# 2025

# ‘Ohana QUEST Integration Comprehensive Preferred Drug List (List of Covered Drugs)

# Danh sách Đầy đủ Các Thuốc Được Ưu tiên của ‘Ohana QUEST Integration (Danh sách Thuốc Được Bao trả)

# ‘Ohana QUEST Integration 종합 선호 약품 리스트 (보장 대상 약품 리스트)

# Ti ‘Ohana QUEST Integration Comprehensive Preferred Drug List (Listaan dagiti Nasakup nga Agas)

# ‘Ohana QUEST Integration 完整首選藥物清單（承保藥物清單）

# Kumprehensibong Listahan ng Piniling Gamot ng ‘Ohana QUEST Integration

(Listahan ng Mga Saklaw na Gamot)

**‘Ohana Health Plan**

CAD_68017M Internal Approved 1012023

OH21-061

4732406_HI5CADFRMENG_M

Please read this document. It has details about the drugs we cover for the ‘Ohana QUEST Integration plan.

Please note: The Preferred Drug List (PDL) for this plan is updated monthly.

Members, please visit our website to view updates to the PDL. Go to https://www.ohanahealthplan.com/members/medicaid/quest-integration/pharmacy-services.html

Providers, please visit our website to view updates to the PDL. Go to https://www.ohanahealthplan.com/providers/medicaid/pharmacy.html

Vui lòng đọc tài liệu này. Đây là tài liệu chi tiết về các thuốc chúng tôi bao trả cho chương trình ‘Ohana QUEST Integration.

Xin lưu ý: Danh sách các Thuốc Được Ưu tiên (Preferred Drug List, PDL) cho chương trình này được cập nhật hàng tháng.

Các hội viên vui lòng truy cập trang web của chúng tôi để xem các cập nhật của PDL. Truy cập https://www.ohanahealthplan.com/members/medicaid/quest-integration/pharmacy-services.html

Người chăm sóc vui lòng truy cập trang web của chúng tôi để xem các cập nhật của PDL. Truy cập https://www.ohanahealthplan.com/providers/medicaid/pharmacy.html

이 설명서를 숙독하십시오. ‘Ohana QUEST Integration 플랜이 보장하는 약품에 대한 상세 설명서입니다.

참고: 이 플랜을 위한 선호 약품 리스트(PDL)는 매월 업데이트됩니다.

가입자들께서는 우리 웹사이트를 방문하여 업데이트된 PDL을 열람하시기 바랍니다. 웹사이트: https://www.ohanahealthplan.com/members/medicaid/quest-integration/pharmacy-services.html

제공자들께서는 우리 웹사이트를 방문하여 업데이트된 PDL을 조회하시기 바랍니다. 웹사이트: https://www.ohanahealthplan.com/providers/medicaid/pharmacy.html

Maidawat nga basaem daytoy nga dokumento. Adda ditoy dagiti detalye gapo dagiti agas nga masakup mi para iti ‘Ohana QUEST Integration plan.

Maidawat nga lagipem: Ti Preferred Drug List (PDL) para daytoy nga plano ket nasabalian binulan.

Dagiti miembro. Maidawat nga bisitaen yo ti website mi tapno makita dagiti nagsabalian ti PDL. Mapan iti https://www.ohanahealthplan.com/members/medicaid/quest-integration/pharmacy-services.html

Dagiti paraited, maidawat nga bisitaen yo ti website mi tapno makita dagiti nagsabalian ti PDL. Mapan iti https://www.ohanahealthplan.com/providers/medicaid/pharmacy.html

請閱讀本文件。其詳細說明我們為'Ohana QUEST Integration 計劃承保的藥物。

請注意：本計劃的首選藥物清單（PDL）每月更新一次。

會員請瀏覽我們的網站檢視 PDL 更新。請前往
https://www.ohanahealthplan.com/members/medicaid/quest-integration/pharmacy-services.html

提供者請瀏覽我們的網站檢視 PDL 更新。請前往
https://www.ohanahealthplan.com/providers/medicaid/pharmacy.html

Pakibasa ang dokumentong ito. Nakalagay dito ang mga detalye tungkol sa mga gamot na sinasaklaw namin para sa 'Ohana QUEST Integration na plano.

Pakitandaan: Buwan-buwang ina-update ang Listahan ng Piniling Gamot (Preferred Drug List, PDL) para sa planong ito.

Mga miyembro, pakibisita ang aming website para makita ang mga update sa PDL. Pumunta sa
https://www.ohanahealthplan.com/members/medicaid/quest-integration/pharmacy-services.html

Mga provider, pakibisita ang aming website para makita ang mga update sa PDL. Pumunta sa
https://www.ohanahealthplan.com/providers/medicaid/pharmacy.html

Last updated (2025)

Cập nhật lần cuối (2025)

최근 업데이트: (2025)

Naudi nga nagsabalian (2025)

最後更新日期 (2025)

Huling na-update (2025)

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | |
| Amphetamines | | |
| *amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG* | P | QL(2 EA daily); AL(At least 6 yrs old) |
| *amphetamine-dextroamphetamine TABS 20 MG* | P | QL(3 EA daily) |
| *amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG* | P | |
| *amphetamine-dextroamphetamine TABS 30 MG* | P | QL(2 EA daily) |
| *dextroamphetamine sulfate CP24* | P | AL(At least 6 yrs old) |
| *dextroamphetamine sulfate TABS* | P | |
| *lisdexamfetamine dimesylate CAPS* | P | QL(1 EA daily); PA |
| *lisdexamfetamine dimesylate CHEW* | P | QL(1 EA daily); PA |
| *methamphetamine hcl* | P | |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| *atomoxetine hcl* | P | |
| *clonidine hcl (adhd) TB12* | P | |
| *guanfacine hcl (adhd)* | P | |
| Stimulants - Misc. | | |
| *dexmethylphenidate hcl CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG* | P | QL(1 EA daily); AL(At least 6 yrs old) |
| *dexmethylphenidate hcl CP24 25 MG, 35 MG* | P | |
| *dexmethylphenidate hcl TABS* | P | QL(2 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl CHEW* | P | AL(At least 6 yrs old) |
| *methylphenidate hcl CP24 20 MG, 30 MG, 40 MG* | P | AL(At least 6 yrs old) |
| *methylphenidate hcl CP24 10 MG, 60 MG* | P | |
| *methylphenidate hcl CPCR* | P | AL(At least 6 yrs old) |
| *methylphenidate hcl SOLN* | P | AL(At least 6 yrs old) |
| *methylphenidate hcl TABS 20 MG* | P | QL(3 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TABS 5 MG, 10 MG* | P | AL(At least 6 yrs old) |
| *methylphenidate hcl TB24 18 MG, 27 MG, 36 MG* | P | QL(2 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TB24 54 MG* | P | QL(1 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG* | P | QL(2 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TBCR 54 MG* | P | QL(1 EA daily); AL(At least 6 yrs old) |
| *methylphenidate hcl TBCR 10 MG, 20 MG* | P | QL(3 EA daily); AL(At least 6 yrs old) |
| *methylphenidate PTCH* | P | AL(At least 6 yrs old) |
| QUILLIVANT XR SRER | P | AL(At least 6 yrs old) |
| RELEXXII TBCR 54 MG | P | QL(1 EA daily); AL(At least 6 yrs old) |
| RELEXXII TBCR 18 MG, 27 MG, 36 MG | P | QL(2 EA daily); AL(At least 6 yrs old) |
| ALTERNATIVE MEDICINES | | |
| Alternative Medicine - M's | | |
| *melatonin TABS 5 MG* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MELATONIN TABS 12 MG | P | |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| *tobramycin NEBU* | P | SP; PA |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |
| XELJANZ XR TB24 | P | QL(1 EA daily); SP; PA |
| XELJANZ TABS | P | QL(2 EA daily); SP; PA |
| Anti-TNF-alpha - Monoclonal Antibodies | | |
| ADALIMUMAB-AATY (1 PEN) AJKT | P | SP; PA |
| ADALIMUMAB-AATY (2 PEN) AJKT | P | SP; PA |
| ADALIMUMAB-AATY (2 SYRINGE) PSKT | P | SP; PA |
| ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML | P | SP; PA |
| ADALIMUMAB-ADAZ SOAJ | P | SP; PA |
| ADALIMUMAB-ADAZ SOSY | P | SP; PA |
| ADALIMUMAB-ADBM (2 PEN) AJKT | P | SP; PA |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT | P | SP; PA |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT 20 MG/0.4ML | P | SP |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT | P | SP; PA |
| ADALIMUMAB-ADBM(PS/UV STARTER) AJKT | P | SP; PA |
| ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML | P | SP; PA |
| ADALIMUMAB-BWWD SOSY 40 MG/0.4ML | P | SP; PA |
| ADALIMUMAB-FKJP (2 PEN) AJKT | P | SP; PA |
| ADALIMUMAB-FKJP (2 SYRINGE) PSKT | P | SP; PA |
| HADLIMA PUSHTOUCH SOAJ | P | SP; PA |
| HADLIMA SOSY | P | SP; PA |
| SIMLANDI (1 PEN) AJKT | P | SP; PA |
| SIMLANDI (1 SYRINGE) PSKT | P | SP; PA |
| SIMLANDI (2 PEN) AJKT | P | SP; PA |
| SIMLANDI (2 SYRINGE) PSKT | P | SP; PA |
| YUSIMRY | P | SP; PA |
| Interleukin-6 Receptor Inhibitors | | |
| ACTEMRA ACTPEN SOAJ | P | SP; PA |
| ACTEMRA SOLN | P | SP; PA |
| ACTEMRA SOSY | P | SP; PA |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |
| ADVIL TABS *(ibuprofen)* | P | |
| ALEVE ALL DAY STRONG TABS 220 MG *(naproxen sodium)* | P | |
| ALEVE TABS *(naproxen sodium)* | P | |
| *celecoxib 50 MG, 100 MG* | P | QL(2 EA daily) |
| *celecoxib 200 MG, 400 MG* | P | QL(1 EA daily) |
| *diclofenac potassium TABS 50 MG* | P | |
| *diclofenac sodium TB24* | P | |
| *diclofenac sodium TBEC* | P | |
| *etodolac CAPS* | P | |
| *etodolac TABS* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *flurbiprofen TABS* | P | |
| *ibuprofen SUSP* | P | |
| *ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG* | P | |
| *indomethacin CAPS 25 MG, 50 MG* | P | |
| INFANTS ADVIL SUSP *(ibuprofen)* | P | |
| *ketoprofen CAPS 50 MG* | P | |
| *ketorolac tromethamine TABS* | P | QL(20 EA per fill retail) |
| *meloxicam TABS* | P | |
| MOTRIN INFANTS DROPS SUSP *(ibuprofen)* | P | |
| *nabumetone* | P | |
| *naproxen sodium TABS 220 MG* | P | |
| *naproxen TABS* | P | |
| *naproxen TBEC* | P | |
| *oxaprozin TABS* | P | |
| *piroxicam CAPS* | P | |
| *sulindac TABS* | P | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS | P | SP; PA |
| OTEZLA TBPK | P | SP; PA |
| Pyrimidine Synthesis Inhibitors | | |
| *leflunomide* | P | |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Analgesic Combinations | | |
| *butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG* | P | QL(6 EA daily) |
| *butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG* | P | QL(6 EA daily) |
| *butalbital-acetaminophen TABS 50 MG-325 MG* | P | QL(6 EA daily) |
| *butalbital-aspirin-caffeine CAPS* | P | |
| Analgesics Other | | |
| *acetaminophen LIQD 160 MG/5ML* | P | |
| *acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML* | P | |
| *acetaminophen SUPP 650 MG* | P | |
| *acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML* | P | |
| *acetaminophen TABS 500 MG* | P | QL(6 EA daily) |
| *acetaminophen TABS 325 MG* | P | QL(9 EA daily) |
| TYLENOL CHILDRENS PAIN + FEVER SUSP *(acetaminophen)* | P | |
| TYLENOL CHILDRENS SUSP *(acetaminophen)* | P | |
| TYLENOL EXTRA STRENGTH TABS *(acetaminophen)* | P | QL(6 EA daily) |
| TYLENOL FOR CHILDREN + ADULTS SUSP *(acetaminophen)* | P | |
| TYLENOL INFANTS PAIN+FEVER SUSP *(acetaminophen)* | P | |
| TYLENOL TABS *(acetaminophen)* | P | QL(9 EA daily) |
| Salicylates | | |
| *aspirin CHEW* | P | |
| *aspirin TABS 325 MG* | P | |
| *aspirin TBEC 81 MG, 325 MG* | P | |
| *diflunisal TABS* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ECOTRIN ARTHRTIS PAIN TBEC *(aspirin)* | P | |
| ECOTRIN TBEC *(aspirin)* | P | |
| *salsalate* | P | |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Opioid Agonists | | |
| *codeine sulfate TABS 30 MG* | P | PA |
| CODEINE SULFATE TABS | P | PA |
| *fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR* | P | PA |
| *hydromorphone hcl LIQD* | P | PA |
| HYDROMORPHONE HCL SUPP | P | PA |
| *hydromorphone hcl TABS* | P | PA |
| *methadone hcl SOLN PO* | P | |
| *methadone hcl TABS* | P | |
| MORPHINE SULFATE (PF) SOLN IV 4 MG/ML, 8 MG/ML | P | |
| *morphine sulfate SOLN IV 4 MG/ML, 8 MG/ML, 50 MG/ML* | P | |
| *morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML* | P | PA |
| MORPHINE SULFATE SOLN IV 1 MG/ML, 50 MG/ML | P | |
| *morphine sulfate SUPP* | P | PA |
| *morphine sulfate TABS* | P | PA |
| *morphine sulfate TBCR* | P | PA |
| OXAYDO TABS 5 MG | P | PA |
| *oxycodone hcl CAPS* | P | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *oxycodone hcl SOLN* | P | PA |
| *oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG* | P | AL(At least 11 yrs old); PA |
| OXYCODONE HCL TABA 15 MG | P | PA |
| *oxycodone hcl TABS* | P | PA |
| OXYCONTIN T12A | P | AL(At least 11 yrs old); PA |
| ROXYBOND TABA 15 MG | P | PA |
| *tramadol hcl TABS 50 MG, 100 MG* | P | PA |
| *tramadol hcl TABS 75 MG* | P | |
| Opioid Combinations | | |
| *acetaminophen w/ codeine SOLN* | P | PA |
| *acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG* | P | PA |
| *butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG* | P | PA |
| *butalbital-aspirin-caffeine w/cod* | P | PA |
| *hydrocodone-acetaminophen SOLN* | P | PA |
| *hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG* | P | PA |
| *hydrocodone-ibuprofen 7.5 MG-200 MG* | P | PA |
| *oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG* | P | PA |
| Opioid Partial Agonists | | |
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL* | P | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *buprenorphine hcl-naloxone hcl dihydrate SUBL* | P | MP |
| *buprenorphine hcl SUBL* | P | MP |
| *butorphanol tartrate NA 10 MG/ML* | P | PA |
| *pentazocine w/ naloxone hcl* | P | PA |
| ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Androgens | | |
| *danazol CAPS* | P | |
| *methyltestosterone TABS* | P | |
| *testosterone cypionate SOLN IM 200 MG/ML* | P | QL(0.143 ML daily) |
| *testosterone cypionate SOLN IM 100 MG/ML* | P | QL(0.29 ML daily) |
| TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML | P | |
| *testosterone enanthate SOLN IM* | P | QL(0.143 ML daily) |
| *testosterone GEL TD 1 %, 50 MG/5GM* | P | PA |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| *hydrocortisone (intrarectal)* | P | |
| Rectal Steroids | | |
| *hydrocortisone (rectal) EX 2.5 %* | P | |
| *hydrocortisone (rectal) EX 1 %* | P | QL(6 GM daily); RX/OTC |
| PREPARATION H EX 1 % | P | QL(6 GM daily); RX/OTC |
| PREPARATION H SOOTHING RELIEF EX 1 % | P | QL(6 GM daily); RX/OTC |
| ANTACIDS | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antacid Combinations | | |
| *alum & mag hydrox-simethicone LIQD* | P | |
| *alum & mag hydrox-simethicone SUSP* | P | |
| HYVEE ADVANCED ANTACID SUSP *(alum & mag hydrox-simethicone)* | P | |
| Antacids - Aluminum Salts | | |
| ALUMINUM HYDROXIDE GEL SUSP | P | |
| Antacids - Bicarbonate | | |
| *sodium bicarbonate (antacid) TABS 325 MG, 650 MG* | P | |
| Antacids - Calcium Salts | | |
| *calcium carbonate (antacid) CHEW 500 MG, 750 MG* | P | |
| *calcium carbonate (antacid) SUSP* | P | |
| CALCIUM CARBONATE ANTACID SUSP | P | |
| CALCIUM CARBONATE ANTACID TABS | P | |
| TUMS CHEWY BITES CHEW *(calcium carbonate (antacid))* | P | |
| TUMS E-X 750 CHEW *(calcium carbonate (antacid))* | P | |
| TUMS EXTRA STRENGTH 750 CHEW *(calcium carbonate (antacid))* | P | |
| TUMS EXTRA STRENGTH CHEW *(calcium carbonate (antacid))* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TUMS LASTING EFFECTS CHEW *(calcium carbonate (antacid))* | P | |
| TUMS SMOOTHIES CHEW *(calcium carbonate (antacid))* | P | |
| TUMS CHEW *(calcium carbonate (antacid))* | P | |
| Antacids - Magnesium Salts | | |
| *magnesium oxide TABS* | P | |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| *ivermectin* | P | QL(10 EA per 31 day(s) retail) |
| *praziquantel* | P | |
| *pyrantel pamoate SUSP* | P | |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Nitrates | | |
| *isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG* | P | |
| *isosorbide mononitrate TABS* | P | |
| ISOSORBIDE MONONITRATE TABS | P | |
| *isosorbide mononitrate TB24* | P | |
| NITRO-BID OINT | P | |
| *nitroglycerin PT24* | P | |
| *nitroglycerin SUBL* | P | |
| ANTIANXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| *buspirone hcl* | P | |
| *hydroxyzine hcl SYRP* | P | QL(25 ML daily) |
| *hydroxyzine hcl TABS* | P | |
| *hydroxyzine pamoate CAPS* | P | |
| *meprobamate* | P | |
| Benzodiazepines | | |
| ALPRAZOLAM INTENSOL CONC | P | |
| *alprazolam TABS* | P | |
| *alprazolam TB24* | P | |
| *alprazolam TBDP* | P | |
| *chlordiazepoxide hcl CAPS* | P | |
| *clorazepate dipotassium TABS* | P | AL(At least 9 yrs old) |
| *diazepam SOLN PO 5 MG/5ML* | P | QL(40 ML daily) |
| *diazepam TABS* | P | |
| *lorazepam CONC* | P | |
| *lorazepam SOLN* | P | |
| LORAZEPAM SOLN 2 MG/ML | P | |
| *lorazepam TABS* | P | |
| *oxazepam CAPS* | P | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| *disopyramide phosphate CAPS* | P | |
| *quinidine sulfate TABS* | P | |
| Antiarrhythmics Type I-B | | |
| LIDOCAINE HCL (CARDIAC) PF SOLN | P | |
| *lidocaine hcl (cardiac) SOSY 100 MG/5ML* | P | |
| LIDOCAINE HCL (CARDIAC) SOSY 100 MG/5ML | P | |
| *mexiletine hcl* | P | |
| Antiarrhythmics Type I-C | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *flecainide acetate* | P | |
| *propafenone hcl TABS* | P | |
| Antiarrhythmics Type III | | |
| *amiodarone hcl TABS 200 MG, 400 MG* | P | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |
| CINQAIR | P | SP; PA |
| XOLAIR SOAJ | P | SP; PA |
| XOLAIR SOLR | P | SP; PA |
| XOLAIR SOSY | P | SP; PA |
| Anti-Inflammatory Agents | | |
| *cromolyn sodium NEBU* | P | |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA | P | QL(0.86 GM daily) |
| INCRUSE ELLIPTA | P | QL(1 EA daily) |
| *ipratropium bromide SOLN 0.02 %* | P | QL(16 ML daily) |
| *tiotropium bromide CAPS IN 18 MCG* | P | |
| Leukotriene Modulators | | |
| *montelukast sodium CHEW* | P | MP |
| *montelukast sodium PACK* | P | MP |
| *montelukast sodium TABS* | P | MP |
| *zafirlukast* | P | MP |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| *roflumilast* | P | QL(1 EA daily) |
| Steroid Inhalants | | |
| ASMANEX HFA AERO | P | QL(0.44 GM daily); MP |
| *budesonide (inhalation) SUSP* | P | QL(4 ML daily) |
| *fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT* | P | QL(1 EA daily); MP |
| *fluticasone propionate (inhalation) AEPB* | P | MP |
| *fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT* | P | QL(0.4 GM daily); MP |
| *fluticasone propionate hfa 44 MCG/ACT* | P | QL(0.36 GM daily); MP |
| QVAR REDIHALER | P | QL(0.36 GM daily); MP |
| Sympathomimetics | | |
| *albuterol sulfate AERS* | P | QL(1.2 GM daily) |
| *albuterol sulfate NEBU 0.083 %* | P | QL(24 ML daily) |
| *albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML* | P | QL(10 ML daily) |
| *albuterol sulfate NEBU* | P | QL(2 EA daily) |
| ALBUTEROL SULFATE NEBU | P | QL(2 ML daily) |
| *albuterol sulfate SYRP* | P | QL(80 ML daily) |
| *albuterol sulfate TABS* | P | |
| *budesonide-formoterol fumarate dihydrate* | P | QL(0.35 GM daily); MP |
| COMBIVENT RESPIMAT AERS | P | QL(4 GM per 20 day(s) retail) |
| *fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT* | P | QL(1 EA per 31 day(s) retail); AL(At least 12 yrs old); MP |
| *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); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ipratropium-albuterol SOLN* | P | QL(24 ML daily) |
| *levalbuterol tartrate* | P | QL(1 GM daily) |
| STIOLTO RESPIMAT | P | QL(4 GM per 31 day(s) retail) |
| STRIVERDI RESPIMAT | P | QL(4 GM per 31 day(s) retail) |
| *terbutaline sulfate SOLN* | P | |
| *terbutaline sulfate TABS* | P | |
| Xanthines | | |
| AMINOPHYLLINE SOLN 25 MG/ML | P | |
| *theophylline ELIX* | P | MP |
| *theophylline SOLN* | P | MP |
| *theophylline TB12 300 MG, 450 MG* | P | MP |
| *theophylline TB24* | P | MP |
| ANTICOAGULANTS - Blood Thinners | | |
| Coumarin Anticoagulants | | |
| *warfarin sodium TABS* | P | |
| Direct Factor Xa Inhibitors | | |
| ELIQUIS DVT/PE STARTER PACK TBPK | P | |
| ELIQUIS TABS | P | QL(2 EA daily) |
| Heparins And Heparinoid-Like Agents | | |
| *enoxaparin sodium SOLN IJ 300 MG/3ML* | P | QL(3 ML daily); SP |
| *enoxaparin sodium SOSY 30 MG/0.3ML* | P | QL(9.3 ML per 31 day(s) retail); SP |
| *enoxaparin sodium SOSY 60 MG/0.6ML* | P | QL(18.6 ML per 31 day(s) retail); SP |
| *enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML* | P | QL(31 ML per 31 day(s) retail); SP |
| *enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML* | P | QL(24.8 ML per 30 day(s) retail); SP |
| *enoxaparin sodium SOSY 40 MG/0.4ML* | P | QL(12.4 ML per 31 day(s) retail); SP |
| *fondaparinux sodium 7.5 MG/0.6ML* | P | QL(8.4 ML per 31 day(s) retail); SP |
| *fondaparinux sodium 2.5 MG/0.5ML* | P | QL(16 ML per 31 day(s) retail); SP |
| *fondaparinux sodium 5 MG/0.4ML* | P | QL(5.6 ML per 31 day(s) retail); SP |
| *fondaparinux sodium 10 MG/0.8ML* | P | QL(11.2 ML per 31 day(s) retail); SP |
| *heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML* | P | |
| Thrombin Inhibitors | | |
| *dabigatran etexilate mesylate CAPS 110 MG* | P | QL(4 EA daily) |
| *dabigatran etexilate mesylate CAPS 75 MG, 150 MG* | P | QL(2 EA daily) |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| Anticonvulsants - Benzodiazepines | | |
| *clobazam SUSP* | P | |
| *clobazam TABS* | P | |
| *clonazepam TABS* | P | |
| *clonazepam TBDP* | P | |
| DIASTAT ACUDIAL GEL *(diazepam (anticonvulsant))* | P | QL(3 EA per 30 day(s) retail) |
| DIASTAT PEDIATRIC GEL *(diazepam (anticonvulsant))* | P | QL(3 EA per 30 day(s) retail) |
| *diazepam (anticonvulsant) GEL* | P | QL(3 EA per 30 day(s) retail) |
| KLONOPIN TABS *(clonazepam)* | P | |
| ONFI SUSP *(clobazam)* | P | |
| ONFI TABS *(clobazam)* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VALTOCO 10 MG DOSE LIQD | P | |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML | P | |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML | P | |
| VALTOCO 5 MG DOSE LIQD | P | |
| Anticonvulsants - Misc. | | |
| APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(eslicarbazepine acetate)* | P | AL(At least 18 yrs old) |
| BANZEL SUSP *(rufinamide)* | P | QL(80 ML daily); SP |
| BANZEL TABS 400 MG *(rufinamide)* | P | QL(8 EA daily); SP |
| BANZEL TABS 200 MG *(rufinamide)* | P | QL(16 EA daily); SP |
| *carbamazepine CHEW 100 MG* | P | QL(10 EA daily) |
| *carbamazepine CP12 300 MG* | P | |
| *carbamazepine CP12 100 MG* | P | QL(10 EA daily) |
| *carbamazepine CP12 200 MG* | P | QL(8 EA daily) |
| *carbamazepine SUSP* | P | QL(80 ML daily) |
| *carbamazepine TABS* | P | QL(8 EA daily) |
| *carbamazepine TB12 200 MG* | P | QL(8 EA daily) |
| *carbamazepine TB12 400 MG* | P | |
| *carbamazepine TB12 100 MG* | P | QL(10 EA daily) |
| CARBATROL CP12 200 MG *(carbamazepine)* | P | QL(8 EA daily) |
| CARBATROL CP12 100 MG *(carbamazepine)* | P | QL(10 EA daily) |
| CARBATROL CP12 300 MG *(carbamazepine)* | P | |
| *eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG* | P | AL(At least 18 yrs old) |
| *gabapentin CAPS 100 MG* | P | QL(10 EA daily) |
| *gabapentin CAPS 400 MG* | P | QL(9 EA daily) |
| *gabapentin CAPS 300 MG* | P | QL(12 EA daily) |
| *gabapentin SOLN* | P | QL(74.34 ML daily) |
| *gabapentin TABS 600 MG* | P | QL(6 EA daily) |
| *gabapentin TABS 800 MG* | P | QL(4 EA daily) |
| KEPPRA XR TB24 *(levetiracetam)* | P | |
| KEPPRA SOLN PO 100 MG/ML *(levetiracetam)* | P | |
| KEPPRA TABS *(levetiracetam)* | P | |
| *lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML* | P | AL(At least 17 yrs old) |
| *lacosamide TABS* | P | QL(2 EA daily); AL(At least 17 yrs old) |
| LAMICTAL ODT KIT *(lamotrigine)* | P | |
| LAMICTAL ODT TBDP 25 MG, 50 MG *(lamotrigine)* | P | QL(10 EA daily) |
| LAMICTAL ODT TBDP 100 MG, 200 MG *(lamotrigine)* | P | |
| LAMICTAL STARTER KIT 25 MG *(lamotrigine)* | P | |
| LAMICTAL XR KIT | P | AL(At least 13 yrs old) |
| LAMICTAL XR TB24 *(lamotrigine)* | P | AL(At least 13 yrs old) |
| LAMICTAL CHEW *(lamotrigine)* | P | QL(10 EA daily) |
| LAMICTAL TABS 25 MG *(lamotrigine)* | P | QL(10 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LAMICTAL TABS 100 MG, 150 MG, 200 MG *(lamotrigine)* | P | |
| *lamotrigine CHEW* | P | QL(10 EA daily) |
| *lamotrigine KIT 25 MG* | P | |
| *lamotrigine TABS 100 MG, 150 MG, 200 MG* | P | |
| *lamotrigine TABS 25 MG* | P | QL(10 EA daily) |
| *lamotrigine TB24* | P | AL(At least 13 yrs old) |
| *lamotrigine TBDP 25 MG, 50 MG* | P | QL(10 EA daily) |
| *lamotrigine TBDP 100 MG, 200 MG* | P | |
| *levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML* | P | |
| *levetiracetam TABS* | P | |
| *levetiracetam TB24* | P | |
| LEVETIRACETAM TB3D | P | |
| MYSOLINE 50 MG *(primidone)* | P | QL(10 EA daily) |
| MYSOLINE 250 MG *(primidone)* | P | QL(8 EA daily) |
| NEURONTIN CAPS 300 MG *(gabapentin)* | P | QL(12 EA daily) |
| NEURONTIN CAPS 400 MG *(gabapentin)* | P | QL(9 EA daily) |
| NEURONTIN CAPS 100 MG *(gabapentin)* | P | QL(10 EA daily) |
| NEURONTIN SOLN *(gabapentin)* | P | QL(74.34 ML daily) |
| NEURONTIN TABS 600 MG *(gabapentin)* | P | QL(6 EA daily) |
| NEURONTIN TABS 800 MG *(gabapentin)* | P | QL(4 EA daily) |
| *oxcarbazepine SUSP* | P | |
| *oxcarbazepine TABS* | P | |
| *oxcarbazepine TB24* | P | |
| OXTELLAR XR TB24 *(oxcarbazepine)* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *primidone 250 MG* | P | QL(8 EA daily) |
| *primidone 50 MG* | P | QL(10 EA daily) |
| *rufinamide SUSP* | P | QL(80 ML daily); SP |
| *rufinamide TABS 400 MG* | P | QL(8 EA daily); SP |
| *rufinamide TABS 200 MG* | P | QL(16 EA daily); SP |
| SPRITAM TB3D | P | |
| SPRITAM TB3D | P | |
| TEGRETOL SUSP *(carbamazepine)* | P | QL(80 ML daily) |
| TEGRETOL TABS *(carbamazepine)* | P | QL(8 EA daily) |
| TEGRETOL-XR TB12 400 MG *(carbamazepine)* | P | |
| TEGRETOL-XR TB12 200 MG *(carbamazepine)* | P | QL(8 EA daily) |
| TEGRETOL-XR TB12 100 MG *(carbamazepine)* | P | QL(10 EA daily) |
| TOPAMAX SPRINKLE CPSP *(topiramate)* | P | QL(10 EA daily) |
| TOPAMAX TABS 200 MG *(topiramate)* | P | QL(8 EA daily) |
| TOPAMAX TABS 25 MG, 50 MG, 100 MG *(topiramate)* | P | QL(10 EA daily) |
| *topiramate CPSP* | P | QL(10 EA daily) |
| *topiramate TABS 25 MG, 50 MG, 100 MG* | P | QL(10 EA daily) |
| *topiramate TABS 200 MG* | P | QL(8 EA daily) |
| TRILEPTAL SUSP *(oxcarbazepine)* | P | |
| TRILEPTAL TABS *(oxcarbazepine)* | P | |
| VIMPAT SOLN PO 10 MG/ML *(lacosamide)* | P | AL(At least 17 yrs old) |
| VIMPAT TABS *(lacosamide)* | P | QL(2 EA daily); AL(At least 17 yrs old) |
| ZONEGRAN CAPS 25 MG *(zonisamide)* | P | QL(10 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZONEGRAN CAPS 100 MG *(zonisamide)* | P | QL(6 EA daily) |
| *zonisamide CAPS 50 MG* | P | QL(12 EA daily) |
| *zonisamide CAPS 25 MG* | P | QL(10 EA daily) |
| *zonisamide CAPS 100 MG* | P | QL(6 EA daily) |
| Carbamates | | |
| *felbamate SUSP* | P | QL(33.34 ML daily) |
| *felbamate TABS 600 MG* | P | |
| *felbamate TABS 400 MG* | P | QL(9 EA daily) |
| FELBATOL SUSP *(felbamate)* | P | QL(33.34 ML daily) |
| FELBATOL TABS 600 MG *(felbamate)* | P | |
| FELBATOL TABS 400 MG *(felbamate)* | P | QL(9 EA daily) |
| GABA Modulators | | |
| SABRIL PACK *(vigabatrin)* | P | SP |
| SABRIL TABS *(vigabatrin)* | P | SP |
| *tiagabine hcl* | P | |
| *vigabatrin PACK* | P | SP |
| *vigabatrin TABS* | P | SP |
| Hydantoins | | |
| CEREBYX *(fosphenytoin sodium)* | P | |
| DILANTIN *(phenytoin sodium extended)* | P | |
| DILANTIN 30 MG | P | QL(10 EA daily) |
| DILANTIN INFATABS CHEW *(phenytoin)* | P | QL(12 EA daily) |
| DILANTIN-125 SUSP *(phenytoin)* | P | QL(25 ML daily) |
| DILANTIN SUSP *(phenytoin)* | P | QL(25 ML daily) |
| *fosphenytoin sodium* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *phenytoin sodium extended 100 MG, 200 MG, 300 MG* | P | |
| *phenytoin sodium SOLN* | P | |
| *phenytoin CHEW* | P | QL(12 EA daily) |
| *phenytoin SUSP* | P | QL(25 ML daily) |
| Succinimides | | |
| CELONTIN *(methsuximide)* | P | |
| *ethosuximide CAPS* | P | AL(At least 3 yrs old) |
| *ethosuximide SOLN* | P | QL(30 ML daily); AL(At least 3 yrs old) |
| *methsuximide* | P | |
| ZARONTIN CAPS *(ethosuximide)* | P | AL(At least 3 yrs old) |
| ZARONTIN SOLN *(ethosuximide)* | P | QL(30 ML daily); AL(At least 3 yrs old) |
| Valproic Acid | | |
| DEPAKOTE ER TB24 *(divalproex sodium)* | P | |
| DEPAKOTE SPRINKLES CSDR *(divalproex sodium)* | P | |
| DEPAKOTE TBEC *(divalproex sodium)* | P | |
| *divalproex sodium CSDR* | P | |
| *divalproex sodium TB24* | P | |
| *divalproex sodium TBEC* | P | |
| *valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML* | P | |
| *valproic acid CAPS* | P | |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| *mirtazapine TABS* | P | MP |
| *mirtazapine TBDP* | P | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antidepressants - Misc. | | |
| APLENZIN | P | PA |
| *bupropion hcl TABS* | P | MP |
| *bupropion hcl TB12* | P | MP |
| *bupropion hcl TB24 450 MG* | P | PA |
| *bupropion hcl TB24 150 MG, 300 MG* | P | MP |
| GABA Receptor Modulator - Neuroactive Steroid | | |
| ZURZUVAE 20 MG, 25 MG | P | QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail); 1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; SP; PA |
| ZURZUVAE 30 MG | P | QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); 1 max fill(s) per 365 day(s) retail; 1 max fill(s) per 365 day(s) mail; SP; PA |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| EMSAM | P | PA |
| MARPLAN | P | PA |
| *phenelzine sulfate* | P | MP |
| *tranylcypromine sulfate* | P | MP |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| CITALOPRAM HYDROBROMIDE CAPS | P | MP |
| *citalopram hydrobromide SOLN* | P | MP |
| *citalopram hydrobromide TABS* | P | MP |
| *escitalopram oxalate SOLN* | P | MP |
| *escitalopram oxalate TABS* | P | MP |
| *fluoxetine hcl CAPS* | P | MP |
| *fluoxetine hcl CPDR* | P | MP |
| *fluoxetine hcl SOLN* | P | MP |
| *fluoxetine hcl TABS* | P | MP |
| *fluvoxamine maleate CP24* | P | MP |
| *fluvoxamine maleate TABS* | P | MP |
| *paroxetine hcl SUSP* | P | ST |
| *paroxetine hcl TABS* | P | MP |
| *paroxetine hcl TB24* | P | MP |
| *sertraline hcl CAPS 150 MG, 200 MG* | P | MP |
| *sertraline hcl CONC* | P | MP |
| *sertraline hcl TABS* | P | MP |
| Serotonin Modulators | | |
| *nefazodone hcl* | P | MP |
| *trazodone hcl TABS* | P | MP |
| TRINTELLIX | P | QL(1 EA daily); PA |
| VIIBRYD STARTER PACK KIT | P | PA |
| *vilazodone hcl TABS* | P | PA |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| DESVENLAFAXINE ER | P | MP |
| *desvenlafaxine succinate* | P | MP |
| DRIZALMA SPRINKLE CSDR | P | MP |
| *duloxetine hcl CPEP* | P | MP |
| FETZIMA TITRATION C4PK | P | 1 max fill(s) per 180 day(s) retail; PA |
| FETZIMA CP24 | P | QL(1 EA daily); PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *venlafaxine hcl CP24* | P | MP |
| *venlafaxine hcl TABS* | P | MP |
| *venlafaxine hcl TB24* | P | MP |
| Tricyclic Agents | | |
| *amitriptyline hcl TABS* | P | MP |
| *amoxapine* | P | MP |
| *clomipramine hcl* | P | MP |
| *desipramine hcl TABS* | P | MP |
| *doxepin hcl CAPS* | P | MP |
| *doxepin hcl CONC* | P | MP |
| *imipramine hcl TABS* | P | MP |
| *imipramine pamoate* | P | MP |
| *nortriptyline hcl CAPS* | P | MP |
| *nortriptyline hcl SOLN* | P | MP |
| *protriptyline hcl* | P | MP |
| *trimipramine maleate CAPS* | P | PA |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| Alpha-Glucosidase Inhibitors | | |
| *acarbose* | P | MP |
| Antidiabetic Combinations | | |
| *alogliptin-metformin hcl* | P | MP |
| *dapagliflozin propanediol-metformin hcl 1000 MG-5 MG* | P | QL(2 EA daily); MP |
| *dapagliflozin propanediol-metformin hcl 1000 MG-10 MG* | P | QL(1 EA daily); MP |
| *glipizide-metformin hcl* | P | MP |
| *glyburide-metformin* | P | MP |
| *pioglitazone hcl-metformin hcl TABS* | P | MP |
| *saxagliptin-metformin hcl* | P | QL(1 EA daily); MP |
| SITAGLIPT BASE-METFORM HCL ER TB24 | P | QL(2 EA daily); MP |
| SITAGLIPT BASE-METFORM HCL ER TB24 | P | QL(1 EA daily); MP |
| SITAGLIPTIN BASE-METFORMIN HCL TABS | P | QL(2 EA daily); MP |
| SOLIQUA | P | QL(0.6 ML daily); PA |
| Biguanides | | |
| *metformin hcl SOLN* | P | QL(30 ML daily); MP |
| *metformin hcl TABS 500 MG, 850 MG, 1000 MG* | P | MP |
| *metformin hcl TB24 500 MG, 750 MG* | P | MP |
| Diabetic Other | | |
| CVS GLUCOSE CHEW | P | |
| CVS SOFT GLUCOSE CHEW | P | |
| FT GLUCOSE CHEW 4 GM | P | |
| *glucagon SOLR IJ 1 MG* | P | QL(2 EA per 31 day(s) retail) |
| GLUCO TO GO CHEW | P | |
| GLUCOSE CHEW | P | |
| GNP GLUCOSE CHEW | P | |
| TRUEPLUS GLUCOSE ON THE GO CHEW | P | |
| TRUEPLUS GLUCOSE CHEW | P | |
| WALGREENS GLUCOSE CHEW | P | |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| *alogliptin benzoate* | P | MP |
| *saxagliptin hcl* | P | QL(1 EA daily); MP |
| SITAGLIPTIN | P | QL(1 EA daily); MP |
| Incretin Mimetic Agents | | |
| *exenatide SOPN 10 MCG/0.04ML* | P | QL(0.08 ML daily); AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *exenatide SOPN 5 MCG/0.02ML* | P | QL(0.04 ML daily); AL(At least 18 yrs old) |
| *liraglutide* | P | QL(0.3 ML daily); AL(At least 10 yrs old) |
| TRULICITY | P | QL(2 ML per 28 day(s) retail); AL(At least 10 yrs old); PA |
| Insulin | | |
| HUMULIN 70/30 KWIKPEN SUPN | P | QL(2 ML daily); MP |
| HUMULIN 70/30 SUSP | P | QL(2 ML daily); MP |
| HUMULIN N KWIKPEN SUPN | P | QL(2 ML daily); MP |
| HUMULIN N SUSP | P | QL(2 ML daily); MP |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | P | QL(2 ML daily); MP |
| HUMULIN R U-500 KWIKPEN SOPN SC | P | QL(2 ML daily); MP |
| HUMULIN R SOLN IJ | P | QL(2 ML daily); MP |
| INSULIN GLARGINE-YFGN SOLN | P | QL(60 ML per 31 day(s) retail); MP |
| INSULIN GLARGINE-YFGN SOPN | P | QL(60 ML per 31 day(s) retail); MP |
| INSULIN LISPRO (1 UNIT DIAL) SOPN | P | QL(2 ML daily); MP |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN | P | QL(2 ML daily); MP |
| INSULIN LISPRO PROT & LISPRO 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); MP |
| NOVOLIN 70/30 FLEXPEN SUPN | P | QL(2 ML daily); MP |
| NOVOLIN 70/30 RELION SUSP | P | QL(2 ML daily); MP |
| NOVOLIN 70/30 SUSP | P | QL(2 ML daily); MP |
| NOVOLIN N FLEXPEN RELION SUPN | P | QL(2 ML daily); MP |
| NOVOLIN N FLEXPEN SUPN | P | QL(2 ML daily); MP |
| NOVOLIN N RELION SUSP | P | QL(2 ML daily); MP |
| NOVOLIN N SUSP | P | QL(2 ML daily); MP |
| NOVOLIN R RELION SOLN IJ | P | QL(2 ML daily); MP |
| NOVOLIN R SOLN IJ | P | QL(2 ML daily); MP |
| Insulin Sensitizing Agents | | |
| *pioglitazone hcl* | P | MP |
| Meglitinide Analogues | | |
| *nateglinide* | P | MP |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| *dapagliflozin propanediol* | P | QL(1 EA daily); MP |
| Sulfonylureas | | |
| *glimepiride 1 MG, 2 MG, 4 MG* | P | MP |
| *glipizide TABS 5 MG, 10 MG* | P | MP |
| *glipizide TB24* | P | MP |
| *glyburide micronized 1.5 MG, 3 MG, 6 MG* | P | MP |
| *glyburide TABS* | P | MP |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antidiarrheal/Probiotic Agents - Misc. | | |
| BIO-KULT INFANTIS PACK | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/30ML, 527 MG/30ML* | P | |
| CULTURELLE ABDOMINAL SUPPORT PACK | P | RX/OTC |
| CULTURELLE BABY COLIC SOOTHING LIQD | P | |
| CULTURELLE BABY DIGESTIVE CALM LIQD | P | |
| CULTURELLE BABY HEALTHY DEV PACK | P | RX/OTC |
| CULTURELLE BABY IMMUNE+DIGEST LIQD | P | |
| CULTURELLE BABY STRONG BEGIN LIQD | P | |
| CULTURELLE KIDS GROW THRIVE PACK | P | RX/OTC |
| FLORASTOR BABY PACK | P | |
| FLORASTOR KIDS PACK | P | |
| FLORATUMMYS KIDS PACK | P | RX/OTC |
| LACTINEX PACK *(lactobacillus)* | P | |
| *lactobacillus PACK* | P | |
| OMNI-BIOTIC AB 10 PACK | P | RX/OTC |
| OMNI-BIOTIC BALANCE PACK | P | RX/OTC |
| OMNI-BIOTIC HETOX PACK | P | RX/OTC |
| OMNI-BIOTIC PANDA PACK | P | RX/OTC |
| OMNI-BIOTIC STRESS RELEASE PACK | P | RX/OTC |
| PEPTO BISMOL SUSP 525 MG/30ML *(bismuth subsalicylate)* | P | |
| PEPTO-BISMOL SUSP 262 MG/15ML *(bismuth subsalicylate)* | P | |
| PRO NUTRIENTS PROBIOTIC PACK | P | RX/OTC |
| PROBIOMAX 350 DF PACK | P | RX/OTC |
| PROBIOMAX PLUS DF PACK | P | RX/OTC |
| PROBIOTIC PACK | P | RX/OTC |
| RE:IIMMUNE PACK | P | RX/OTC |
| RESTORE PACK | P | RX/OTC |
| SIMILAC PROBIOTIC TRI-BLEND PACK | P | RX/OTC |
| TRUBIOTICS BABY LIQD | P | |
| VISBIOME ADVANCED GI CARE PACK | P | RX/OTC |
| VISBIOME GI CARE EX ST PACK | P | RX/OTC |
| VSL#3 DS PACK | P | RX/OTC |
| VSL#3 JUNIOR PACK | P | RX/OTC |
| VSL#3 PACK | P | RX/OTC |
| Antidiarrheal/Probiotic Combinations | | |
| CULTURELLE ADULT ULT BALANCE CAPS | P | |
| CULTURELLE DIGESTIVE DAILY PRO CAPS | P | |
| CULTURELLE DIGESTIVE DAILY CAPS | P | |
| CULTURELLE DIGESTIVE HEALTH CAPS | P | |
| CULTURELLE HEALTH (INULIN) CAPS | P | |
| CULTURELLE ULTIMATE STRENGTH CAPS | P | |
| GNP PROBIOTIC EXTRA STRENGTH CAPS | P | |
| *lactobacillus acidophilus-pectin CAPS* | P | |
| PROBIOTIC DIGESTIVE SUPPORT CAPS | P | |
| Antiperistaltic Agents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *diphenoxylate w/ atropine LIQD* | P | |
| *diphenoxylate w/ atropine TABS* | P | |
| *loperamide hcl CAPS* | P | RX/OTC |
| *loperamide hcl TABS* | P | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| *deferasirox PACK* | P | SP; PA |
| *deferasirox TABS* | P | SP; PA |
| Antidotes and Specific Antagonists | | |
| *deferoxamine mesylate* | P | SP |
| Opioid Antagonists | | |
| *naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML* | P | |
| *naloxone hcl SOSY 2 MG/2ML* | P | |
| *naltrexone hcl* | P | MP |
| NARCAN LIQD *(naloxone hcl)* | P | RX/OTC |
| REXTOVY LIQD | P | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| *ondansetron hcl SOLN PO 4 MG/5ML* | P | |
| *ondansetron hcl TABS 4 MG, 8 MG* | P | |
| *ondansetron TBDP* | P | |
| Antiemetics - Anticholinergic | | |
| ANTIVERT CHEW *(meclizine hcl)* | P | RX/OTC |
| *meclizine hcl CHEW* | P | RX/OTC |
| *meclizine hcl TABS 12.5 MG, 25 MG* | P | RX/OTC |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| Antifungals | | |
| *griseofulvin microsize SUSP* | P | QL(15 ML daily) |
| *griseofulvin microsize TABS* | P | |
| *griseofulvin ultramicrosize* | P | |
| *nystatin TABS* | P | |
| *terbinafine hcl TABS* | P | |
| Imidazole-Related Antifungals | | |
| *fluconazole SUSR* | P | |
| *fluconazole TABS* | P | |
| *ketoconazole* | P | |
| ANTIHISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Alkylamines | | |
| *chlorpheniramine maleate TABS* | P | |
| Antihistamines - Ethanolamines | | |
| BENADRYL ALLERGY CHILDRENS LIQD *(diphenhydramine hcl)* | P | |
| BENADRYL ALLERGY EXTRA STR TABS | P | |
| *diphenhydramine hcl CAPS* | P | |
| *diphenhydramine hcl ELIX 12.5 MG/5ML* | P | |
| *diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML* | P | |
| *diphenhydramine hcl SOLN 50 MG/ML* | P | |
| Antihistamines - Non-Sedating | | |
| ALLEGRA ALLERGY CHILDRENS SUSP *(fexofenadine hcl)* | P | |
| ALLEGRA ALLERGY TABS *(fexofenadine hcl)* | P | |
| *cetirizine hcl SOLN PO* | P | QL(10 ML daily); RX/OTC |
| *cetirizine hcl SYRP PO 1 MG/ML* | P | QL(10 ML daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cetirizine hcl TABS* | P | |
| CLARITIN ALLERGY CHILDRENS SOLN *(loratadine)* | P | QL(10 ML daily) |
| CLARITIN REDITABS JUNIORS TBDP *(loratadine)* | P | |
| CLARITIN REDITABS TBDP 10 MG *(loratadine)* | P | |
| CLARITIN SOLN *(loratadine)* | P | QL(10 ML daily) |
| CLARITIN TABS *(loratadine)* | P | |
| *fexofenadine hcl SUSP* | P | |
| *fexofenadine hcl TABS 60 MG, 180 MG* | P | |
| *levocetirizine dihydrochloride SOLN* | P | RX/OTC |
| *levocetirizine dihydrochloride TABS* | P | RX/OTC |
| *loratadine SOLN* | P | QL(10 ML daily) |
| *loratadine TABS* | P | |
| *loratadine TBDP 10 MG* | P | |
| ZYRTEC ALLERGY TABS *(cetirizine hcl)* | P | |
| Antihistamines - Phenothiazines | | |
| *promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML* | P | |
| *promethazine hcl SUPP 25 MG* | P | |
| *promethazine hcl TABS* | P | |
| Antihistamines - Piperidines | | |
| *cyproheptadine hcl SYRP* | P | QL(30 ML daily) |
| *cyproheptadine hcl TABS* | P | |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Antihyperlipidemics - Misc. | | |
| *omega-3-acid ethyl esters* | P | |
| Bile Acid Sequestrants | | |
| *cholestyramine light PACK* | P | |
| *cholestyramine light POWD* | P | |
| *cholestyramine PACK* | P | |
| *cholestyramine POWD* | P | |
| Fibric Acid Derivatives | | |
| *choline fenofibrate 135 MG* | P | |
| *fenofibrate micronized 67 MG, 134 MG, 200 MG* | P | |
| *fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG* | P | |
| *gemfibrozil TABS* | P | |
| HMG CoA Reductase Inhibitors | | |
| *atorvastatin calcium TABS* | P | MP |
| *fluvastatin sodium TB24* | P | MP |
| *lovastatin TABS* | P | MP |
| *pravastatin sodium* | P | MP |
| *rosuvastatin calcium TABS* | P | MP |
| *simvastatin TABS* | P | MP |
| Intestinal Cholesterol Absorption Inhibitors | | |
| *ezetimibe* | P | |
| Nicotinic Acid Derivatives | | |
| *niacin (antihyperlipidemic) TABS* | P | |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| *benazepril hcl* | P | MP |
| *captopril* | P | MP |
| *enalapril maleate TABS* | P | MP |
| *fosinopril sodium* | P | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG* | P | MP |
| *quinapril hcl* | P | MP |
| *ramipril CAPS* | P | MP |
| Angiotensin II Receptor Antagonists | | |
| *irbesartan* | P | MP |
| *losartan potassium* | P | MP |
| *olmesartan medoxomil* | P | MP |
| *valsartan TABS* | P | MP |
| Antiadrenergic Antihypertensives | | |
| *clonidine hcl TABS* | P | MP |
| *doxazosin mesylate* | P | MP |
| *guanfacine hcl* | P | MP |
| *methyldopa TABS* | P | MP |
| *prazosin hcl CAPS* | P | MP |
| *terazosin hcl* | P | MP |
| Antihypertensive Combinations | | |
| *amlodipine besylate-benazepril hcl* | P | MP |
| *amlodipine besylate-valsartan* | P | MP |
| *atenolol & chlorthalidone* | P | MP |
| *benazepril & hydrochlorothiazide* | P | MP |
| *bisoprolol & hydrochlorothiazide* | P | MP |
| *captopril & hydrochlorothiazide* | P | MP |
| *enalapril maleate & hydrochlorothiazide* | P | MP |
| *lisinopril & hydrochlorothiazide* | P | MP |
| *losartan potassium & hydrochlorothiazide* | P | MP |
| *valsartan-hydrochlorothiazide* | P | MP |
| Vasodilators | | |
| *hydralazine hcl SOLN* | P | MP |
| *hydralazine hcl TABS* | P | MP |
| *minoxidil 2.5 MG, 10 MG* | P | MP |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| *metronidazole TABS* | P | |
| *tinidazole* | P | |
| *trimethoprim TABS* | P | |
| XIFAXAN 550 MG | P | PA |
| Anti-infective Misc. - Combinations | | |
| *sulfamethoxazole-trimethoprim SUSP* | P | |
| *sulfamethoxazole-trimethoprim TABS* | P | |
| Antiprotozoal Agents | | |
| *atovaquone* | P | |
| Glycopeptides | | |
| *vancomycin hcl CAPS* | P | PA |
| *vancomycin hcl SOLR IV 1 GM, 10 GM, 100 GM, 500 MG, 750 MG* | P | |
| VANCOMYCIN HCL SOLR IV 1 GM, 10 GM, 500 MG | P | |
| Lincosamides | | |
| CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML | P | |
| *clindamycin hcl* | P | |
| *clindamycin palmitate hydrochloride* | P | QL(80 ML daily) |
| *clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML* | P | |
| Oxazolidinones | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *linezolid TABS* | P | PA |
| Urinary Anti-infectives | | |
| *nitrofurantoin macrocrystal* | P | |
| *nitrofurantoin monohyd macro* | P | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| *atovaquone-proguanil hcl* | P | |
| Antimalarials | | |
| *chloroquine phosphate TABS* | P | |
| *hydroxychloroquine sulfate 200 MG* | P | |
| *mefloquine hcl* | P | |
| *primaquine phosphate TABS* | P | |
| *pyrimethamine* | P | SP; PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| *pyridostigmine bromide SOLN PO* | P | |
| *pyridostigmine bromide TABS* | P | |
| *pyridostigmine bromide TBCR* | P | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| *ethambutol hcl TABS* | P | PA; ICD-10 required; Latent/Non-Pulmonary TB only |
| *isoniazid SOLN* | P | PA; ICD-10 required; Latent/Non-Pulmonary TB only |
| *isoniazid TABS* | P | PA; ICD-10 required; Latent/Non-Pulmonary TB only |
| PRETOMANID | P | |
| *pyrazinamide* | P | PA; ICD-10 required; Latent/Non-Pulmonary TB only |
| *rifabutin* | P | PA; ICD-10 required; Latent/Non-Pulmonary TB only |
| *rifampin CAPS* | P | PA; ICD-10 required; Latent/Non-Pulmonary TB only |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| *cyclophosphamide CAPS* | P | PA |
| LEUKERAN | P | PA |
| *lomustine* | P | PA |
| *melphalan* | P | |
| MYLERAN TABS | P | |
| *temozolomide CAPS* | P | SP; PA |
| Antimetabolites | | |
| *capecitabine* | P | SP; PA |
| *mercaptopurine TABS* | P | |
| *methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *methotrexate sodium SOLR* | P | |
| *methotrexate sodium TABS 2.5 MG* | P | |
| TABLOID | P | SP; PA |
| Antineoplastic - Angiogenesis Inhibitors | | |
| MVASI | P | SP; PA |
| ZIRABEV | P | SP; PA |
| Antineoplastic - Antibodies | | |
| LOQTORZI | P | SP; PA |
| OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML | P | SP; PA |
| RUXIENCE | P | SP; PA |
| TRUXIMA | P | SP; PA |
| Antineoplastic - Anti-HER2 Agents | | |
| KANJINTI | P | SP; PA |
| OGIVRI | P | SP; PA |
| TRAZIMERA 420 MG | P | SP; PA |
| Antineoplastic - EGFR Inhibitors | | |
| *erlotinib hcl* | P | SP; PA |
| GILOTRIF | P | QL(1 EA daily); SP; PA |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| ERIVEDGE | P | SP; PA |
| Antineoplastic - Hormonal and Related Agents | | |
| *abiraterone acetate* | P | SP; PA |
| *anastrozole* | P | |
| AROMASIN *(exemestane)* | P | QL(1 EA daily) |
| *bicalutamide* | P | |
| ELIGARD SC | P | SP; PA |
| EULEXIN | P | |
| *exemestane* | P | QL(1 EA daily) |
| *letrozole* | P | |
| *megestrol acetate SUSP* | P | QL(20 ML daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *megestrol acetate TABS* | P | |
| *tamoxifen citrate TABS* | P | |
| VABRINTY SC 22.5 MG, 30 MG, 45 MG | P | SP; PA |
| Antineoplastic Enzyme Inhibitors | | |
| BOSULIF TABS | P | SP; PA |
| CAPRELSA | P | SP; PA |
| *dasatinib* | P | SP; PA |
| *everolimus TABS* | P | SP; PA |
| ICLUSIG | P | QL(1 EA daily); SP; PA |
| *imatinib mesylate TABS* | P | SP; PA |
| JAKAFI | P | QL(2 EA daily); SP; PA |
| *lapatinib ditosylate* | P | SP; PA |
| *nilotinib hcl 50 MG, 150 MG, 200 MG* | P | SP; PA |
| PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG | P | SP; PA |
| STIVARGA | P | SP; PA |
| *sunitinib malate* | P | SP; PA |
| XALKORI CAPS | P | SP; PA |
| ZELBORAF | P | SP; PA |
| ZOLINZA | P | SP; PA |
| ZYKADIA TABS | P | QL(155 EA per 31 day(s) retail); SP; PA |
| Antineoplastic Enzymes | | |
| ONCASPAR | P | SP; PA |
| Antineoplastics Misc. | | |
| *hydroxyurea* | P | |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| *leucovorin calcium SOLN IJ 500 MG/50ML* | P | |
| *leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG* | P | |
| *leucovorin calcium TABS* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Mitotic Inhibitors | | |
| *etoposide CAPS* | P | SP |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Anticholinergics | | |
| *benztropine mesylate TABS* | P | |
| *trihexyphenidyl hcl SOLN* | P | |
| *trihexyphenidyl hcl TABS* | P | |
| Antiparkinson COMT Inhibitors | | |
| *entacapone* | P | |
| Antiparkinson Dopaminergics | | |
| *amantadine hcl CAPS* | P | |
| *amantadine hcl SOLN* | P | |
| *amantadine hcl TABS* | P | |
| *bromocriptine mesylate CAPS* | P | |
| *bromocriptine mesylate TABS 2.5 MG* | P | |
| *carbidopa-levodopa TABS* | P | |
| *carbidopa-levodopa TBCR* | P | |
| DHIVY TABS | P | |
| *pramipexole dihydrochloride TABS* | P | |
| *ropinirole hydrochloride TABS* | P | |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| *selegiline hcl CAPS* | P | |
| *selegiline hcl TABS* | P | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| *lithium carbonate CAPS* | P | MP |
| *lithium carbonate TABS* | P | MP |
| *lithium carbonate TBCR* | P | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antipsychotics - Misc. | | |
| CAPLYTA | P | QL(1 EA daily); MP |
| EQUETRO | P | MP |
| *lurasidone hcl 120 MG* | P | MP |
| *lurasidone hcl 60 MG, 80 MG* | P | QL(2 EA daily); MP |
| *lurasidone hcl 20 MG, 40 MG* | P | QL(1 EA daily); MP |
| NUPLAZID CAPS | P | MP |
| NUPLAZID TABS 10 MG | P | MP |
| VRAYLAR CAPS | P | QL(1 EA daily); MP |
| VRAYLAR CPPK | P | MP |
| *ziprasidone hcl* | P | MP |
| *ziprasidone mesylate* | P | |
| Benzisoxazoles | | |
| ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML | P | AL(At least 18 yrs old); SP |
| ERZOFRI 351 MG/2.25ML | P | SP |
| FANAPT | P | MP |
| FANAPT TITRATION PACK A | P | |
| FANAPT TITRATION PACK B | P | |
| FANAPT TITRATION PACK C | P | |
| INVEGA HAFYERA | P | SP |
| INVEGA SUSTENNA | P | AL(At least 18 yrs old); SP |
| INVEGA TRINZA | P | AL(At least 18 yrs old); SP |
| *paliperidone* | P | MP |
| PERSERIS PRSY | P | SP |
| *risperidone microspheres* | P | SP |
| *risperidone SOLN* | P | MP |
| *risperidone TABS* | P | MP |
| *risperidone TBDP* | P | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RYKINDO SRER | P | SP |
| UZEDY SUSY | P | SP |
| Butyrophenones | | |
| *haloperidol decanoate* | P | |
| *haloperidol lactate CONC* | P | MP |
| *haloperidol lactate SOLN* | P | |
| *haloperidol TABS* | P | MP |
| Dibenzapines | | |
| ADASUVE | P | MP |
| *asenapine maleate* | P | PA; AL(At least 10 yrs old) |
| *clozapine TABS* | P | MP |
| *clozapine TBDP* | P | MP |
| *loxapine succinate* | P | MP |
| *olanzapine SOLR* | P | |
| *olanzapine TABS* | P | MP |
| *olanzapine TBDP* | P | MP |
| *quetiapine fumarate TABS* | P | PA; MP |
| *quetiapine fumarate TB24* | P | PA; MP |
| SECUADO | P | |
| VERSACLOZ SUSP | P | MP |
| ZYPREXA RELPREVV | P | SP |
| Dihydroindolones | | |
| *molindone hcl* | P | MP |
| Muscarinic Agents | | |
| COBENFY STARTER PACK CPPK | P | MP |
| COBENFY CAPS | P | MP |
| Phenothiazines | | |
| *chlorpromazine hcl CONC* | P | MP |
| *chlorpromazine hcl SOLN* | P | |
| *chlorpromazine hcl TABS* | P | MP |
| *fluphenazine decanoate* | P | |
| *fluphenazine hcl CONC* | P | MP |
| *fluphenazine hcl ELIX* | P | MP |
| *fluphenazine hcl SOLN* | P | |
| *fluphenazine hcl TABS* | P | MP |
| *perphenazine TABS* | P | MP |
| *prochlorperazine* | P | |
| *prochlorperazine edisylate 10 MG/2ML* | P | |
| *prochlorperazine maleate TABS* | P | MP |
| *thioridazine hcl* | P | MP |
| *trifluoperazine hcl TABS* | P | MP |
| Quinolinone Derivatives | | |
| ABILIFY ASIMTUFII PRSY | P | SP |
| ABILIFY MAINTENA PRSY | P | SP |
| ABILIFY MAINTENA SRER | P | SP; ST |
| ABILIFY MYCITE MAINTENANCE KIT | P | SP; MP |
| ABILIFY MYCITE STARTER KIT | P | SP; MP |
| *aripiprazole SOLN PO* | P | PA; MP |
| *aripiprazole TABS* | P | MP |
| *aripiprazole TBDP* | P | PA; MP |
| ARISTADA | P | AL(At least 18 yrs old); SP |
| ARISTADA INITIO | P | 1 package(s) per 365 day(s) retail; AL(At least 18 yrs old); SP |
| OPIPZA FILM | P | MP |
| REXULTI | P | QL(1 EA daily); MP |
| Thioxanthenes | | |
| *thiothixene* | P | MP |
| ANTISEPTICS & DISINFECTANTS | | |
| Chlorine Antiseptics | | |
| *chlorhexidine gluconate SOLN EX 4 %* | P | QL(16 ML daily) |
| H-CHLOR WOUND GEL | P | |


P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary
Drugs listed in UPPERCASE are brand-name drugs; lowercase are generic drugs.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HIBICLENS SOLN EX *(chlorhexidine gluconate)* | P | QL(16 ML daily) |
| ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Antiretrovirals | | |
| *abacavir sulfate-lamivudine* | P | |
| *abacavir sulfate SOLN* | P | |
| *abacavir sulfate TABS* | P | |
| APRETUDE | P | QL(3 ML per fill retail); 7 max fill(s) per 365 day(s) retail |
| APTIVUS CAPS | P | |
| *atazanavir sulfate CAPS* | P | |
| BIKTARVY 120 MG-30 MG-15 MG | P | |
| BIKTARVY 200 MG-50 MG-25 MG | P | QL(1 EA daily) |
| CIMDUO | P | QL(1 EA daily) |
| *darunavir TABS* | P | |
| DELSTRIGO | P | |
| DESCOVY | P | PA |
| DOVATO | P | |
| EDURANT | P | |
| *efavirenz CAPS* | P | |
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | P | |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate* | P | QL(1 EA daily) |
| *efavirenz TABS* | P | |
| *emtricitabine CAPS* | P | QL(1 EA daily) |
| *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | P | |
| *emtricitabine-tenofovir disoproxil fumarate* | P | QL(1 EA daily) |
| EMTRIVA SOLN | P | QL(744 ML per 31 day(s) retail) |
| *etravirine* | P | |
| EVOTAZ | P | |
| *fosamprenavir calcium TABS* | P | |
| FUZEON SOLR | P | SP |
| GENVOYA | P | QL(1 EA daily) |
| INTELENCE 25 MG | P | |
| ISENTRESS HD TABS | P | |
| ISENTRESS CHEW | P | |
| ISENTRESS PACK | P | |
| ISENTRESS TABS | P | |
| JULUCA | P | QL(1 EA daily) |
| KALETRA SOLN | P | |
| *lamivudine SOLN* | P | |
| *lamivudine TABS* | P | |
| *lamivudine-zidovudine* | P | |
| LEXIVA SUSP | P | |
| *lopinavir-ritonavir SOLN* | P | |
| *lopinavir-ritonavir TABS* | P | |
| *maraviroc TABS* | P | |
| *nevirapine SUSP* | P | |
| *nevirapine TABS* | P | |
| *nevirapine TB24 400 MG* | P | |
| ODEFSEY | P | |
| PIFELTRO | P | |
| PREZCOBIX | P | |
| PREZISTA SUSP | P | |
| PREZISTA TABS 75 MG, 150 MG | P | |
| RETROVIR SOLN | P | |
| REYATAZ PACK | P | |
| *ritonavir TABS* | P | |
| RUKOBIA | P | |
| SELZENTRY SOLN | P | |
| SELZENTRY TABS 25 MG, 75 MG | P | |
| STRIBILD | P | |
| SUNLENCA TABS PO 300 MG | P | SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SUNLENCA TBPK 300 MG | P | SP |
| SYMTUZA | P | |
| *tenofovir disoproxil fumarate TABS* | P | |
| TIVICAY PD TBSO | P | |
| TIVICAY TABS | P | |
| TRIUMEQ PD TBSO | P | |
| TRIUMEQ TABS | P | QL(1 EA daily) |
| TYBOST | P | QL(1 EA daily) |
| VIRACEPT TABS | P | |
| VIREAD POWD | P | |
| VIREAD TABS 150 MG | P | QL(1 EA daily) |
| VIREAD TABS 200 MG, 250 MG | P | |
| YEZTUGO TABS PO 300 MG | P | SP |
| *zidovudine CAPS* | P | |
| *zidovudine SYRP* | P | QL(62 ML daily) |
| *zidovudine TABS* | P | |
| Antiviral Combinations | | |
| PAXLOVID (150/100) | P | |
| PAXLOVID (300/100) | P | |
| Hepatitis Agents | | |
| *adefovir dipivoxil* | P | |
| BARACLUDE SOLN | P | QL(23.34 ML daily) |
| *entecavir TABS* | P | |
| MAVYRET PACK | P | QL(280 EA per 999 day(s) retail; 280 EA per 999 days mail); SP |
| MAVYRET TABS | P | QL(168 EA per 999 day(s) retail; 168 EA per 999 days mail); SP |
| PEGASYS SOLN | P | SP; PA |
| PEGASYS SOSY | P | SP; PA |
| *ribavirin (hepatitis c) TABS 200 MG* | P | SP |
| SOFOSBUVIR-VELPATASVIR TABS | P | QL(84 EA per 999 day(s) retail; 84 EA per 999 days mail); SP |
| Herpes Agents | | |
| *acyclovir CAPS* | P | |
| *acyclovir SUSP* | P | |
| *acyclovir TABS PO* | P | |
| *valacyclovir hcl* | P | |
| Influenza Agents | | |
| *oseltamivir phosphate CAPS 45 MG, 75 MG* | P | QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail |
| *oseltamivir phosphate CAPS 30 MG* | P | QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail |
| *oseltamivir phosphate SUSR* | P | QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old) |
| RELENZA DISKHALER | P | QL(40 EA per 365 day(s) retail); AL(At least 7 yrs old) |
| *rimantadine hydrochloride TABS* | P | |
| Misc. Antivirals | | |
| LAGEVRIO | P | |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | |
| *carvedilol* | P | MP |


P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary
Drugs listed in UPPERCASE are brand-name drugs; lowercase are generic drugs.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *carvedilol phosphate* | P | QL(1 EA daily); MP |
| *labetalol hcl SOLN* | P | MP |
| LABETALOL HCL SOLN | P | MP |
| *labetalol hcl TABS* | P | MP |
| Beta Blockers Cardio-Selective | | |
| *acebutolol hcl CAPS* | P | MP |
| *atenolol TABS* | P | MP |
| *bisoprolol fumarate* | P | MP |
| *metoprolol succinate TB24* | P | MP |
| *metoprolol tartrate SOLN IV 5 MG/5ML* | P | MP |
| *metoprolol tartrate TABS* | P | MP |
| Beta Blockers Non-Selective | | |
| *nadolol TABS 20 MG, 40 MG, 80 MG* | P | MP |
| *pindolol TABS* | P | MP |
| *propranolol hcl CP24* | P | MP |
| *propranolol hcl SOLN PO 20 MG/5ML* | P | QL(80 ML daily); MP |
| *propranolol hcl SOLN IV 1 MG/ML* | P | MP |
| *propranolol hcl TABS* | P | MP |
| *sotalol hcl (afib/afl)* | P | MP |
| *sotalol hcl TABS* | P | MP |
| *timolol maleate TABS* | P | MP |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| *amlodipine besylate TABS* | P | MP |
| *diltiazem hcl coated beads CP24* | P | MP |
| *diltiazem hcl extended release beads* | P | MP |
| *diltiazem hcl CP12* | P | MP |
| *diltiazem hcl CP24* | P | MP |
| *diltiazem hcl SOLN* | P | MP |
| *diltiazem hcl TABS* | P | MP |
| *diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG* | P | MP |
| *felodipine* | P | QL(1 EA daily); MP |
| *nifedipine CAPS 10 MG* | P | MP |
| *nifedipine TB24* | P | MP |
| *verapamil hcl CP24* | P | MP |
| *verapamil hcl TABS* | P | MP |
| *verapamil hcl TBCR* | P | MP |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| *digoxin SOLN PO 0.05 MG/ML* | P | |
| *digoxin TABS 125 MCG, 250 MCG* | P | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| *sacubitril-valsartan TABS* | P | QL(2 EA daily); MP |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| *ambrisentan* | P | QL(1 EA daily); AL(At least 18 yrs old); SP; PA |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| *sildenafil citrate (pulmonary hypertension) TABS* | P | QL(3 EA daily); SP; PA |
| *tadalafil (pulmonary hypertension) TABS* | P | SP; PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Cephalosporins - 1st Generation | | |
| *cefadroxil CAPS* | P | |
| *cefadroxil SUSR* | P | |
| *cefadroxil TABS* | P | |
| *cefazolin sodium SOLR IJ 1 GM, 10 GM* | P | |
| *cephalexin CAPS* | P | |
| *cephalexin SUSR* | P | |
| Cephalosporins - 2nd Generation | | |
| *cefaclor CAPS* | P | |
| *cefprozil SUSR* | P | |
| *cefprozil TABS* | P | |
| *cefuroxime axetil TABS* | P | |
| Cephalosporins - 3rd Generation | | |
| *cefdinir CAPS* | P | |
| *cefdinir SUSR* | P | |
| *cefixime CAPS* | P | |
| *cefpodoxime proxetil SUSR* | P | |
| *cefpodoxime proxetil TABS* | P | |
| *ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG* | P | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| *desogestrel & ethinyl estradiol* | P | QL(1 EA daily) |
| *desogestrel-ethinyl estradiol (biphasic)* | P | QL(1 EA daily) |
| *desogestrel-ethinyl estradiol (triphasic)* | P | QL(1 EA daily) |
| *drospirenone-ethinyl estradiol* | P | QL(1 EA daily) |
| *ethynodiol diacet & eth estrad 35 MCG-1 MG* | P | QL(1 EA daily) |
| *levonorgestrel & eth estradiol TABS* | P | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *levonorgestrel-eth estradiol (triphasic)* | P | QL(1 EA daily) |
| *levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG* | P | QL(1 EA daily) |
| *levonorgestrel-ethinyl estradiol (continuous)* | P | QL(1 EA daily) |
| *norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG* | P | QL(1 EA daily) |
| *norethindrone & eth estradiol* | P | QL(1 EA daily) |
| *norethindrone & ethinyl estradiol-fe* | P | QL(1 EA daily) |
| *norethindrone acet & eth estra TABS* | P | QL(1 EA daily) |
| *norethindrone-eth estradiol (triphasic)* | P | QL(1 EA daily) |
| *norgestimate-ethinyl estradiol* | P | QL(1 EA daily) |
| *norgestimate-ethinyl estradiol (triphasic)* | P | QL(1 EA daily) |
| *norgestrel & ethinyl estradiol 30 MCG-0.3 MG* | P | QL(1 EA daily) |
| TYBLUME CHEW | P | QL(1 EA daily) |
| Combination Contraceptives - Transdermal | | |
| *norelgestromin-ethinyl estradiol* | P | |
| Combination Contraceptives - Vaginal | | |
| *etonogestrel-ethinyl estradiol* | P | QL(1 EA per 28 day(s) retail) |
| Copper Contraceptives - IUD | | |
| MIUDELLA INTRAUTERINE COPPER | P | SP |
| PARAGARD INTRAUTERINE COPPER | P | SP |
| Emergency Contraceptives | | |
| *levonorgestrel (emergency oc) 1.5 MG* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PLAN B ONE-STEP *(levonorgestrel (emergency oc))* | P | |
| Progestin Contraceptives - Implants | | |
| NEXPLANON | P | SP |
| Progestin Contraceptives - Injectable | | |
| *medroxyprogesterone acetate (contraceptive) SUSP IM* | P | QL(0.012 ML daily; 1 ML per fill retail) |
| *medroxyprogesterone acetate (contraceptive) SUSY IM* | P | QL(0.012 ML daily; 1 ML per fill retail) |
| Progestin Contraceptives - IUD | | |
| LILETTA (52 MG) | P | SP |
| MIRENA (52 MG) | P | SP |
| SKYLA | P | SP |
| Progestin Contraceptives - Oral | | |
| *norethindrone (contraceptive)* | P | |
| OPILL | P | QL(1 EA daily) |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| CORTISONE ACETATE TABS | P | |
| DEXAMETHASONE INTENSOL CONC | P | |
| *dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 10 MG/ML, 20 MG/5ML, 120 MG/30ML* | P | |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ | P | |
| *dexamethasone sodium phosphate SOSY IJ* | P | |
| *dexamethasone ELIX* | P | |
| *dexamethasone SOLN* | P | |
| *dexamethasone TABS* | P | |
| *hydrocortisone TABS* | P | |
| *methylprednisolone acetate SUSP* | P | |
| METHYLPREDNISOLONE ACETATE SUSP | P | |
| *methylprednisolone TABS* | P | |
| *methylprednisolone TBPK* | P | |
| *prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML, 25 MG/5ML* | P | |
| *prednisolone SOLN* | P | |
| *prednisone SOLN* | P | |
| *prednisone TABS* | P | |
| *prednisone TBPK* | P | |
| SOLU-MEDROL (PF) 40 MG, 125 MG, 1000 MG | P | |
| Mineralocorticoids | | |
| *fludrocortisone acetate TABS* | P | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| Antitussives | | |
| *benzonatate 100 MG, 200 MG* | P | |
| DELSYM COUGH CHILDRENS SUER *(dextromethorphan polistirex)* | P | |
| DELSYM SUER *(dextromethorphan polistirex)* | P | |
| *dextromethorphan polistirex SUER* | P | |
| *hydrocodone bitartrate-homatropine methylbromide SOLN* | P | AL(At least 18 yrs old) |
| *hydrocodone bitartrate-homatropine methylbromide TABS* | P | AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ROBITUSSIN CHILDRENS COUGH LA SYRP | P | |
| Cough/Cold/Allergy Combinations | | |
| BENADRYL ALLERGY CHILDRENS SOLN | P | |
| *brompheniramine & phenyleph ELIX* | P | |
| *brompheniramine & pseudoeph ELIX* | P | |
| *brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML* | P | |
| *cetirizine-pseudoephedrine* | P | |
| *chlorpheniramine & pseudoeph TABS* | P | |
| CLARITIN-D 12 HOUR TB12 *(loratadine & pseudoephedrine)* | P | |
| CLARITIN-D 24 HOUR TB24 *(loratadine & pseudoephedrine)* | P | |
| DESPEC DM-G SYRP 5 MG/5ML-100 MG/5ML-10 MG/5ML | P | |
| DESPEC DM SYRP | P | |
| *dextromethorphan-doxylamine-acetaminophen LIQD* | P | |
| *dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML* | P | |
| *dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML* | P | |
| *dextromethorphan-guaifenesin TABS 400 MG-20 MG* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *diphenhydramine-phenylephrine LIQD 2.5 MG/5ML-6.25 MG/5ML* | P | |
| *fexofenadine-pseudoephedrine TB12* | P | |
| *fexofenadine-pseudoephedrine TB24* | P | |
| *guaifenesin-codeine SOLN* | P | AL(At least 18 yrs old) |
| *guaifenesin-codeine SYRP* | P | AL(At least 18 yrs old) |
| *hydrocodone polistirex-chlorpheniramine polistirex SUER* | P | AL(At least 18 yrs old) |
| *loratadine & pseudoephedrine TB12* | P | |
| *loratadine & pseudoephedrine TB24* | P | |
| MAXIFED TR TABS | P | |
| MUCINEX D TB12 *(pseudoephedrine-guaifenesin)* | P | |
| NYQUIL HBP COLD & FLU LIQD *(dextromethorphan-doxylamine-acetaminophen)* | P | |
| *phenylephrine w/ dm-gg LIQD 10 MG/10ML-200 MG/10ML-20 MG/10ML, 5 MG/5ML-100 MG/5ML-10 MG/5ML* | P | |
| *phenylephrine w/ dm-gg SYRP 5 MG/5ML-100 MG/5ML-10 MG/5ML* | P | |
| *phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-5 MG/5ML-1 MG/5ML, 5 MG/10ML-10 MG/10ML-2 MG/10ML* | P | |
| *phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *promethazine & phenylephrine SYRP* | P | |
| *promethazine w/codeine SOLN* | P | AL(At least 18 yrs old) |
| *promethazine-dm SYRP* | P | |
| *promethazine-phenylephrine-codeine* | P | AL(At least 18 yrs old) |
| *pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML* | P | |
| *pseudoephedrine-guaifenesin TB12 600 MG-60 MG* | P | |
| ROBITUSSIN CHILD COUGH/COLD LA LIQD | P | |
| ROBITUSSIN NIGHTTIME COUGH LIQD | P | |
| ROBITUSSIN PEAK COLD MULTI-SYM LIQD *(phenylephrine w/ dm-gg)* | P | |
| *triprolidine & pseudoephedrine TABS* | P | |
| VICKS NYQUIL COLD & FLU NIGHT LIQD *(dextromethorphan-doxylamine-acetaminophen)* | P | |
| VICKS NYQUIL COLD & FLU LIQD *(dextromethorphan-doxylamine-acetaminophen)* | P | |
| VICKS NYQUIL HBP COLD & FLU LIQD *(dextromethorphan-doxylamine-acetaminophen)* | P | |
| ZYRTEC-D ALLERGY & CONGESTION *(cetirizine-pseudoephedrine)* | P | |
| ZYRTEC-D ALLERGY & SINUS *(cetirizine-pseudoephedrine)* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Expectorants | | |
| GERI-TUSSIN SYRP | P | |
| *guaifenesin LIQD* | P | |
| *guaifenesin TABS* | P | |
| *guaifenesin TB12* | P | |
| MUCINEX MAXIMUM STRENGTH TB12 *(guaifenesin)* | P | |
| MUCINEX TB12 *(guaifenesin)* | P | |
| *potassium iodide (expectorant) SOLN* | P | |
| Misc. Respiratory Inhalants | | |
| *sodium chloride (inhalant) AERS* | P | |
| *sodium chloride (inhalant) NEBU 0.9 %, 3 %* | P | |
| Mucolytics | | |
| *acetylcysteine SOLN* | P | |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| Acne Products | | |
| BENZAC AC WASH LIQD 5 % | P | RX/OTC |
| *benzoyl peroxide GEL 2.5 %, 5 %, 10 %* | P | |
| BENZOYL PEROXIDE GEL | P | |
| *benzoyl peroxide LIQD 4 %, 5 %, 10 %* | P | |
| *benzoyl peroxide LOTN 5 %, 10 %* | P | |
| BENZOYL PEROXIDE LOTN 5 %, 10 % | P | |
| *clindamycin phosphate (topical) GEL* | P | QL(75 ML per 31 day(s) retail) |
| *clindamycin phosphate (topical) LOTN* | P | QL(2 ML daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clindamycin phosphate (topical) SOLN* | P | QL(4 ML daily) |
| *clindamycin phosphate (topical) SWAB* | P | QL(2 EA daily) |
| *erythromycin (acne aid) GEL* | P | QL(2 GM daily) |
| *erythromycin (acne aid) SOLN* | P | QL(2 ML daily) |
| *isotretinoin 10 MG, 20 MG, 30 MG, 40 MG* | P | QL(2 EA daily); 150 day(s) max supply per 365 day(s) retail; AL(At least 12 yrs old); PA |
| *sulfacetamide sodium (acne)* | P | |
| *tretinoin CREA 0.025 %, 0.05 %, 0.1 %* | P | QL(1.5 GM daily) |
| *tretinoin GEL 0.01 %, 0.025 %, 0.05 %* | P | QL(1.5 GM daily) |
| Antibiotics - Topical | | |
| *bacitracin (topical) OINT* | P | |
| *bacitracin zinc OINT* | P | |
| *bacitracin-polymyxin b OINT* | P | |
| *gentamicin sulfate (topical) CREA* | P | QL(1 GM daily) |
| *gentamicin sulfate (topical) OINT* | P | QL(1 GM daily) |
| *mupirocin OINT* | P | QL(22 GM per 31 day(s) retail) |
| *neomycin-bacitracin-polymyxin OINT* | P | |
| NEOSPORIN ORIGINAL OINT *(neomycin-bacitracin-polymyxin)* | P | |
| POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM *(bacitracin-polymyxin b)* | P | |
| Antifungals - Topical | | |
| *ciclopirox olamine CREA* | P | QL(3 GM daily) |
| *ciclopirox olamine SUSP* | P | QL(2 ML daily) |
| *ciclopirox SOLN* | P | QL(0.22 ML daily) |
| *clotrimazole (topical) CREA* | P | QL(1.5 GM daily); RX/OTC |
| *clotrimazole (topical) SOLN* | P | QL(1 ML daily); RX/OTC |
| *clotrimazole w/ betamethasone CREA* | P | QL(1.5 GM daily) |
| *ketoconazole (topical) CREA* | P | QL(2 GM daily) |
| *ketoconazole (topical) SHAM 2 %* | P | QL(4 ML daily) |
| LAMISIL AT ATHLETES FOOT CREA *(terbinafine hcl (topical))* | P | QL(1 GM daily) |
| LAMISIL AT JOCK ITCH CREA *(terbinafine hcl (topical))* | P | QL(1 GM daily) |
| LAMISIL AT CREA *(terbinafine hcl (topical))* | P | QL(1 GM daily) |
| MICATIN CREA *(miconazole nitrate (topical))* | P | |
| *miconazole nitrate (topical) CREA* | P | |
| *nystatin (topical) CREA* | P | QL(1 GM daily) |
| *nystatin (topical) OINT* | P | QL(2 GM daily) |
| *nystatin (topical) POWD EX* | P | QL(2 GM daily) |
| *terbinafine hcl (topical) CREA* | P | QL(1 GM daily) |
| Anti-inflammatory Agents - Topical | | |
| *diclofenac sodium (topical) GEL EX* | P | QL(6.67 GM daily); RX/OTC |
| Antineoplastic or Premalignant Lesion Agents - Topical | | |
| *fluorouracil (topical) CREA 5 %* | P | |
| *fluorouracil (topical) SOLN* | P | |
| Antipsoriatics | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *calcipotriene CREA* | P | QL(2 GM daily) |
| *calcipotriene OINT* | P | QL(4 GM daily) |
| *calcipotriene SOLN* | P | QL(2 ML daily) |
| OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML | P | SP; PA |
| PYZCHIVA 45 MG/0.5ML, 90 MG/ML | P | SP; PA |
| PYZCHIVA SC 45 MG/0.5ML | P | SP; PA |
| SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML | P | SP; PA |
| STEQEYMA | P | SP; PA |
| TALTZ SOAJ | P | SP; PA |
| TALTZ SOSY | P | SP; PA |
| *tazarotene CREA* | P | QL(1 GM daily) |
| *tazarotene GEL* | P | QL(1 GM daily) |
| USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML | P | SP; PA |
| USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML | P | SP; PA |
| YESINTEK SOLN 45 MG/0.5ML | P | SP; PA |
| YESINTEK SOSY | P | SP; PA |
| Antiseborrheic Products | | |
| *selenium sulfide LOTN 2.5 %* | P | |
| Antivirals - Topical | | |
| *acyclovir topical CREA* | P | QL(5 GM per 28 day(s) retail) |
| *acyclovir topical OINT* | P | QL(1 GM daily) |
| Burn Products | | |
| *silver sulfadiazine* | P | QL(400 GM per 31 day(s) retail) |
| Corticosteroids - Topical | | |
| *alclometasone dipropionate CREA* | P | QL(2 GM daily) |
| *alclometasone dipropionate OINT* | P | QL(2 GM daily) |
| *betamethasone dipropionate (topical) CREA* | P | QL(1.5 GM daily) |
| *betamethasone dipropionate (topical) LOTN* | P | QL(2 ML daily) |
| *betamethasone dipropionate (topical) OINT* | P | QL(1.5 GM daily) |
| *betamethasone dipropionate augmented CREA* | P | QL(50 GM per 31 day(s) retail) |
| *betamethasone valerate CREA* | P | QL(1.5 GM daily) |
| *betamethasone valerate LOTN* | P | QL(2 ML daily) |
| *betamethasone valerate OINT* | P | QL(1.5 GM daily) |
| *clobetasol propionate SOLN 0.05 %* | P | QL(2 ML daily) |
| *desonide CREA* | P | QL(2 GM daily) |
| *desonide OINT* | P | QL(2 GM daily) |
| *fluocinolone acetonide CREA* | P | QL(2 GM daily) |
| *fluocinolone acetonide OIL* | P | QL(3.95 ML daily) |
| *fluocinolone acetonide OINT* | P | QL(2 GM daily) |
| *fluocinolone acetonide SOLN* | P | QL(4 ML daily) |
| *fluocinonide emulsified base* | P | QL(2 GM daily) |
| *fluocinonide CREA 0.05 %* | P | QL(4 GM daily) |
| *fluocinonide GEL* | P | QL(2 GM daily) |
| *fluocinonide OINT* | P | QL(2 GM daily) |
| *fluocinonide SOLN* | P | QL(2 ML daily) |
| *fluticasone propionate CREA 0.05 %* | P | QL(2 GM daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluticasone propionate OINT* | P | QL(2 GM daily) |
| *halobetasol propionate CREA* | P | QL(50 GM per 31 day(s) retail) |
| *halobetasol propionate OINT* | P | QL(50 GM per 31 day(s) retail) |
| *hydrocortisone (topical) CREA* | P | QL(6 GM daily); RX/OTC |
| *hydrocortisone (topical) LOTN 1 %, 2.5 %* | P | QL(3.94 GM daily) |
| *hydrocortisone (topical) OINT 1 %, 2.5 %* | P | QL(6 GM daily); RX/OTC |
| *hydrocortisone valerate CREA* | P | QL(2 GM daily) |
| *hydrocortisone valerate OINT* | P | QL(2 GM daily) |
| *mometasone furoate CREA* | P | QL(1.5 GM daily) |
| *mometasone furoate OINT* | P | QL(1.5 GM daily) |
| *mometasone furoate SOLN* | P | QL(2 ML daily) |
| *triamcinolone acetonide (topical) CREA 0.5 %* | P | QL(6 GM daily) |
| *triamcinolone acetonide (topical) CREA 0.025 %, 0.1 %* | P | QL(454 GM per 31 day(s) retail) |
| *triamcinolone acetonide (topical) OINT 0.5 %* | P | QL(6 GM daily) |
| *triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %* | P | QL(454 GM per 31 day(s) retail) |
| Emollient/Keratolytic Agents | | |
| PROTEXA CREA | P | |
| *urea CREA 40 %* | P | RX/OTC |
| Emollients | | |
| *lactic acid (ammonium lactate) CREA* | P | QL(400 GM per 31 day(s) retail); RX/OTC |
| *lactic acid (ammonium lactate) LOTN 12 %* | P | QL(400 GM per 31 day(s) retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Immunomodulating Agents - Topical | | |
| *imiquimod 5 %* | P | |
| Immunosuppressive Agents - Topical | | |
| *pimecrolimus* | P | QL(1 GM daily); AL(At least 2 yrs old); PA |
| Keratolytic/Antimitotic/Vesicant Agents | | |
| COMPOUND W FAST ACTING/CONSEAL GEL *(salicylic acid)* | P | |
| COMPOUND W MAXIMUM STRENGTH GEL *(salicylic acid)* | P | |
| COMPOUND W LIQD *(salicylic acid)* | P | |
| *podofilox SOLN* | P | |
| *salicylic acid GEL 17 %* | P | |
| *salicylic acid LIQD 17 %* | P | |
| *salicylic acid PADS 40 %* | P | |
| Local Anesthetics - Topical | | |
| *capsaicin CREA 0.025 %* | P | QL(2 GM daily) |
| *lidocaine hcl GEL 2 %* | P | |
| *lidocaine hcl PRSY* | P | |
| *lidocaine hcl SOLN* | P | |
| *lidocaine-prilocaine CREA* | P | QL(1 GM daily) |
| Misc. Topical | | |
| COLEMAN 100 MAX CONTINUOUS SPR AERO | P | |
| COLEMAN 100 MAX INSECT REPEL LIQD | P | |
| COLEMAN INSECT REPEL HIGH&DRY AERO | P | |
| COLEMAN INSECT REPEL SPORTSMEN AERO | P | |
| CUTTER ALL FAMILY AERO | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CUTTER ALL FAMILY LIQD | P | |
| CUTTER BACKWOODS DRY AERO | P | |
| CUTTER BACKWOODS AERO | P | |
| CUTTER BACKWOODS LIQD | P | |
| CUTTER DRY AERO | P | |
| CUTTER SKINSATIONS AERO | P | |
| CUTTER SKINSATIONS LIQD | P | |
| CUTTER SPORT AERO | P | |
| CUTTER AERO | P | |
| CVS INSECT REPELLENT AERO | P | |
| CVS TOTAL HOME INSECT REPEL AERO | P | |
| MAXI DEET LIQD | P | |
| NATRAPEL 12-HOUR TICK/INSECT AERO | P | |
| NATRAPEL LIQD | P | |
| OCUSOFT HYPOCHLOR SOLN | P | RX/OTC |
| OCUSOFT LID SCRUB ORIGINAL FOAM | P | |
| OCUSOFT LID SCRUB ORIGINAL LIQD | P | |
| OCUSOFT LID SCRUB PLUS PLATINU FOAM | P | |
| OCUSOFT LID SCRUB PLUS FOAM | P | |
| OFF ACTIVE AERO | P | |
| OFF DEEP WOODS DRY AERO | P | |
| OFF DEEP WOODS SPORTSMEN AERO | P | |
| OFF DEEP WOODS SPORTSMEN LIQD | P | |
| OFF DEEP WOODS AERO | P | |
| OFF DEEP WOODS LIQD | P | |
| OFF FAMILYCARE CLEAN FEEL LIQD | P | |
| OFF FAMILYCARE TROPICAL FRESH LIQD | P | |
| OFF FAMILYCARE UNSCENTED LIQD | P | |
| OFF SMOOTH & DRY AERO | P | |
| OUST DEMODEX CLEANSER EXT ST FOAM | P | |
| RANGER READY REPELLENT LIQD | P | |
| REPEL 100 LIQD | P | |
| REPEL FAMILY DRY AERO | P | |
| REPEL FAMILY AERO | P | |
| REPEL HUNTERS FORMULA AERO | P | |
| REPEL SPORTSMEN DRY AERO | P | |
| REPEL SPORTSMEN MAX AERO | P | |
| REPEL SPORTSMEN MAX LIQD | P | |
| REPEL SPORTSMEN AERO | P | |
| REPEL TICK DEFENSE AERO | P | |
| SAWYER INSECT REPELLENT AERO | P | |
| SAWYER INSECT REPELLENT LIQD | P | |
| ULTRATHON INSECT REPELLENT 8 AERO | P | |
| VISTA MEIBO EYELID CLEANSING FOAM | P | |
| Rosacea Agents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *metronidazole (topical) CREA* | P | QL(1.5 GM daily) |
| *metronidazole (topical) GEL 0.75 %* | P | QL(70 GM per 31 day(s) retail) |
| *metronidazole (topical) GEL 1 %* | P | QL(2 GM daily) |
| Scabicides & Pediculicides | | |
| *malathion* | P | QL(3.94 ML daily); AL(At least 6 yrs old) |
| NIX CREME RINSE LIQD EX *(permethrin)* | P | QL(2 ML daily) |
| *permethrin CREA* | P | QL(2 GM daily) |
| *permethrin LIQD EX* | P | QL(2 ML daily) |
| *pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %* | P | |
| *spinosad* | P | |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Drugs | | |
| *dipyridamole (diagnostic)* | P | |
| Diagnostic Tests | | |
| ACCU-CHEK GUIDE TEST STRP | P | MP; RX/OTC |
| BINAXNOW COVID-19 AG HOME TEST KIT | P | QL(8 EA per 31 day(s) retail) |
| CHEMSTRIP K STRP | P | QL(3.34 EA daily) |
| CHEMSTRIP UGK | P | |
| CLINITEST RAPID COVID-19 TEST KIT | P | QL(8 EA per 31 day(s) retail) |
| COVID-19 AT-HOME TEST KIT | P | QL(8 EA per 31 day(s) retail) |
| COVID-19 OTC ANTIGEN 1-PACK KIT | P | QL(8 EA per 31 day(s) retail) |
| COVID-19 OTC ANTIGEN 2-PACK KIT | P | QL(8 EA per 31 day(s) retail) |
| CVS KETONE CARE | P | |
| DIASTIX | P | QL(3.34 EA daily) |
| DIASTIX REAGENT | P | QL(3.34 EA daily) |
| ELLUME COVID-19 HOME TEST KIT | P | QL(8 EA per 31 day(s) retail) |
| FLOWFLEX COVID-19 AG HOME TEST KIT | P | QL(8 EA per 31 day(s) retail) |
| FORA GTEL BLOOD KETONE TEST | P | |
| FORA TEST N'GO ADV-VOICE-6 CON | P | |
| GOJJI BLOOD KETONE TEST | P | |
| IHEALTH COVID-19 RAPID TEST KIT | P | QL(8 EA per 31 day(s) retail) |
| INTELISWAB COVID-19 RAPID TEST KIT | P | QL(8 EA per 31 day(s) retail) |
| KETO-DIASTIX | P | |
| KETONE TEST STRP | P | QL(3.34 EA daily) |
| KETOSTIX STRP | P | QL(3.34 EA daily) |
| NOVA MAX PLUS KETONE TEST | P | |
| ON/GO COVID-19 ANTIGEN TEST KIT | P | QL(8 EA per 31 day(s) retail) |
| PRECISION XTRA KETONE | P | |
| QUICKVUE AT-HOME COVID-19 TEST KIT | P | QL(8 EA per 31 day(s) retail) |
| RELION KETONE TEST STRP | P | QL(3.34 EA daily) |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| Digestive Enzymes | | |
| CREON CPEP | P | |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Carbonic Anhydrase Inhibitors | | |
| *acetazolamide CP12* | P | |
| *acetazolamide TABS* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *methazolamide TABS* | P | |
| Diuretic Combinations | | |
| *amiloride & hydrochlorothiazide* | P | MP |
| *spironolactone & hydrochlorothiazide* | P | MP |
| *triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG* | P | MP |
| *triamterene & hydrochlorothiazide TABS* | P | MP |
| Loop Diuretics | | |
| *bumetanide SOLN 0.25 MG/ML* | P | MP |
| *bumetanide TABS* | P | MP |
| *furosemide SOLN PO 8 MG/ML, 10 MG/ML* | P | MP |
| *furosemide TABS* | P | MP |
| SOAANZ TABS 20 MG | P | MP |
| *torsemide TABS* | P | MP |
| Potassium Sparing Diuretics | | |
| *amiloride hcl TABS* | P | MP |
| *spironolactone TABS* | P | MP |
| Thiazides and Thiazide-Like Diuretics | | |
| *chlorthalidone 25 MG, 50 MG* | P | MP |
| DIURIL SUSP | P | MP |
| *hydrochlorothiazide CAPS* | P | MP |
| *hydrochlorothiazide TABS* | P | MP |
| *indapamide TABS 1.25 MG, 2.5 MG* | P | MP |
| *metolazone* | P | MP |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |
| *alendronate sodium TABS 5 MG, 10 MG, 35 MG, 70 MG* | P | MP |
| *calcitonin (salmon) NA* | P | MP |
| *ibandronate sodium TABS* | P | QL(1 EA per 28 day(s) retail); MP |
| PROLIA SOSY | P | QL(1 ML per 180 day(s) retail); 1 package(s) per 180 day(s) retail; SP; PA |
| Growth Hormones | | |
| OMNITROPE SOLR SC | P | SP; PA |
| ZOMACTON SOLR SC | P | SP; PA |
| Hormone Receptor Modulators | | |
| *raloxifene hcl* | P | MP |
| Metabolic Modifiers | | |
| *calcitriol CAPS* | P | |
| *calcitriol SOLN PO* | P | |
| *levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML* | P | |
| *levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML* | P | QL(30 ML daily) |
| *levocarnitine (metabolic modifiers) TABS* | P | |
| LUMIZYME | P | SP; PA |
| Posterior Pituitary Hormones | | |
| *desmopressin acetate spray* | P | |
| *desmopressin acetate spray refrigerated 0.01 %* | P | |
| *desmopressin acetate TABS* | P | |
| Prolactin Inhibitors | | |
| *cabergoline* | P | |
| Somatostatic Agents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *octreotide acetate KIT* | P | SP; PA |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |
| *estradiol & norethindrone acetate TABS* | P | |
| PREMPHASE | P | |
| PREMPRO | P | |
| Estrogens | | |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | P | |
| *estradiol PTTW* | P | |
| *estradiol PTWK* | P | |
| *estradiol TABS* | P | |
| *estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG* | P | |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| *ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG* | P | |
| *levofloxacin TABS* | P | |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| Antiflatulents | | |
| MYLICON INFANTS GAS RELIEF SUSP *(simethicone)* | P | |
| *simethicone CHEW 80 MG* | P | |
| *simethicone SUSP* | P | |
| Gallstone Solubilizing Agents | | |
| *ursodiol CAPS* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Gastrointestinal Chloride Channel Activators | | |
| *lubiprostone* | P | PA |
| Gastrointestinal Stimulants | | |
| *metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML* | P | QL(50 ML daily) |
| *metoclopramide hcl TABS* | P | |
| Inflammatory Bowel Agents | | |
| AVSOLA | P | SP; PA |
| *balsalazide disodium CAPS* | P | |
| *mesalamine CP24* | P | |
| *mesalamine ENEM* | P | QL(60 ML daily) |
| OTULFI SOLN IV 130 MG/26ML | P | SP; PA |
| SELARSDI SOLN IV 130 MG/26ML | P | SP; PA |
| STEQEYMA | P | SP; PA |
| *sulfasalazine TABS* | P | |
| *sulfasalazine TBEC* | P | |
| Intestinal Acidifiers | | |
| *lactulose (encephalopathy)* | P | QL(180 ML daily) |
| Phosphate Binder Agents | | |
| *calcium acetate (phosphate binder) CAPS* | P | QL(12 EA daily) |
| *calcium acetate (phosphate binder) TABS* | P | QL(12 EA daily); RX/OTC |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| *sodium citrate & citric acid* | P | QL(120 ML daily); RX/OTC |
| Genitourinary Irrigants | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sodium chloride (gu irrigant) 0.9 %* | P | QL(33.34 ML daily) |
| Interstitial Cystitis Agents | | |
| PENTOSAN POLYSULFATE SODIUM CPDR | P | |
| Prostatic Hypertrophy Agents | | |
| *alfuzosin hcl* | P | |
| *dutasteride* | P | |
| *finasteride* | P | |
| *tamsulosin hcl* | P | |
| Urinary Analgesics | | |
| *phenazopyridine hcl TABS 200 MG* | P | QL(12 EA per 30 day(s) retail) |
| *phenazopyridine hcl TABS 100 MG* | P | |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| *colchicine w/ probenecid* | P | |
| Gout Agents | | |
| *allopurinol 100 MG, 300 MG* | P | |
| *colchicine TABS* | P | |
| Uricosurics | | |
| *probenecid* | P | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Bradykinin B2 Receptor Antagonists | | |
| *icatibant acetate SOSY* | P | SP; PA |
| Complement Inhibitors | | |
| HAEGARDA SOLR SC | P | SP; PA |
| Hematorheologic Agents | | |
| *pentoxifylline* | P | |
| Platelet Aggregation Inhibitors | | |
| *anagrelide hcl* | P | |
| *cilostazol* | P | |
| *clopidogrel bisulfate 75 MG* | P | |
| *dipyridamole* | P | |
| *ticagrelor 60 MG, 90 MG* | P | QL(2 EA daily) |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Gaucher Disease | | |
| CERDELGA | P | SP; PA |
| CEREZYME 400 UNIT | P | SP; PA |
| Agents for Sickle Cell Disease | | |
| DROXIA CAPS | P | |
| SIKLOS TABS 100 MG | P | |
| Cobalamins | | |
| B-12 METHYLCOBALAMIN TBDP | P | |
| B-12 CHEW 1000 MCG | P | |
| B-12 TBDP | P | |
| *cyanocobalamin SOLN IJ 1000 MCG/ML* | P | |
| *cyanocobalamin SUBL 1000 MCG* | P | |
| *cyanocobalamin TABS 250 MCG, 500 MCG, 1000 MCG* | P | |
| *cyanocobalamin TBCR 1000 MCG* | P | |
| Folic Acid/Folates | | |
| *folic acid TABS* | P | RX/OTC |
| Hematopoietic Growth Factors | | |
| RETACRIT | P | SP; PA |
| ZARXIO | P | SP; PA |
| Hematopoietic Mixtures | | |
| CENTRATEX CAPS | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.5 MG-1 MG* | P | RX/OTC |
| HEMOCYTE PLUS CAPS | P | |
| *iron polysaccharide complex-vit b12-folic acid CAPS* | P | RX/OTC |
| Iron | | |
| FER-IN-SOL SOLN *(ferrous sulfate)* | P | |
| FERRETTS TABS | P | |
| *ferrous fumarate TABS* | P | |
| FERROUS GLUCONATE TABS 324 MG | P | |
| *ferrous sulfate dried TBCR* | P | |
| *ferrous sulfate SOLN* | P | |
| *ferrous sulfate TABS 325 MG, 65 MG, 325 MG* | P | |
| *ferrous sulfate TBEC* | P | |
| FERROUS SULFATE TBEC *(ferrous sulfate)* | P | |
| *polysaccharide iron complex CAPS* | P | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Antihistamine Hypnotics | | |
| *diphenhydramine hcl (sleep) CAPS 25 MG* | P | MP |
| *diphenhydramine hcl (sleep) TABS* | P | |
| *doxylamine succinate (sleep)* | P | |
| UNISOM SLEEPTABS *(doxylamine succinate (sleep))* | P | |
| Barbiturate Hypnotics | | |
| *phenobarbital sodium SOLN* | P | |
| *phenobarbital ELIX* | P | QL(66.67 ML daily) |
| *phenobarbital TABS 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG, 100 MG* | P | |
| *phenobarbital TABS 15 MG* | P | QL(10 EA daily) |
| *phenobarbital TABS 16.2 MG* | P | QL(13 EA daily) |
| Non-Barbiturate Hypnotics | | |
| *estazolam* | P | |
| *temazepam 15 MG, 30 MG* | P | |
| *triazolam* | P | AL(At least 18 yrs old) |
| *zolpidem tartrate TABS* | P | QL(1 EA daily); AL(At least 18 yrs old) |
| LAXATIVES - Bowel Treatment Drugs | | |
| Bulk Laxatives | | |
| *calcium polycarbophil TABS* | P | |
| METAMUCIL FREE & NATURAL POWD *(psyllium)* | P | |
| METAMUCIL CAPS | P | |
| METAMUCIL WAFR | P | |
| *psyllium CAPS 0.52 GM, 400 MG* | P | |
| *psyllium POWD 28.3 %, 43 %, 51.7 %, 58.6 %* | P | |
| Laxative Combinations | | |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR* | P | QL(4000 ML per 30 day(s) retail) |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | P | QL(4000 ML per 30 day(s) retail) |
| *sennosides-docusate sodium TABS* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SENOKOT S TABS *(sennosides-docusate sodium)* | P | |
| *sodium sulfate-potassium sulfate-magnesium sulfate* | P | |
| Laxatives - Miscellaneous | | |
| GLYCERIN (ADULT) SUPP *(glycerin (laxative))* | P | |
| *glycerin (laxative) SUPP 2 GM* | P | |
| INSTALAX POWD 17 GM/SCOOP | P | QL(17 GM daily) |
| *lactulose SOLN* | P | QL(135 ML daily) |
| MIRALAX MIX-IN PAX PACK *(polyethylene glycol 3350)* | P | |
| MIRALAX PACK *(polyethylene glycol 3350)* | P | |
| MIRALAX POWD *(polyethylene glycol 3350)* | P | QL(17 GM daily) |
| *polyethylene glycol 3350 PACK* | P | |
| *polyethylene glycol 3350 POWD* | P | QL(17 GM daily) |
| SORBITOL PO 70 % | P | |
| Saline Laxatives | | |
| FLEET ENEMA ENEM *(sodium phosphates)* | P | |
| FLEET PEDIATRIC ENEM *(sodium phosphates)* | P | |
| *magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML* | P | |
| *sodium phosphates ENEM* | P | |
| Stimulant Laxatives | | |
| *bisacodyl SUPP* | P | |
| *bisacodyl TBEC* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)* | P | |
| DULCOLAX SUPP *(bisacodyl)* | P | |
| DULCOLAX TBEC *(bisacodyl)* | P | |
| *sennosides LIQD* | P | |
| *sennosides SYRP 8.8 MG/5ML* | P | |
| *sennosides TABS 8.6 MG* | P | |
| SENOKOT TABS *(sennosides)* | P | |
| Surfactant Laxatives | | |
| COLACE CAPS 100 MG *(docusate sodium)* | P | |
| *docusate calcium* | P | |
| *docusate sodium CAPS 100 MG, 250 MG* | P | |
| *docusate sodium LIQD 50 MG/5ML, 100 MG/10ML* | P | |
| *docusate sodium TABS* | P | |
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| Local Anesthetics - Amides | | |
| *lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 1.5 %, 2 %* | P | |
| *lidocaine hcl (local anesth.) SOSY IJ 100 MG/5ML* | P | |
| LIDOCAINE HCL SOLN 1 % | P | |
| LIDOCAINE HCL SOSY IJ 100 MG/5ML | P | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| *azithromycin PACK* | P | |
| *azithromycin SOLR* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *azithromycin SUSR* | P | |
| *azithromycin TABS 500 MG, 600 MG* | P | |
| *azithromycin TABS 250 MG* | P | QL(12 EA per 31 day(s) retail) |
| ZITHROMAX PACK | P | |
| Clarithromycin | | |
| *clarithromycin SUSR* | P | |
| *clarithromycin TABS* | P | |
| *clarithromycin TB24* | P | |
| Erythromycins | | |
| *erythromycin base CPEP* | P | |
| *erythromycin base TBEC* | P | |
| *erythromycin ethylsuccinate SUSR* | P | |
| *erythromycin ethylsuccinate TABS* | P | |
| *erythromycin stearate TABS 250 MG* | P | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Diabetic Supplies | | |
| ACCU-CHEK AVIVA SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ACCU-CHEK FASTCLIX LANCET KIT | P | |
| ACCU-CHEK FASTCLIX LANCETS | P | MP; RX/OTC |
| ACCU-CHEK GUIDE CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ACCU-CHEK SAFE-T PRO LANCETS | P | MP; RX/OTC |
| ACCU-CHEK SMARTVIEW CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ACCU-CHEK SOFTCLIX LANCETS | P | MP; RX/OTC |
| ACCUTREND GLUCOSE CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ACTI-LANCE 28G | P | MP; RX/OTC |
| ACTI-LANCE LITE LANCETS 28G | P | MP; RX/OTC |
| ACTI-LANCE SPECIAL LANCETS 17G | P | MP; RX/OTC |
| ACTI-LANCE UNIVERSAL 23G | P | MP; RX/OTC |
| ADJUSTABLE LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| ADVANCE INTUITION CONTROL LIQD | P | |
| ADVANCE MICRO-DRAW CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ADVANCE MICRO-DRAW NORMAL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ADVANCED MOBILE LANCET | P | MP; RX/OTC |
| ADVOCATE LANCETS | P | MP; RX/OTC |
| ADVOCATE LANCETS 30G | P | MP; RX/OTC |
| ADVOCATE LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| ADVOCATE RAPID-SAFE LANCING MISC | P | QL(0.07 EA daily); MP |
| ADVOCATE SAFETY LANCETS | P | MP; RX/OTC |
| ADVOCATE SAFETY LANCETS 21G | P | MP; RX/OTC |
| ADVOCATE SAFETY LANCETS 23G | P | MP; RX/OTC |
| ADVOCATE SAFETY LANCETS 26G | P | MP; RX/OTC |
| ADVOCATE SAFETY LANCETS 28G | P | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AGAMATRIX CONTROL LEVEL 2 SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| AGAMATRIX CONTROL LEVEL 4 SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| AGAMATRIX CONTROL NORMAL/HIGH SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| AGAMATRIX CONTROL SOLN | P | |
| AGAMATRIX ULTRA-THIN LANCETS | P | MP; RX/OTC |
| AIMSCO TWIST LANCETS 32G | P | MP; RX/OTC |
| AIMSCO TWIST LANCETS 33G | P | MP; RX/OTC |
| AQUALANCE LANCETS 30G | P | MP; RX/OTC |
| ASSURE 3 CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ASSURE 4 CONTROL LEVEL 1 & 2 LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ASSURE COMFORT LANCETS 28G | P | MP; RX/OTC |
| ASSURE CONTROL SOLUTION 2/3 LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ASSURE DOSE CONTROL SOLN | P | |
| ASSURE DOSE NORM/HIGH CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ASSURE HAEMOLANCE PLUS HIGH | P | MP; RX/OTC |
| ASSURE HAEMOLANCE PLUS LOW | P | MP; RX/OTC |
| ASSURE HAEMOLANCE PLUS MICRO | P | MP; RX/OTC |
| ASSURE HAEMOLANCE PLUS NORMAL | P | MP; RX/OTC |
| ASSURE HAEMOLANCE PLUS PED | P | MP; RX/OTC |
| ASSURE II CONTROL LEVEL 1 & 2 LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ASSURE II CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ASSURE LANCE LANCETS | P | MP; RX/OTC |
| ASSURE LANCE LANCETS 21G | P | MP; RX/OTC |
| ASSURE LANCE PLUS SAFETY 25G | P | MP; RX/OTC |
| ASSURE LANCE PLUS SAFETY 30G | P | MP; RX/OTC |
| ASSURE LANCE SAFETY LANCET 28G | P | MP; RX/OTC |
| ASSURE PRISM CONTROL LEVEL 1&2 SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ASSURE PRO CONTROL LEVEL 1 & 2 LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| AURORA LANCET SUPER THIN 30G | P | MP; RX/OTC |
| AURORA LANCET THIN 23G | P | MP; RX/OTC |
| AUTO-LANCET MINI MISC | P | QL(0.07 EA daily); MP |
| AUTO-LANCET MISC | P | QL(0.07 EA daily); MP |
| AUTOLET II CLINISAFE KIT | P | |
| AUTOLET LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AUTOLET LITE CLINISAFE KIT | P | |
| AUTOLET LITE LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| AUTOLET LITE STARTER PACK KIT | P | |
| AUTOLET MINI MISC | P | QL(0.07 EA daily); MP |
| AUTOLET PLATFORMS MISC | P | MP |
| AUTOLET PLUS MISC | P | QL(0.07 EA daily); MP |
| BD MICROTAINER LANCETS | P | MP; RX/OTC |
| BLULINK CONTROL HIGH & LOW LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| CARDIOCOM LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| CAREONE ADVANCED LANCING DEV MISC | P | QL(0.07 EA daily); MP |
| CAREONE LANCET SUPER THIN 30G | P | MP; RX/OTC |
| CAREONE LANCET THIN 23G | P | MP; RX/OTC |
| CARESENS CONTROL A SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| CARESENS CONTROL SOLUTION A/B SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| CARESENS LANCETS | P | MP; RX/OTC |
| CARESENS LANCETS 30G | P | MP; RX/OTC |
| CARESENS S CONTROL SOLN A/B LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| CARETOUCH CONTROL SOL LEVEL 2 LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| CARETOUCH LANCING/EJECTOR MISC | P | QL(0.07 EA daily); MP |
| CARETOUCH SAFETY LANCETS | P | MP; RX/OTC |
| CARETOUCH SAFETY LANCETS 26G | P | MP; RX/OTC |
| CARETOUCH TWIST LANCETS 28G | P | MP; RX/OTC |
| CARETOUCH TWIST LANCETS 30G | P | MP; RX/OTC |
| CARETOUCH TWIST LANCETS 33G | P | MP; RX/OTC |
| CARETOUCH TWIST MC LANCETS 30G | P | MP; RX/OTC |
| CHOSEN LANCETS 30G | P | MP; RX/OTC |
| CHOSEN LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| CHOSEN SAFETY LANCETS 28G | P | MP; RX/OTC |
| CLEANLET LANCETS 28G | P | MP; RX/OTC |
| CLEVER CHEK LANCETS | P | MP; RX/OTC |
| CLEVER CHOICE COMFORT EZ | P | MP; RX/OTC |
| CLEVER CHOICE LANCETS 21G | P | MP; RX/OTC |
| CLEVER CHOICE LANCETS 23G | P | MP; RX/OTC |
| CLEVER CHOICE LANCETS 28G | P | MP; RX/OTC |
| COAGUCHEK LANCETS | P | MP; RX/OTC |
| COMFORT ASSURED LANCETS 28G | P | MP; RX/OTC |
| COMFORT ASSURED LANCETS 33G | P | MP; RX/OTC |
| COMFORT TOUCH LANCETS 31G | P | MP; RX/OTC |
| COMFORT TOUCH PLUS LANCETS 28G | P | MP; RX/OTC |
| COMFORT TOUCH PLUS LANCETS 30G | P | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COMFORT TOUCH TWIST LANCET 30G | P | MP; RX/OTC |
| CONTOUR CONTROL LIQD | P | |
| CONTOUR NEXT CONTROL SOLN | P | |
| CONTOUR PLUS CONTROL SOLUTION LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| CONTROL SOLN | P | |
| COOL CONTROL A SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| COOL CONTROL B SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| CVS LANCETS ORIGINAL | P | MP; RX/OTC |
| CVS LANCETS THIN 26G | P | MP; RX/OTC |
| CVS LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| CVS ULTRA THIN LANCETS | P | MP; RX/OTC |
| DIATHRIVE GLUCOSE CONTROL SOLN LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| DIATHRIVE LANCET ULTRA THIN 30 | P | MP; RX/OTC |
| DIATHRIVE LANCETS | P | MP; RX/OTC |
| DIATHRIVE LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| DIATRUE CONTROL LEVEL 2 SOLN | P | |
| DROPLET GENTEEL LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| DROPLET LANCETS ULTRA THIN 30G | P | MP; RX/OTC |
| DROPLET LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| DROPLET PERSONAL LANCETS 30G | P | MP; RX/OTC |
| DROPSAFE ACTI-LANCE 23G | P | MP; RX/OTC |
| DROPSAFE MEDLANCE LANCET 30G | P | MP; RX/OTC |
| DRUG MART LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| DRUG MART ON-THE-GO LANCET 30G | P | MP; RX/OTC |
| DRUG MART UNILET LANCETS 28G | P | MP; RX/OTC |
| DRUG MART UNILET LANCETS 30G | P | MP; RX/OTC |
| DRUG MART UNILET LANCETS 33G | P | MP; RX/OTC |
| DUO-CARE CONTROL SOLUTION LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| EASY COMFORT LANCETS | P | MP; RX/OTC |
| EASY COMFORT LANCETS TWIST TOP | P | MP; RX/OTC |
| EASY MINI EJECT LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| EASY MINI LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| EASY STEP CONTROL SOLN | P | |
| EASY TALK CONTROL SOLN | P | |
| EASY TOUCH CONTROL HIGH & LOW SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| EASY TOUCH HEALTHPRO HIGH/LOW LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| EASY TOUCH LANCETS 21G | P | MP; RX/OTC |
| EASY TOUCH LANCETS 23G | P | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY TOUCH LANCETS 26G | P | MP; RX/OTC |
| EASY TOUCH LANCETS 28G | P | MP; RX/OTC |
| EASY TOUCH LANCETS 28G/TWIST | P | MP; RX/OTC |
| EASY TOUCH LANCETS 30G | P | MP; RX/OTC |
| EASY TOUCH LANCETS 30G/TWIST | P | MP; RX/OTC |
| EASY TOUCH LANCETS 32G | P | MP; RX/OTC |
| EASY TOUCH LANCETS 32G/TWIST | P | MP; RX/OTC |
| EASY TOUCH LANCETS 33G/TWIST | P | MP; RX/OTC |
| EASY TOUCH LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| EASY TOUCH SAFETY LANCETS 21G | P | MP; RX/OTC |
| EASY TOUCH SAFETY LANCETS 23G | P | MP; RX/OTC |
| EASY TOUCH SAFETY LANCETS 26G | P | MP; RX/OTC |
| EASY TOUCH SAFETY LANCETS 28G | P | MP; RX/OTC |
| EASY TRAK CONTROL SOLN | P | |
| EASY TRAK II CONTROL LIQD | P | |
| EASYMAX 15 LEVEL 2 CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| EASYMAX 15 LEVEL 2-3 CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| EASYMAX CONTROL NORMAL/HIGH LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| EASYMAX CONTROL SOLN | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ELEMENT COMPACT CONTROL 2 SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ELEMENT COMPACT CONTROL 3 SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ELEMENT CONTROL LIQD | P | |
| EMBRACE LANCETS ULTRA THIN 30G | P | MP; RX/OTC |
| EMBRACE LANCING DEVICE/EJECTOR MISC | P | QL(0.07 EA daily); MP |
| EMBRACE PRESSURE ACTIVATED 21G | P | MP; RX/OTC |
| EMBRACE PRESSURE ACTIVATED 28G | P | MP; RX/OTC |
| EMBRACE PRO GLUCOSE CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| EVOLUTION CONTROL SOLN | P | |
| FIFTY50 SAFETY SEAL LANCETS | P | MP; RX/OTC |
| FIFTY50 UNILET LANCETS 33G | P | MP; RX/OTC |
| FINE 30 | P | MP; RX/OTC |
| FINGERSTIX LANCETS | P | MP; RX/OTC |
| FONDCIRCLE CONTROL SOLUTION LIQD | P | |
| FONDCIRCLE LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| FONDCIRCLE SINGLE USE LANCETS | P | MP; RX/OTC |
| FORA CONTROL SOLN | P | |
| FORA LANCETS | P | MP; RX/OTC |
| FORA LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| FORACARE GDH CONTROL SOLN | P | |
| FORTISCARE CONTROL SOLN | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FREESTYLE CONTROL SOLUTION LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| FREESTYLE LANCETS | P | MP; RX/OTC |
| FREESTYLE LIBRE 14 DAY READER | P | QL(1 EA per 365 day(s) retail); PA |
| FREESTYLE LIBRE 14 DAY SENSOR | P | QL(2 EA per 28 day(s) retail); PA |
| FREESTYLE LIBRE 2 PLUS SENSOR | P | QL(2 EA per 28 day(s) retail); PA |
| FREESTYLE LIBRE 2 READER | P | QL(1 EA per 365 day(s) retail); PA |
| FREESTYLE LIBRE 2 SENSOR | P | QL(2 EA per 28 day(s) retail); PA |
| FREESTYLE LIBRE 3 PLUS SENSOR | P | QL(2 EA per 28 day(s) retail); PA |
| FREESTYLE LIBRE 3 READER | P | QL(1 EA per 365 day(s) retail); PA |
| FREESTYLE LIBRE 3 SENSOR | P | QL(2 EA per 28 day(s) retail); PA |
| FREESTYLE LIBRE READER | P | QL(1 EA per 365 day(s) retail); PA |
| FREESTYLE UNISTICK II LANCETS | P | MP; RX/OTC |
| GE100 CONTROL SOLN | P | |
| GENTEEL BUTTERFLY TOUCH LANCET | P | MP; RX/OTC |
| GENTEEL CONTACT TIPS (BLUE) MISC | P | MP |
| GENTEEL CONTACT TIPS (CLEAR) MISC | P | MP |
| GENTEEL CONTACT TIPS (GREEN) MISC | P | MP |
| GENTEEL CONTACT TIPS (ORANGE) MISC | P | MP |
| GENTEEL CONTACT TIPS (RAINBOW) MISC | P | MP |
| GENTEEL CONTACT TIPS (VIOLET) MISC | P | MP |
| GENTEEL CONTACT TIPS (YELLOW) MISC | P | MP |
| GENTEEL LANCING KIT (BLUE) KIT | P | |
| GENTEEL NOZZLES MISC | P | MP |
| GENTEEL PLUS LANCING (BLACK) MISC | P | QL(0.07 EA daily); MP |
| GENTEEL PLUS LANCING (PURPLE) MISC | P | QL(0.07 EA daily); MP |
| GENTEEL PLUS LANCING (WHITE) MISC | P | QL(0.07 EA daily); MP |
| GENTEEL PLUS LANCING DEV(BLUE) MISC | P | QL(0.07 EA daily); MP |
| GENTEEL PLUS LANCING DEV(PINK) MISC | P | QL(0.07 EA daily); MP |
| GENTLE-LET GP LANCETS | P | MP; RX/OTC |
| GENTLE-LET LANCETS | P | MP; RX/OTC |
| GENTLE-LET PLATFORMS MISC | P | MP |
| GLOBAL INJECT EASE LANCETS 28G | P | MP; RX/OTC |
| GLOBAL INJECT EASE LANCETS 30G | P | MP; RX/OTC |
| GLOBAL LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| GLUCOCARD 01 CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| GLUCOCARD 01 CONTROL SOLN | P | |
| GLUCOCARD EXPRESSION CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GLUCOCARD SHINE CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| GLUCOCARD X-SENSOR CONTROL SOLN | P | |
| GLUCOCOM CONTROL LIQD | P | |
| GLUCOCOM LANCETS 28G | P | MP; RX/OTC |
| GLUCOCOM LANCETS 30G | P | MP; RX/OTC |
| GLUCOCOM LANCETS 33G | P | MP; RX/OTC |
| GLUCOSE CONTROL SOLN | P | |
| GLUCOSE CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| GNP EASY TOUCH CONT HIGH/LOW LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| GNP EASY TOUCH CONT HIGH/LOW SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| GNP LANCING SYSTEM DEVICE MISC | P | QL(0.07 EA daily); MP |
| GNP STERILE LANCETS 28G | P | MP; RX/OTC |
| GNP STERILE LANCETS 30G | P | MP; RX/OTC |
| GNP STERILE LANCETS 33G | P | MP; RX/OTC |
| GOJJI CONTROL SOLN | P | |
| GOJJI LANCING DEVICE/CLEAR CAP MISC | P | QL(0.07 EA daily); MP |
| GOJJI STERILE LANCETS | P | MP; RX/OTC |
| HAEMOLANCE | P | MP; RX/OTC |
| HAEMOLANCE LOW FLOW LANCETS | P | MP; RX/OTC |
| HAEMOLANCE PLUS | P | MP; RX/OTC |
| HAEMOLANCE PLUS HIGH FLOW | P | MP; RX/OTC |
| HAEMOLANCE PLUS LOW FLOW | P | MP; RX/OTC |
| HAEMOLANCE PLUS MAX FLOW | P | MP; RX/OTC |
| HAEMOLANCE PLUS PEDIATRIC FLOW | P | MP; RX/OTC |
| H-E-B INCONTROL ADV LANCING MISC | P | QL(0.07 EA daily); MP |
| H-E-B INCONTROL LANCETS 28G | P | MP; RX/OTC |
| H-E-B INCONTROL LANCETS 30G | P | MP; RX/OTC |
| H-E-B INCONTROL LANCETS 33G | P | MP; RX/OTC |
| HYPOLANCE AST LANCING KIT | P | |
| HY-VEE LANCETS | P | MP; RX/OTC |
| HY-VEE THIN LANCETS | P | MP; RX/OTC |
| IHEALTH CONTROL SOLUTION LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| IHEALTH LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| IN TOUCH GLUCOSE CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| IN TOUCH LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| IN TOUCH STERILE LANCETS 30G | P | MP; RX/OTC |
| INFINITY CONTROL SOLN | P | |
| INFINITY VOICE LIQD | P | |
| KINNEY LANCETS | P | MP; RX/OTC |
| KINNEY THIN LANCETS | P | MP; RX/OTC |
| KROGER AUTOLET LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KROGER HEALTHPRO CONTROL HI/LO LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| KROGER HEALTHPRO LANCET 26G | P | MP; RX/OTC |
| KROGER LANCETS | P | MP; RX/OTC |
| KROGER LANCETS SUPER THIN | P | MP; RX/OTC |
| KROGER LANCETS THIN | P | MP; RX/OTC |
| LANCET DEVICE WITH EJECTOR MISC | P | QL(0.07 EA daily); MP |
| LANCET DEVICE MISC | P | QL(0.07 EA daily); MP |
| LANCET TRANSPORTER CASE MISC | P | MP |
| LANCETS | P | MP; RX/OTC |
| LANCETS 28G THIN | P | MP; RX/OTC |
| LANCETS 30G | P | MP; RX/OTC |
| LANCETS 33G | P | MP; RX/OTC |
| LANCETS MICRO THIN 33G | P | MP; RX/OTC |
| LANCETS SUPER THIN | P | MP; RX/OTC |
| LANCETS SUPER THIN 28G | P | MP; RX/OTC |
| LANCETS THIN | P | MP; RX/OTC |
| LANCETS ULTRA THIN | P | MP; RX/OTC |
| LANCETS ULTRA THIN 30G | P | MP; RX/OTC |
| LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| LANZO MISC | P | QL(0.07 EA daily); MP |
| LEADER ADVANCED LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| LIBERTY GLUCOSE CONTROL MID SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| LIBERTY GLUCOSE CONTROL LIQD | P | |
| LIBERTY MEDICAL LANCETS | P | MP; RX/OTC |
| LIBERTY MINI LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| LITE TOUCH LANCETS | P | MP; RX/OTC |
| LITE TOUCH LANCING PEN MISC | P | QL(0.07 EA daily); MP |
| LITETOUCH LANCETS | P | MP; RX/OTC |
| LIVE BETTER LANCET SUPER THIN | P | MP; RX/OTC |
| MEDICHOICE SAFETY LANCET | P | MP; RX/OTC |
| MEDICHOICE SAFETY LANCET EXTRA | P | MP; RX/OTC |
| MEDICHOICE SAFETY LANCET NORM | P | MP; RX/OTC |
| MEDISENSE GLUCOSE KETONE CONTR LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| MEDISENSE HI/MID/LOW CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| MEDLANCE EXTRA 21G | P | MP; RX/OTC |
| MEDLANCE LITE 25G | P | MP; RX/OTC |
| MEDLANCE PLUS EXTRA 21G | P | MP; RX/OTC |
| MEDLANCE PLUS LANCETS | P | MP; RX/OTC |
| MEDLANCE PLUS LITE 25G | P | MP; RX/OTC |
| MEDLANCE PLUS SPECIAL 0.8MM | P | MP; RX/OTC |
| MEDLANCE PLUS SUPERLITE 30G | P | MP; RX/OTC |
| MEDLANCE PLUS UNIVERSAL 21G | P | MP; RX/OTC |
| MEDLANCE UNIVERSAL 21G | P | MP; RX/OTC |
| MEIJER LANCETS | P | MP; RX/OTC |
| MEIJER LANCETS UNIVERSAL 21G | P | MP; RX/OTC |
| MEIJER LANCETS UNIVERSAL 30G | P | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MEIJER LANCETS UNIVERSAL 33G | P | MP; RX/OTC |
| MICRODOT CONTROL HIGH/LOW SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| MICROLET LANCETS | P | MP; RX/OTC |
| MICROLET NEXT LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| MINI LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| MM LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| MM TWIST LANCETS | P | MP; RX/OTC |
| MOBILE LANCETS 30G | P | MP; RX/OTC |
| MONOLET LANCETS | P | MP; RX/OTC |
| MONOLET OPD LANCETS | P | MP; RX/OTC |
| MONOLETTOR SAFETY LANCETS | P | MP; RX/OTC |
| MPD SAFETY LANCET 21G | P | MP; RX/OTC |
| MPD SAFETY LANCET 23G | P | MP; RX/OTC |
| MPD SAFETY LANCET 28G | P | MP; RX/OTC |
| MPD SAFETY LANCET 30G | P | MP; RX/OTC |
| MULTI-LANCET DEVICE 2 KIT | P | |
| MULTI-LANCET DEVICE MISC | P | QL(0.07 EA daily); MP |
| MYGLUCOHEALTH CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| MYGLUCOHEALTH LANCETS 30G | P | MP; RX/OTC |
| NEUTEK 2TEK CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| NOVA MAX PLUS GLU/KET CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| NOVA SAFETY LANCETS 23G | P | MP; RX/OTC |
| NOVA SAFETY LANCETS 28G | P | MP; RX/OTC |
| NOVA SUREFLEX LANCETS | P | MP; RX/OTC |
| NOVA SUREFLEX LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| ONETOUCH DELICA PLUS LANCET30G | P | MP; RX/OTC |
| ONETOUCH DELICA PLUS LANCET33G | P | MP; RX/OTC |
| ONETOUCH DELICA PLUS LANCING MISC | P | QL(0.07 EA daily); MP |
| ONETOUCH DELICA SAFETY LANCING | P | MP; RX/OTC |
| ONETOUCH ULTRA CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| ONETOUCH ULTRASOFT 2 LANCETS | P | MP; RX/OTC |
| ONETOUCH VERIO LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| PERFECT LANCETS 28G | P | MP; RX/OTC |
| PERFECT LANCETS 30G | P | MP; RX/OTC |
| PERFECT POINT SAFETY LANCETS | P | MP; RX/OTC |
| PHARMACIST CHOICE LANCETS | P | MP; RX/OTC |
| PIP GLUCOSE CONTROL SOLUTION LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| PIP LANCETS 28G | P | MP; RX/OTC |
| PIP LANCETS 30G | P | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| POCKETCHEM EZ CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| PRECISION GLUCOSE KETONE CONTR LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| PRECISION THINS GP LANCETS | P | MP; RX/OTC |
| PRO COMFORT LANCETS 30G | P | MP; RX/OTC |
| PRO COMFORT LANCETS 31G | P | MP; RX/OTC |
| PRO COMFORT SAFETY LANCETS 30G | P | MP; RX/OTC |
| PRODIGY LANCETS 28G | P | MP; RX/OTC |
| PRODIGY LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| PRODIGY SAFETY LANCETS 26G | P | MP; RX/OTC |
| PRODIGY TWIST TOP LANCETS 28G | P | MP; RX/OTC |
| PSS SELECT GP LANCETS | P | MP; RX/OTC |
| PSS SELECT PLATFORMS MISC | P | MP |
| PSS SELECT SAFETY LANCETS | P | MP; RX/OTC |
| PURE COMFORT LANCETS 30G | P | MP; RX/OTC |
| PX ADVANCED LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| PX LANCETS MICROTHIN 33G | P | MP; RX/OTC |
| PX LANCETS ULTRA THIN 28G | P | MP; RX/OTC |
| QC ADVANCED LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| QC LANCETS SUPER THIN 30G | P | MP; RX/OTC |
| QC LANCETS ULTRA THIN | P | MP; RX/OTC |
| QC UNILET LANCETS 28G | P | MP; RX/OTC |
| QC UNILET LANCETS MICRO THIN | P | MP; RX/OTC |
| QUICKTEK CONTROL SOLUTION LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| QUINTET CONTROL HIGH/NORMAL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| READYLANCE SAFETY LANCETS | P | MP; RX/OTC |
| REALITY LANCETS | P | MP; RX/OTC |
| REALITY TRIGGER LANCETS | P | MP; RX/OTC |
| REFUAH PLUS GLUCOSE CONTROL SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| RELION LANCET DEVICES 30G | P | MP; RX/OTC |
| RELION LANCETS | P | MP; RX/OTC |
| RELION LANCETS MICRO-THIN 33G | P | MP; RX/OTC |
| RELION LANCETS THIN 26G | P | MP; RX/OTC |
| RELION LANCETS ULTRA-THIN 30G | P | MP; RX/OTC |
| RELION LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| RELION ULTRA THIN LANCETS 30G | P | MP; RX/OTC |
| RIGHTEST ALTERNATE SITE ADAPT MISC | P | MP |
| RIGHTEST GC300 CONTROL LIQD | P | |
| RIGHTEST GD500 LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| RIGHTEST GL300 LANCETS | P | MP; RX/OTC |
| SAFE-T-LANCE | P | MP; RX/OTC |
| SAFE-T-LANCE PLUS | P | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SAFETY LANCET 30G/PRESSURE ACT | P | MP; RX/OTC |
| SAFETY LANCETS | P | MP; RX/OTC |
| SAFETY LANCETS 21G | P | MP; RX/OTC |
| SAFETY LANCETS 23G | P | MP; RX/OTC |
| SAFETY LANCETS 28G | P | MP; RX/OTC |
| SAPS HEALTH PLUS LANCETS | P | MP; RX/OTC |
| SAPS HEALTH TWIST TOP LANCETS | P | MP; RX/OTC |
| SAPS TWIST TOP LANCETS | P | MP; RX/OTC |
| SAPSCARE TWIST TOP LANCETS | P | MP; RX/OTC |
| SB LANCETS THIN | P | MP; RX/OTC |
| SB LANCETS ULTRA THIN | P | MP; RX/OTC |
| SELECT-LITE DEVICE/LANCETS KIT | P | |
| SELECT-LITE LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| SIMPLE DIAGNOSTICS LANCING DEV MISC | P | QL(0.07 EA daily); MP |
| SINGLE-LET | P | MP; RX/OTC |
| SM TRUEDRAW LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| SMART DIABETES VANTAGE LANCING MISC | P | QL(0.07 EA daily); MP |
| SMARTEST CONTROL MEDIUM SOLN | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| SMARTEST LANCETS 28G | P | MP; RX/OTC |
| SOLUS V2 LANCETS 28G | P | MP; RX/OTC |
| SOLUS V2 LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| SOLUS V2 TWIST LANCETS 30G | P | MP; RX/OTC |
| STERILANCE PA MISC | P | MP |
| STERILANCE TL | P | MP; RX/OTC |
| SUPER THIN LANCETS | P | MP; RX/OTC |
| SUPREME II HIGH/LOW CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| SURE COMFORT LANCETS 18G | P | MP; RX/OTC |
| SURE COMFORT LANCETS 21G | P | MP; RX/OTC |
| SURE COMFORT LANCETS 23G | P | MP; RX/OTC |
| SURE COMFORT LANCETS 28G | P | MP; RX/OTC |
| SURE COMFORT LANCETS 30G | P | MP; RX/OTC |
| SURE COMFORT LANCING PEN MISC | P | QL(0.07 EA daily); MP |
| SURELITE LANCETS | P | MP; RX/OTC |
| TAI DOC CONTROL SOLN | P | |
| TECHLITE AST LANCETS | P | MP; RX/OTC |
| TECHLITE LANCETS | P | MP; RX/OTC |
| TECHLITE LANCETS 26G | P | MP; RX/OTC |
| TECHLITE LANCETS 30G | P | MP; RX/OTC |
| THINLETS GP LANCETS | P | MP; RX/OTC |
| TODAYS HEALTH LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| TODAYS HEALTH THIN LANCETS 28G | P | MP; RX/OTC |
| TODAYS HEALTH THIN LANCETS 30G | P | MP; RX/OTC |
| TRAVEL LANCETS ADVANCED 28G | P | MP; RX/OTC |
| TRUE COMFORT SAFETY LANCETS | P | MP; RX/OTC |
| TRUE COMFORT TWIST TOP LANCETS | P | MP; RX/OTC |
| TRUE METRIX LEVEL 2 SOLN | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRUECONTROL GLUCOSE CONT LEV 0 LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| TRUECONTROL GLUCOSE CONT LEV 1 LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| TRUEDRAW LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| TRUEPLUS LANCETS 26G | P | MP; RX/OTC |
| TRUEPLUS LANCETS 28G | P | MP; RX/OTC |
| TRUEPLUS LANCETS 30G | P | MP; RX/OTC |
| TRUEPLUS LANCETS 33G | P | MP; RX/OTC |
| TRUEPLUS SAFETY LANCETS 28G | P | MP; RX/OTC |
| TWIST TOP LANCETS 30G | P | MP; RX/OTC |
| ULTI-LANCE AUTOMATIC MISC | P | QL(0.07 EA daily); MP |
| ULTILET CLASSIC LANCETS | P | MP; RX/OTC |
| ULTILET LANCETS | P | MP; RX/OTC |
| ULTILET SAFETY LANCETS | P | MP; RX/OTC |
| ULTILET SAFETY LANCETS 23G | P | MP; RX/OTC |
| ULTRA THIN LANCETS 31G | P | MP; RX/OTC |
| ULTRA-CARE LANCETS 30G | P | MP; RX/OTC |
| ULTRA-THIN II AUTO LANCET | P | MP; RX/OTC |
| ULTRA-THIN II LANCETS | P | MP; RX/OTC |
| UNILET COMFORTOUCH LANCET | P | MP; RX/OTC |
| UNILET EXCELITE | P | MP; RX/OTC |
| UNILET EXCELITE II | P | MP; RX/OTC |
| UNILET G.P. LANCET | P | MP; RX/OTC |
| UNILET G.P. SUPERLITE LANCET | P | MP; RX/OTC |
| UNILET GP 28 ULTRA THIN | P | MP; RX/OTC |
| UNILET LANCET | P | MP; RX/OTC |
| UNILET MICRO-THIN 33G | P | MP; RX/OTC |
| UNILET SUPERLITE LANCET | P | MP; RX/OTC |
| UNILET SUPER-THIN 30G | P | MP; RX/OTC |
| UNILET ULTRA-THIN 28G | P | MP; RX/OTC |
| UNISTIK 1 | P | MP; RX/OTC |
| UNISTIK 2 | P | MP; RX/OTC |
| UNISTIK 2 COMFORT | P | MP; RX/OTC |
| UNISTIK 2 EXTRA | P | MP; RX/OTC |
| UNISTIK 2 NEONATAL | P | MP; RX/OTC |
| UNISTIK 2 NORMAL | P | MP; RX/OTC |
| UNISTIK 2 SUPER | P | MP; RX/OTC |
| UNISTIK 3 | P | MP; RX/OTC |
| UNISTIK 3 COMFORT | P | MP; RX/OTC |
| UNISTIK 3 EXTRA | P | MP; RX/OTC |
| UNISTIK 3 GENTLE | P | MP; RX/OTC |
| UNISTIK 3 NEONATAL | P | MP; RX/OTC |
| UNISTIK 3 NORMAL | P | MP; RX/OTC |
| UNISTIK CZT COMFORT | P | MP; RX/OTC |
| UNISTIK CZT NORMAL | P | MP; RX/OTC |
| UNISTIK NORMAL | P | MP; RX/OTC |
| UNISTIK PRO SAFETY LANCET | P | MP; RX/OTC |
| UNISTIK SAFETY LANCETS 28G | P | MP; RX/OTC |
| UNISTIK SAFETY LANCETS 30G | P | MP; RX/OTC |
| UNISTIK TOUCH SAFETY LANC 21G | P | MP; RX/OTC |
| UNISTIK TOUCH SAFETY LANC 23G | P | MP; RX/OTC |
| UNISTIK TOUCH SAFETY LANC 28G | P | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| UNISTIK TOUCH SAFETY LANC 30G | P | MP; RX/OTC |
| VERASENS GLUCOSE CONTROL LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| VERIFINE SAFE LANCET MINI 21G | P | MP; RX/OTC |
| VERIFINE SAFE LANCET MINI 23G | P | MP; RX/OTC |
| VERIFINE SAFE LANCET MINI 28G | P | MP; RX/OTC |
| VERIFINE SAFE LANCET MINI 30G | P | MP; RX/OTC |
| VERIFINE UNIVERSAL LANCETS 28G | P | MP; RX/OTC |
| VERIFINE UNIVERSAL LANCETS 30G | P | MP; RX/OTC |
| VERIFINE UNIVERSAL LANCETS 33G | P | MP; RX/OTC |
| VIVAGUARD INO CONTROL SOLUTION LIQD | P | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| VIVAGUARD LANCETS | P | MP; RX/OTC |
| VIVAGUARD LANCETS 30G | P | MP; RX/OTC |
| VIVAGUARD LANCING DEVICE MISC | P | QL(0.07 EA daily); MP |
| VIVAGUARD SAFETY LANCETS 28G | P | MP; RX/OTC |
| ZEVRX TWIST TOP LANCETS 30G | P | MP; RX/OTC |
| GI-GU Ostomy & Irrigation Supplies | | |
| CENTERPOINTLOCK SKIN BARRIER MISC | P | |
| DOVER VINYL URETHRAL CATH 14FR MISC | P | RX/OTC |
| STOMAHESIVE PROTECTIVE POWD | P | |
| Misc. Devices | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADVOCATE ALCOHOL PREP PADS | P | MP; RX/OTC |
| ALCOH-GLOVE CONTOURED WIPE | P | MP; RX/OTC |
| ALCOHOL PADS | P | MP; RX/OTC |
| ALCOHOL PREP | P | MP; RX/OTC |
| ALCOHOL PREP PADS | P | MP; RX/OTC |
| ALCOHOL SWABS | P | MP; RX/OTC |
| ALCOHOL SWABSTICK | P | MP; RX/OTC |
| AUM ALCOHOL PREP PADS | P | MP; RX/OTC |
| BD SWAB SINGLE USE REGULAR | P | MP; RX/OTC |
| CARETOUCH ALCOHOL PREP | P | MP; RX/OTC |
| COMFORT TOUCH ALCOHOL PREP | P | MP; RX/OTC |
| CURITY ALCOHOL PREPS | P | MP; RX/OTC |
| CVS ALCOHOL PREP PADS | P | MP; RX/OTC |
| CVS PREP | P | MP; RX/OTC |
| DROPSAFE ALCOHOL PREP | P | MP; RX/OTC |
| EASY COMFORT ALCOHOL PADS | P | MP; RX/OTC |
| EASY TOUCH ALCOHOL PREP MEDIUM | P | MP; RX/OTC |
| EQL ALCOHOL SWABS | P | MP; RX/OTC |
| FIFTY50 ALCOHOL PREP | P | MP; RX/OTC |
| GLOBAL ALCOHOL PREP EASE | P | MP; RX/OTC |
| GNP ALCOHOL SWABS | P | MP; RX/OTC |
| GOODSENSE ALCOHOL SWABS | P | MP; RX/OTC |
| H-E-B INCONTROL ALCOHOL | P | MP; RX/OTC |
| HM STERILE ALCOHOL PREP | P | MP; RX/OTC |
| MEIJER ALCOHOL SWABS | P | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PHARMACIST CHOICE ALCOHOL | P | MP; RX/OTC |
| PRO COMFORT ALCOHOL | P | MP; RX/OTC |
| PURE COMFORT ALCOHOL PREP | P | MP; RX/OTC |
| QC ALCOHOL SWABS | P | MP; RX/OTC |
| REALITY SWABS | P | MP; RX/OTC |
| RELION ALCOHOL SWABS | P | MP; RX/OTC |
| SAPS CARE ALCOHOL PREP | P | MP; RX/OTC |
| SAPS HEALTH ALCOHOL PREP | P | MP; RX/OTC |
| SAPS HEALTH CARE ALCOHOL PREP | P | MP; RX/OTC |
| SB ALCOHOL PREP | P | MP; RX/OTC |
| SM ALCOHOL PREP | P | MP; RX/OTC |
| SURE COMFORT ALCOHOL PREP | P | MP; RX/OTC |
| TRUE COMFORT ALCOHOL PREP PADS | P | MP; RX/OTC |
| TRUE COMFORT PRO ALCOHOL PREP | P | MP; RX/OTC |
| ULTICARE ALCOHOL SWABS | P | MP; RX/OTC |
| ULTILET ALCOHOL SWABS | P | MP; RX/OTC |
| ULTRA-CARE ALCOHOL PREP PADS | P | MP; RX/OTC |
| WEBCOL ALCOHOL PREP LARGE | P | MP; RX/OTC |
| WEBCOL ALCOHOL PREP MEDIUM | P | MP; RX/OTC |
| ZEVRX STERILE ALCOHOL PREP PAD | P | MP; RX/OTC |
| Optical and Ophthalmic Supplies | | |
| CURITY EYE PADS | P | |
| Parenteral Therapy Supplies | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADVOCATE INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| ADVOCATE INSULIN SYRINGE | P | MP; RX/OTC |
| AQ INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| ASSURE ID INSULIN SAFETY SYR | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| BD AUTOSHIELD DUO | P | MP; RX/OTC |
| BD HYPODERMIC NEEDLE | P | MP; RX/OTC |
| BD INS SYR ULTRAFINE 1/2UNIT | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| BD INSULIN SYR ULTRAFINE II | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| BD INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); RX/OTC |
| BD INSULIN SYRINGE HALF-UNIT | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| BD INSULIN SYRINGE MICROFINE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| BD INSULIN SYRINGE U/F | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| BD INSULIN SYRINGE U-500 | P | QL(100 EA per 31 day(s) retail); MP |
| BD INSULIN SYRINGE ULTRAFINE | P | QL(100 EA per 31 day(s) retail); MP |
| BD LUER-LOK SYRINGE | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BD PEN NEEDLE MICRO ULTRAFINE | P | MP |
| BD PEN NEEDLE MINI ULTRAFINE | P | MP; RX/OTC |
| BD PEN NEEDLE NANO 2ND GEN | P | MP; RX/OTC |
| BD PEN NEEDLE NANO ULTRAFINE | P | MP; RX/OTC |
| BD PEN NEEDLE ORIG ULTRAFINE | P | MP |
| BD PEN NEEDLE SHORT ULTRAFINE | P | MP; RX/OTC |
| BD PLASTIPAK SYRINGE | P | MP; RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| BD TB SYRINGE MISC | P | MP; RX/OTC |
| BD VEO INSULIN SYR U/F 1/2UNIT | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| BD VEO INSULIN SYR ULTRAFINE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| CAREONE INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP |
| CARETOUCH INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| CARETOUCH INSULIN SYRINGE | P | MP; RX/OTC |
| COMFORT EZ INSULIN SYRINGE | P | MP; RX/OTC |
| COMFORT EZ INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| DROPLET INSULIN SYRINGE | P | MP; RX/OTC |
| DROPLET INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| DROPSAFE SAFETY SYRINGE/NEEDLE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| EASY COMFORT INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| EASY COMFORT INSULIN SYRINGE | P | MP |
| EASY TOUCH FLIPLOCK INSULIN SY | P | MP; RX/OTC |
| EASY TOUCH FLIPLOCK INSULIN SY | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| EASY TOUCH INSULIN SAFETY SYR | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| EASY TOUCH INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP |
| EASY TOUCH INSULIN SYRINGE | P | MP; RX/OTC |
| EASY TOUCH SHEATHLOCK SYRINGE | P | MP; RX/OTC |
| EASY TOUCH SHEATHLOCK SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| EASY TOUCH TB FLIPLOCK SYRINGE MISC | P | MP; RX/OTC |
| EASY TOUCH TB SHEATHLOCK SYR MISC | P | MP; RX/OTC |
| EMBECTA AUTOSHIELD DUO | P | MP; RX/OTC |
| EMBECTA INS SYR U/F 1/2 UNIT | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EMBECTA INSULIN SYR ULTRAFINE | P | QL(100 EA per 31 day(s) retail); MP |
| EMBECTA INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| EMBECTA INSULIN SYRINGE U-100 | P | QL(100 EA per 31 day(s) retail); MP |
| EMBECTA INSULIN SYRINGE U-500 | P | QL(100 EA per 31 day(s) retail); MP |
| EMBECTA PEN NEEDLE NANO | P | MP; RX/OTC |
| EMBECTA PEN NEEDLE NANO 2 GEN | P | MP; RX/OTC |
| EMBECTA PEN NEEDLE ULTRAFINE | P | MP |
| FIFTY50 SUPERIOR COMFORT SYR | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYR | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| GLOBAL INJECT EASE INSULIN SYR | P | MP; RX/OTC |
| GLOBAL INJECT EASE INSULIN SYR | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| GLOBAL INSULIN SYRINGES | P | MP; RX/OTC |
| GLOBAL INSULIN SYRINGES | P | QL(100 EA per 31 day(s) retail); MP |
| GLUCOPRO INSULIN SYRINGE | P | MP; RX/OTC |
| GLUCOPRO INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP |
| GNP INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| GNP INSULIN SYRINGES | P | MP; RX/OTC |
| GNP INSULIN SYRINGES 28GX1/2" | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| GNP INSULIN SYRINGES 29GX1/2" | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| GNP INSULIN SYRINGES 30GX5/16" | P | MP; RX/OTC |
| GNP INSULIN SYRINGES 31GX5/16" | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| GNP ULTRA COM INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| HEALTHWISE INSULIN SYR/NEEDLE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| HEALTHWISE INSULIN SYR/NEEDLE | P | MP; RX/OTC |
| HM ULTICARE INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| INSULIN SYRINGE | P | MP; RX/OTC |
| INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| INSULIN SYRINGE-NEEDLE U-100 | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| INSULIN SYRINGE-NEEDLE U-100 | P | MP; RX/OTC |
| KINRAY INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| LITETOUCH INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LITETOUCH INSULIN SYRINGE | P | MP; RX/OTC |
| MAGELLAN INSULIN SAFETY SYR | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| MAGELLAN INSULIN SAFETY SYR | P | MP; RX/OTC |
| MAXI-COMFORT INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| MAXICOMFORT SYR 27G X 1/2" | P | MP; RX/OTC |
| MAXICOMFORT SYR 27G X 1/2" | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| MEDIC INSULIN SYRINGE | P | MP; RX/OTC |
| MEDIC INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| MM INSULIN SYRINGE/NEEDLE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| MM INSULIN SYRINGE/NEEDLE | P | MP; RX/OTC |
| MONOJECT INSULIN SYRINGE | P | MP; RX/OTC |
| MONOJECT INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| MONOJECT ULTRA COMFORT SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| MONOJECT ULTRA COMFORT SYRINGE | P | MP; RX/OTC |
| PRECISION SURE-DOSE SYRINGE | P | MP; RX/OTC |
| PRO COMFORT INSULIN SYRINGE | P | MP; RX/OTC |
| PRO COMFORT INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| PRODIGY INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| PX INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP |
| REALITY INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| RELION INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| SB INSULIN SYRINGE | P | MP; RX/OTC |
| SB INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| SECURESAFE INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| SURE COMFORT INSULIN SYRINGE | P | MP |
| SURE COMFORT INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| SYRINGE DISPOSABLE | P | RX/OTC |
| TECHLITE INSULIN SYRINGE | P | MP; RX/OTC |
| TECHLITE INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| TRUE COMFORT INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| TRUE COMFORT INSULIN SYRINGE | P | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRUE COMFORT PRO INSULIN SYR | P | MP |
| TRUE COMFORT PRO INSULIN SYR | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| TRUEPLUS INSULIN SYRINGE | P | MP; RX/OTC |
| TRUEPLUS INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| ULTICARE INSULIN SAFETY SYR | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| ULTICARE INSULIN SYR 1/2 UNIT | P | MP |
| ULTICARE INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| ULTICARE INSULIN SYRINGE | P | MP |
| ULTIGUARD SAFEPACK SYR/NEEDLE | P | QL(100 EA per 31 day(s) retail); MP |
| ULTRA COMFORT INSULIN SYRINGE | P | MP; RX/OTC |
| ULTRA FLO INSULIN SYR 1/2 UNIT | P | MP; RX/OTC |
| ULTRA FLO INSULIN SYR 1/2 UNIT | P | QL(100 EA per 31 day(s) retail); MP |
| ULTRA FLO INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP |
| ULTRA FLO INSULIN SYRINGE | P | MP; RX/OTC |
| ULTRACARE INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| ULTRACARE INSULIN SYRINGE | P | MP; RX/OTC |
| ULTRA-THIN II INS SYR SHORT | P | MP; RX/OTC |
| ULTRA-THIN II INS SYR SHORT | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| VANISHPOINT INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| VANISHPOINT INSULIN SYRINGE | P | MP |
| VANISHPOINT TUBERCULIN SYRINGE MISC | P | MP; RX/OTC |
| VERIFINE INSULIN SYRINGE | P | MP; RX/OTC |
| VERIFINE INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| ZEVRX INSULIN SYRINGE | P | QL(100 EA per 31 day(s) retail); MP; RX/OTC |
| ZEVRX INSULIN SYRINGE | P | MP; RX/OTC |
| Respiratory Therapy Supplies | | |
| AEROCHAMBER HOLDING CHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER MINI CHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER MV MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU INTERM DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AEROCHAMBER PLUS FLO-VU LARGE DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU LARGE MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU MEDIUM MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU SMALL DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU SMALL MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU W/MASK MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLOW VU MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER W/FLOWSIGNAL MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS CHAMBR MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/LARGE MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/SMALL MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER2GO ANTI-STATIC DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROVENT PLUS DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| AIRS DISPOSABLE NEBULIZER KIT | P | RX/OTC |
| AIRS DISPOSABLE NEBULIZER MISC | P | RX/OTC |
| AIRS PEDIATRIC AEROSOL MASK MISC | P | RX/OTC |
| AIRZONE PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| ASSESS PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE COMFORT CHAMBER/ADULT DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE COMFORT CHAMBER/CHILD DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE EASE LARGE DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE EASE MEDIUM DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE EASE PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE EASE SMALL DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHERITE VALVED MDI CHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| BUBBLES THE FISH II PEDI MASK MISC | P | RX/OTC |
| CLEVER CHOICE HOLDING CHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| CLEVER CHOICE PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| COMPACT SPACE CHAMBER/LG MASK DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| COMPACT SPACE CHAMBER/MED MASK DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| COMPACT SPACE CHAMBER/SM MASK DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| COMPACT SPACE CHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| EASIVENT MASK LARGE MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| EASIVENT MASK MEDIUM MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| EASIVENT MASK SMALL MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| EASIVENT MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC L DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC M DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC S DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| FLEXICHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| FONDCIRCLE ELECTRONIC PEAK FLO | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| INSPIREASE MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| LUNG PERFORM PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| MICROCHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| MICROCHAMBER MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| MICROLIFE DIGITAL PEAK FLOW | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| MICROSPACER MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| MINI WRIGHT PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND-LG MASK DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND-MD MASK MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| OPTICHAMBER DIAMOND-SM MASK MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI LC PLUS NEBULIZER MISC | P | RX/OTC |
| PARI TREK S W/12V DC ADAPTOR DEVI | P | RX/OTC |
| PEAK A-I-R FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PEAK AIR PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PEAK FLOW METER UNIVERSAL RANG | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PERSONAL BEST FULL RANGE | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PIKO 1 | P | QL(2 EA per 365 day(s) retail); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| POCKET CHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| POCKET PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| POCKET SPACER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| POCKETPEAK PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PRO COMFORT SPACER ADULT MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PRO COMFORT SPACER CHILD MISC | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PRO COMFORT SPACER INFANT DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PROCARE SPACER/ADULT MASK DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PROCARE SPACER/CHILD MASK DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PROCHAMBER VHC DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PULMONEB LT MISC | P | RX/OTC |
| PURE COMFORT FLOW METER ADULT | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PURE COMFORT FLOW METER CHILD | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| PURE COMFORT SPACER CHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| RITEFLO DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| STRIVE DUAL ZONE PEAK FLOW MTR | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| TRUZONE PEAK FLOW METER | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| VERSA-NEB COMPRESSOR/NEBULIZER MISC | P | RX/OTC |
| VIOS AEROSOL DELIVERY SYSTEM MISC | P | RX/OTC |
| VIOS LC PLUS DELUXE MISC | P | RX/OTC |
| VIOS LC PLUS PEDIATRIC MISC | P | RX/OTC |
| VIOS LC PLUS MISC | P | RX/OTC |
| VIOS LC SPRINT PEDIATRIC MISC | P | RX/OTC |
| VIOS LC SPRINT MISC | P | RX/OTC |
| VORTEX HOLD CHMBR/MASK/CHILD DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| VORTEX VALVE CHAMBER-PEDI MASK DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| VORTEX VALVED HOLDING CHAMBER DEVI | P | QL(2 EA per 365 day(s) retail); RX/OTC |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| AJOVY SOAJ | P | SP; PA |
| AJOVY SOSY | P | SP; PA |
| QULIPTA | P | PA |
| Serotonin Agonists | | |
| *naratriptan hcl* | P | QL(9 EA per 30 day(s) retail) |
| *rizatriptan benzoate TABS* | P | |
| *rizatriptan benzoate TBDP* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sumatriptan 20 MG/ACT* | P | QL(8 EA per 30 day(s) retail) |
| *sumatriptan 5 MG/ACT* | P | QL(0.4 EA daily) |
| *sumatriptan succinate SOLN 6 MG/0.5ML* | P | QL(4 ML per 31 day(s) retail) |
| *sumatriptan succinate TABS* | P | QL(9 EA per 31 day(s) retail) |
| TOSYMRA | P | QL(8 EA per 30 day(s) retail) |
| MINERALS & ELECTROLYTES | | |
| Calcium | | |
| CALCIUM 600 +D HIGH POTENCY TABS | P | |
| *calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 800 UNIT-600 MG* | P | |
| *calcium carbonate TABS* | P | |
| CALCIUM CHEW | P | |
| CALTRATE 600+D3 TABS *(calcium carbonate-cholecalciferol)* | P | |
| CALTRATE BONE HEALTH TABS *(calcium carbonate-cholecalciferol)* | P | |
| CELEBRATE CALCIUM PLUS 500 CHEW | P | |
| *oyster shell* | P | |
| Electrolyte Mixtures | | |
| BIOLYTE SOLN | P | QL(133.34 ML daily) |
| CERASPORT EX1 SOLN | P | QL(133.34 ML daily) |
| CERASPORT SOLN | P | QL(133.34 ML daily) |
| ENFAMIL ENFALYTE SOLN | P | QL(133.34 ML daily) |
| EQUALYTE SOLN *(oral electrolytes)* | P | QL(133.34 ML daily) |
| FT ELECTROLYTE SOLN | P | QL(133.34 ML daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML | P | QL(133.34 ML daily) |
| GOODSENSE ELECTROLYTE ADV CARE SOLN | P | QL(133.34 ML daily) |
| HYDRALYTE FREEZER POPS SOLN | P | QL(133.34 ML daily) |
| HYDRALYTE SOLN | P | QL(133.34 ML daily) |
| KINDERLYTE PREMAX SOLN | P | QL(133.34 ML daily) |
| KINDERLYTE SOLN | P | QL(133.34 ML daily) |
| *lactated ringer's* | P | |
| LACTATED RINGERS 28 MEQ/L-4 MEQ/L-130 MEQ/L-3 MEQ/L-109 MEQ/L, 3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L-28 MEQ/L | P | |
| *oral electrolytes SOLN* | P | QL(133.34 ML daily) |
| PEDIALYTE ADVANCED CARE SOLN *(oral electrolytes)* | P | QL(133.34 ML daily) |
| PEDIALYTE FREEZER POPS SOLN *(oral electrolytes)* | P | QL(133.34 ML daily) |
| PEDIALYTE IMMUNE SUPPORT SOLN | P | QL(133.34 ML daily) |
| PEDIALYTE SINGLES SOLN *(oral electrolytes)* | P | QL(133.34 ML daily) |
| PEDIALYTE SOLN *(oral electrolytes)* | P | QL(133.34 ML daily) |
| *potassium chloride in nacl 20 MEQ/L-0.9 %* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.9 % | P | |
| TRUELYTE SOLN | P | QL(133.34 ML daily) |
| Fluoride | | |
| *sodium fluoride CHEW* | P | |
| *sodium fluoride SOLN 0.5 MG/ML* | P | RX/OTC |
| SOLUVITA SOLN | P | RX/OTC |
| Magnesium | | |
| MAG64 TBEC *(magnesium chloride)* | P | |
| *magnesium chloride TBEC* | P | |
| *magnesium lactate* | P | |
| *magnesium oxide (mg supplement) TABS* | P | |
| MAGNESIUM OXIDE -MG SUPPLEMENT TABS | P | |
| MAGOX 400 TABS *(magnesium oxide (mg supplement))* | P | |
| MAG-TAB SR *(magnesium lactate)* | P | |
| Phosphate | | |
| PHOS-NAK PACK *(potassium & sodium phosphates)* | P | |
| *potassium & sodium phosphates PACK* | P | |
| Potassium | | |
| *potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ* | P | |
| *potassium chloride CPCR* | P | |
| *potassium chloride SOLN PO 10 %, 20 %, 10 %* | P | |
| POTASSIUM CHLORIDE SOLN IV 40 MEQ/100ML | P | |
| *potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ* | P | |
| Sodium | | |
| *sodium chloride flush* | P | |
| SODIUM CHLORIDE FLUSH | P | |
| *sodium chloride SOLN IJ 0.9 %* | P | QL(10 ML daily) |
| *sodium chloride SOLN IV 0.45 %, 0.9 %* | P | |
| SODIUM CHLORIDE SOLN IV 0.9 % | P | |
| *sodium chloride TABS* | P | |
| Zinc | | |
| *zinc sulfate CAPS* | P | |
| *zinc sulfate TABS* | P | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Immunomodulators | | |
| *lenalidomide* | P | SP; PA |
| REVLIMID | P | SP; PA |
| THALOMID | P | SP; PA |
| Immunosuppressive Agents | | |
| *azathioprine TABS 50 MG* | P | |
| *cyclosporine modified (for microemulsion) CAPS* | P | |
| *cyclosporine modified (for microemulsion) SOLN* | P | |
| *cyclosporine CAPS* | P | |
| *cyclosporine SOLN IV 50 MG/ML* | P | |
| ENSPRYNG | P | SP; PA |
| *everolimus (immunosuppressant)* | P | |
| *mycophenolate mofetil hcl* | P | |
| *mycophenolate mofetil CAPS* | P | |
| *mycophenolate mofetil SUSR* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *mycophenolate mofetil TABS* | P | |
| *mycophenolate sodium* | P | |
| NULOJIX | P | SP |
| SANDIMMUNE SOLN IV 50 MG/ML | P | |
| SIMULECT | P | |
| *sirolimus SOLN* | P | |
| *sirolimus TABS* | P | |
| *tacrolimus CAPS* | P | |
| *tacrolimus SOLN 5 MG/ML* | P | |
| Potassium Removing Agents | | |
| *sodium polystyrene sulfonate POWD* | P | QL(454 GM per 31 day(s) retail) |
| *sodium polystyrene sulfonate SUSP CO 15 GM/60ML* | P | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| *lidocaine hcl (mouth-throat) 2 %* | P | |
| Anti-infectives - Throat | | |
| *clotrimazole* | P | |
| *nystatin (mouth-throat)* | P | QL(300 ML per 30 day(s) retail) |
| Antiseptics - Mouth/Throat | | |
| *chlorhexidine gluconate (mouth-throat)* | P | QL(16 ML daily) |
| Dental Products | | |
| *sodium fluoride (dental) CREA* | P | |
| *sodium fluoride (dental) GEL* | P | |
| Steroids - Mouth/Throat/Dental | | |
| *triamcinolone acetonide (mouth)* | P | |
| Throat Products - Misc. | | |
| *pilocarpine hcl (oral)* | P | |
| MULTIVITAMINS | | |
| B-Complex Vitamins | | |
| *b-complex vitamins CAPS* | P | |
| B-Complex w/ C | | |
| *b complex w/ c CAPS* | P | RX/OTC |
| LUMAVEX CAPS | P | RX/OTC |
| B-Complex w/ Folic Acid | | |
| *b-complex w/ c & folic acid CAPS* | P | RX/OTC |
| *b-complex w/ c & folic acid TABS* | P | RX/OTC |
| Multiple Vitamins w/ Iron | | |
| DESTRESS-IRON TABS | P | |
| *multiple vitamins w/ iron TABS* | P | |
| STRESS FORMULA/IRON/ENERGY TABS | P | |
| TAB-A-VITE/IRON/BETA CAROTENE TABS | P | |
| Multiple Vitamins w/ Minerals | | |
| ABC COMPLETE ADULT TABS | P | RX/OTC |
| ABC COMPLETE MENS TABS | P | RX/OTC |
| ABC COMPLETE SENIOR 50+ TABS | P | RX/OTC |
| ABC COMPLETE SENIOR MENS 50+ TABS | P | RX/OTC |
| ABC COMPLETE SENIOR WOMENS 50+ TABS | P | RX/OTC |
| ABC COMPLETE WOMENS TABS | P | RX/OTC |
| ACTIVNUTRIENTS PERFORMANCE CAPS | P | RX/OTC |
| ACTIVNUTRIENTS W/O IRON CAPS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ACTIVNUTRIENTS CAPS | P | RX/OTC |
| ADEK GUMMIES PLUS ZN CHEW | P | RX/OTC |
| ADULT ONE DAILY GUMMIES CHEW | P | RX/OTC |
| AFLORA TABS | P | RX/OTC |
| AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG | P | RX/OTC |
| AIRBORNE KIDS CHEW | P | RX/OTC |
| AIRBORNE+GOOD REST CHEW | P | RX/OTC |
| AIRBORNE+PROBIOTIC CHEW | P | RX/OTC |
| AIRBORNE CHEW | P | RX/OTC |
| ALIVE ADULT PREMIUM CHEW | P | RX/OTC |
| ALIVE CALCIUM BONE SUPPORT TABS | P | RX/OTC |
| ALIVE DAILY ENERGY TABS | P | RX/OTC |
| ALIVE DIABETIC MULTIVITAMIN TABS | P | RX/OTC |
| ALIVE ENERGY 50+ TABS | P | RX/OTC |
| ALIVE EVERYDAY IMMUNE HEALTH CAPS | P | RX/OTC |
| ALIVE GARDEN GOODNESS TABS | P | RX/OTC |
| ALIVE HAIR, SKIN & NAILS CAPS | P | RX/OTC |
| ALIVE HAIR, SKIN & NAILS CHEW | P | RX/OTC |
| ALIVE MAX 6 POTENCY CAPS | P | RX/OTC |
| ALIVE MENS 50+ MULTI GUMMY CHEW | P | RX/OTC |
| ALIVE MENS 50+ ULTRA TABS | P | RX/OTC |
| ALIVE MENS 50+ TABS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ALIVE MENS COMPLETE MULTI TABS | P | RX/OTC |
| ALIVE MENS ENERGY TABS | P | RX/OTC |
| ALIVE MENS GUMMY MULTIVITAMINS CHEW | P | RX/OTC |
| ALIVE MENS ULTRA TABS | P | RX/OTC |
| ALIVE MULTI-VITAMIN CHEW | P | RX/OTC |
| ALIVE ONCE DAILY WOMENS TABS | P | RX/OTC |
| ALIVE ULTRA POTENCY ADULT TABS | P | RX/OTC |
| ALIVE ULTRA POTENCY WOMENS 50+ TABS | P | RX/OTC |
| ALIVE WOMENS 50+ COMPLETE MV TABS | P | RX/OTC |
| ALIVE WOMENS 50+ GUMMY CHEW | P | RX/OTC |
| ALIVE WOMENS 50+ CHEW | P | RX/OTC |
| ALIVE WOMENS 50+ TABS | P | RX/OTC |
| ALIVE WOMENS ENERGY TABS | P | RX/OTC |
| ALIVE WOMENS GUMMY CHEW | P | RX/OTC |
| ALPHA BETIC TABS | P | RX/OTC |
| ANTIOXIDANT FORMULA TABS | P | RX/OTC |
| APETIBEX CAPS | P | RX/OTC |
| APPE-CURB CAPS | P | RX/OTC |
| AZO HORMONAL HEALTH CYCLE CARE TABS | P | RX/OTC |
| AZO HORMONAL HEALTH HAPPY CYCL TABS | P | RX/OTC |
| BACMIN TABS | P | RX/OTC |
| BARIATRIC FUSION CHEW | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BARIATRIC MULTIVITAMIN/IRON CHEW | P | RX/OTC |
| BARIATRIC MULTIVITAMINS/IRON CAPS | P | RX/OTC |
| BARIATRIC MULTIVITAMINS/IRON CHEW | P | RX/OTC |
| BARIATRIC MULTIVITAMINS CAPS | P | RX/OTC |
| BARIATRIC MULTIVITAMINS CHEW | P | RX/OTC |
| BARIATRIC MULTIVITAMINS TABS | P | RX/OTC |
| BASIC AM TABS | P | RX/OTC |
| BASIC PM TABS | P | RX/OTC |
| BIO-35 GLUTEN-FREE CAPS | P | RX/OTC |
| BIO-35 IRON FREE CAPS | P | RX/OTC |
| BIOCAL CAPS | P | RX/OTC |
| BIOTECT PLUS CAPS | P | RX/OTC |
| BLOOD SUGAR MANAGER TABS | P | RX/OTC |
| BONEUP 3 PER DAY CAPS | P | RX/OTC |
| BONEUP VEGETARIAN TABS | P | RX/OTC |
| BONEUP CAPS | P | RX/OTC |
| BOOSTNOW IMMUNE SUPPORT CAPS | P | RX/OTC |
| CELEBRATE MULTI-COMPLETE 18 CAPS | P | RX/OTC |
| CELEBRATE MULTI-COMPLETE 18 CHEW | P | RX/OTC |
| CELEBRATE MULTI-COMPLETE 36 CAPS | P | RX/OTC |
| CELEBRATE MULTI-COMPLETE 36 CHEW | P | RX/OTC |
| CELEBRATE MULTI-COMPLETE 45 CAPS | P | RX/OTC |
| CELEBRATE MULTI-COMPLETE 45 CHEW | P | RX/OTC |
| CELEBRATE MULTI-COMPLETE 60 CAPS | P | RX/OTC |
| CELEBRATE MULTI-COMPLETE 60 CHEW | P | RX/OTC |
| CENTRAVITES 50 PLUS TABS | P | RX/OTC |
| CENTRAVITES ADULTS TABS | P | RX/OTC |
| CENTRUM ADULT 50+ MULTIGUMMIES CHEW | P | RX/OTC |
| CENTRUM ADULTS MULTIGUMMIES CHEW | P | RX/OTC |
| CENTRUM ADULTS TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| CENTRUM CARDIO TABS | P | RX/OTC |
| CENTRUM DUAL ACT MULTI+ BEAUTY CHEW | P | RX/OTC |
| CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW | P | RX/OTC |
| CENTRUM FLAVOR BURST ADULT CHEW | P | RX/OTC |
| CENTRUM FLAVOR BURST CHEW | P | RX/OTC |
| CENTRUM FRESH/FRUITY 50+ CHEW | P | RX/OTC |
| CENTRUM FRESH/FRUITY ADULT CHEW | P | RX/OTC |
| CENTRUM MEN 50+ MULTIGUMMIES CHEW | P | RX/OTC |
| CENTRUM MEN MULTIGUMMIES CHEW | P | RX/OTC |
| CENTRUM MENOPAUSE HOT FLASH TABS | P | RX/OTC |
| CENTRUM MEN TABS | P | RX/OTC |
| CENTRUM MINIS ADULTS 50+ TABS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CENTRUM MINIS MEN 50+ TABS | P | RX/OTC |
| CENTRUM MINIS WOMEN 50+ TABS | P | RX/OTC |
| CENTRUM MINIS WOMEN IMMUNE SUP TABS | P | RX/OTC |
| CENTRUM MULTI + OMEGA 3 CHEW | P | RX/OTC |
| CENTRUM MULTI+ MENTAL FOCUS CHEW | P | RX/OTC |
| CENTRUM POSTNATAL GUMMIES CHEW | P | RX/OTC |
| CENTRUM SILVER 50+MEN TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| CENTRUM SILVER 50+WOMEN TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| CENTRUM SILVER ADULT 50+ TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG *(multiple vitamins w/ minerals)* | P | RX/OTC |
| CENTRUM SILVER ULTRA WOMENS TABS | P | RX/OTC |
| CENTRUM SILVER WOMEN 50+ TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| CENTRUM SILVER CHEW | P | RX/OTC |
| CENTRUM SILVER TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| CENTRUM SPECIALIST HEART TABS | P | RX/OTC |
| CENTRUM SPECIALIST IMMUNE TABS | P | RX/OTC |
| CENTRUM SPECIALIST VISION TABS | P | RX/OTC |
| CENTRUM ULTRA WOMENS TABS | P | RX/OTC |
| CENTRUM VITAMINTS CHEW | P | RX/OTC |
| CENTRUM WOMEN 50+ MULTIGUMMIES CHEW | P | RX/OTC |
| CENTRUM WOMEN MULTIGUMMIES CHEW | P | RX/OTC |
| CENTRUM WOMEN TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| CERTAVITE SENIOR/ANTIOXIDANT TABS | P | RX/OTC |
| CERTAVITE SENIOR TABS | P | RX/OTC |
| CERTAVITE/ANTIOXIDANTS TABS | P | RX/OTC |
| CHOICEFUL MULTIVITAMIN CAPS | P | RX/OTC |
| CHOICEFUL MULTIVITAMIN CHEW | P | RX/OTC |
| CITRACAL +D3 TABS | P | RX/OTC |
| COMPLETIA DIABETIC MULTIVIT TABS | P | RX/OTC |
| COREVIA TABS | P | RX/OTC |
| CULTURELLE PROBIOTIC MEN DAILY CAPS | P | RX/OTC |
| CULTURELLE PROBIOTICS + MULTIV CHEW | P | RX/OTC |
| CVS ADULT 50+ EYE HEALTH CAPS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CVS ADULT MULTIVITAMIN CHEW | P | RX/OTC |
| CVS AIRSHIELD IMMUNITY SUPPORT CHEW | P | RX/OTC |
| CVS DAILY MULTIV/MINERAL MENS TABS | P | RX/OTC |
| CVS DAILY MULTIVITAMIN MENS TABS | P | RX/OTC |
| CVS DAILY MULTIVITAMIN WOMENS TABS | P | RX/OTC |
| CVS EYE HEALTH ADULT 50+ CAPS | P | RX/OTC |
| CVS IMMUNE SUPPORT CAPS | P | RX/OTC |
| CVS ONE DAILY MENS 50+ ADV TABS | P | RX/OTC |
| CVS ONE DAILY WOMENS 50+ ADV TABS | P | RX/OTC |
| CVS SPECTRAVITE ADULT 50+ CHEW | P | RX/OTC |
| CVS SPECTRAVITE ADULT 50+ TABS | P | RX/OTC |
| CVS SPECTRAVITE ADULTS TABS | P | RX/OTC |
| CVS SPECTRAVITE ULTRA MEN 50+ TABS | P | RX/OTC |
| CVS SPECTRAVITE ULTRA MENS TABS | P | RX/OTC |
| CVS SPECTRAVITE ULTRA WOMEN TABS | P | RX/OTC |
| CVS SPECTRAVITE WOMEN CHEW | P | RX/OTC |
| CVS VISION HEALTH CAPS | P | RX/OTC |
| DAYAVITE TABS | P | RX/OTC |
| DECUBI-VITE CAPS | P | RX/OTC |
| DEKAS BARIATRIC CHEW | P | RX/OTC |
| DEKAS PLUS OCEAN CAPS | P | RX/OTC |
| DEKAS PLUS CAPS | P | RX/OTC |
| DEKAS PLUS CHEW | P | RX/OTC |
| DEPLIN MA CAPS | P | RX/OTC |
| DEPLINPRO MOOD HEALTH CAPS | P | RX/OTC |
| DERMACINRX MULTITAM TABS | P | RX/OTC |
| DERMACINRX RIBOTIN-E TABS | P | RX/OTC |
| DERMACINRX ZINTREXYL-C TABS | P | RX/OTC |
| DERMAVITE TABS | P | RX/OTC |
| DEXATRAN CAPS | P | RX/OTC |
| DIALYVITE SUPREME D TABS | P | RX/OTC |
| DIATROL TABS | P | RX/OTC |
| EMERGEN-C APPLE CIDER VINEGAR CHEW | P | RX/OTC |
| EMERGEN-C ASHWAGANDHA CHEW | P | RX/OTC |
| EMERGEN-C ELDERBERRY CHEW | P | RX/OTC |
| EMERGEN-C IMMUNE PLUS/VIT D CHEW | P | RX/OTC |
| EMERGEN-C IMMUNE+ ELDERBERRY CHEW | P | RX/OTC |
| EMERGEN-C IMMUNE+ CHEW | P | RX/OTC |
| EMERGEN-C TURMERIC & GINGER CHEW | P | RX/OTC |
| EMERGEN-C VITAMIN C CHEW | P | RX/OTC |
| ENLYTE GUMMY+ CHEW | P | RX/OTC |
| EQ COMPLETE MULTIVITAMIN-ADULT TABS | P | RX/OTC |
| EQ MULTIVITAMINS ADULT GUMMY CHEW | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EQ ONE DAILY MENS 50+ TABS | P | RX/OTC |
| EQ ONE DAILY MENS HEALTH TABS | P | RX/OTC |
| EQ ONE DAILY WOMENS 50+ TABS | P | RX/OTC |
| EQ ONE DAILY WOMENS HEALTH TABS | P | RX/OTC |
| EQL CENTURY MATURE ADULTS 50+ TABS | P | RX/OTC |
| EQL CENTURY MENS TABS | P | RX/OTC |
| EQL CENTURY WOMENS TABS | P | RX/OTC |
| EQL ONE DAILY ADULT GUMMIES CHEW | P | RX/OTC |
| EQL ONE DAILY MENS TABS | P | RX/OTC |
| ESTROVEN MENOPAUSE SUPPLEMENT TABS | P | RX/OTC |
| EYE HEALTH + LUTEIN TABS | P | RX/OTC |
| EYE HEALTH AREDS 2 CAPS | P | RX/OTC |
| EYE HEALTH GUMMIES CHEW | P | RX/OTC |
| EYE HEALTH CAPS | P | RX/OTC |
| EYE MULTIVITAMIN/SODIUM TABS | P | RX/OTC |
| FINAZOL TABS | P | RX/OTC |
| FITNESS TABS FOR MEN AM/PM TABS | P | RX/OTC |
| FITNESS TABS FOR WOMEN AM/PM TABS | P | RX/OTC |
| FLORRAVITE TABS | P | RX/OTC |
| FLORRAXYL TABS | P | RX/OTC |
| FOLAGENT DHA CAPS | P | RX/OTC |
| FOLAMAX TABS | P | RX/OTC |
| FOLAMED DHA CAPS | P | RX/OTC |
| FOLAPRIME TABS | P | RX/OTC |
| FOLASYNC DHA CAPS | P | RX/OTC |
| FOLIFLEX TABS | P | RX/OTC |
| FOLITIN-Z TABS | P | RX/OTC |
| FOLIXIA TABS | P | RX/OTC |
| FREEDAVITE TABS | P | RX/OTC |
| FT ADULT MULTI GUMMIES CHEW | P | RX/OTC |
| FT CENTURY 50+ TABS | P | RX/OTC |
| FT CENTURY ADULTS TABS | P | RX/OTC |
| FT CENTURY MEN 50+ TABS | P | RX/OTC |
| FT CENTURY MEN TABS | P | RX/OTC |
| FT CENTURY WOMEN 50+ TABS | P | RX/OTC |
| FT CENTURY WOMEN TABS | P | RX/OTC |
| FT EYE HEALTH CAPS | P | RX/OTC |
| FT EYE HEALTH TABS | P | RX/OTC |
| FT HAIR SKIN & NAILS EXTRA STR TABS | P | RX/OTC |
| FT IMMUNE SUPPORT CHEW | P | RX/OTC |
| FT ONE DAILY MENS 50+ TABS | P | RX/OTC |
| FT ONE DAILY MENS TABS | P | RX/OTC |
| FT ONE DAILY WOMENS 50+ TABS | P | RX/OTC |
| FT ONE DAILY WOMENS TABS | P | RX/OTC |
| GENADEK STEP 1 CAPS | P | RX/OTC |
| GENADEK STEP 2 CAPS | P | RX/OTC |
| GERI-FREEDA SENIOR FORMULA TABS | P | RX/OTC |
| GNP ADULT MINI CHEW | P | RX/OTC |
| GNP CENTURY ADULTS MEN TABS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GNP CENTURY ADULTS WOMEN TABS | P | RX/OTC |
| GNP CENTURY ADULT TABS | P | RX/OTC |
| GNP CENTURY MATURE ADULTS 50+ TABS | P | RX/OTC |
| GNP HAIR SKIN & NAILS EXTRA ST TABS | P | RX/OTC |
| GNP IMMUNE SUPPORT CHEW | P | RX/OTC |
| GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG | P | RX/OTC |
| GNP ONE DAILY MENS HEALTH TABS | P | RX/OTC |
| GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG | P | RX/OTC |
| GNP THERAPEUTIC-M TABS | P | RX/OTC |
| HAIR SKIN & NAILS ADVANCED TABS | P | RX/OTC |
| HAIR SKIN & NAILS TABS | P | RX/OTC |
| HAIR/SKIN/NAILS CAPS | P | RX/OTC |
| HEAD CARE PROACTIVE HEALTH TABS | P | RX/OTC |
| HEALTHY EYES SUPERVISION 2 CAPS | P | RX/OTC |
| HIGH POT MULTIVITAMIN/BETA-CAR TABS | P | RX/OTC |
| HIGH POTENCY MULTIVIT/FA TABS | P | RX/OTC |
| HM COMPLETE MEN TABS | P | RX/OTC |
| HM HAIR/SKIN/NAILS TABS | P | RX/OTC |
| HYLAZINC TABS | P | RX/OTC |
| ICAPS AREDS FORMULA TABS | P | RX/OTC |
| IMMUNE ESSENTIALS DAILY CAPS | P | RX/OTC |
| IMMUNE SUPPORT CHEW | P | RX/OTC |
| JOINT HEALTH & BONE STRENGTH TABS | P | RX/OTC |
| KEYFOLIC TABS | P | RX/OTC |
| KEYLOSA TABS | P | RX/OTC |
| K-PAX IMMUNE PROFESSIONAL ST TABS | P | RX/OTC |
| LIVER DETOX TABS | P | RX/OTC |
| LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG | P | RX/OTC |
| MEDI TAB TABS | P | RX/OTC |
| MEGA MULTI FOR WOMEN TABS | P | RX/OTC |
| MEGA MULTI MEN TABS | P | RX/OTC |
| MEGAVITE FRUITS & VEGGIES TABS | P | RX/OTC |
| MEGAVITE GOLDEN YEARS 55+ TABS | P | RX/OTC |
| MENATROL CAPS | P | RX/OTC |
| MENS 50+ ADVANCED CAPS | P | RX/OTC |
| MENS 50+ MULTIVITAMIN TABS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MENS MULTI HEALTH FORMULA TABS | P | RX/OTC |
| MENS MULTIVITAMIN GUMMIES CHEW | P | RX/OTC |
| MENS MULTIVITAMIN CHEW | P | RX/OTC |
| MENS MULTIVITAMIN TABS | P | RX/OTC |
| MOOD FOOD ES CAPS | P | RX/OTC |
| MOOD FOOD CAPS | P | RX/OTC |
| MULTI + OMEGA-3 GUMMIES CHEW | P | RX/OTC |
| MULTIA CAPS | P | RX/OTC |
| *multiple vitamins w/ minerals CAPS* | P | RX/OTC |
| *multiple vitamins w/ minerals CHEW* | P | RX/OTC |
| *multiple vitamins w/ minerals TABS* | P | RX/OTC |
| MULTITOL-M TABS | P | RX/OTC |
| MULTIVITAMIN ADULT (MINERALS) TABS | P | RX/OTC |
| MULTIVITAMIN HEALTH FORM/CA/FE TABS | P | RX/OTC |
| MULTIVITAMIN MEN TABS | P | RX/OTC |
| MULTI-VITAMIN MONOCAPS TABS | P | RX/OTC |
| MULTIVITAMIN WOMEN TABS | P | RX/OTC |
| MULTIVITAMIN/ZINC STRESS TABS | P | RX/OTC |
| MULTIVITAMIN-MINERALS TABS | P | RX/OTC |
| MVW COMPLETE FORMULATION D3000 CAPS | P | RX/OTC |
| MVW COMPLETE FORMULATION D5000 CAPS | P | RX/OTC |
| MVW COMPLETE FORMULATION MINIS CAPS | P | RX/OTC |
| MVW COMPLETE FORMULATION CAPS | P | RX/OTC |
| MVW HI-D ADEK GUMMIES CHEW | P | RX/OTC |
| MVW MODULATOR FORMULATION MINI CAPS | P | RX/OTC |
| MVW MODULATOR FORMULATION CAPS | P | RX/OTC |
| MVW ORANGE CHEWABLES CHEW | P | RX/OTC |
| NAT-RUL THERAVITE-M TABS | P | RX/OTC |
| NATRUL-VITES TABS | P | RX/OTC |
| NEOVITE TABS | P | RX/OTC |
| NICADAN TABS | P | RX/OTC |
| NICAZEL FORTE TABS | P | RX/OTC |
| NICAZEL TABS | P | RX/OTC |
| NO IRON MULT VITAMIN-MINERALS TABS | P | RX/OTC |
| NUTRALYN TABS | P | RX/OTC |
| NUTRICAP TABS | P | RX/OTC |
| OCULAR VITAMINS TABS | P | RX/OTC |
| OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT | P | RX/OTC |
| OCUVITE ADULT 50+ CAPS | P | RX/OTC |
| OCUVITE ADULT FORMULA CAPS | P | RX/OTC |
| OCUVITE EYE PERFORMANCE CAPS | P | RX/OTC |
| OCUVITE-LUTEIN CAPS | P | RX/OTC |
| ONCOVITE TABS | P | RX/OTC |
| ONE A DAY ENERGY TABS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ONE A DAY IMMUNITY DEFENSE CHEW | P | RX/OTC |
| ONE A DAY MEN 50 PLUS TABS | P | RX/OTC |
| ONE A DAY MENS VITACRAVES CHEW | P | RX/OTC |
| ONE A DAY TRIPLE IMMUNE SUPPRT TABS | P | RX/OTC |
| ONE A DAY WOMEN 50 PLUS CHEW | P | RX/OTC |
| ONE A DAY WOMEN 50 PLUS TABS | P | RX/OTC |
| ONE A DAY WOMENS MULTI TABS | P | RX/OTC |
| ONE DAILY MEN FORMULA W/O IRON TABS | P | RX/OTC |
| ONE DAILY MENS 50+ MULTIVIT TABS | P | RX/OTC |
| ONE DAILY MULTIVITAMIN WOMEN TABS | P | RX/OTC |
| ONE DAILY WOMENS TABS | P | RX/OTC |
| ONE-A-DAY ENERGY TABS | P | RX/OTC |
| ONE-A-DAY FOR HER VITACRAVES CHEW | P | RX/OTC |
| ONE-A-DAY FOR HIM VITACRAVES CHEW | P | RX/OTC |
| ONE-A-DAY MENOPAUSE FORMULA TABS | P | RX/OTC |
| ONE-A-DAY MENS (MINERALS) TABS | P | RX/OTC |
| ONE-A-DAY MENS 50+ ADVANTAGE TABS | P | RX/OTC |
| ONE-A-DAY MENS 50+ TABS | P | RX/OTC |
| ONE-A-DAY MENS HEALTH FORMULA TABS | P | RX/OTC |
| ONE-A-DAY MENS PRO EDGE TABS | P | RX/OTC |
| ONE-A-DAY MENS VITACRAVES CHEW | P | RX/OTC |
| ONE-A-DAY PROACTIVE 65+ TABS | P | RX/OTC |
| ONE-A-DAY TEEN ADVANTAGE/HIM TABS | P | RX/OTC |
| ONE-A-DAY VITACRAVES ADULT CHEW | P | RX/OTC |
| ONE-A-DAY VITACRAVES IMMUNITY CHEW | P | RX/OTC |
| ONE-A-DAY VITACRAVES SOUR CHEW | P | RX/OTC |
| ONE-A-DAY VITACRAVES CHEW | P | RX/OTC |
| ONE-A-DAY WEIGHT SMART ADVANCE TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| ONE-A-DAY WOMENS 50 PLUS TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| ONE-A-DAY WOMENS 50+ TABS | P | RX/OTC |
| ONE-A-DAY WOMENS HEALTHY SKIN TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| ONE-A-DAY WOMENS MIND & BODY TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| ONE-A-DAY WOMENS PETITES TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ONE-A-DAY WOMENS VITACRAVES CHEW | P | RX/OTC |
| ONE-A-DAY WOMENS TABS | P | RX/OTC |
| ONE-DAILY MULTI CAPS CAPS | P | RX/OTC |
| ONEVITE TABS | P | RX/OTC |
| OPTIFAST POST BARIATRIC CHEW | P | RX/OTC |
| OPTIMUM AIRVITES CHEW | P | RX/OTC |
| OPTISOURCE POST BARIATRIC SURG CHEW | P | RX/OTC |
| OPTIVITE P.M.T. TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| OPURITY BYPASS OPTIMIZED CHEW | P | RX/OTC |
| OPURITY TABS | P | RX/OTC |
| OSTEOPRIME PLUS TABS | P | RX/OTC |
| PARVLEX TABS | P | RX/OTC |
| PHYTOMULTI TABS | P | RX/OTC |
| PRESCRIPTION SUPPORT MULTIVIT CAPS | P | RX/OTC |
| PRESERVISION AREDS 2+COQ10 CAPS | P | RX/OTC |
| PRESERVISION AREDS 2+MULTI VIT CAPS | P | RX/OTC |
| PRESERVISION AREDS 2 CAPS | P | RX/OTC |
| PRESERVISION AREDS 2 CHEW | P | RX/OTC |
| PRESERVISION AREDS CAPS | P | RX/OTC |
| PRESERVISION AREDS TABS | P | RX/OTC |
| PRESERVISION/LUTEIN CAPS | P | RX/OTC |
| PREV-RX TABS | P | RX/OTC |
| PROBIOTICS + BARIATRIC MULTI CAPS | P | RX/OTC |
| PRO-CAL TABS | P | RX/OTC |
| PROCERV HP TABS | P | RX/OTC |
| PROFOLA TABS | P | RX/OTC |
| PRORENAL + D W/ OMEGA-3 CAPS | P | RX/OTC |
| PRORENAL + D TABS | P | RX/OTC |
| PROTECT CARDIO AF CAPS | P | RX/OTC |
| PROTECT PLUS SO CAPS | P | RX/OTC |
| PROTEGRA CAPS | P | RX/OTC |
| PROVIT TABS | P | RX/OTC |
| QC MULTI-VITE TABS | P | RX/OTC |
| QC OCUHEALTH VISION SUPPORT 2 CAPS | P | RX/OTC |
| QUIN B STRONG TABS | P | RX/OTC |
| QUINTABS-M TABS | P | RX/OTC |
| RAYAVIT TABS | P | RX/OTC |
| REMEDIENT CAPS | P | RX/OTC |
| RENAL MULTIVITAMIN TABS | P | RX/OTC |
| RENAPLEX-D TABS | P | RX/OTC |
| SENTRY SENIOR MENS 50+ TABS | P | RX/OTC |
| SENTRY SENIOR/LUTEIN TABS | P | RX/OTC |
| SENTRY TABS | P | RX/OTC |
| SIDEROL TABS | P | RX/OTC |
| SKIN HAIR & NAILS ADVANCED CAPS | P | RX/OTC |
| SOLO TABS | P | RX/OTC |
| SPECTRAVITE TABS | P | RX/OTC |
| STROVITE ONE TABS | P | RX/OTC |
| SUPER ANTIOXIDANT CAPS | P | RX/OTC |
| SUPER D-ZINC-SELENIUM-COPPER TABS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SUPERIOR MENS MULTI TABS | P | RX/OTC |
| SUPERIOR WOMENS MULTI TABS | P | RX/OTC |
| SUPPORT-500 CAPS | P | RX/OTC |
| SYSTANE ICAPS AREDS2 CHEW | P | RX/OTC |
| SYSTANE ICAPS AREDS2 TABS | P | RX/OTC |
| THERAGRAN-M ADVANCED 50 PLUS TABS | P | RX/OTC |
| THERAGRAN-M ADVANCED TABS | P | RX/OTC |
| THERAGRAN-M PREMIER 50 PLUS TABS | P | RX/OTC |
| THERAGRAN-M PREMIER TABS | P | RX/OTC |
| THERAGRAN-M TABS | P | RX/OTC |
| THERA-M PLUS MV W/BETA-CAROT TABS | P | RX/OTC |
| THERAMILL FORTE CAPS | P | RX/OTC |
| THERA-M TABS | P | RX/OTC |
| THERANATAL LACTATION ONE CAPS | P | RX/OTC |
| THERA-TABS M TABS | P | RX/OTC |
| THERA-VITE MAX-M TABS | P | RX/OTC |
| THEREMS-M TABS | P | RX/OTC |
| T-VITES TABS | P | RX/OTC |
| UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG | P | RX/OTC |
| ULTRA BONEUP TABS | P | RX/OTC |
| VENEXA FE TABS | P | RX/OTC |
| VENEXA TABS | P | RX/OTC |
| VENTRIXYL FE TABS | P | RX/OTC |
| VENTRIXYL TABS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VISION HEALTH CAPS | P | RX/OTC |
| VISION OPTIMIZER CAPS | P | RX/OTC |
| VISTA ADVANCED AREDS2 FORMULA CAPS | P | RX/OTC |
| VISTA ADVANCED DRY EYE FORMULA CAPS | P | RX/OTC |
| VITABASIC COMPLETE TABS | P | RX/OTC |
| VITABASIC SENIOR TABS | P | RX/OTC |
| VITABEX PLUS CAPS | P | RX/OTC |
| VITABEX CAPS | P | RX/OTC |
| VITACHEW ADULT MULTI VITAMIN CHEW | P | RX/OTC |
| VITACORE TABS | P | RX/OTC |
| VITAFUSION MULTI WOMENS CHEW | P | RX/OTC |
| VITAJOY MULTI GUMMIES ADULT CHEW | P | RX/OTC |
| VITAMIN D3 COMPLETE TABS | P | RX/OTC |
| VITAROCA PLUS TABS *(multiple vitamins w/ minerals)* | P | RX/OTC |
| VITASANA TABS | P | RX/OTC |
| VITATRUM TABS | P | RX/OTC |
| VITEYES AREDS 2 FORMULA +MULTI CAPS | P | RX/OTC |
| VITEYES AREDS 2 FORMULA CAPS | P | RX/OTC |
| VITEYES CLASSIC ADVANCED CAPS | P | RX/OTC |
| VITEYES CLASSIC MACULAR SUPPOR CAPS | P | RX/OTC |
| VITEYES CLASSIC MULTIVITAMIN TABS | P | RX/OTC |
| VITEYES CLASSIC+OMEGA-3 CAPS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VITEYES OPTIC NERVE SUPPORT TABS | P | RX/OTC |
| VITRAMYN TABS | P | RX/OTC |
| VITRANOL FE TABS | P | RX/OTC |
| VITRANOL TABS | P | RX/OTC |
| VITREXATE FE TABS | P | RX/OTC |
| VITREXATE TABS | P | RX/OTC |
| VITREXYL + IRON TABS | P | RX/OTC |
| VITREXYL TABS | P | RX/OTC |
| VITRUM 50+ ADULT-MULTI TABS | P | RX/OTC |
| VITRUM 50+ SENIOR MULTI TABS | P | RX/OTC |
| WAL-BORN VITAMIN C CHEW | P | RX/OTC |
| WELLFOLA TABS | P | RX/OTC |
| WOMENS 50+ MULTI VITAMIN TABS | P | RX/OTC |
| WOMENS MULTI GUMMIES CHEW | P | RX/OTC |
| WOMENS MULTIVITAMIN + COLLAGEN CHEW | P | RX/OTC |
| WOMENS MULTIVITAMIN GUMMIES CHEW | P | RX/OTC |
| YELETS TEENAGE FORMULA TABS | P | RX/OTC |
| YOUR LIFE MULTI ADULT GUMMIES CHEW | P | RX/OTC |
| YUM-VS COMPLETE MULTIVITAMIN CHEW | P | RX/OTC |
| YUMVS MULTI ZERO CHEW | P | RX/OTC |
| YUMVS ZERO DIABETIC MULTIVITAM CHEW | P | RX/OTC |
| Ped Multi Vitamins w/Fl & FE | | |
| *ped multivitamins w/fl & iron SOLN* | P | RX/OTC |
| Ped Multiple Vitamins w/ Minerals | | |
| MVW COMPLETE FORMULATION SOLN | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Ped MV w/ Fluoride | | |
| *pediatric multivitamins w/fl CHEW* | P | RX/OTC |
| *pediatric multivitamins w/fl SOLN* | P | RX/OTC |
| *pediatric vitamins acd w/ fluoride SOLN* | P | RX/OTC |
| SOLUVITA ACD WITH FLUORIDE SOLN | P | RX/OTC |
| VITAMINS ACD-FLUORIDE SOLN | P | RX/OTC |
| Ped MV w/ Iron | | |
| BPROTECTED PEDIA POLY-VITE/FE SOLN | P | |
| ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML | P | |
| MULTIVITAMIN DROPS/IRON SOLN | P | |
| MULTIVITAMIN INFANT & TODDLER SOLN | P | |
| PC PEDIATRIC POLY-VITA/FE DROP SOLN | P | |
| POLY-VITA/IRON SOLN | P | |
| POLY-VITE/IRON SOLN | P | |
| Pediatric Multiple Vitamins | | |
| BRAIN BUILDER KIDS CHEW | P | |
| FT CHILDRENS MULTI PLUS IMMUNE CHEW | P | |
| GNP CHILDRENS/EXTRA C CHEW | P | |
| ONE-A-DAY VITACRAVES+OMEGA-3 CHEW *(pediatric multiple vitamins)* | P | |
| *pediatric multiple vitamins CHEW* | P | |
| Pediatric Vitamins | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pediatric vitamins adc 400 UNIT/ML-750 UNIT/ML-35 MG/ML* | P | |
| Prenatal Vitamins | | |
| ATABEX OB | P | |
| CLASSIC PRENATAL TABS | P | |
| COMPLETENATE CHEW | P | |
| CO-NATAL FA TABS | P | RX/OTC |
| CONCEPT DHA | P | |
| CONCEPT OB | P | |
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | P | |
| EQL PRENATAL FORMULA TABS | P | |
| FOLIVANE-OB | P | |
| FT PRENATAL TABS | P | |
| GNP PRENATAL/FOLIC ACID TABS | P | |
| GNP PRENATAL TABS | P | |
| KP PRENATAL MULTIVITAMINS TABS | P | |
| MASONATAL TABS | P | |
| MATRONEX TABS | P | RX/OTC |
| M-NATAL PLUS TABS | P | RX/OTC |
| MULTI PRENATAL TABS | P | |
| NEONATAL COMPLETE TABS | P | RX/OTC |
| NEONATAL PLUS TABS | P | RX/OTC |
| NEONATAL PRENATAL TABS | P | |
| NEONATAL VITAMIN TABS | P | |
| NIVA-PLUS TABS | P | RX/OTC |
| OB COMPLETE TABS | P | |
| ONE VITE WOMENS PLUS TABS | P | RX/OTC |
| ONE VITE WOMENS TABS | P | |
| PNV 27-CA/FE/FA TABS | P | |
| PRENATABS FA TABS | P | RX/OTC |
| PRENATABS RX TABS 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 | RX/OTC |
| PRENATAL 19 CHEW | P | |
| PRENATAL ONE DAILY TABS | P | |
| PRENATAL PLUS VITAMIN/MINERAL TABS | P | RX/OTC |
| PRENATAL PLUS 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* | P | |
| PRENATAL VITAMIN AND MINERAL TABS | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT | P | |
| PRENATAL/IRON 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 | |
| PRENATAL TABS | P | |
| PRENATAL-U CAPS | P | |
| PRENATRIX TABS | P | RX/OTC |
| PRENATRYL TABS | P | RX/OTC |
| QC PRENATAL TABS | P | |
| SE-NATAL 19 CHEW | P | |
| SM PRENATAL VITAMINS TABS | P | |
| TARON-C DHA | P | |
| THERANATAL CORE NUTRITION TABS | P | RX/OTC |
| THRIVITE RX TABS | P | RX/OTC |
| TRICARE TABS | P | RX/OTC |
| TRINATAL RX 1 TABS | P | |
| VINATE II | P | |
| VINATE ONE TABS | P | |
| VITAFOL-OB TABS | P | |
| VITATHELY WITH GINGER TABS | P | RX/OTC |
| WESCAP-C DHA | P | |
| WESTAB PLUS TABS | P | RX/OTC |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| Central Muscle Relaxants | | |
| *baclofen TABS* | P | |
| *carisoprodol TABS 350 MG* | P | QL(4 EA daily) |
| *chlorzoxazone TABS 500 MG* | P | |
| *cyclobenzaprine hcl TABS 5 MG, 10 MG* | P | QL(3 EA daily) |
| *methocarbamol TABS 500 MG, 750 MG* | P | |
| *orphenadrine citrate TB12* | P | |
| *tizanidine hcl TABS* | P | |
| Direct Muscle Relaxants | | |
| *dantrolene sodium CAPS* | P | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Agents - Misc. | | |
| NOZIN NASAL SANITIZER POPSWAB SWAB | P | |
| NOZIN NASAL SANITIZER KIT | P | |
| OCEAN NASAL SPRAY SOLN *(saline)* | P | |
| *saline SOLN 0.65 %* | P | |
| Nasal Antiallergy | | |
| *azelastine hcl 0.1 %, 137 MCG/SPRAY* | P | |
| *cromolyn sodium (nasal) 5.2 MG/ACT* | P | |
| NASALCROM *(cromolyn sodium (nasal))* | P | |
| Nasal Anticholinergics | | |
| *ipratropium bromide (nasal)* | P | |
| Nasal Steroids | | |
| *flunisolide (nasal)* | P | |
| *fluticasone propionate (nasal) SUSP* | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Sympathomimetic Decongestants | | |
| *phenylephrine hcl (oral) TABS* | P | |
| *pseudoephedrine hcl TABS* | P | |
| *pseudoephedrine hcl TB12* | P | |
| SUDAFED CHILDRENS LIQD | P | |
| SUDAFED PE SINUS CONGESTION TABS *(phenylephrine hcl (oral))* | P | |
| NUTRIENTS | | |
| Misc. Nutritional Substances | | |
| *omega-3 fatty acids CAPS 1000 MG* | P | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Artificial Tears and Lubricants | | |
| *polyvinyl alcohol 1.4 %* | P | QL(15 ML per 30 day(s) retail) |
| *white petrolatum-mineral oil* | P | |
| Beta-blockers - Ophthalmic | | |
| *betaxolol hcl (ophth) SOLN* | P | |
| BETOPTIC-S SUSP | P | |
| *carteolol hcl (ophth)* | P | |
| DORZOLAMIDE HCL-TIMOLOL MAL | P | |
| *dorzolamide hcl-timolol maleate* | P | |
| *levobunolol hcl 0.5 %* | P | |
| *timolol maleate (ophth) SOLG* | P | |
| *timolol maleate (ophth) SOLN* | P | |
| Cycloplegic Mydriatics | | |
| *atropine sulfate (ophthalmic) OINT* | P | |
| *atropine sulfate (ophthalmic) SOLN* | P | |
| ATROPINE SULFATE SOLN 1 % | P | |
| Miotics | | |
| *pilocarpine hcl SOLN 2 %* | P | |
| Ophthalmic Adrenergic Agents | | |
| *brimonidine tartrate 0.2 %* | P | |
| Ophthalmic Anti-infectives | | |
| *bacitracin (ophthalmic)* | P | |
| *bacitracin-polymyxin b (ophth)* | P | |
| *ciprofloxacin hcl (ophth) SOLN* | P | QL(10 ML per 30 day(s) retail) |
| ERYTHROMYCIN | P | |
| *erythromycin (ophth)* | P | |
| *gentamicin sulfate (ophth) SOLN* | P | |
| *neomycin-bacitracin zn-polymyxin* | P | |
| *neomycin-polymyxin-gramicidin* | P | |
| *ofloxacin (ophth)* | P | QL(10 ML per 30 day(s) retail) |
| *polymyxin b-trimethoprim* | P | |
| *sulfacetamide sodium (ophth) SOLN* | P | |
| *tobramycin (ophth) SOLN* | P | |
| *trifluridine* | P | |
| Ophthalmic Steroids | | |
| *dexamethasone sodium phosphate (ophth)* | P | QL(10 ML per 30 day(s) retail) |
| *fluorometholone (ophth) SUSP* | P | |
| FML FORTE SUSP | P | |
| KLARITY-L EMUL | P | QL(10 ML per 30 day(s) retail) |
| LOTEMAX SM GEL | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *loteprednol etabonate GEL* | P | |
| *loteprednol etabonate SUSP 0.5 %* | P | QL(10 ML per 30 day(s) retail) |
| MAXIDEX SUSP OP | P | |
| *neomycin-polymy-dexameth OINT* | P | |
| *neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %* | P | |
| *neomycin-polymyxin-hc (ophth)* | P | |
| *prednisolone acetate (ophth)* | P | |
| PREDNISOLONE ACETATE P-F | P | |
| *sulfacetamide sod-prednisolone SOLN* | P | |
| TOBRADEX OINT | P | |
| *tobramycin-dexamethasone SUSP* | P | QL(20 ML per 30 day(s) retail) |
| Ophthalmics - Misc. | | |
| *brinzolamide* | P | |
| *cromolyn sodium (ophth)* | P | |
| *diclofenac sodium (ophth)* | P | |
| *dorzolamide hcl* | P | |
| DORZOLAMIDE HCL | P | |
| *flurbiprofen sodium* | P | |
| *ketorolac tromethamine (ophth) 0.5 %* | P | |
| *ketotifen fumarate (ophth) 0.035 %* | P | |
| *olopatadine hcl 0.1 %* | P | QL(10 ML per 30 day(s) retail) |
| Prostaglandins - Ophthalmic | | |
| *latanoprost SOLN* | P | QL(5 ML per 31 day(s) retail) |
| LATANOPROST SOLN | P | QL(5 ML per 31 day(s) retail) |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| *acetic acid (otic)* | P | |
| *carbamide peroxide (otic) 6.5 %* | P | |
| DEBROX 6.5 % *(carbamide peroxide (otic))* | P | |
| Otic Anti-infectives | | |
| *ofloxacin (otic)* | P | QL(10 ML per 30 day(s) retail) |
| Otic Combinations | | |
| *ciprofloxacin-dexamethasone* | P | |
| *neomycin-polymyxin-hc (otic) SOLN* | P | |
| *neomycin-polymyxin-hc (otic) SUSP* | P | |
| OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding | | |
| Oxytocics | | |
| *methylergonovine maleate SOLN* | P | |
| *methylergonovine maleate TABS* | P | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Monoclonal Antibodies | | |
| 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* | P | |
| *ampicillin CAPS 500 MG* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Natural Penicillins | | |
| BICILLIN L-A SUSY | P | |
| *penicillin g potassium 5000000 UNIT, 20000000 UNIT* | P | |
| *penicillin v potassium SOLR* | P | |
| *penicillin v potassium TABS* | P | |
| Penicillin Combinations | | |
| *amoxicillin & pot clavulanate CHEW* | P | |
| *amoxicillin & pot clavulanate SUSR* | P | |
| *amoxicillin & pot clavulanate TABS* | P | |
| BICILLIN C-R | P | |
| BICILLIN C-R 900/300 | P | |
| Penicillinase-Resistant Penicillins | | |
| *dicloxacillin sodium* | P | |
| *oxacillin sodium IJ 1 GM, 2 GM* | P | |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |
| *medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG* | P | |
| *norethindrone acetate TABS* | P | |
| *progesterone CAPS* | P | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| *acamprosate calcium* | P | QL(6 EA daily); MP |
| *disulfiram* | P | MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Antidementia Agents | | |
| *donepezil hydrochloride TABS 5 MG, 10 MG* | P | |
| *memantine hcl SOLN* | P | |
| *memantine hcl TABS* | P | |
| *rivastigmine* | P | |
| *rivastigmine tartrate CAPS* | P | |
| Combination Psychotherapeutics | | |
| *chlordiazepoxide-amitriptyline* | P | |
| LYBALVI | P | QL(1 EA daily) |
| *olanzapine-fluoxetine hcl* | P | |
| *perphenazine-amitriptyline* | P | |
| Movement Disorder Drug Therapy | | |
| *tetrabenazine* | P | QL(4 EA daily); SP; PA |
| Multiple Sclerosis Agents | | |
| AVONEX PEN AJKT | P | SP; PA |
| AVONEX PREFILLED PSKT | P | SP; PA |
| *dimethyl fumarate CDPK* | P | SP |
| *dimethyl fumarate CPDR* | P | SP |
| *fingolimod hcl* | P | SP |
| *glatiramer acetate SOSY* | P | SP |
| PLEGRIDY STARTER PACK SOAJ | P | SP; PA |
| PLEGRIDY STARTER PACK SOSY SC | P | SP; PA |
| PLEGRIDY SOAJ | P | SP; PA |
| PLEGRIDY SOSY IM | P | SP; PA |
| REBIF REBIDOSE TITRATION PACK SOAJ | P | SP; PA |
| REBIF REBIDOSE SOAJ | P | SP; PA |
| REBIF TITRATION PACK SOSY | P | SP; PA |
| REBIF SOSY | P | SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *teriflunomide* | P | QL(1 EA daily); SP |
| Psychotherapeutic and Neurological Agents - Misc. | | |
| *pimozide* | P | AL(At least 12 yrs old) |
| Smoking Deterrents | | |
| APO-VARENICLINE TABS | P | QL(112 EA per 365 day(s) retail) |
| *bupropion hcl (smoking deterrent)* | P | |
| NICORETTE MINI LOZG *(nicotine polacrilex)* | P | QL(20 EA daily) |
| NICORETTE STARTER KIT GUM *(nicotine polacrilex)* | P | QL(2016 EA per 365 day(s) retail) |
| NICORETTE GUM *(nicotine polacrilex)* | P | QL(2016 EA per 365 day(s) retail) |
| NICORETTE LOZG *(nicotine polacrilex)* | P | QL(20 EA daily) |
| *nicotine polacrilex GUM* | P | QL(2016 EA per 365 day(s) retail) |
| *nicotine polacrilex LOZG* | P | QL(20 EA daily) |
| NICOTINE KIT | P | QL(56 EA per 365 day(s) retail) |
| *nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR* | P | QL(70 EA per 365 day(s) retail) |
| NICOTROL NS SOLN | P | |
| NICOTROL INHA | P | |
| *varenicline tartrate TABS* | P | QL(112 EA per 365 day(s) retail) |
| *varenicline tartrate TBPK* | P | QL(53 EA per 365 day(s) retail) |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Cystic Fibrosis Agents | | |
| KALYDECO PACK 25 MG, 50 MG, 75 MG | P | SP; PA |
| KALYDECO TABS | P | SP; PA |
| PULMOZYME | P | SP; PA |
| Pulmonary Fibrosis Agents | | |
| *pirfenidone CAPS* | P | SP; PA |
| *pirfenidone TABS* | P | SP; PA |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Tetracyclines | | |
| *doxycycline (monohydrate) CAPS 50 MG, 100 MG* | P | |
| *doxycycline hyclate CAPS* | P | |
| *doxycycline hyclate TABS 20 MG, 100 MG* | P | |
| *minocycline hcl CAPS* | P | |
| *tetracycline hcl CAPS* | P | |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| *methimazole TABS* | P | |
| *propylthiouracil* | P | QL(18 EA daily) |
| Thyroid Hormones | | |
| ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | P | |
| ARMOUR THYROID TABS | P | |
| EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG | P | |
| *levothyroxine sodium TABS* | P | |
| *liothyronine sodium TABS* | P | |
| NIVA THYROID TABS | P | |
| NP THYROID TABS | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | P | |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | P | |
| TOXOIDS | | |
| Toxoid Combinations | | |
| ADACEL SUSP | P | AL(Up to 64 yrs old) |
| ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML | P | AL(Up to 64 yrs old) |
| BOOSTRIX SUSP | P | |
| BOOSTRIX SUSY | P | |
| TENIVAC SUSP 2 LFU-5 LFU | P | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| *dicyclomine hcl CAPS* | P | |
| *dicyclomine hcl SOLN PO* | P | |
| *dicyclomine hcl TABS* | P | |
| *glycopyrrolate TABS 1 MG, 2 MG* | P | |
| *hyoscyamine sulfate ELIX* | P | |
| *hyoscyamine sulfate SOLN PO 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 | |
| *hyoscyamine sulfate TBDP 0.125 MG* | P | |
| H-2 Antagonists | | |
| *cimetidine hcl PO 300 MG/5ML* | P | |
| *cimetidine TABS* | P | RX/OTC |
| *famotidine SUSR* | P | QL(5 ML daily) |
| *famotidine TABS* | P | RX/OTC |
| PEPCID AC TABS *(famotidine)* | P | |
| Misc. Anti-Ulcer | | |
| *sucralfate SUSP* | P | QL(40 ML daily) |
| *sucralfate TABS* | P | |
| Proton Pump Inhibitors | | |
| *esomeprazole magnesium CPDR 20 MG* | P | RX/OTC |
| *esomeprazole magnesium TBEC* | P | |
| *lansoprazole CPDR* | P | RX/OTC |
| NEXIUM 24HR CLEAR MINIS CPDR *(esomeprazole magnesium)* | P | RX/OTC |
| NEXIUM 24HR CPDR *(esomeprazole magnesium)* | P | RX/OTC |
| NEXIUM 24HR TBEC 20 MG | P | |
| NEXIUM CPDR 20 MG *(esomeprazole magnesium)* | P | RX/OTC |
| *omeprazole magnesium TBEC* | P | |
| *omeprazole CPDR* | P | |
| *omeprazole TBEC* | P | |
| *pantoprazole sodium TBEC* | P | |
| PRILOSEC OTC TBEC *(omeprazole magnesium)* | P | |
| Ulcer Drugs - Prostaglandins | | |
| *misoprostol* | P | |
| Ulcer Therapy Combinations | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *amoxicillin-clarithromycin w/ lansoprazole THPK* | P | 1 max fill(s) per 365 day(s) retail; 14 day(s) max supply per 365 day(s) retail |
| *omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG* | P | RX/OTC |
| ZEGERID OTC CAPS *(omeprazole-sodium bicarbonate)* | P | RX/OTC |
| ZEGERID CAPS 1100 MG-20 MG *(omeprazole-sodium bicarbonate)* | P | RX/OTC |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| *fesoterodine fumarate* | P | |
| *oxybutynin chloride SOLN* | P | |
| *oxybutynin chloride TABS 5 MG* | P | |
| *oxybutynin chloride TB24* | P | |
| *solifenacin succinate TABS* | P | |
| *trospium chloride TABS* | P | |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| *bethanechol chloride* | P | |
| VACCINES | | |
| Bacterial Vaccines | | |
| ACTHIB SOLR IM | P | |
| BEXSERO 0.5 ML | P | |
| CAPVAXIVE | P | |
| HIBERIX SOLR IJ | P | |
| MENQUADFI 0.5 ML | P | |
| MENVEO SOLN | P | |
| MENVEO SOLR | P | |
| PEDVAX HIB SUSP | P | |
| PENBRAYA | P | |
| PENMENVY SUSR IM | P | AL(Up to 25 yrs old) |
| PNEUMOVAX 23 SOLN | P | |
| PNEUMOVAX 23 SOSY | P | |
| PREVNAR 20 | P | |
| TRUMENBA 0.5 ML | P | |
| VAXNEUVANCE | P | |
| Viral Vaccines | | |
| ABRYSVO | P | AL(At least 50 yrs old) |
| AFLURIA PRESERVATIVE FREE SUSY | P | |
| AFLURIA QUADRIVALENT SUSP | P | |
| AFLURIA QUADRIVALENT SUSY 0.5 ML | P | |
| AFLURIA SUSP | P | |
| AREXVY | P | AL(At least 50 yrs old) |
| COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | P | |
| COMIRNATY SUSP | P | |
| COMIRNATY SUSY | P | |
| ENGERIX-B SUSP 20 MCG/ML | P | 3 max fill(s) per 999 day(s) retail |
| ENGERIX-B SUSY | P | 3 max fill(s) per 999 day(s) retail |
| FLUAD | P | AL(At least 65 yrs old) |
| FLUAD QUADRIVALENT | P | AL(At least 65 yrs old) |
| FLUARIX QUADRIVALENT SUSY | P | |
| FLUARIX SUSY | P | |
| FLUBLOK QUADRIVALENT | P | |
| FLUBLOK SOSY | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FLUCELVAX QUADRIVALENT SUSP | P | |
| FLUCELVAX QUADRIVALENT SUSY | P | |
| FLUCELVAX SUSP | P | |
| FLUCELVAX SUSY | P | |
| FLULAVAL QUADRIVALENT SUSY | P | |
| FLULAVAL SUSY | P | |
| FLUMIST | P | AL(Up to 49 yrs old) |
| FLUMIST QUADRIVALENT | P | AL(Up to 49 yrs old) |
| FLUZONE HIGH-DOSE QUADRIVALENT | P | AL(At least 65 yrs old) |
| FLUZONE HIGH-DOSE SUSY | P | AL(At least 65 yrs old) |
| FLUZONE QUADRIVALENT SUSP | P | |
| FLUZONE QUADRIVALENT SUSY | P | |
| FLUZONE SUSP | P | |
| FLUZONE SUSY | P | |
| GARDASIL 9 SUSP 0.5 ML | P | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old) |
| GARDASIL 9 SUSY 0.5 ML | P | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old) |
| HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML | P | |
| HEPLISAV-B SOSY | P | 3 max fill(s) per 999 day(s) retail |
| IPOL IJ | P | |
| JYNNEOS | P | |
| M-M-R II SOLR | P | |
| MNEXSPIKE SUSY 10 MCG/0.2ML | P | |
| MODERNA COVID-19 BIVALENT | P | |
| MODERNA COVID-19 VAC 6M-11Y SUSP | P | |
| MODERNA COVID-19 VAC 6M-11Y SUSY | P | |
| MODERNA COVID-19 VACCINE SUSP | P | |
| MRESVIA | P | |
| NOVAVAX COVID-19 VACCINE SUSP | P | |
| NOVAVAX COVID-19 VACCINE SUSY | P | |
| NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | P | |
| PFIZER COVID-19 VAC BIVALENT | P | |
| PFIZER COVID-19 VAC-TRIS 5-11Y SUSP | P | |
| PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP | P | |
| PFIZER-BIONT COVID-19 VAC-TRIS SUSP | P | |
| PFIZER-BIONTECH COVID-19 VACC SUSP | P | |
| PREHEVBRIO | P | 3 max fill(s) per 999 day(s) retail |
| PRIORIX SUSR | P | |
| RECOMBIVAX HB SUSP | P | 3 max fill(s) per 999 day(s) retail |
| RECOMBIVAX HB SUSY | P | 3 max fill(s) per 999 day(s) retail |
| SHINGRIX | P | 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old) |
| SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML | P | |
| SPIKEVAX SUSP | P | |
| SPIKEVAX SUSY | P | |
| TWINRIX SUSY | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML | P | |
| VAQTA | P | |
| VARIVAX SUSR | P | 2 max fill(s) per 999 day(s) retail |
| VAGINAL AND RELATED PRODUCTS | | |
| Vaginal Anti-infectives | | |
| *clindamycin phosphate vaginal CREA* | P | |
| *clotrimazole vaginal CREA* | P | |
| *metronidazole vaginal* | P | |
| MICONAZOLE 7 SUPP 100 MG | P | |
| *miconazole nitrate vaginal CREA 2 %* | P | |
| *miconazole nitrate vaginal KIT* | P | |
| *miconazole nitrate vaginal SUPP* | P | |
| MONISTAT 3 COMBO PACK APP KIT *(miconazole nitrate vaginal)* | P | |
| MONISTAT 3 CREA | P | |
| MONISTAT 7 SIMPLY CURE CREA *(miconazole nitrate vaginal)* | P | |
| *terconazole vaginal CREA* | P | |
| *terconazole vaginal SUPP* | P | |
| VANDAZOLE | P | |
| Vaginal Anti-inflammatory Agents | | |
| *hydrocortisone vaginal* | P | QL(6 GM daily) |
| MONISTAT CARE INSTANT ITCH RLF 1 % | P | QL(6 GM daily) |
| Vaginal Estrogens | | |
| PREMARIN | P | |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| *epinephrine (anaphylaxis) SOAJ* | P | QL(6 EA per 180 day(s) retail) |
| Vasopressors | | |
| *midodrine hcl* | P | |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| *cholecalciferol CAPS* | P | |
| *cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML* | P | |
| *cholecalciferol TABS* | P | |
| D-VI-SOL LIQD PO *(cholecalciferol)* | P | |
| *ergocalciferol CAPS* | P | QL(4 EA per 28 day(s) retail) |
| K1-1000 CAPS | P | |
| MOMMY'S BLISS VIT D ORGANIC LIQD PO | P | |
| *phytonadione TABS 100 MCG* | P | |
| *phytonadione TABS 5 MG* | P | QL(30 EA per 30 day(s) retail) |
| *vitamin a CAPS* | P | |
| *vitamin e CAPS 180 MG, 268 MG, 400 UNIT, 180 MG, 400 UNIT* | P | |
| Water Soluble Vitamins | | |
| *ascorbic acid CHEW 250 MG, 500 MG* | P | |
| *ascorbic acid TABS* | P | |
| B-6 TABS | P | |
| *biotin CAPS 5 MG, 5000 MCG* | P | |
| *calcium ascorbate TABS* | P | |
| NIACIN ER CPCR | P | |
| *niacin CPCR 500 MG* | P | |
| *niacin TABS* | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *niacin TBCR 250 MG, 500 MG* | P | |
| *pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG* | P | |
| SLO-NIACIN TBCR 250 MG, 500 MG *(niacin)* | P | |
| *thiamine hcl SOLN* | P | |
| *thiamine hcl TABS* | P | |
| *thiamine mononitrate TABS 100 MG* | P | |
| VITAMIN B-6 ER TBCR | P | |

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