI	P	
MAXX LUBRICATED MISC	P	
MAXX PLUS SPERMICIDE LUBRICATED MISC	P	
OMNIFLEX DIAPHRAGM	P	
PREMIUM CONDOMS LUBRICATED MISC	P	
REALITY LATEX CONDOMS/LUBRICATED MISC	P	
REALITY LATEX/ULTRA TEXTURED DEVI	P	
REALITY LATEX/ULTRA THIN DEVI	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P	
TRUSTEX LUBRICATED EXTRALARGE MISC	P	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	
TRUSTEX LUBRICATED MISC	P	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	
TRUSTEX NON-LUBRICATED MISC	P	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	P	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	
TRUSTEX/RIA LUBRICATED MISC	P	
TRUSTEX/RIA NON-LUBRICATED MISC	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	P	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	P	
Diabetic Supplies		
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 days retail); PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 days retail); PA
LANCET DEVICES-MISC	P	
LANCETS-MISC	P	QL(5 ea daily)
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	P	PA
OMNIPOD 5 G6 PODS (GEN 5) MISC	P	PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	P	PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	P	PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	P	PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	P	PA
OMNIPOD DASH PDM KIT (GEN 4) KIT	P	PA
OMNIPOD DASH PODS (GEN 4) MISC	P	PA

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD GO 10 UNITS/DAY KIT	P	QL(10 ea per 30 days retail; 10 ea per 30 days mail); PA
OMNIPOD GO 15 UNITS/DAY KIT	P	QL(10 ea per 30 days retail; 10 ea per 30 days mail); PA
OMNIPOD GO 25 UNITS/DAY KIT	P	QL(10 ea per 30 days retail; 10 ea per 30 days mail); PA
OMNIPOD GO 35 UNITS/DAY KIT	P	QL(10 ea per 30 days retail; 10 ea per 30 days mail); PA
OMNIPOD POD PALS	P	QL(10 ea per 30 days retail; 10 ea per 30 days mail)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P	
Misc. Devices		
ALCOHOL SWABS-MISC	P	QL(400 ea per fill retail); RX/OTC
Parenteral Therapy Supplies		
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	P	RX/OTC
BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	P	
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	P	
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	P	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	P	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	P	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	P	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	P	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	P	QL(5 ea daily); RX/OTC
BD PEN NEEDLES	P	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	P	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	P	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	P	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	P	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	P	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	P	RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	P	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	P	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	P	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	P	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	P	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	P	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	P	RX/OTC
INSULIN SYRINGE/NEEDLE-MISC	P	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	P	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	P	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	P	RX/OTC
Respiratory Therapy Supplies		
SPACER/AEROSOL HOLDING CHAMBERS-MISC	P	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS *(Use ergotamine w/ caffeine)*	NP	
ergotamine w/ caffeine TABS	P	
Migraine Products		
D.H.E. 45 SOLN IJ *(Use dihydroergotamine mesylate)*	NP	AL(At least 18 yrs old)
dihydroergotamine mesylate SOLN NA 4 MG/ML	P	AL(At least 18 yrs old)
MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)*	NP	AL(At least 18 yrs old)
Serotonin Agonists		
almotriptan malate	P	
AMERGE *(Use naratriptan hcl)*	NP	Limit 9 per month; QL(0.3 ea daily); AL(At least 18 yrs old)
eletriptan hydrobromide	P	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA *(Use frovatriptan succinate)*	NP	
frovatriptan succinate	P	
IMITREX 5 MG/ACT, 20 MG/ACT *(Use sumatriptan)*	NP	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML *(Use sumatriptan succinate)*	NP	Limit 2 per month; QL(0.067 ml daily); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML *(Use sumatriptan succinate)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(Use sumatriptan succinate)*	NP	Limit 2 syringes per month; QL(0.067 ml daily); AL(At least 12 yrs old)
IMITREX TABS *(Use sumatriptan succinate)*	NP	Limit 9 per month; QL(0.3 ea daily); AL(At least 12 yrs old)
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	NP	QL(0.4 ea daily); AL(At least 6 yrs old)
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	NP	Limit 12 per month; QL(0.4 ea daily); AL(At least 6 yrs old)
naratriptan hcl	P	Limit 9 per month; QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAX *(Use eletriptan hydrobromide)*	NP	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
rizatriptan benzoate TABS	P	Limit 12 per month; QL(0.4 ea daily); AL(At least 6 yrs old)
rizatriptan benzoate TBDP	P	QL(0.4 ea daily); AL(At least 6 yrs old)
sumatriptan	P	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
sumatriptan succinate SOAJ 6 MG/0.5ML	P	Limit 2 syringes per month; QL(0.067 ml daily); AL(At least 12 yrs old)
sumatriptan succinate SOAJ 4 MG/0.5ML	P	
sumatriptan succinate SOCT 6 MG/0.5ML	P	Limit 2 per month; QL(0.067 ml daily); AL(At least 12 yrs old)
sumatriptan succinate SOLN 6 MG/0.5ML	P	Limit 2 per month; QL(0.067 ml daily); AL(At least 12 yrs old)
sumatriptan succinate TABS	P	Limit 9 per month; QL(0.3 ea daily); AL(At least 12 yrs old)
zolmitriptan SOLN 5 MG	P	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
zolmitriptan TABS	P	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
zolmitriptan TBDP	P	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
ZOMIG SOLN *(Use zolmitriptan)*	NP	Limit 6 per month; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS 2.5 MG, 5 MG *(Use zolmitriptan)*	NP	Limit 6 per month; QL(0.2 ea daily); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600+D HIGH POTENCY TABS	P	QL(2 ea daily)
CALCIUM CARBONATE CHEW 500 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
calcium carbonate-cholecalciferol TABS	P	
calcium carbonate TABS 500 MG, 1250 MG	P	
calcium carbonate-vitamin d TABS 600 MG-200 UNIT	P	QL(2 ea daily)
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	P	
calcium citrate TABS 200 MG	P	
CALCIUM CHEW 100 UNIT-500 MG	P	
CALTRATE 600+D3 TABS *(Use calcium carbonate-cholecalciferol)*	NP	
CALTRATE BONE HEALTH TABS *(Use calcium carbonate-cholecalciferol)*	NP	
CHEWABLE CALCIUM/D3 WAFR	P	
oyster shell	P	
OYSTER SHELL CALCIUM/D TABS	P	
PARVA-CAL	P	
Fluoride		
FLORIVA	P	
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	P	AL(Up to 15 yrs old)
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
sodium fluoride TABS 0.5 MG	P	
Magnesium		
magnesium oxide (mg supplement) TABS 400 MG	P	
MAGOX 400 TABS *(Use magnesium oxide (mg supplement))*	NP	
Phosphate		
K-PHOS NEUTRAL *(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	NP	QL(8 ea daily)
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	QL(8 ea daily)
Potassium		
K-TAB TBCR 8 MEQ, 10 MEQ *(Use potassium chloride)*	NP	
potassium acetate SOLN 2 MEQ/ML	P	
POTASSIUM ACETATE SOLN 2 MEQ/ML	NP	
potassium bicarbonate TBEF	P	
potassium chloride microencapsulated crystals er	P	
potassium chloride CPCR 10 MEQ	P	MP
potassium chloride CPCR 8 MEQ	P	QL(1 ea daily); MP
potassium chloride PACK OR 20 MEQ	P	
potassium chloride SOLN OR 10 %, 20 %	P	
potassium chloride TBCR 8 MEQ, 10 MEQ	P	
Sodium		
sodium chloride SOLN IV 0.9 %	P	
Zinc		
zinc sulfate CAPS	P	
MISCELLANEOUS THERAPEUTIC CLASSES		

Drug Name	Drug Tier	Requirements/ Limits
Chelating Agents		
DEPEN TITRATABS TABS *(Use penicillamine)*	NP	
penicillamine TABS	P	
SYPRINE *(Use trientine hcl)*	NP	SP; PA
trientine hcl	P	SP; PA
trientine hcl	P	SP; PA
Immunosuppressive Agents		
azathioprine TABS 75 MG, 100 MG	P	QL(3 ea daily)
azathioprine TABS 50 MG	P	
CELLCEPT CAPS *(Use mycophenolate mofetil)*	NP	QL(2 ea daily)
CELLCEPT SUSR *(Use mycophenolate mofetil)*	NP	QL(15 ml daily)
CELLCEPT TABS *(Use mycophenolate mofetil)*	NP	QL(4 ea daily)
cyclosporine modified (for microemulsion) CAPS	P	QL(4 ea daily)
cyclosporine modified (for microemulsion) SOLN	P	QL(8 ml daily)
cyclosporine CAPS	P	QL(4 ea daily)
ENSPRYNG	P	SP; PA
everolimus (immunosuppressant)	P	PA
IMURAN TABS *(Use azathioprine)*	NP	
mycophenolate mofetil CAPS	P	QL(2 ea daily)
mycophenolate mofetil SUSR	P	QL(15 ml daily)
mycophenolate mofetil TABS	P	QL(4 ea daily)
mycophenolate sodium 360 MG	P	QL(4 ea daily)
mycophenolate sodium 180 MG	P	QL(2 ea daily)
MYFORTIC 180 MG *(Use mycophenolate sodium)*	NP	QL(2 ea daily)
MYFORTIC 360 MG *(Use mycophenolate sodium)*	NP	QL(4 ea daily)
NEORAL CAPS *(Use cyclosporine modified (for microemulsion))*	NP	QL(4 ea daily)
NEORAL SOLN *(Use cyclosporine modified (for microemulsion))*	NP	QL(8 ml daily)
PROGRAF CAPS *(Use tacrolimus)*	NP	QL(3 ea daily)
PROGRAF PACK	P	
RAPAMUNE SOLN *(Use sirolimus)*	NP	
RAPAMUNE TABS *(Use sirolimus)*	NP	
SANDIMMUNE CAPS *(Use cyclosporine)*	NP	QL(4 ea daily)
SANDIMMUNE SOLN OR	P	QL(8 ml daily)
sirolimus SOLN	P	
sirolimus TABS	P	
tacrolimus CAPS	P	QL(3 ea daily)
ZORTRESS *(Use everolimus (immunosuppressant))*	NP	PA
Potassium Removing Agents		
sodium polystyrene sulfonate POWD	P	QL(454 gm per fill retail)
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	P	
Prostaglandins		
alprostadil	P	
PROSTIN VR PEDIATRIC	NP	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
nystatin (mouth-throat)	P	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	P	
PERIDEX *(Use chlorhexidine gluconate (mouth-throat))*	NP	
Dental Products		
FLUORIDEX SENSITIVITY RELIEF/SLS FREE PSTE	NP	
FLUORIDEX SENSITIVITY RELIEF PSTE	NP	
FLUORIMAX 5000 SENSITIVE PSTE	NP	
PREVIDENT 5000 BOOSTER PLUS PSTE DT *(Use sodium fluoride (dental))*	NP	
PREVIDENT 5000 DRY MOUTH GEL *(Use sodium fluoride (dental))*	NP	QL(60 ml per fill retail)
PREVIDENT 5000 ORTHO DEFENSE PSTE DT *(Use sodium fluoride (dental))*	NP	
PREVIDENT 5000 PLUS CREA *(Use sodium fluoride (dental))*	NP	QL(60 gm per fill retail)
PREVIDENT FLUORIDE GEL *(Use sodium fluoride (dental))*	NP	QL(60 gm per fill retail)
PREVIDENT RINSE SOLN	P	
sodium fluoride (dental) CREA	P	QL(60 gm per fill retail)
sodium fluoride (dental) GEL	P	QL(60 gm per fill retail)
sodium fluoride (dental) PSTE DT	P	
sodium fluoride (dental) SOLN 0.2 %	P	

Drug Name	Drug Tier	Requirements/ Limits
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	QL(5 gm per fill retail)
Throat Products - Misc.		
cevimeline hcl	P	
EVOXAC *(Use cevimeline hcl)*	NP	
pilocarpine hcl (oral) 5 MG	P	QL(6 ea daily)
pilocarpine hcl (oral) 7.5 MG	P	
SALAGEN 7.5 MG *(Use pilocarpine hcl (oral))*	NP	
SALAGEN 5 MG *(Use pilocarpine hcl (oral))*	NP	QL(6 ea daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	P	QL(1 ea daily)
b-complex vitamins TABS	P	QL(1 ea daily)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	P	QL(1 ea daily); RX/OTC
b-complex w/ c & folic acid TABS	P	RX/OTC
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TAB-MISC	P	QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS-MISC	P	QL(1 ea daily); RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	P	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Fluoride		
MULTIVITAMIN + FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN WITH FLUORIDE CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
MULTI-VIT-FLOR CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDECHEW	P	QL(1 ea daily); AL: Up to 13 yrs old
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDESOLN	P	QL(50ml per fill retail); AL: Up to 13 yrs old
pediatric multivitamins w/fl CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
QUFLORA PEDIATRIC CHEW	P	QL(1 ea daily); AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	QL(50 ml per fill retail)
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	QL(50 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	QL(50 ml per fill retail)
POLY-VI-SOL/IRON SOLN	P	QL(50 ml per fill retail)
POLY-VITA/IRON SOLN	P	QL(50 ml per fill retail)
POLY-VITE/IRON SOLN	P	QL(50 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	P	QL(50 ml per fill retail)
MULTIVITAMIN INFANT & TODDLER SOLN OR	P	QL(50 ml per fill retail)
MULTIVITAMIN INFANT/TODDLER SOLN OR	P	QL(50 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	QL(50 ml per fill retail)
POLY-VI-SOL SOLN OR	P	QL(50 ml per fill retail)
POLY-VITA SOLN OR	P	QL(50 ml per fill retail)
POLY-VITE PEDIATRIC SOLN OR	P	QL(50 ml per fill retail)
Prenatal Vitamins		
ATABEX EC TBEC	P	
ATABEX OB	P	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	P	
CITRANATAL ASSURE	P	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	P	
CITRANATAL BLOOM	P	
CITRANATAL BLOOM DHA	P	
CITRANATAL DHA	P	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	P	
CLASSIC PRENATAL TABS	P	QL(1 ea daily)
C-NATE DHA CAPS	P	
COMPLETE NATAL DHA	P	
COMPLETENATE CHEW	P	
CO-NATAL FA TABS	P	RX/OTC
CONCEPT DHA	P	
CONCEPT OB	P	

Drug Name	Drug Tier	Requirements/ Limits
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	P	QL(1 ea daily)
DUET DHA 400 MISC	P	
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	P	
ENBRACE HR	P	
EQL PRENATAL FORMULA TABS	P	QL(1 ea daily)
FOLIVANE-OB	P	
GNP PRENATAL TABS	P	QL(1 ea daily)
JENLIVA PRENATAL/POSTNATAL CAPS	P	QL(1 ea daily)
KOSHER PRENATAL PLUS IRON TABS	P	
KP PRENATAL MULTIVITAMINS TABS	P	QL(1 ea daily)
KPN PRENATAL TABS	P	QL(1 ea daily)
MASONATAL TABS	P	QL(1 ea daily)
M-NATAL PLUS TABS	P	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	P	QL(1 ea daily)
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	P	
NATALVIT TABS	P	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	P	
NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	P	RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	P	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	P	QL(1 ea daily); RX/OTC
NEONATAL PRENATAL VITAMIN TABS	P	QL(1 ea daily)
NEONATAL VITAMIN TABS	P	QL(1 ea daily)
NESTABS	P	
NESTABS DHA	P	
NESTABS ONE	P	
NIVA-PLUS TABS	P	QL(1 ea daily); RX/OTC
OB COMPLETE ONE	P	
OB COMPLETE PETITE	P	
OB COMPLETE PREMIER	P	
OB COMPLETE/DHA	P	
OB COMPLETE TABS	P	
OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	P	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	P	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PNV PRENATAL PLUS MULTIVITAMIN + DHA MISC	P	
PNV-DHA+DOCUSATE	P	
PNV-OMEGA	P	
PREMESISRX	P	
PRENA 1 TRUE	P	
PRENA1 CHEW	P	
PRENA1 PEARL	P	
PRENAISSANCE	P	
PRENAISSANCE PLUS CAPS	P	
PRENATABS FA TABS	P	RX/OTC
PRENATAL 19 CHEW	P	
PRENATAL 19 TABS	P	RX/OTC
PRENATAL MULTIVITAMIN TABS	P	QL(1 ea daily)
PRENATAL ONE DAILY TABS	P	QL(1 ea daily)
PRENATAL PLUS VITAMIN ANDMINERAL TABS	P	QL(1 ea daily); RX/OTC
PRENATAL PLUS TABS	P	QL(1 ea daily); RX/OTC
prenatal vit w/ docusate-fe fumarate-folic acid TABS	P	RX/OTC
prenatal vit w/ docusate-iron carbonyl-folic acid TABS	P	
prenatal vit w/ ferrous fumarate-folic acid CHEW	P	
prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG	P	
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG, 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	P	
PRENATAL VITAMIN & MINERAL TABS	P	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	P	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	P	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	QL(1 ea daily)
PRENATAL VITAMIN TABS	P	QL(1 ea daily)
PRENATAL TABS	P	QL(1 ea daily)
PRENATAL-U CAPS	P	
PRENATE	P	
PRENATE AM	P	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	P	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	P	
PRENATE ENHANCE	P	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	P	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	P	
PRENATE PIXIE	P	
PRENATE RESTORE	P	
PRENATRIX TABS	P	QL(1 ea daily); RX/OTC
PRENATRYL TABS	P	QL(1 ea daily); RX/OTC
PREPLUS TABS	P	QL(1 ea daily); RX/OTC
PRIMACARE	P	
PROVIDA OB	P	
PX PRENATAL MULTIVITAMINS TABS	P	QL(1 ea daily)
QC PRENATAL TABS	P	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	P	QL(1 ea daily)
RA PRENATAL TABS	P	QL(1 ea daily)
RELNATE DHA CAPS	P	
SELECT-OB+DHA MISC	P	
SELECT-OB CHEW	P	
SE-NATAL 19 CHEW	P	
SE-NATAL 19 TABS	P	RX/OTC
SM PRENATAL VITAMINS TABS	P	QL(1 ea daily)
TARON-C DHA	P	
THERANATAL CORE NUTRITION TABS	P	QL(1 ea daily); RX/OTC
THRIVITE RX TABS	P	RX/OTC
TRICARE TABS	P	QL(1 ea daily); RX/OTC
TRINATAL RX 1 TABS	P	
TRISTART DHA	P	
TRISTART ONE	P	
VINATE DHA RF	P	
VINATE II	P	
VINATE ONE TABS	P	
VIRT-C DHA	P	
VIRT-NATE DHA CAPS	P	
VITAFOL GUMMIES	P	
VITAFOL ULTRA	P	
VITAFOL-NANO	P	
VITAFOL-OB+DHA MISC	P	
VITAFOL-OB TABS	P	
VITAFOL-ONE CAPS	P	
VITAMEDMD ONE RX/QUATREFOLIC	P	
VITAMEDMD REDICHEW RX	P	
VITAPEARL	P	
VITATHELY/GINGER TABS	P	QL(1 ea daily); RX/OTC
VITATRUE	P	
VIVA DHA CAPS	P	
VP-PNV-DHA CAPS	P	
WESCAP-C DHA	P	
WESNATAL DHA COMPLETE	P	
WESNATE DHA CAPS	P	
WESTAB PLUS TABS	P	QL(1 ea daily); RX/OTC
WESTGEL DHA	P	
ZATEAN-PN PLUS	P	
Vitamins w/ Lipotropics		
vitamins w/ lipotropics CAPS	P	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		

Drug Name	Drug Tier	Requirements/ Limits
baclofen TABS 10 MG, 20 MG	P	MP
chlorzoxazone TABS 500 MG	P	
cyclobenzaprine hcl TABS 7.5 MG	P	
cyclobenzaprine hcl TABS 5 MG, 10 MG	P	QL(3 ea daily)
metaxalone 800 MG	P	
methocarbamol SOLN	P	
methocarbamol TABS 500 MG, 750 MG	P	
orphenadrine citrate TB12	P	
ROBAXIN SOLN *(Use methocarbamol)*	NP	
SKELAXIN *(Use metaxalone)*	NP	
tizanidine hcl CAPS	P	
tizanidine hcl TABS	P	
ZANAFLEX CAPS *(Use tizanidine hcl)*	NP	
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM IV SOLR *(Use dantrolene sodium)*	NP	
DANTRIUM CAPS 25 MG *(Use dantrolene sodium)*	NP	
dantrolene sodium CAPS 25 MG, 50 MG	P	
dantrolene sodium SOLR	P	
Viscosupplements		
EUFLEXXA SOSY	P	SP; PA
HYALGAN SOSY	P	SP; PA
MONOVISC	P	SP; PA
ORTHOVISC	P	SP; PA
SYNOJOYNT SOSY	P	SP; PA
SYNVISC ONE SOSY	P	SP; PA
SYNVISC SOSY	P	SP; PA
TRILURON SOSY	P	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	QL(90 ml per fill retail)
OCEAN NASAL SPRAY SOLN *(Use saline)*	NP	QL(90 ml per fill retail)
saline SOLN	P	QL(90 ml per fill retail)
Nasal Antiallergy		
azelastine hcl	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s); RX/OTC
cromolyn sodium (nasal) 5.2 MG/ACT	P	QL(26 ml per fill retail)
NASALCROM *(Use cromolyn sodium (nasal))*	NP	QL(26 ml per fill retail)
olopatadine hcl (nasal)	P	
PATANASE *(Use olopatadine hcl (nasal))*	NP	
Nasal Anticholinergics		
ipratropium bromide (nasal)	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP *(Use fluticasone propionate (nasal))*	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP *(Use fluticasone propionate (nasal))*	NP	QL(16 ml per fill retail); RX/OTC
flunisolide (nasal) 0.025 %	P	QL(25 ml per fill retail)
fluticasone propionate (nasal) SUSP	P	QL(16 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
mometasone furoate (nasal) SUSP	P	QL(17 gm per fill retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO *(Use triamcinolone acetonide (nasal))*	NP	QL(17 ml per fill retail); AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO *(Use triamcinolone acetonide (nasal))*	NP	QL(17 ml per fill retail); AL(At least 2 yrs old)
NASONEX 24HR SUSP	P	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
triamcinolone acetonide (nasal) AERO	P	QL(17 ml per fill retail); AL(At least 2 yrs old)
Sympathomimetic Decongestants		
ADRENALIN 0.1 % *(Use epinephrine hcl (nasal))*	NP	
epinephrine hcl (nasal)	P	
phenylephrine hcl (oral) TABS	P	QL(24 ea per fill retail)
SUDAFED PE SINUS CONGESTION TABS *(Use phenylephrine hcl (oral))*	NP	QL(24 ea per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS *(Use riluzole)*	NP	
riluzole TABS	P	
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids CAPS	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	P	QL(3 ml daily)
polyvinyl alcohol 1.4 %	P	QL(15 ml per fill retail)
SYSTANE ULTRA SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	NP	QL(3 ml daily)
SYSTANE SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	NP	QL(3 ml daily)
white petrolatum-mineral oil	P	QL(4 gm per fill retail)
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	P	QL(10 ml per fill retail)
carteolol hcl (ophth)	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
COSOPT *(Use dorzolamide hcl-timolol maleate)*	NP	QL(10 ml per fill retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE	P	QL(10 ml per fill retail)
dorzolamide hcl-timolol maleate	P	QL(10 ml per fill retail)
levobunolol hcl 0.5 %	P	QL(10 ml per fill retail)
timolol maleate (ophth) SOLG 0.5 %	P	QL(5 ml per fill retail)
timolol maleate (ophth) SOLN 0.25 %	P	QL(10 ml per fill retail)
timolol maleate (ophth) SOLN 0.5 %	P	QL(15 ml per fill retail)
timolol maleate (ophth) SOLN	P	QL(60 ea per fill retail)
TIMOPTIC OCUDOSE SOLN *(Use timolol maleate (ophth))*	NP	QL(60 ea per fill retail)
TIMOPTIC SOLN 0.25 % *(Use timolol maleate (ophth))*	NP	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC SOLN 0.5 % *(Use timolol maleate (ophth))*	NP	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG 0.5 % *(Use timolol maleate (ophth))*	P	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	P	QL(4 gm per fill retail)
atropine sulfate (ophthalmic) SOLN	P	QL(15 ml per fill retail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 ea per fill retail)
ATROPINE SULFATE SOLN 1 % *(Use atropine sulfate (ophthalmic))*	NP	QL(15 ml per fill retail)
CYCLOGYL *(Use cyclopentolate hcl)*	NP	QL(15 ml per fill retail)
CYCLOGYL 2 %	P	
CYCLOGYL 0.5 %	P	QL(15 ml per fill retail)
cyclopentolate hcl 2 %	P	
cyclopentolate hcl 0.5 %, 1 %	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	QL(15 ml per fill retail)
MYDRIACYL SOLN *(Use tropicamide)*	NP	QL(15 ml per fill retail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	P	QL(15 ml per fill retail)
tropicamide SOLN	P	QL(15 ml per fill retail)
Miotics		
ISOPTO CARPINE SOLN 1 %, 2 % *(Use pilocarpine hcl)*	NP	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	P	
Ophthalmic Adrenergic Agents		
ALPHAGAN P 0.15 % *(Use brimonidine tartrate)*	NP	
apraclonidine hcl	P	
brimonidine tartrate 0.15 %	P	
brimonidine tartrate 0.2 %	P	QL(15 ml per fill retail)
IOPIDINE	P	
Ophthalmic Anti-infectives		
bacitracin (ophthalmic)	P	
bacitracin-polymyxin b (ophth)	P	QL(4 gm per fill retail)
BLEPH-10 SOLN *(Use sulfacetamide sodium (ophth))*	NP	QL(15 ml per fill retail)
CILOXAN OINT	P	
CILOXAN SOLN *(Use ciprofloxacin hcl (ophth))*	NP	
ciprofloxacin hcl (ophth) SOLN	P	
ERYTHROMYCIN	P	QL(4 gm per fill retail)
erythromycin (ophth)	P	QL(4 gm per fill retail)
gatifloxacin (ophth)	P	
gentamicin sulfate (ophth) OINT	P	QL(4 gm per fill retail)
gentamicin sulfate (ophth) SOLN	P	QL(15 ml per fill retail)
moxifloxacin hcl (ophth) SOLN OP	P	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin	P	QL(4 gm per fill retail)
neomycin-polymyxin-gramicidin	P	QL(10 ml per fill retail)
OCUFLOX *(Use ofloxacin (ophth))*	NP	QL(10 ml per fill retail)
ofloxacin (ophth)	P	QL(10 ml per fill retail)
polymyxin b-trimethoprim	P	QL(10 ml per fill retail)
POLYTRIM *(Use polymyxin b-trimethoprim)*	NP	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) OINT	P	

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium (ophth) SOLN	P	QL(15 ml per fill retail)
tobramycin (ophth) SOLN	P	QL(5 ml per fill retail)
TOBREX OINT	P	QL(4 gm per fill retail)
trifluridine	P	QL(8 ml per fill retail)
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	NP	QL(3 ml per fill retail)
ZYMAXID *(Use gatifloxacin (ophth))*	NP	
Ophthalmic Decongestants		
tetrahydrozoline hcl (ophth) 0.05 %	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
VISINE RED EYE COMFORT *(Use tetrahydrozoline hcl (ophth))*	NP	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
Ophthalmic Local Anesthetics		
ALCAINE *(Use proparacaine hcl)*	NP	
proparacaine hcl	P	
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	P	QL(4 gm per fill retail)
BLEPHAMIDE SUSP	P	QL(10 ml per fill retail)
dexamethasone sodium phosphate (ophth)	P	QL(5 ml per fill retail)
fluorometholone (ophth) SUSP	P	QL(15 ml per fill retail)
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	NP	QL(15 ml per fill retail)
FML OINT	P	QL(4 gm per fill retail)
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	NP	QL(4 gm per fill retail)
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	NP	QL(5 ml per fill retail)
neomycin-polymy-dexameth OINT	P	QL(4 gm per fill retail)
neomycin-polymy-dexameth SUSP	P	QL(5 ml per fill retail)
neomycin-polymyxin-hc (ophth)	P	QL(8 ml per fill retail)
PRED FORTE *(Use prednisolone acetate (ophth))*	NF	
PRED MILD	P	QL(10 ml per fill retail)
PRED-G SUSP	P	QL(5 ml per fill retail)
prednisolone acetate (ophth)	P	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
sulfacetamide sod-prednisolone SOLN	P	QL(10 ml per fill retail)
TOBRADEX OINT	P	QL(4 gm per fill retail)
TOBRADEX SUSP *(Use tobramycin-dexamethasone)*	NP	QL(10 ml per fill retail)
tobramycin-dexamethasone SUSP	P	QL(10 ml per fill retail)
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	NP	QL(10 ml per fill retail)
ACULAR LS *(Use ketorolac tromethamine (ophth))*	NP	
ALOCRIL	P	QL(5 ml per fill retail)
ALOMIDE	P	QL(10 ml per fill retail)
azelastine hcl (ophth)	P	QL(6 ml per fill retail)
AZOPT *(Use brinzolamide)*	NP	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
brinzolamide	P	QL(15 ml per fill retail)
BSS PLUS SOLN	NP	
BSS SOLN	NP	
cromolyn sodium (ophth)	P	QL(10 ml per fill retail)
diclofenac sodium (ophth)	P	QL(5 ml per fill retail)
dorzolamide hcl	P	QL(10 ml per fill retail)
DORZOLAMIDE HCL	P	QL(10 ml per fill retail)
epinastine hcl (ophth)	P	
flurbiprofen sodium	P	QL(3 ml per fill retail)
ketorolac tromethamine (ophth) 0.4 %	P	
ketorolac tromethamine (ophth) 0.5 %	P	QL(10 ml per fill retail)
ketotifen fumarate (ophth) 0.035 %	P	QL(10 ml per fill retail)
olopatadine hcl	P	RX/OTC
PATADAY *(Use olopatadine hcl)*	NP	RX/OTC
TRUSOPT *(Use dorzolamide hcl)*	NP	QL(10 ml per fill retail)
ZADITOR 0.035 % *(Use ketotifen fumarate (ophth))*	NP	QL(10 ml per fill retail)
Prostaglandins - Ophthalmic		
latanoprost SOLN	P	QL(3 ml per fill retail)
LATANOPROST SOLN	P	QL(3 ml per fill retail)
XALATAN SOLN *(Use latanoprost)*	NP	QL(3 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ml per fill retail)
carbamide peroxide (otic) 6.5 %	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
DEBROX 6.5 % *(Use carbamide peroxide (otic))*	NP	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
Otic Anti-infectives		
ofloxacin (otic)	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX *(Use ciprofloxacin-dexamethasone)*	NP	
ciprofloxacin-dexamethasone	P	
neomycin-polymyxin-hc (otic) SOLN	P	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) SUSP	P	QL(10 ml per fill retail)
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	NP	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
fluocinolone acetonide (otic)	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
hydrocortisone w/acetic acid	P	QL(10 ml per fill retail)
HYDROCORTISONE/ACETIC ACID *(Use hydrocortisone w/acetic acid)*	NP	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	P	
oxytocin	P	
PITOCIN *(Use oxytocin)*	NP	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/ Limits
BEYFORTUS	P	SP; PA
SYNAGIS SOLN	P	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	P	
amoxicillin CHEW 125 MG, 250 MG	P	
amoxicillin SUSR	P	
amoxicillin TABS 875 MG	P	
ampicillin CAPS 500 MG	P	
Natural Penicillins		
penicillin g potassium	P	
penicillin v potassium SOLR	P	
penicillin v potassium TABS	P	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 42.9 MG/5ML-600 MG/5ML, 62.5 MG/5ML-250 MG/5ML	P	2 rtl pack lmt per fill
amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML	P	
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG	P	QL(20 ea per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-250 MG	P	QL(30 ea per fill retail)
amoxicillin & pot clavulanate TB12	P	Limit 40 per 30 days; QL(1.34 ea daily)
ampicillin & sulbactam sodium IV 10 GM-5 GM	P	
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	NP	2 rtl pack lmt per fill
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	NP	QL(20 ea per fill retail)
piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM, 36 GM-4.5 GM, 4 GM-0.5 GM	P	
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM *(Use ampicillin & sulbactam sodium)*	NP	
UNASYN BULK PACK IV *(Use ampicillin & sulbactam sodium)*	NP	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
RESOURCE THICKENUP POWD	P	
starch-maltodextrin (thickening) POWD	P	
THICK-IT #2 POWD	P	
THICK-IT ORIGINAL POWD *(Use starch-maltodextrin (thickening))*	NP	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS *(Use norethindrone acetate)*	NP	
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	P	MP

Drug Name	Drug Tier	Requirements/ Limits
megestrol acetate (appetite)	P	
norethindrone acetate TABS	P	
progesterone CAPS 200 MG	P	QL(2 ea daily)
progesterone CAPS 100 MG	P	QL(1 ea daily)
PROMETRIUM CAPS 200 MG *(Use progesterone)*	NP	QL(2 ea daily)
PROMETRIUM CAPS 100 MG *(Use progesterone)*	NP	QL(1 ea daily)
PROVERA *(Use medroxyprogesterone acetate)*	NP	MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	P	
disulfiram	P	
LUCEMYRA	P	14 rtl MAX day(s) supply; 30 rtl lmt day(s); QL(16 ea daily)
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	NP	SP; PA
XYREM SOLN	NP	SP; PA
Antidementia Agents		
ARICEPT TABS 23 MG *(Use donepezil hydrochloride)*	NP	
ARICEPT TABS 5 MG, 10 MG *(Use donepezil hydrochloride)*	NP	QL(1 ea daily); MP
donepezil hydrochloride TABS 23 MG	P	
donepezil hydrochloride TABS 5 MG, 10 MG	P	QL(1 ea daily); MP
donepezil hydrochloride TBDP	P	
EXELON *(Use rivastigmine)*	NP	QL(1 ea daily)
galantamine hydrobromide CP24	P	QL(1 ea daily)
galantamine hydrobromide SOLN	P	QL(6 ml daily)
galantamine hydrobromide TABS	P	QL(2 ea daily)
memantine hcl CP24	P	
memantine hcl SOLN	P	QL(10 ml daily)
memantine hcl TABS	P	QL(2 ea daily); MP
memantine hcl TABS	P	1 rtl pack lmt amt; 28 rtl pack lmt day(s)
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NP	1 rtl pack lmt amt; 28 rtl pack lmt day(s)
NAMENDA XR CP24 *(Use memantine hcl)*	NP	
NAMENDA TABS *(Use memantine hcl)*	NP	QL(2 ea daily); MP
NAMZARIC C4PK	P	
NAMZARIC CP24	P	
RAZADYNE ER CP24 *(Use galantamine hydrobromide)*	NP	QL(1 ea daily)
rivastigmine	P	QL(1 ea daily)
rivastigmine tartrate CAPS	P	QL(2 ea daily)
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	P	
LYBALVI	P	MP
olanzapine-fluoxetine hcl	P	AL(At least 10 yrs old)
perphenazine-amitriptyline	P	QL(4 ea daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(Use olanzapine-fluoxetine hcl)*	NP	AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 days retail); PA
SAVELLA TABS	P	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
tetrabenazine	P	SP; MP; PA
XENAZINE *(Use tetrabenazine)*	NP	SP; MP; PA
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	NP	SP; PA
AUBAGIO *(Use teriflunomide)*	NP	QL(1 ea daily); SP
AVONEX PEN AJKT	P	SP; PA
AVONEX PSKT	P	SP; PA
COPAXONE SOSY *(Use glatiramer acetate)*	NP	SP
dalfampridine	P	SP; PA
dimethyl fumarate CDPK	P	SP
dimethyl fumarate CPDR	P	SP
EXTAVIA KIT	P	SP; MP; PA
fingolimod hcl	P	QL(1 ea daily); SP
GILENYA 0.5 MG	P	QL(1 ea daily); SP
GILENYA *(Use fingolimod hcl)*	NP	QL(1 ea daily); SP
glatiramer acetate SOSY	P	SP
PLEGRIDY STARTER PACK SOPN	P	SP; PA
PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
PLEGRIDY SOPN	P	SP; PA
PLEGRIDY SOSY SC	P	SP; PA
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA
REBIF REBIDOSE SOAJ	P	SP; PA
REBIF TITRATION PACK SOSY	P	SP; PA
REBIF SOSY	P	SP; PA
TECFIDERA STARTER PACK CDPK *(Use dimethyl fumarate)*	NP	SP
TECFIDERA CPDR *(Use dimethyl fumarate)*	NP	SP
teriflunomide	P	QL(1 ea daily); SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
CONVENIENCE PAK	P	
LYRICA CR *(Use pregabalin (once-daily))*	NP	QL(2 ea daily)
pregabalin (once-daily)	P	QL(2 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	P	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	P	
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	P	
pimozide	P	AL(At least 7 yrs old)
Smoking Deterrents		
APO-VARENICLINE TABS	P	QL(2 ea daily)
bupropion hcl (smoking deterrent)	P	QL(2 ea daily)
NICODERM CQ PT24 TD *(Use nicotine)*	NP	
NICORETTE MINI LOZG *(Use nicotine polacrilex)*	NP	
NICORETTE STARTER KIT GUM *(Use nicotine polacrilex)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE GUM *(Use nicotine polacrilex)*	NP	
NICORETTE LOZG *(Use nicotine polacrilex)*	NP	
nicotine polacrilex GUM	P	
nicotine polacrilex LOZG	P	
NICOTINE TRANSDERMAL SYSTEM KIT	P	
nicotine MISC XX	P	
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	P	
NICOTROL INHALER INHA	P	
NICOTROL NS SOLN	P	
varenicline tartrate TABS	P	QL(2 ea daily)
varenicline tartrate TBPK	P	
Transthyretin Amyloidosis Agents		
ONPATTRO	P	SP; PA
Vasomotor Symptom Agents		
BRISDELLE *(Use paroxetine mesylate (vasomotor))*	NP	
paroxetine mesylate (vasomotor)	P	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	P	SP; MP; PA
KALYDECO TABS	P	SP; PA
ORKAMBI PACK	P	SP; PA
ORKAMBI TABS	P	SP; PA
PULMOZYME	P	SP
SYMDEKO 150 MG-100 MG	P	SP; PA
TRIKAFTA TBPK	P	QL(3 ea daily); SP; PA
TRIKAFTA THPK	P	1 rtl pack lmt amt; 28 rtl pack lmt day(s); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	NP	SP; PA
ESBRIET TABS *(Use pirfenidone)*	NP	SP; PA
pirfenidone CAPS	P	SP; PA
pirfenidone TABS	P	SP; MP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS *(Use doxycycline hyclate)*	NP	
DORYX TBEC 80 MG *(Use doxycycline hyclate)*	NF	
DORYX TBEC 50 MG, 200 MG *(Use doxycycline hyclate)*	NP	
doxycycline (monohydrate) CAPS 75 MG, 100 MG	P	
doxycycline (monohydrate) SUSR	P	
doxycycline (monohydrate) TABS	P	
doxycycline hyclate CAPS	P	
doxycycline hyclate TABS 75 MG, 100 MG, 150 MG	P	
doxycycline hyclate TABS 75 MG, 100 MG, 150 MG	P	
doxycycline hyclate TBEC 50 MG, 200 MG	P	
minocycline hcl CAPS	P	
minocycline hcl TB24 65 MG, 115 MG	P	
SOLODYN TB24 65 MG, 115 MG *(Use minocycline hcl)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
tetracycline hcl CAPS	P	
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	NP	
VIBRAMYCIN SUSR *(Use doxycycline (monohydrate))*	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	P	MP
propylthiouracil	P	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS *(Use liothyronine sodium)*	NP	MP
levothyroxine sodium TABS	P	MP
liothyronine sodium SOLN	P	
liothyronine sodium TABS	P	MP
NIVA THYROID TABS	P	
NP THYROID 120 TABS	P	
NP THYROID 15 TABS	P	
NP THYROID 30 TABS	P	
NP THYROID 60 TABS	P	
NP THYROID 90 TABS	P	
SYNTHROID TABS *(Use levothyroxine sodium)*	NP	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TRIOSTAT SOLN *(Use liothyronine sodium)*	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	
QUADRACEL SUSY	P	
TDVAX SUSP	P	
TENIVAC INJ	P	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	P	
VAXELIS SUSP	P	
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP *(Use hyoscyamine sulfate)*	NP	
BENTYL SOLN IM *(Use dicyclomine hcl)*	NP	
chlordiazepoxide hcl-clidinium bromide	P	
dicyclomine hcl CAPS	P	
dicyclomine hcl SOLN IM	P	
dicyclomine hcl SOLN OR	P	QL(40 ml daily)
dicyclomine hcl TABS	P	
DONNATAL TABS *(Use phenobarbital-hyoscyamine-atropine-scopolamine)*	NP	
glycopyrrolate SOLN IJ	P	

Drug Name	Drug Tier	Requirements/ Limits
glycopyrrolate TABS 1 MG, 2 MG	P	QL(4 ea daily)
hyoscyamine sulfate ELIX	P	
hyoscyamine sulfate SOLN OR 0.125 MG/ML	P	
hyoscyamine sulfate SUBL 0.125 MG	P	
hyoscyamine sulfate TABS 0.125 MG	P	
hyoscyamine sulfate TB12 0.375 MG	P	QL(4 ea daily)
hyoscyamine sulfate TBDP 0.125 MG	P	
LEVBID TB12 *(Use hyoscyamine sulfate)*	NP	QL(4 ea daily)
LEVSIN/SL SUBL *(Use hyoscyamine sulfate)*	NP	
LEVSIN TABS *(Use hyoscyamine sulfate)*	NP	
LIBRAX *(Use chlordiazepoxide hcl-clidinium bromide)*	NP	
methscopolamine bromide	P	
phenobarbital-hyoscyamine-atropine-scopolamine TABS	P	
ROBINUL FORTE TABS *(Use glycopyrrolate)*	NP	QL(4 ea daily)
ROBINUL TABS *(Use glycopyrrolate)*	NP	QL(4 ea daily)
H-2 Antagonists		
cimetidine hcl OR 300 MG/5ML	P	QL(27 ml daily)
cimetidine TABS	P	RX/OTC
famotidine SUSR	P	
famotidine TABS	P	MP
PEPCID AC MAXIMUM STRENGTH TABS *(Use famotidine)*	NP	MP; RX/OTC
PEPCID AC TABS *(Use famotidine)*	NP	MP; RX/OTC
PEPCID TABS *(Use famotidine)*	NP	MP; RX/OTC
TAGAMET HB 200 TABS *(Use cimetidine)*	NP	RX/OTC
TAGAMET HB TABS *(Use cimetidine)*	NP	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP *(Use sucralfate)*	NP	QL(420 ml per fill retail); AL(Up to 6 yrs old)
CARAFATE TABS *(Use sucralfate)*	NP	QL(4 ea daily)
sucralfate SUSP	P	QL(420 ml per fill retail); AL(Up to 6 yrs old)
sucralfate TABS	P	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC *(Use rabeprazole sodium)*	NP	PA
esomeprazole magnesium CPDR 20 MG	P	RX/OTC
lansoprazole CPDR 30 MG	P	
lansoprazole CPDR 15 MG	P	QL(4 ea daily); RX/OTC
lansoprazole TBDD	P	PA
NEXIUM 24HR CLEAR MINIS CPDR *(Use esomeprazole magnesium)*	NP	RX/OTC
NEXIUM 24HR CPDR *(Use esomeprazole magnesium)*	NP	RX/OTC
NEXIUM CPDR 20 MG *(Use esomeprazole magnesium)*	NP	RX/OTC
OMEPRAZOLE DELAYED RELEASE TAB 20MG	P	QL(1 ea daily);
omeprazole magnesium CPDR	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
omeprazole CPDR 20 MG, 40 MG	P	QL(1 ea daily)
omeprazole CPDR 10 MG	P	
omeprazole TBEC	P	QL(1 ea daily)
pantoprazole sodium TBEC 20 MG	P	QL(1 ea daily)
pantoprazole sodium TBEC 40 MG	P	QL(2 ea daily)
PREVACID 24HR CPDR *(Use lansoprazole)*	NP	QL(4 ea daily); RX/OTC
PREVACID SOLUTAB TBDD *(Use lansoprazole)*	NP	PA
PREVACID CPDR 30 MG *(Use lansoprazole)*	NP	
PROTONIX TBEC 40 MG *(Use pantoprazole sodium)*	NP	QL(2 ea daily)
PROTONIX TBEC 20 MG *(Use pantoprazole sodium)*	NP	QL(1 ea daily)
rabeprazole sodium TBEC	P	PA
Ulcer Drugs - Prostaglandins		
CYTOTEC *(Use misoprostol)*	NP	
misoprostol	P	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	P	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	P	
DETROL LA CP24 *(Use tolterodine tartrate)*	NP	QL(1 ea daily)
DETROL TABS *(Use tolterodine tartrate)*	NP	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG *(Use oxybutynin chloride)*	NP	QL(2 ea daily); MP
oxybutynin chloride TABS	P	QL(3 ea daily); MP
oxybutynin chloride TB24	P	QL(2 ea daily); MP
tolterodine tartrate CP24	P	QL(1 ea daily)
tolterodine tartrate TABS	P	QL(2 ea daily)
trospium chloride TABS	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	P	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	P	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	
MENVEO SOLN	P	
MENVEO SOLR	P	
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PNEUMOVAX 23	P	
PNEUMOVAX 23/1 DOSE	P	
PREVNAR 13	P	
PREVNAR 20	P	
TRUMENBA	P	
TYPHIM VI SOLN	P	
TYPHIM VI SOSY	P	
VAXCHORA	P	
VAXNEUVANCE	P	
VIVOTIF	P	

Drug Name	Drug Tier	Requirements/ Limits
Viral Vaccines		
ABRYSVO	P	
ACAM2000	P	
AFLURIA QUADRIVALENT 2021-2022 SUSP	P	
AFLURIA QUADRIVALENT 2021-2022 SUSY	P	
AFLURIA QUADRIVALENT 2022-2023 SUSP	P	
AFLURIA QUADRIVALENT 2022-2023 SUSY	P	
AFLURIA QUADRIVALENT 2023-2024 SUSP	P	
AFLURIA QUADRIVALENT 2023-2024 SUSY	P	
AREXVY	P	
COMIRNATY 2023-24 SUSP	P	
COMIRNATY 2023-24 SUSY	P	
COMIRNATY SUSP	P	
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 rtl MAX fill; 999 rtl day(s) supply
ENGERIX-B SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply
FLUAD QUADRIVALENT 2021-2022	P	
FLUAD QUADRIVALENT 2022-2023	P	
FLUAD QUADRIVALENT 2023-2024	P	
FLUARIX QUADRIVALENT 2021-2022 SUSY	P	
FLUARIX QUADRIVALENT 2022-2023 SUSY	P	
FLUARIX QUADRIVALENT 2023-2024 SUSY	P	
FLUBLOK QUADRIVALENT 2021-2022	P	
FLUBLOK QUADRIVALENT 2022-2023	P	
FLUBLOK QUADRIVALENT 2023-2024	P	
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	P	
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	P	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	P	
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	P	
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	P	
FLULAVAL QUADRIVALENT 2021-2022 SUSY	P	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	P	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	P	
FLUMIST QUADRIVALENT	P	

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2021-2022	P	
FLUZONE HIGH-DOSE PF 2022-2023	P	
FLUZONE HIGH-DOSE PF 2023-2024	P	
FLUZONE QUADRIVALENT 2021-2022 SUSP	P	
FLUZONE QUADRIVALENT 2021-2022 SUSY	P	
FLUZONE QUADRIVALENT 2022-2023 SUSP	P	
FLUZONE QUADRIVALENT 2022-2023 SUSY	P	
FLUZONE QUADRIVALENT 2023-2024 SUSP	P	
FLUZONE QUADRIVALENT 2023-2024 SUSY	P	
GARDASIL 9 SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
GARDASIL 9 SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)
HAVRIX	P	
HEPLISAV-B SOSY	P	3 rtl MAX fill; 999 rtl day(s) supply
IMOVAX RABIES (H.D.C.V.) SUSR	P	
IPOL INACTIVATED IPV	P	
IXIARO	P	
JANSSEN COVID-19 VACCINE	P	
JYNNEOS	P	
M-M-R II SOLR	P	

Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	P	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P	
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y	P	
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	P	
MODERNA COVID-19 VACCINE6-11Y SUSP	P	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	P	
MODERNA COVID-19 VACCINE SUSP	P	
NOVAVAX COVID-19 VACCINE	P	
NOVAVAX COVID-19 VACCINE/2023-24	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P	

Drug Name	Drug Tier	Requirements/ Limits
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	P	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	P	
PFIZER-BIONTECH COVID-19VACCINE SUSP	P	
PREHEVBRIO	P	3 rtl MAX fill; 999 rtl day(s) supply
PRIORIX SUSR	P	
PROQUAD SUSR	P	
RABAVERT	P	
RECOMBIVAX HB SUSP	P	3 rtl MAX fill; 999 rtl day(s) supply
RECOMBIVAX HB SUSY	P	3 rtl MAX fill; 999 rtl day(s) supply
ROTARIX SUSP	P	
ROTARIX SUSR	P	
ROTATEQ SOLN	P	
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	P	
SHINGRIX	P	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	
SPIKEVAX COVID-19 VACCINE SUSP	P	
STAMARIL SUSR	P	
TICOVAC	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX INJ	P	2 rtl MAX fill; 999 rtl day(s) supply
YF-VAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	P	
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	P	
TODAY SPONGE MISC	P	
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	
VCF VAGINAL CONTRACEPTIVEGEL GEL	P	
Vaginal Anti-infectives		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	NP	QL(40 gm per fill retail)
clindamycin phosphate vaginal CREA	P	QL(40 gm per fill retail)
clotrimazole vaginal CREA 1 %	P	QL(45 gm per fill retail)
clotrimazole vaginal CREA 2 %	P	QL(20 gm per fill retail)
GYNAZOLE-1	P	
metronidazole vaginal	P	QL(70 gm per fill retail)
miconazole nitrate vaginal CREA 4 %	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
miconazole nitrate vaginal CREA 2 %	P	QL(45 gm per fill retail)
miconazole nitrate vaginal KIT	P	QL(1 ea per fill retail)
miconazole nitrate vaginal SUPP 100 MG	P	QL(7 ea per fill retail)
miconazole nitrate vaginal SUPP 200 MG	P	QL(3 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT 1 COMBO PACK KIT *(Use miconazole nitrate vaginal)*	NP	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT *(Use miconazole nitrate vaginal)*	NP	
MONISTAT 3 COMBINATION PACK KIT *(Use miconazole nitrate vaginal)*	NP	QL(1 gm per fill retail)
MONISTAT 3 CREA *(Use miconazole nitrate vaginal)*	NP	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
MONISTAT 7 SIMPLY CURE CREA *(Use miconazole nitrate vaginal)*	NP	QL(45 gm per fill retail)
terconazole vaginal CREA 0.4 %	P	QL(45 gm per fill retail)
terconazole vaginal CREA 0.8 %	P	QL(20 gm per fill retail)
terconazole vaginal SUPP	P	QL(3 ea per fill retail)
tioconazole vaginal 6.5 %	P	QL(5 gm per fill retail)
VANDAZOLE	P	QL(70 gm per fill retail)
Vaginal Contraceptive - pH Modulators		
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	NP	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
estradiol vaginal CREA	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
estradiol vaginal TABS	P	
PREMARIN	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
VAGIFEM TABS *(Use estradiol vaginal)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(4 ea per 365 days retail)
epinephrine (anaphylaxis) SOAJ	P	QL(4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NP	QL(4 ea per 365 days retail)
EPIPEN-JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	NP	QL(4 ea per 365 days retail)
Vasopressors		
EPINEPHRINE HCL SOLN IJ	P	
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD OR *(Use cholecalciferol)*	NP	
cholecalciferol CAPS 125 MCG, 5000 UNIT	P	QL(2 ea daily)
cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	P	Limit 8 per month; QL(0.267 ea daily)
cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT	P	
cholecalciferol CHEW 400 UNIT	P	
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML	P	
cholecalciferol TABS 10 MCG, 400 UNIT	P	
DRISDOL CAPS *(Use ergocalciferol)*	NP	

Drug Name	Drug Tier	Requirements/ Limits
D-VI-SOL LIQD OR *(Use cholecalciferol)*	NP	
ergocalciferol CAPS	P	
ergocalciferol SOLN OR	P	
MEPHYTON TABS *(Use phytonadione)*	NP	
phytonadione TABS 5 MG	P	
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT	P	QL(2 ea daily)
VITAMIN E CAPS 200 UNIT	P	QL(2 ea daily)
Water Soluble Vitamins		
ascorbic acid TABS	P	QL(100 ea per 34 days retail)
NIACIN TR TBCR	P	
niacin CPCR 250 MG, 500 MG	P	
niacin TABS 50 MG, 100 MG, 500 MG	P	
niacin TBCR 500 MG, 750 MG	P	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	P	
riboflavin TABS 50 MG, 100 MG	P	QL(100 ea per 34 days retail)
riboflavin TABS 25 MG	P	
SLO-NIACIN TBCR 500 MG, 750 MG *(Use niacin)*	NP	
thiamine hcl TABS	P	QL(100 ea per 34 days retail)
thiamine mononitrate TABS 100 MG	P	QL(100 ea per 34 days retail)

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ABILIFY TABS 20 MG, 30 MG (Use aripiprazole) 38

abiraterone acetate 32

ABRYSVO 97

ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin) 49

ACAM2000 97

acamprosate calcium 91

acarbose 19

ACCOLATE (Use zafirlukast) 12

ACCULA SARS-COV-2 59

ACCUPRIL (Use quinapril hcl) 26

ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide) 27

ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide) 27

ACCURETIC 25 MG-20 MG (Use quinapril-hydrochlorothiazide) 27

acebutolol hcl CAPS 42

acetaminophen CHEW 5

acetaminophen LIQD 160 MG/5ML 5

acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML 5

acetaminophen SUPP 120 MG, 650 MG 5

acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML 5

acetaminophen TABS 325 MG, 500 MG 5

acetaminophen w/ codeine SOLN 7

acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG 7

acetazolamide CP12 60

acetazolamide TABS 60

acetic acid (otic) 89

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ACIDOPHILUS CAP-MISC 22

ACIPHEX TBEC (Use rabeprazole sodium) 95

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ACNE MEDICATION 5 LOTN 49

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ACTEMRA SOLN 4

ACTEMRA SOSY 4

ACTHIB SOLR IM 96

ACTICLATE TABS (Use doxycycline hyclate) 93

ACTIMMUNE 34

ACTIQ LPOP (Use fentanyl citrate) 6

ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate) 63

ACTONEL TABS 150 MG (Use risedronate sodium) 61

ACTONEL TABS 35 MG (Use risedronate sodium) 61

ACTOPLUS MET TABS (Use pioglitazone hcl-metformin hcl) 19

ACTOS (Use pioglitazone hcl) 22

ACULAR (Use ketorolac tromethamine (ophth)) 88

ACULAR LS (Use ketorolac tromethamine (ophth)) 88

acyclovir CAPS 41

acyclovir SUSP 41

acyclovir TABS OR 41

acyclovir topical CREA 53

acyclovir topical OINT 53

ACZONE 5 % (Use dapsone (topical)) 49

ADACEL SUSP 94

ADALIMUMAB-ADAZ SOAJ 4

ADALIMUMAB-ADAZ SOSY 4

ADALIMUMAB-ADBM AJKT 4

ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT 4

ADALIMUMAB-ADBM PSKT 4

ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT 4

ADALIMUMAB-FKJP AJKT 4

ADALIMUMAB-FKJP PSKT 4

adapalene CREA 49

adapalene GEL 0.1 % 49

adapalene GEL 0.3 % 49

adapalene-benzoyl peroxide GEL 2.5 %-0.1 % 49
ADASUVE 36
ADDERALL TABS (Use amphetamine-dextroamphetamine) 1
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) 1
adefovir dipivoxil 41
ADLYXIN SOPN 21
ADLYXIN STARTER PACK PNKT 21
ADMELOG SOLN IJ 21
ADMELOG SOLOSTAR SOPN 21
ADRENALIN 0.1 % (Use epinephrine hcl (nasal)) 86
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG 94
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol) 12
ADVATE 66
ADVIL TABS (Use ibuprofen) 4
ADVIN COVID-19 ANTIGEN HOME TEST KIT 59
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AFINITOR TABS (Use everolimus) 33
AFLURIA QUADRIVALENT 2021-2022 SUSP 97
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AGRYLIN 0.5 MG (Use anagrelide hcl) 67
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ALA-SCALP LOTN 54
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albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML 12
albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML 12
ALBUTEROL SULFATE NEBU 12
albuterol sulfate SYRP 12
albuterol sulfate TABS 12
ALCAINE (Use proparacaine hcl) 88
alclometasone dipropionate CREA 54
ALCOHOL SWABS-MISC 75
ALDACTAZIDE (Use spironolactone & hydrochlorothiazide) 61
ALDACTONE TABS (Use spironolactone) 61
ALDARA (Use imiquimod) 57
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alendronate sodium TABS 35 MG, 70 MG 61
alendronate sodium TABS 5 MG, 10 MG 61
ALEVE ARTHRITIS TABS (Use naproxen sodium) 4
ALEVE TABS (Use naproxen sodium) 4
alfuzosin hcl 66
ALKERAN (Use melphalan hcl) 32
ALKERAN (Use melphalan) 32
ALLEGRA ALLERGY CHILDRENS SUSP (Use fexofenadine hcl) 24
ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl) 24
ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl) 24
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almotriptan malate 76
ALOCRIL 88
alogliptin benzoate 21
alogliptin-metformin hcl 1000 MG-12.5 MG 20
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alogliptin-pioglitazone 20
ALOMIDE 88
ALOPRIM (Use allopurinol sodium) 66
ALORA PTTW 63
alosetron hcl 65
ALPHAGAN P 0.15 % (Use brimonidine tartrate) 87
ALPHANATE SOLR 66
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT 66

alprazolam TABS 11

alprazolam TB24 0.5 MG, 1 MG, 2 MG 11

alprazolam TB24 3 MG 11

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alprostadil 79

ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril) 26

alum & mag hydrox-simethicone LIQD 9

alum & mag hydrox-simethicone SUSP 10

ALUMINUM HYDROXIDE SUSP 320 MG/5ML 10

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amantadine hcl SOLN 34

AMARYL 1 MG, 2 MG (Use glimepiride) 22

AMARYL 4 MG (Use glimepiride) 22

AMBIEN CR TBCR (Use zolpidem tartrate) 69

AMBIEN TABS (Use zolpidem tartrate) 69

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amlodipine besylate TABS 43

amlodipine besylate-atorvastatin calcium 44

amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG 28

amlodipine besylate-benazepril hcl 40 MG-10 MG, 40 MG-5 MG 28

amlodipine besylate-olmesartan medoxomil 28

amlodipine besylate-valsartan 28

amlodipine-valsartan-hydrochlorothiazide 28

amoxapine 19

amoxicillin & pot clavulanate CHEW . 90

amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 42.9 MG/5ML-600 MG/5ML, 62.5 MG/5ML-250 MG/5ML 90

amoxicillin & pot clavulanate SUSR 57 MG/5ML-400 MG/5ML 90

amoxicillin & pot clavulanate TABS 125 MG-250 MG 90

amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG 90

amoxicillin & pot clavulanate TB12 90

amoxicillin CAPS 90

amoxicillin CHEW 125 MG, 250 MG . 90

amoxicillin SUSR 90

amoxicillin TABS 875 MG 90

amoxicillin-clarithromycin w/ lansoprazole THPK 96

amphetamine sulfate TABS 1

amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG 1

amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG 1

amphetamine-dextroamphetamine TABS 1

ampicillin & sulbactam sodium IV 10 GM-5 GM 90

ampicillin CAPS 500 MG 90

AMPYRA (Use dalfampridine) 92

ANAFRANIL (Use clomipramine hcl) 19

anagrelide hcl 67

ANALPRAM HC CREA EX (Use hydrocortisone acetate w/ pramoxine) 9

ANALPRAM HC SINGLES CREA EX (Use hydrocortisone acetate w/ pramoxine) 9

ANALPRAM-HC CREA EX 1 %-1 % (Use hydrocortisone acetate w/ pramoxine) 9

ANAPROX DS TABS (Use naproxen sodium) 4

ANASPAZ TBDP (Use hyoscyamine sulfate) 94

anastrozole 32
ANCOBON (Use flucytosine) 23
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ANTIVERT CHEW (Use meclizine hcl) 23
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ARAVA (Use leflunomide) 5
AREXVY 97
ARICEPT TABS 23 MG (Use donepezil hydrochloride) 91
ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride) 91
ARIKAYCE 3
ARIMIDEX (Use anastrozole) 32
aripiprazole SOLN OR 38
aripiprazole TABS 10 MG, 15 MG 38
aripiprazole TABS 2 MG, 5 MG 38
aripiprazole TABS 20 MG, 30 MG 38
aripiprazole TBDP 38
ARISTADA 1064 MG/3.9ML 38
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML 38
ARISTADA INITIO 38
ARIXTRA (Use fondaparinux sodium) 13
armodafinil 2
ARMOUR THYROID TABS 94
ARNUITY ELLIPTA 12
AROMASIN (Use exemestane) 32
ASACOL HD TBEC (Use mesalamine) 65
ascorbic acid TABS 101
asenapine maleate 36
ASMANEX HFA AERO 12
aspirin buffered (cal carb-mag carb-mag oxide) 6
aspirin CHEW 6
ASPIRIN SUPP 300 MG 6
aspirin TABS 325 MG 6
aspirin TBEC 81 MG, 325 MG 6
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64" 75
ATABEX EC TBEC 81
ATABEX OB 81
ATACAND (Use candesartan cilexetil) 27
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide) 28
atazanavir sulfate CAPS 39
ATELVIA TBEC (Use risedronate sodium) 61
atenolol & chlorthalidone 28
atenolol TABS 42
ATIVAN SOLN (Use lorazepam) 11
ATIVAN TABS 0.5 MG (Use lorazepam) 11
ATIVAN TABS 1 MG (Use lorazepam) 11
ATIVAN TABS 2 MG (Use lorazepam) 11
atomoxetine hcl 2
atorvastatin calcium TABS 26
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atovaquone-proguanil hcl 31
ATRALIN GEL (Use tretinoin) 49
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ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 87
ATROPINE SULFATE SOLN 1 % 87
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AUBAGIO (Use teriflunomide) 92
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) 90
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML 90

AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 90
AUVI-Q SOAJ 0.3 MG/0.3ML 100
AVALIDE (Use irbesartan-hydrochlorothiazide) 28
AVAPRO (Use irbesartan) 27
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ... 49
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BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ... 29
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BANZEL SUSP (Use rufinamide) .. 14
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BARACLUDE TABS (Use entecavir) . 41
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BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8" 75
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM 75
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM 75
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM 75
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" 75
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM 75
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM 75
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BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ... 75
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BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM 75
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM 75
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BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) .. 24
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BENICAR (Use olmesartan medoxomil) 27
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ... 28
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BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide) 50
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin) 50
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BETHKIS NEBU (Use tobramycin) . 3
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BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) 45
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buprenorphine hcl SUBL 2 MG 9
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buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG 8
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG 8
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG 8
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butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG 5
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG 5
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 5
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG 7
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clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML 30

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DHS TAR SHAM (Use coal tar extract) 58
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DORZOLAMIDE HCL 89

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fluocinolone acetonide OIL 55
fluocinolone acetonide OINT 55
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fluocinonide CREA 0.1 % 55
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fluocinonide OINT 55
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fluoxetine hcl SOLN 18
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flurbiprofen sodium 89
flurbiprofen TABS 4
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fluticasone propionate (nasal) SUSP . 85
fluticasone propionate CREA 0.05 % 55
fluticasone propionate hfa 12
fluticasone propionate LOTN 55
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GEODON (Use ziprasidone mesylate) 35

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GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ... 76

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GLUCO TO GO CHEW 20

GLUCOSE CHEW 20
GLUCOTROL XL TB24 (Use glipizide) 22
GLUMETZA TB24 (Use metformin hcl) 20
glyburide micronized 1.5 MG, 3 MG, 6 MG 22
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glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM 70
GLYCERIN ADULT SUPP (Use glycerin (laxative)) 70
glycopyrrolate SOLN IJ 94
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halobetasol propionate CREA 55
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haloperidol decanoate 36
haloperidol lactate CONC 36
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haloperidol TABS 0.5 MG, 1 MG 36
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heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 13
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HIBICLENS LIQD (Use chlorhexidine gluconate) 39
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HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide) 48
hydralazine hcl TABS 29
HYDREA (Use hydroxyurea) 34
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hydrochlorothiazide CAPS 61
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hydrocodone bitartrate-homatropine methylbromide SOLN 48

hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 8

hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG 8

hydrocodone-acetaminophen TABS 325 MG-10 MG 8

hydrocodone-acetaminophen TABS 325 MG-5 MG 8

hydrocodone-acetaminophen TABS 325 MG-7.5 MG 8

hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 8

hydrocortisone (intrarectal) 9

hydrocortisone (rectal) EX 1 % 9

hydrocortisone (rectal) EX 2.5 % 9

hydrocortisone (topical) CREA 0.5 %, 2.5 % 55

hydrocortisone (topical) CREA 1 % 55

hydrocortisone (topical) LOTN 1 %, 2.5 % 55

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hydrocortisone acetate (rectal) 30 MG 9

hydrocortisone acetate w/ pramoxine CREA EX 9

hydrocortisone butyrate CREA 55

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hydrocortisone butyrate OINT 55

hydrocortisone butyrate SOLN 55

hydrocortisone TABS 47

hydrocortisone valerate OINT 55

hydrocortisone w/acetic acid 89

HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid) 89

hydromorphone hcl LIQD 6

hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 6

hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 7

HYDROMORPHONE HCL SUPP 7

hydromorphone hcl TABS 7

hydromorphone hcl TB24 7

HYDROMORPHONE HYDROCHLORIDE SOLN IJ (Use hydromorphone hcl) 7

HYDROMORPHONE HYDROCHLORIDE SOLN IJ 1 MG/ML 7

hydroxychloroquine sulfate 31

hydroxyprogesterone caproate (antineoplastic) 33

hydroxyurea 34

hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 10

hydroxyzine hcl SYRP 10

hydroxyzine hcl TABS 11

hydroxyzine pamoate CAPS 11

hyoscyamine sulfate ELIX 95

hyoscyamine sulfate SOLN OR 0.125 MG/ML 95

hyoscyamine sulfate SUBL 0.125 MG 95

hyoscyamine sulfate TABS 0.125 MG 95

hyoscyamine sulfate TB12 0.375 MG 95

hyoscyamine sulfate TBDP 0.125 MG 95

HYZAAR (Use losartan potassium & hydrochlorothiazide) 28

ibandronate sodium SOLN 62

ibandronate sodium TABS 62

IBRANCE CAPS 33

IBRANCE TABS 33

ibuprofen CHEW 4

ibuprofen SUSP 4

ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG 4

icatibant acetate SOLN 67

icatibant acetate SOSY 67

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IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT 67

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imipramine hcl TABS 19

imipramine pamoate 19

imiquimod 5 % 57

IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan) 76

IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate) 76

IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate) 76

IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate) 77

IMITREX TABS (Use sumatriptan succinate) 77

IMODIUM A-D CAPS (Use loperamide hcl) 22

IMODIUM A-D TABS (Use loperamide hcl) 22

IMOVAX RABIES (H.D.C.V.) SUSR 98

IMURAN TABS (Use azathioprine) 79

INCRELEX 62

INCRUSE ELLIPTA 12

indapamide TABS 1.25 MG, 2.5 MG . 61

INDERAL LA CP24 (Use propranolol hcl) 43

INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ... 60

indomethacin CAPS 25 MG, 50 MG 4

indomethacin CPCR 4

INFANRIX 94

INFANTS ADVIL SUSP (Use ibuprofen) 4

INFLECTRA SOLR 65

INLYTA 32

INSPRA (Use eplerenone) 29

INSULIN ASPART FLEXPEN SOPN . 21

INSULIN ASPART PENFILL SOCT 21

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INSULIN ASPART SOLN IJ 21

INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML 21

INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML 21

INSULIN DEGLUDEC SOLN 21

INSULIN GLARGINE-YFGN SOLN 21

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INSULIN LISPRO KWIKPEN SOPN . 21

INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 21

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INTELENCE 100 MG (Use etravirine) 39

INTELENCE 200 MG (Use etravirine) 39

INTELENCE 25 MG 39

INTELISWAB COVID-19 RAPID TEST KIT 60

INTUNIV (Use guanfacine hcl (adhd)) 2

INVEGA (Use paliperidone) 35

INVEGA HAFYERA 35

INVEGA SUSTENNA 36

INVEGA TRINZA 36

iodoquinol-hydrocortisone in aloe vehicle 52

IOPIDINE 87

IPOL INACTIVATED IPV 98

ipratropium bromide (nasal) 85

ipratropium bromide SOLN 0.02 % 12

ipratropium-albuterol SOLN 13

irbesartan 27

irbesartan-hydrochlorothiazide 28

irinotecan hcl 40 MG/2ML, 100 MG/5ML 34

IRON CHEWS PEDIATRIC CHEW 68

IRON TABS 28 MG 68

iron-folic acid-vitamin c-vitamin b6-

vitamin b12-zinc 68
ISENTRESS CHEW 100 MG 39
ISENTRESS CHEW 25 MG 40
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LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine) 15

LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine) 15

LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine) 15

LAMICTAL TABS (Use lamotrigine) 15

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levetiracetam TABS 1000 MG 15
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lidocaine PTCH 5 % 57
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LITHIUM 35

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LYBALVI 91

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LYRA SARS-COV-2 ASSAY 60

LYRICA CAPS 225 MG, 300 MG (Use pregabalin) 15

LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (Use pregabalin) 15

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MACROBID (Use nitrofurantoin monohyd macro) 31

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magnesium hydroxide SUSP 2400 MG/10ML 70

magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 70

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MAGOX 400 TABS (Use magnesium oxide (mg supplement)) 78

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MARINOL CAPS 2.5 MG (Use dronabinol) 23

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mefenamic acid CAPS 5

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MELOXICAM SUSP (Use meloxicam) 5

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MEPRON (Use atovaquone) 29
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MESNEX SOLN (Use mesna) 34
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MESTINON TABS (Use pyridostigmine bromide) 31
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide) 31
METADATE CD CPCR (Use methylphenidate hcl) 2
METAMUCIL FREE & NATURAL POWD (Use psyllium) 70
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium) 70
METAMUCIL POWD (Use psyllium) 70
metaxalone 800 MG 85
metformin hcl TABS 1000 MG 20
metformin hcl TABS 500 MG 20
metformin hcl TABS 850 MG 20
metformin hcl TB24 500 MG, 1000 MG 20
metformin hcl TB24 500 MG 20
metformin hcl TB24 750 MG 20
methamphetamine hcl 1
methazolamide TABS 60
methenamine hippurate 31
methenamine mandelate 31
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG 29
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methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 32
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methylphenidate hcl TBCR 10 MG, 36 MG 3
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methylphenidate hcl TBCR 54 MG 3
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 3
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MICARDIS (Use telmisartan) 27
MICARDIS HCT (Use telmisartan-hydrochlorothiazide) 28
MICATIN CREA (Use miconazole nitrate (topical)) 52
miconazole nitrate (topical) CREA .52
miconazole nitrate vaginal CREA 2 % 99
miconazole nitrate vaginal CREA 4 % 99
miconazole nitrate vaginal KIT 99
miconazole nitrate vaginal SUPP 100 MG 99
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MIGRANAL SOLN NA (Use dihydroergotamine mesylate) 76
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MINIPRESS CAPS (Use prazosin hcl) 27
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MIRALAX PACK (Use polyethylene glycol 3350) 70
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MIRAPEX ER TB24 (Use pramipexole dihydrochloride) 34
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) 46
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MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON 98
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 98
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molindone hcl 37

mometasone furoate (nasal) SUSP 86

mometasone furoate CREA 55

mometasone furoate OINT 56

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MONISTAT 1 COMBO PACK KIT (Use miconazole nitrate vaginal) . 100

MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (Use miconazole nitrate vaginal) 100

MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) . 100

MONISTAT 3 CREA (Use miconazole nitrate vaginal) 100

MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) . 100

MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA (Use hydrocortisone (topical)) . 56

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morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 7

morphine sulfate SOLN IV 10 MG/ML 7

morphine sulfate SOLN IV 4 MG/ML, 8 MG/ML 7

MORPHINE SULFATE SOLN IV 4 MG/ML, 8 MG/ML 7

morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML 7

morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML 7

morphine sulfate SUPP 7

morphine sulfate TABS 7

morphine sulfate TBCR 7

MOTRIN CHILDRENS CHEW (Use ibuprofen) 5

MOTRIN INFANTS DROPS SUSP (Use ibuprofen) 5

moxifloxacin hcl (ophth) SOLN OP 87

moxifloxacin hcl TABS 64

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MULTIPLE VITAMINS W/ MINERALS-MISC 80

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MYCOBUTIN (Use rifabutin) 32

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mycophenolate sodium 180 MG 79

mycophenolate sodium 360 MG 79

MYDAYIS CP24 (Use amphetamine-dextroamphetamine) 1

MYDRIACYL SOLN (Use tropicamide) 87

MYFORTIC 180 MG (Use mycophenolate sodium) 79

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MYLERAN TABS 32

MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone) 64

MYLICON INFANTS GAS RELIEF SUSP (Use simethicone) 64

MYSOLINE (Use primidone) 15

nabumetone 5

nadolol TABS 20 MG, 40 MG, 80 MG 43

naftifine hcl CREA 2 % 52

naloxone hcl LIQD 23

naloxone hcl SOLN 0.4 MG/ML 23

naloxone hcl SOSY 23

naltrexone hcl 23

NAMENDA TABS (Use memantine hcl) 91

NAMENDA TITRATION PAK TABS (Use memantine hcl) 91

NAMENDA XR CP24 (Use memantine hcl) 91

NAMZARIC C4PK 91

NAMZARIC CP24 91

NAPRELAN TB24 375 MG, 500 MG (Use naproxen sodium) 5

NAPROSYN SUSP (Use naproxen) 5

NAPROSYN TABS 500 MG (Use naproxen) 5

naproxen sodium TABS 220 MG 5

naproxen sodium TABS 275 MG, 550 MG 5

naproxen sodium TB24 375 MG, 500 MG 5

naproxen SUSP 5

naproxen TABS 5

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naratriptan hcl 77

NARCAN LIQD (Use naloxone hcl) 23

NARDIL (Use phenelzine sulfate) 17

NAROPIN SOLN IJ 2 MG/ML, 7.5 MG/ML, 10 MG/ML (Use ropivacaine hcl) 72

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REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate) 40
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sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML 78

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SOLU-MEDROL 48

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STRATTERA (Use atomoxetine hcl) . 2

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SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) 9

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sucralfate TABS 95

SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral)) 86

SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine) 44

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sulfacetamide sodium (ophth) OINT 87

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SUPRAX SUSR 100 MG/5ML (Use cefixime) 45

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SYMBICORT (Use budesonide-formoterol fumarate dihydrate) 13

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SYNVISC SOSY 85
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trazodone hcl TABS 300 MG 18
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tretinoin GEL 0.025 % 51
tretinoin GEL 0.05 % 51
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