

Comprehensive

DRUG FORMULARY LIST

Delaware First Health

Delaware First Health: Drug Formulary List



This Drug Formulary List is searchable. Here is how to search for a drug:

1. Press Control F to open the search tool
2. Type the drug name into the text box
3. Press Enter

Delaware First Health Plan Pharmacy Program

Delaware First Health Plan, Inc. (Delaware First Health) is committed to providing appropriate, high quality, and cost-effective drug therapy to all Delaware First Health members. Delaware First Health works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered according to Centers for Medicare and Medicaid Services (CMS) designation of an outpatient covered drug. Delaware First Health covers prescription medications and certain over the counter (OTC) medications when ordered by a physician/clinician. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

This section provides an overview of the Delaware First Health pharmacy program. For more detailed information, please visit our website at [Delawarefirsthealth.com](https://www.delawarefirsthealth.com) or call Pharmacy Services to talk to someone about the list of drugs Delaware First Health covers. The Pharmacy Services phone number is 1-833-236-1887 (TTY 711).

Preferred Drug List (PDL)

Delaware First Health uses the Preferred Drug List (PDL) as developed by the Delaware Medicaid Program. The comprehensive drug formulary list contains additional drugs that are not listed on the Delaware Medicaid Program PDL. For more detailed information, please visit their website at <https://medicaid.dhss.delaware.gov/provider/Home/PharmacyCornerLanding/tabid/2096/Default.aspx>

Prior Authorization (PA) Process

Delaware First Health works with Centene Pharmacy Services to process all pharmacy claims for prescribed drugs. Some drugs on the Delaware First Health Drug List (DL) require a PA as well as any brand name drugs not listed on the PDL. Centene Pharmacy Services is responsible for administering this process.

Delaware First Health will cover the medication if it is determined that:

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

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the Delaware First Health Prior Authorization Request Form for Prescription Drugs which can be found at Delawarefirsthealth.com
2. Fax to Centene Pharmacy Services at 1-844-233-6130.
3. Prior Authorization decisions will be completed within 24 hours of receipt.
4. Once approved, Centene Pharmacy Services notifies the prescriber
5. If the clinical information provided does not explain the medical necessity for the requested PA medication, the request will be denied, and the prescriber and the member will be notified.
6. A pharmacy can provide up to a 72-hour supply of a medication by calling Pharmacy Services at 1-833-236-1887

Transition Period

Delaware First Health members new to the plan will be able to receive their prescription drugs with no new prior authorization (PA) requirements for first 60 days for regular non-Behavioral Health Medications and 90 days for Behavioral Health Medications. Specialty medications and non-formulary diabetic meters are exceptions to the transition period allowance and will require coverage determination. This transition period will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting a PA. Delaware First Health's PDL and PA List identify the drugs that will require a PA. If you are not sure when you will need to have your medications prior authorized or have other questions about continuing to get your medications, Pharmacy Services at 1-833-236-1887 (TTY 711).

72-Hour Supply Policy

State and federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether the PA request is ultimately approved or denied. The pharmacy must call the Pharmacy Services at 1-833-236-1887 (TTY 711) for a prescription override to submit the 72-hour medication supply for payment.

Dispensing Limits, Quantity Limits, and Age Limits

You may receive up to a maximum 34-day supply for each new or refill prescription. A total of 90 percent (90%) of the days supplied must have elapsed before the prescription for a medication can be refilled. For example, with a 34 day supply you must have taken 31 days of the medication before you can get the next refill. Prescriptions that exceed the quantity limit (QL) allowed or age limits (AL) require PA. Delaware First Health may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If Delaware First Health does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on

the Delaware First Health Drug List may have Age Limits. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling and for safety concerns and quality standards of care. The Age Limit aligns with current FDA alerts for the appropriate use of pharmaceuticals.

Medical Necessity Requests

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

Documentation of failure of at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g., migraine, neuropathic pain, etc.); or

Documented intolerance or contraindication to at least two PDL agents within the same therapeutic class (provided two agents exist in the therapeutic category with comparable labeled indications); or

Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

Appropriate Use and Safety Edits

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

Medicare Eligible Members

Members that are also eligible for Medicare must bill the pharmacy claim to Medicare first. Delaware First Health will not cover medications covered by Medicare. If the drug is part of the Medicare benefit but Medicare denies coverage, Delaware First Health will not cover the drug. Delaware First Health will cover medications not covered by Medicare if they are covered by Medicaid.

DUR (Drug Utilization Review) Programs

Delaware First Health will monitor ongoing prescribing of medications for clinical appropriateness. Delaware First Health reviews prescribing retrospectively to review for both safety and efficacy. Delaware First Health will work with Centene Pharmacy Services to review for such things as disease management, fraud and abuse, and prescriber profiling. Prescriber or member outreach may occur based on prescribing/dispensing patterns.

Delaware First Health will continue to monitor for issues going forward and take action as needed.

Mandatory Generic Substitution

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

We will cover the brand name drug according to our clinical guidelines if there is a medical reason you need the particular brand name drug. If Delaware First Health does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. Certain brand name drugs that have generics available are preferred (covered) on the Medicaid PDL and will be covered by Delaware First Health as determined by Delaware Medicaid.

Over-The-Counter Medications

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

Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) drugs are said to be less effective by the Food and Drug Administration. DESI products are not covered by Delaware First Health Plan.

Filling a Prescription

You can have prescriptions filled at a Delaware First Health network pharmacy. If you decide to have a prescription filled at a network pharmacy, you can locate a pharmacy near you by contacting Pharmacy Services at 1-833-236-1887 (TTY 711).

Specialty Medication

AcariaHealth is one of the providers of specialty medications for Delaware First Health. Most specialty drugs require a PA to be approved for payment.

Providers can request that AcariaHealth deliver the specialty drug to the office/member. If you want AcariaHealth to deliver the specialty drug to the office/member, contact them at 1-800-511-5144 (TTY 711).

Unapproved Use of Preferred Medication

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

Benefit Exclusions

The following drug categories are not part of the Delaware First Health benefit and are not covered by the 72-hour supply policy:

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

Newly Approved Products

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

DME/Home Health Benefits

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

1. Enteral products
2. Nebulizers
3. Medical Supplies – this does not include diabetic supplies as those are available at the retail pharmacy.

Contacts for Pharmacy Appeals/Grievances

Members: In the event a member disagrees with the decision regarding coverage of a medication, the member may file an appeal with Delaware First Health by calling Pharmacy Services at 1-833-236-1887 (TTY 711).

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

Delaware First Health
Appeals Department
PO Box 31398
Tampa, FL 33631-3398
Appeals Fax: 1-888-865-6531

A decision will be rendered, and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a member by calling Pharmacy Services at 1-833-236-1887(TTY 711). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Member Copay Responsibility

Price of Medication \$10.00 or less = \$0.50 copay

Price of Medication \$10.01 to \$25.00 = \$1.00 copay

Price of Medication \$25.01 to \$50.00 = \$2.00 copay

Price of Medication \$50.01 or more = \$3.00 copay

The most a member will pay for prescription copays, in a calendar month, is \$15. Once the member reaches the \$15 of accumulated prescription copays in a calendar month, copays are waived for the remainder of the calendar month in which the member reaches the \$15 maximum. The copays and the \$15 copay maximum will start over on the next calendar month.

Members and Services exempt for copays:

1. Children under the age of 21
2. Pregnant women, including the post-partum period (12 months)
3. Chronic Renal Disease Program (CRDP) members
4. Individuals eligible under the long-term care nursing facility group or the acute care hospital group
5. Family planning services and supplies
6. Hospice services
7. Naloxone opioid overdose rescue medications
8. Medication-Assisted Treatment (MAT) used for Opioid Use Disorder
9. Tobacco cessation products

Contact Information

| | |
|--|--------------------------|
| Delaware First Health Member Services: | 1-877-236-1341 (TTY 711) |
| Pharmacy Prior Authorizations Telephone: | 1-833-236-1887 (TTY 711) |
| Pharmacy Prior Authorizations Fax: | 1-844-233-6130 |
| Pharmacy Services (Member and Provider): | 1-833-236-1887 (TTY 711) |
| AcariaHealth Shipping Questions: | 1-800-511-5144 (TTY 711) |

Drug List ABBREVIATIONS

| PREFERRED DRUG LIST TIER ABBREVIATIONS | | | |
|--|---|-------------|-----------------------|
| Tier | Tier Definitions | | |
| P | Preferred Drug | | |
| NP | Non-Preferred Drug | | |
| REQUIREMENT or LIMITS | | | |
| Requirement/Limits | Requirement/Limit Description | | |
| AL | Age Limit: Drug is limited to a specific age | | |
| PA | Prior Authorization: Review required before prescription can be filled | | |
| QL | Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame. | | |
| Rx/OTC | Product has both prescription and over the counter coverage | | |
| SP | Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy. | | |
| ST | Step Therapy: Requires trial and failure of one or more preferred products prior to coverage. | | |
| STANDARD ABBREVIATIONS | | | |
| Dose Form | Dose Form Description | Dose Form | Dose Form Description |
| <i>AEPB</i> | Aerosol Powder Breath Activated | <i>EX</i> | External |
| <i>AERB</i> | Aerosol, breath activated | <i>GRAN</i> | Granules |
| <i>AERO</i> | Aerosol | <i>IJ</i> | Injection |
| <i>AJKT</i> | Auto-injector Kit | <i>IMPL</i> | Implant |
| <i>AUIJ</i> | Auto-injector | <i>INHA</i> | Inhaler |
| <i>CAPS</i> | Capsule | <i>INJ</i> | Injectable |
| <i>CHEW</i> | Tablet Chewable | <i>IUD</i> | Intrauterine Device |
| <i>CONC</i> | Concentrate | <i>IV</i> | Intravenous |
| <i>CP12</i> | Capsule ER 12 HR | <i>LIQD</i> | Liquid |
| <i>CP24</i> | Capsule ER 24 HR | <i>LOTN</i> | Lotion |
| <i>CPCR</i> | Capsule ER | <i>LOZG</i> | Lozenge |
| <i>CPDR</i> | Capsule Delayed Release | <i>LPOP</i> | Lollipop |
| <i>CPEP</i> | Capsule Enteric Coated Particles | <i>MISC</i> | Miscellaneous |
| <i>CPSP</i> | Capsule Sprinkle | <i>NA</i> | Nasal |
| <i>CREA</i> | Cream | <i>NEBU</i> | Nebulization solution |
| <i>CSDR</i> | Capsule Delayed Release Sprinkle | <i>OINT</i> | Ointment |
| <i>DEVI</i> | Device | <i>OP</i> | Ophthalmic |
| <i>ELIX</i> | Elixir | <i>OPHT</i> | Ophthalmic |
| <i>EMUL</i> | Emulsion | <i>OR</i> | Oral |
| <i>ENEM</i> | Enema | <i>PACK</i> | Packet |

| Dose Form | Dose Form Description | Dose Form | Dose Form Description |
|------------------|--------------------------------|------------------|-----------------------------------|
| <i>PEN</i> | Pen-injector | <i>SUER</i> | Suspension Extended Release |
| <i>PNKT</i> | Pen-injector Kit | <i>SUPN</i> | Suspension Pen-injector |
| <i>POT</i> | Potassium | <i>SUPP</i> | Suppository |
| <i>POWD</i> | Powder | <i>SUSP</i> | Suspension |
| <i>PRSY</i> | Prefilled Syringe | <i>SUSR</i> | Suspension Reconstituted |
| <i>PSKT</i> | Prefilled Syringe Kit | <i>SUSY</i> | Suspension Prefilled Syringe |
| <i>PSTE</i> | Paste | <i>SYRP</i> | Syrup |
| <i>PT24</i> | Patch 24 Hour | <i>T12A</i> | Tablet ER 12 Hour Abuse-Deterrent |
| <i>PT72</i> | Patch 72 Hour | <i>TABS</i> | Tablets |
| <i>PTCH</i> | Patch | <i>TB12</i> | Tablet ER 12 Hour |
| <i>PTTW</i> | Patch Biweekly | <i>TB24</i> | Tablet ER 24 Hour |
| <i>PTWK</i> | Patch Weekly | <i>TBCR</i> | Tablet ER |
| <i>RE</i> | Rectal | <i>TBDP</i> | Tablet Dispersible |
| <i>S.O.P.</i> | Sterile Ophthalmic Preparation | <i>TBEC</i> | Tablet Enteric Coated |
| <i>SHAM</i> | Shampoo | <i>TBEF</i> | Tablet Effervescent |
| <i>SOAJ</i> | Solution Auto-injector | <i>TBPK</i> | Tablet Therapy Pack |
| <i>SOCT</i> | Solution Cartridge | <i>TBSO</i> | Tablet Soluble |
| <i>SOLN</i> | Solution | <i>TEST</i> | Diagnostic Test |
| <i>SOLR</i> | Solution Reconstituted | <i>TINC</i> | Tincture |
| <i>SOPN</i> | Solution Pen-injector | <i>TROC</i> | Troche |
| <i>SOSY</i> | Solution Prefilled Syringe | <i>VA</i> | Vaginal |
| <i>SRER</i> | Suspension Reconstituted ER | <i>VI</i> | Visual Indicator |
| <i>STRP</i> | Strip | <i>WAFR</i> | Wafer |
| <i>SUBL</i> | Tablet Sublingual | <i>XR</i> | Extended Release |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | | | | |
| Amphetamines | | | | | |
| ADDERALL XR CP24 (amphetamine-dextroamphetamine) | NP | AL(Up to 21 yrs old) | dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG | P | QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| ADDERALL TABS (amphetamine-dextroamphetamine) | NP | QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old) | dextroamphetamine sulfate TABS 30 MG | NP | QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| ADZENYS XR-ODT TBED | NP | AL(Up to 21 yrs old) | dextroamphetamine sulfate TABS 30 MG | P | QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| amphetamine sulfate TABS 10 MG | NP | QL(180 EA per 30 day(s) retail); AL(Up to 21 yrs old) | dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG | NP | QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| amphetamine sulfate TABS 5 MG | NP | QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old) | DYANAVEL XR SUER | P | AL(Up to 21 yrs old) |
| amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | P | AL(Up to 21 yrs old) | DYANAVEL XR TBCR | NP | AL(Up to 21 yrs old) |
| amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG | NP | AL(Up to 21 yrs old) | EVEKEO ODT TBDP | NP | QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| amphetamine-dextroamphetamine TABS | P | QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old) | EVEKEO TABS 10 MG (amphetamine sulfate) | NP | QL(180 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| DEXEDRINE CP24 10 MG (dextroamphetamine sulfate) | NP | AL(Up to 21 yrs old) | EVEKEO TABS 5 MG (amphetamine sulfate) | NP | QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| dextroamphetamine sulfate CP24 | P | AL(Up to 21 yrs old) | lisdexamfetamine dimesylate CAPS | NP | AL(Up to 21 yrs old) |
| dextroamphetamine sulfate SOLN | P | QL(15 ML daily); AL(Up to 21 yrs old) | lisdexamfetamine dimesylate CHEW | NP | AL(Up to 21 yrs old) |
| dextroamphetamine sulfate SOLN | NP | QL(15 ML daily); AL(Up to 21 yrs old) | methamphetamine hcl | NP | QL(5 EA daily; 150 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| | | | MYDAYIS CP24 (amphetamine-dextroamphetamine) | NP | AL(Up to 21 yrs old) |
| | | | VYVANSE CAPS | P | AL(Up to 21 yrs old) |
| | | | VYVANSE CHEW | NP | AL(Up to 21 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| XELSTRYM | NP | |
| Anorexiants Non-Amphetamine | | |
| ADIPEX-P TABS (<i>phentermine hcl</i>) | NP | PA |
| <i>benzphetamine hcl 50 MG</i> | NP | |
| <i>diethylpropion hcl TABS</i> | NP | |
| <i>diethylpropion hcl TB24</i> | NP | |
| LOMAIRA TABS | NP | |
| PHENDIMETRAZINE TARTRATE ER CP24 | NP | |
| <i>phendimetrazine tartrate TABS</i> | NP | |
| <i>phentermine hcl CAPS</i> | P | PA |
| <i>phentermine hcl TABS</i> | P | PA |
| Anti-Obesity Agents | | |
| <i>orlistat</i> | NP | |
| SAXENDA | NP | PA |
| WEGOVIY | P | PA |
| XENICAL (<i>orlistat</i>) | NP | |
| ZEPBOUND SOAJ | P | PA |
| ZEPBOUND SOLN | NP | PA |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | |
| <i>atomoxetine hcl</i> | P | AL(Up to 21 yrs old) |
| <i>clonidine hcl (adhd) TB12</i> | P | AL(Up to 21 yrs old) |
| <i>guanfacine hcl (adhd) 1 MG, 2 MG</i> | P | QL(1 EA daily); AL(Up to 21 yrs old) |
| <i>guanfacine hcl (adhd) 3 MG, 4 MG</i> | P | AL(Up to 21 yrs old) |
| INTUNIV 1 MG, 2 MG (<i>guanfacine hcl (adhd)</i>) | NP | QL(1 EA daily); AL(Up to 21 yrs old) |
| INTUNIV 3 MG, 4 MG (<i>guanfacine hcl (adhd)</i>) | NP | AL(Up to 21 yrs old) |
| ONYDA XR SUER | NP | |
| QELBREE | NP | AL(Up to 21 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| STRATTERA (<i>atomoxetine hcl</i>) | NP | AL(Up to 21 yrs old) |
| Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs) | | |
| SUNOSI | NP | AL(Up to 21 yrs old) |
| Histamine H3-Receptor Antagonist/Inverse Agonists | | |
| WAKIX 4.45 MG | NP | AL(Up to 21 yrs old); SP |
| WAKIX 17.8 MG | NP | SP |
| Stimulants - Misc. | | |
| APTENSIO XR CP24 (<i>methylphenidate hcl</i>) | NP | AL(Up to 21 yrs old) |
| <i>armodafinil</i> | P | AL(Up to 21 yrs old) |
| AZSTARYS | NP | AL(Up to 21 yrs old) |
| CONCERTA TBCR (<i>methylphenidate hcl</i>) | NP | AL(Up to 21 yrs old) |
| COTEMPLA XR-ODT TBED | NP | AL(Up to 21 yrs old) |
| DAYTRANA PTCH (<i>methylphenidate</i>) | P | AL(Up to 21 yrs old) |
| <i>dexmethylphenidate hcl CP24</i> | P | AL(Up to 21 yrs old) |
| <i>dexmethylphenidate hcl TABS 2.5 MG, 10 MG</i> | P | QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| <i>dexmethylphenidate hcl TABS 5 MG</i> | P | QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>) | NP | AL(Up to 21 yrs old) |
| FOCALIN TABS 5 MG (<i>dexmethylphenidate hcl</i>) | NP | QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|--|-----------|--|
| FOCALIN TABS 2.5 MG, 10 MG (<i>dexmethylphenidate hcl</i>) | NP | QL(60 EA per 30 day(s) retail); AL(Up to 21 yrs old) | <i>modafinil</i> | P | AL(Up to 21 yrs old) |
| JORNAY PM CP24 | NP | AL(Up to 21 yrs old) | NUVIGIL (<i>armodafinil</i>) | NP | AL(Up to 21 yrs old) |
| METHYLIN SOLN 10 MG/5ML (<i>methylphenidate hcl</i>) | NP | QL(30 ML daily); AL(Up to 21 yrs old) | PROVIGIL (<i>modafinil</i>) | NP | AL(Up to 21 yrs old) |
| METHYLIN SOLN 5 MG/5ML (<i>methylphenidate hcl</i>) | NP | QL(60 ML daily); AL(Up to 21 yrs old) | QUILLICHEW ER CHER | P | AL(Up to 21 yrs old) |
| <i>methylphenidate hcl CHEW</i> | NP | QL(3 EA daily; 90 EA per 30 day(s) retail); AL(Up to 21 yrs old) | QUILLIVANT XR SRER | P | AL(Up to 21 yrs old) |
| <i>methylphenidate hcl CP24</i> | NP | AL(Up to 21 yrs old) | RELEXXII TBCR | NP | AL(Up to 21 yrs old) |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | RELEXXII TBCR 45 MG, 63 MG (<i>methylphenidate hcl</i>) | NP | |
| <i>methylphenidate hcl CP24</i> | P | AL(Up to 21 yrs old) | RITALIN LA CP24 (<i>methylphenidate hcl</i>) | NP | AL(Up to 21 yrs old) |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | RITALIN TABS (<i>methylphenidate hcl</i>) | NP | QL(90 EA per 30 day(s) retail); AL(Up to 21 yrs old) |
| <i>methylphenidate hcl CP24</i> | P | AL(Up to 21 yrs old) | ALTERNATIVE MEDICINES | | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | Alternative Medicine - C's | | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | PRELIEF | P | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | Alternative Medicine - L's | | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | <i>lycopene CAPS</i> | P | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | Alternative Medicine - M's | | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | <i>melatonin TABS 3 MG, 5 MG</i> | NP | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | <i>melatonin TBCR</i> | NP | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | AMEBICIDES | | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | Amebicides | | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | SOLOSEC | NP | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | Aminoglycosides | | |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | ARIKAYCE | NP | SP |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</i> | P | AL(Up to 21 yrs old) | BETHKIS NEBU (<i>tobramycin</i>) | NP | SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|-------------------------------------|-----------|---------------------|
| <i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i> | P | | ADALIMUMAB-AACF (2 SYRINGE) PSKT | NP | SP |
| <i>gentamicin sulfate IJ 40 MG/ML</i> | P | | ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT | NP | SP |
| KITABIS PAK NEBU (<i>tobramycin</i>) | NP | SP | ADALIMUMAB-AACF(PS/UV STARTER) AJKT | NP | SP |
| <i>neomycin sulfate TABS</i> | P | | ADALIMUMAB-AATY (1 PEN) AJKT | NP | SP |
| <i>paromomycin sulfate</i> | NP | SP | ADALIMUMAB-AATY (2 PEN) AJKT | NP | SP |
| TOBI PODHALER CAPS | NP | SP | ADALIMUMAB-AATY (2 SYRINGE) PSKT | NP | SP |
| TOBI NEBU (<i>tobramycin</i>) | NP | SP | ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML | NP | |
| <i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 80 MG/2ML</i> | P | | ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML | NP | SP |
| <i>tobramycin NEBU</i> | NP | SP | ADALIMUMAB-ADAZ SOSY | NP | SP |
| <i>tobramycin NEBU</i> | P | SP | ADALIMUMAB-ADBM (2 PEN) AJKT | NP | SP |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | | | | |
| Antirheumatic - Enzyme Inhibitors | | | | | |
| OLUMIANT 4 MG | NP | SP; PA | ADALIMUMAB-ADBM (2 SYRINGE) PSKT | NP | SP |
| OLUMIANT 1 MG, 2 MG | NP | QL(1 EA daily); SP; PA | ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT | NP | SP |
| RINVOQ LQ SOLN | NP | SP; PA | ADALIMUMAB-ADBM(PS/UV STARTER) AJKT | NP | SP |
| RINVOQ TB24 | P | SP; PA | ADALIMUMAB-FKJP (2 PEN) AJKT | NP | SP |
| XELJANZ XR TB24 22 MG | NP | SP; PA | ADALIMUMAB-FKJP (2 SYRINGE) PSKT | NP | SP |
| XELJANZ XR TB24 11 MG | P | SP; PA | ADALIMUMAB-RYVK (2 PEN) AJKT | NP | SP |
| XELJANZ SOLN | NP | SP; PA | ADALIMUMAB-RYVK (2 SYRINGE) PSKT | NP | SP |
| XELJANZ TABS | P | SP; PA | AMJEVITA-PED 10KG TO <15KG SOSY | NP | SP |
| Anti-TNF-alpha - Monoclonal Antibodies | | | | | |
| ABRILADA (1 PEN) AJKT | NP | SP | AMJEVITA-PED 15KG TO <30KG SOSY | NP | SP |
| ABRILADA (2 PEN) AJKT | NP | SP | AMJEVITA SOAJ | NP | SP |
| ABRILADA (2 SYRINGE) PSKT | NP | SP | | | |
| ADALIMUMAB-AACF (2 PEN) AJKT | NP | SP | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| AMJEVITA SOSY | NP | SP | IDACIO-PSORIASIS STARTER AJKT | NP | SP |
| CYLTEZO (2 PEN) AJKT | NP | SP | SIMLANDI (1 PEN) AJKT | NP | SP |
| CYLTEZO (2 SYRINGE) PSKT | NP | SP | SIMLANDI (2 PEN) AJKT | NP | SP |
| CYLTEZO-CD/UC/HS STARTER AJKT | NP | SP | SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML | NP | SP |
| CYLTEZO-PSORIASIS/UV STARTER AJKT | NP | SP | SIMPONI ARIA SOLN | NP | SP; PA |
| HADLIMA PUSH TOUCH SOAJ | NP | SP | SIMPONI SOAJ | NP | SP; PA |
| HADLIMA SOSY | NP | SP | SIMPONI SOSY | NP | SP; PA |
| HULIO (2 PEN) AJKT | NP | SP | YUFLYMA (1 PEN) AJKT | NP | SP |
| HULIO (2 SYRINGE) PSKT | NP | SP | YUFLYMA (2 PEN) AJKT | NP | SP |
| HUMIRA (2 PEN) AJKT | P | SP; PA | YUFLYMA (2 SYRINGE) PSKT | NP | SP |
| HUMIRA (2 SYRINGE) PSKT | P | SP; PA | YUFLYMA-CD/UC/HS STARTER AJKT | NP | SP |
| HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | P | SP; PA | YUSIMRY | NP | SP |
| HUMIRA-PED \geq 40KG UC STARTER AJKT | P | SP; PA | Gold Compounds | | |
| HUMIRA-PSORIASIS/UEIT STARTER AJKT | P | SP; PA | AURANOFIN 3 MG | P | |
| HYRIMOZ-CROHNS/UC STARTER SOAJ | NP | SP | RIDAURA | P | |
| HYRIMOZ-PED $<$ 40KG CROHN STARTER SOSY | NP | SP | Interleukin-1 Blockers | | |
| HYRIMOZ-PED \geq 40KG CROHN START SOSY | NP | SP | ARCALYST | NP | SP; PA |
| HYRIMOZ-PLAQ PSOR/UEIT START SOAJ | NP | SP | Interleukin-1 Receptor Antagonist (IL-1Ra) | | |
| HYRIMOZ SOAJ | NP | SP | KINERET SOSY | P | SP; PA |
| HYRIMOZ SOSY | NP | SP | Interleukin-1beta Blockers | | |
| IDACIO (2 PEN) AJKT | NP | SP | ILARIS SOLN | NP | SP; PA |
| IDACIO (2 SYRINGE) PSKT | NP | SP | Interleukin-6 Receptor Inhibitors | | |
| IDACIO-CROHNS/UC STARTER AJKT | NP | SP | ACTEMRA ACTPEN SOAJ | NP | SP; PA |
| | | | ACTEMRA SOSY | NP | SP; PA |
| | | | KEVZARA SOAJ | NP | SP; PA |
| | | | KEVZARA SOSY | NP | SP; PA |
| | | | TOFIDENCE | NP | SP |
| | | | TYENNE SOAJ | P | SP |
| | | | TYENNE SOLN | P | SP |
| | | | TYENNE SOSY | P | SP |
| | | | Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|-------------------------------------|-----------|---------------------|
| ARTHROTEC TBEC (diclofenac w/ misoprostol) | NP | | indomethacin CPCR | P | |
| CELEBREX (celecoxib) | NP | | indomethacin SUPP | NP | |
| celecoxib | P | | indomethacin SUSP | NP | |
| DAYPRO TABS (oxaprozin) | NP | | ketoprofen CAPS 25 MG | NP | |
| diclofenac potassium CAPS | NP | | ketoprofen CP24 | NP | |
| diclofenac potassium TABS | NP | | ketorolac tromethamine TABS | P | |
| diclofenac sodium TB24 | P | | meclofenamate sodium CAPS | NP | |
| diclofenac sodium TBEC | P | | mefenamic acid CAPS | NP | |
| diclofenac w/ misoprostol TBEC | NP | | meloxicam CAPS 10 MG | NP | |
| etodolac CAPS | NP | | meloxicam CAPS 5 MG | NP | QL(1 EA daily) |
| etodolac TABS | NP | | meloxicam TABS 15 MG | P | |
| etodolac TB24 | NP | | meloxicam TABS 7.5 MG | P | QL(1 EA daily) |
| FELDENE CAPS 10 MG (piroxicam) | NP | | nabumetone | P | |
| fenoprofen calcium CAPS 400 MG | NP | | NALFON CAPS (fenoprofen calcium) | NP | |
| fenoprofen calcium TABS | NP | | NALFON TABS (fenoprofen calcium) | NP | |
| FENOPRON CAPS | NP | | NAPRELAN TB24 (naproxen sodium) | NP | |
| flurbiprofen TABS 100 MG | NP | | NAPROSYN SUSP (naproxen) | NP | |
| ibuprofen CAPS | P | | naproxen sodium CAPS | NP | |
| ibuprofen CHEW | P | | naproxen sodium TABS 220 MG | P | |
| ibuprofen-famotidine | NP | | naproxen sodium TABS | NP | |
| ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML | P | | naproxen sodium TB24 | NP | |
| ibuprofen SUSP 100 MG/5ML | NP | RX/OTC | naproxen-esomeprazole magnesium | NP | |
| ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG | P | | naproxen SUSP | NP | |
| ibuprofen TABS 800 MG | NP | | naproxen TABS 250 MG, 375 MG | NP | |
| indomethacin CAPS 25 MG, 50 MG | P | | naproxen TABS | P | |
| indomethacin CPCR | NP | | naproxen TBEC | NP | |
| | | | oxaprozin TABS | NP | |
| | | | piroxicam CAPS | NP | |
| | | | RELAFEN DS | NP | |
| | | | sulindac TABS | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| TOLECTIN 600 TABS | NP | |
| <i>tolmetin sodium CAPS</i> | NP | |
| <i>tolmetin sodium TABS 600 MG</i> | NP | |
| VIMOVO 500 MG-20 MG (<i>naproxen-esomeprazole magnesium</i>) | NP | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS 30 MG | P | SP; PA |
| OTEZLA TABS 20 MG | NP | SP |
| OTEZLA TBPk | P | SP; PA |
| OTEZLA TBPk | NP | SP |
| Pyrimidine Synthesis Inhibitors | | |
| <i>leflunomide 20 MG</i> | P | |
| <i>leflunomide 10 MG</i> | P | QL(1 EA daily) |
| Selective Costimulation Modulators | | |
| ORENCIA CLICKJECT SOAJ | P | SP; PA |
| ORENCIA SOSY | P | SP; PA |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | P | SP; PA |
| ENBREL SURECLICK SOAJ | P | SP; PA |
| ENBREL SOLN | P | SP; PA |
| ENBREL SOSY | P | SP; PA |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| Analgesic Combinations | | |
| <i>acetaminophen w/ pamabrom</i> | P | |
| <i>acetaminophen-caffeine TABS</i> | P | |
| <i>acetaminophen-pamabrom-pyrilamine TABS</i> | P | |
| ANACIN TABS | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>aspirin-acetaminophen-caffeine TABS</i> | P | |
| <i>aspirin-acetaminophen-caffeine TABS</i> | P | |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i> | NP | |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i> | P | |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i> | P | |
| <i>butalbital-aspirin-caffeine CAPS</i> | P | |
| CRAMP TABS | P | |
| FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>) | NP | |
| VANQUISH | P | |
| Analgesics Other | | |
| <i>acetaminophen CAPS 500 MG</i> | P | |
| <i>acetaminophen CHEW 160 MG</i> | NP | |
| <i>acetaminophen CHEW 160 MG</i> | P | |
| <i>acetaminophen ELIX</i> | P | |
| <i>acetaminophen LIQD</i> | P | |
| <i>acetaminophen LIQD 160 MG/5ML</i> | NP | |
| <i>acetaminophen LIQD</i> | P | |
| <i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i> | NP | |
| <i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| <i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i> | P | | <i>aspirin TBEC 81 MG</i> | NP | |
| <i>acetaminophen SUPP 120 MG, 650 MG</i> | P | | <i>aspirin TBEC 81 MG, 325 MG</i> | P | |
| ACETAMINOPHEN SUPP | P | | <i>aspirin TBEC 81 MG, 325 MG</i> | P | |
| <i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i> | P | | BAYER PLUS | P | |
| <i>acetaminophen SUSP 160 MG/5ML</i> | NP | | <i>diflunisal TABS</i> | NP | |
| <i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i> | P | | DOLOBID TABS | NP | |
| <i>acetaminophen TABS 325 MG, 500 MG</i> | P | | <i>magnesium salicylate 500 MG</i> | P | |
| <i>acetaminophen TABS 325 MG, 500 MG</i> | P | | <i>magnesium salicylate tetrahydrate</i> | P | |
| <i>acetaminophen TABS 325 MG, 500 MG</i> | NP | | <i>salsalate</i> | P | |
| <i>acetaminophen TBCR</i> | P | | ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | |
| <i>acetaminophen TBCR</i> | NP | | Opioid Agonists | | |
| <i>acetaminophen TBCR</i> | P | | ACTIQ LPOP 400 MCG, 1600 MCG (<i>fentanyl citrate</i>) | NP | |
| FEVERALL INFANTS SUPP | P | | <i>codeine sulfate TABS 30 MG</i> | P | |
| FEVERALL JUNIOR STRENGTH SUPP | P | | CODEINE SULFATE TABS 60 MG | P | |
| TRIAMINIC FEVER REDUCER SYRP | P | | CONZIP CP24 (<i>tramadol hcl</i>) | NP | |
| Salicylates | | | DILAUDID LIQD (<i>hydromorphone hcl</i>) | NP | |
| <i>aspirin buffered (cal carb-mag carb-mag oxide)</i> | P | | DILAUDID TABS (<i>hydromorphone hcl</i>) | NP | |
| <i>aspirin effervescent</i> | P | | DSUVIA SUBL | NP | |
| <i>aspirin CHEW</i> | P | | <i>fentanyl citrate LPOP</i> | NP | |
| ASPIRIN SUPP 300 MG | P | | <i>fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG</i> | NP | |
| <i>aspirin TABS 325 MG, 500 MG</i> | P | | <i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i> | NP | PA |
| <i>aspirin TABS 325 MG, 500 MG</i> | P | | <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | P | PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|--|-----------|----------------------------------|
| FENTORA TABS (fentanyl citrate) | NP | | oxycodone hcl TABS 20 MG | P | QL(120 EA per 365 day(s) retail) |
| hydrocodone bitartrate CP12 | NP | PA | oxycodone hcl TABS 5 MG, 10 MG | P | |
| hydrocodone bitartrate T24A | NP | PA | oxycodone hcl TABS 30 MG | P | QL(60 EA per 365 day(s) retail) |
| hydromorphone hcl LIQD | NP | | OXYCONTIN T12A | NP | PA |
| HYDROMORPHONE HCL SUPP | NP | | oxymorphone hcl TABS | NP | |
| hydromorphone hcl TABS | P | | oxymorphone hcl TB12 | NP | PA |
| hydromorphone hcl TB24 | NP | PA | ROXICODONE TABS 15 MG (oxycodone hcl) | NP | QL(240 EA per 365 day(s) retail) |
| HYSINGLA ER T24A | NP | PA | ROXICODONE TABS 30 MG (oxycodone hcl) | NP | QL(60 EA per 365 day(s) retail) |
| levorphanol tartrate TABS | NP | | ROXYBOND TABA | NP | |
| meperidine hcl SOLN PO 50 MG/5ML | NP | | ROXYBOND TABA | NP | |
| meperidine hcl TABS 50 MG | NP | | tramadol hcl CP24 100 MG, 200 MG, 300 MG | NP | |
| morphine sulfate beads | NP | PA | tramadol hcl SOLN | NP | |
| morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG | NP | PA | TRAMADOL HCL SOLN (tramadol hcl) | NP | |
| morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML | P | | tramadol hcl TABS 25 MG, 75 MG, 100 MG | NP | |
| morphine sulfate SUPP | NP | | tramadol hcl TABS 50 MG | P | |
| morphine sulfate TABS | P | | tramadol hcl TB24 | NP | PA |
| morphine sulfate TBCR | P | | tramadol hcl TB24 | P | PA |
| MS CONTIN TBCR (morphine sulfate) | NP | | Opioid Combinations | | |
| oxycodone hcl CAPS | P | | acetaminophen w/ codeine SOLN | P | |
| oxycodone hcl CONC 100 MG/5ML | NP | | acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG | P | |
| oxycodone hcl SOLN | P | | acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG | NP | |
| oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG | NP | PA | butalbital-acetaminophen-caffeine w/ codeine | P | |
| oxycodone hcl TABS 15 MG | P | QL(240 EA per 365 day(s) retail) | butalbital-aspirin-caffeine w/cod | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>) | NP | | BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML | P | SP |
| <i>hydrocodone-acetaminophen SOLN</i> | P | | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i> | P | QL(3 EA daily) |
| <i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i> | NP | | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG</i> | P | |
| <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | P | | <i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i> | P | QL(3 EA daily) |
| <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i> | NP | | <i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i> | P | |
| NALOCET TABS | NP | | <i>buprenorphine hcl SUBL</i> | P | |
| <i>oxycodone w/ acetaminophen SOLN</i> | P | | <i>buprenorphine PTWK</i> | NP | PA |
| <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | P | | <i>butorphanol tartrate NA 10 MG/ML</i> | NP | |
| PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>) | NP | | BUTRANS PTWK (<i>buprenorphine</i>) | P | PA |
| PROLATE SOLN | NP | | <i>pentazocine w/ naloxone hcl</i> | NP | |
| PROLATE TABS | NP | | SUBLOCADE SOSY | P | SP |
| SEGLENTIS | NP | | SUBOXONE FILM SL 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) | NP | QL(3 EA daily) |
| <i>tramadol-acetaminophen</i> | P | | SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) | NP | |
| Opioid Partial Agonists | | | ZUBSOLV SUBL | NP | |
| BELBUCA FILM 900 MCG | NP | PA | ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| BELBUCA FILM 75 MCG, 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG | NP | | Anabolic Steroids | | |
| BRIXADI (WEEKLY) SOSY | P | SP | <i>oxandrolone 2.5 MG</i> | P | |
| | | | Androgens | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| ANDROGEL PUMP GEL TD (<i>testosterone</i>) | NP | PA | Rectal Combinations | | |
| ANDROGEL GEL TD 25 MG/2.5GM (<i>testosterone</i>) | NP | PA | <i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i> | P | |
| AVEED SOLN | NP | SP; PA | Rectal Local Anesthetics | | |
| AZMIRO SOSY | NP | | AMERICAINE | P | |
| <i>danazol CAPS</i> | P | PA | <i>dibucaine (rectal) EX</i> | P | |
| JATENZO CAPS | NP | PA | <i>lidocaine (anorectal) CREA</i> | P | |
| <i>methyltestosterone CAPS</i> | NP | PA | Rectal Steroids | | |
| <i>methyltestosterone TABS</i> | NP | PA | ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>) | NP | |
| NATESTO GEL NA | NP | PA | <i>hydrocortisone (rectal) EX 1 %</i> | P | RX/OTC |
| TESTIM GEL TD (<i>testosterone</i>) | NP | PA | <i>hydrocortisone (rectal) EX</i> | NP | |
| TESTOPEL PLLT | NP | SP | Vasodilating Agents | | |
| <i>testosterone cypionate SOLN IM</i> | P | PA | <i>nitroglycerin (intra-anal)</i> | NP | |
| <i>testosterone enanthate SOLN IM</i> | P | PA | RECTIV (<i>nitroglycerin (intra-anal)</i>) | NP | |
| <i>testosterone GEL TD 1 %, 1.62 %, 10 MG/ACT, 1.62 %</i> | P | PA | ANTACIDS | | |
| <i>testosterone GEL TD 1 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i> | NP | PA | Antacid Combinations | | |
| <i>testosterone SOLN</i> | P | PA | ACID GONE SUSP 358 MG/15ML-95 MG/15ML | P | |
| TLANDO CAPS | NP | PA | <i>alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG</i> | P | |
| VOGELXO PUMP GEL TD (<i>testosterone</i>) | NP | PA | <i>alum & mag hydrox-simethicone LIQD</i> | P | |
| VOGELXO GEL TD (<i>testosterone</i>) | NP | PA | <i>alum & mag hydrox-simethicone SUSP</i> | P | |
| XYOSTED SOAJ | NP | PA | <i>alum & mag hydrox-simethicone SUSP</i> | P | |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | | <i>aluminum hydroxide-mag carb CHEW</i> | P | |
| Intrarectal Steroids | | | <i>aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML</i> | P | |
| <i>budesonide (intrarectal)</i> | NP | | ANTACID CHEW | P | |
| <i>hydrocortisone (intrarectal)</i> | P | | <i>calcium carbonate-mag hydrox SUSP</i> | P | |
| UCERIS (<i>budesonide (intrarectal)</i>) | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>calcium carbonate-simethicone CHEW 1000 MG-60 MG</i> | P | |
| GAVISCON SUSP 358 MG/15ML-95 MG/15ML | P | |
| SM FOAMING ANTACID | P | |
| Antacids - Aluminum Salts | | |
| ALUMINUM HYDROXIDE GEL SUSP | P | |
| Antacids - Bicarbonate | | |
| <i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i> | P | |
| Antacids - Calcium Salts | | |
| <i>calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG</i> | P | |
| <i>calcium carbonate (antacid) CHEW 750 MG</i> | NP | |
| <i>calcium carbonate (antacid) CHEW 400 MG, 420 MG, 500 MG, 750 MG, 1000 MG</i> | P | |
| <i>calcium carbonate (antacid) SUSP</i> | P | |
| CALCIUM CARBONATE ANTACID SUSP | P | |
| TUMS CHEWY BITES ULTRA STR CHEW (<i>calcium carbonate (antacid)</i>) | P | |
| TUMS ULTRA 1000 CHEW (<i>calcium carbonate (antacid)</i>) | P | |
| TUMS ULTRA STRENGTH CHEW (<i>calcium carbonate (antacid)</i>) | P | |
| Antacids - Magnesium Salts | | |
| <i>magnesium oxide TABS 400 MG</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>magnesium oxide TABS 400 MG</i> | P | |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| <i>albendazole</i> | P | |
| BENZNIDAZOLE | P | SP |
| <i>praziquantel</i> | P | |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |
| Antianginals-Other | | |
| ASPRUZYO SPRINKLE PACK | NP | |
| <i>ranolazine TB12</i> | P | |
| Nitrates | | |
| GONITRO PACK | NP | |
| ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>) | NP | |
| <i>isosorbide dinitrate TABS</i> | P | |
| <i>isosorbide mononitrate TABS</i> | P | |
| ISOSORBIDE MONONITRATE TABS | P | |
| <i>isosorbide mononitrate TB24</i> | P | |
| NITRO-BID OINT | NP | |
| NITRO-DUR PT24 (<i>nitroglycerin</i>) | NP | |
| NITRO-DUR PT24 | NP | |
| <i>nitroglycerin PT24</i> | P | |
| <i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i> | NP | |
| <i>nitroglycerin SUBL</i> | P | |
| NITROLINGUAL SOLN TL (<i>nitroglycerin</i>) | NP | |
| NITROSTAT SUBL (<i>nitroglycerin</i>) | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>buspirone hcl</i> | P | |
| <i>droperidol SOLN 2.5 MG/ML</i> | P | |
| <i>hydroxyzine hcl SYRP</i> | P | |
| <i>hydroxyzine hcl TABS</i> | P | |
| <i>hydroxyzine pamoate CAPS</i> | P | |
| <i>hydroxyzine pamoate CAPS</i> | P | |
| <i>meprobamate</i> | NP | |
| VISTARIL CAPS (<i>hydroxyzine pamoate</i>) | NP | |
| Benzodiazepines | | |
| ALPRAZOLAM INTENSOL CONC | NP | |
| <i>alprazolam TABS</i> | NP | |
| <i>alprazolam TB24</i> | NP | |
| <i>alprazolam TBDP</i> | NP | |
| ATIVAN TABS (<i>lorazepam</i>) | NP | |
| <i>chlordiazepoxide hcl CAPS</i> | P | |
| <i>clorazepate dipotassium TABS</i> | P | |
| <i>diazepam CONC</i> | NP | |
| DIAZEPAM SOAJ | NP | |
| <i>diazepam SOLN PO 5 MG/5ML</i> | P | |
| <i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i> | NP | |
| DIAZEPAM SOLN IJ 5 MG/ML | NP | |
| <i>diazepam TABS</i> | P | |
| <i>lorazepam CONC</i> | NP | |
| <i>lorazepam TABS</i> | P | |
| LOREEV XR CS24 1 MG, 2 MG, 3 MG | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>oxazepam CAPS</i> | NP | |
| VALIUM TABS (<i>diazepam</i>) | NP | |
| XANAX XR TB24 (<i>alprazolam</i>) | NP | |
| XANAX TABS (<i>alprazolam</i>) | NP | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| Antiarrhythmics Type I-A | | |
| <i>disopyramide phosphate CAPS</i> | P | |
| NORPACE CR CP12 | P | |
| <i>quinidine gluconate TBCR</i> | P | |
| <i>quinidine sulfate TABS</i> | P | |
| Antiarrhythmics Type I-B | | |
| <i>mexiletine hcl</i> | P | |
| Antiarrhythmics Type I-C | | |
| <i>flecainide acetate</i> | P | |
| <i>propafenone hcl TABS</i> | P | |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl SOLN 150 MG/3ML</i> | P | |
| <i>amiodarone hcl TABS</i> | P | |
| <i>dofetilide</i> | P | |
| MULTAQ | P | |
| ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | |
| Antiasthmatic - Monoclonal Antibodies | | |
| CINQAIR | NP | SP |
| FASENRA PEN SOAJ | P | SP; PA |
| FASENRA SOSY | P | SP; PA |
| NUCALA SOAJ | P | SP; PA |
| NUCALA SOLR | P | SP; PA |
| NUCALA SOSY | P | SP; PA |
| TEZSPIRE SOAJ | P | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TEZSPIRE SOSY | P | SP; PA |
| XOLAIR SOAJ | P | SP; PA |
| XOLAIR SOLR | P | SP; PA |
| XOLAIR SOSY | P | SP; PA |
| Bronchodilators - Anticholinergics | | |
| ATROVENT HFA | P | |
| INCRUSE ELLIPTA | P | |
| <i>ipratropium bromide SOLN 0.02 %</i> | P | |
| SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>) | P | |
| SPIRIVA RESPIMAT AERS | P | |
| <i>tiotropium bromide monohydrate CAPS</i> | NP | |
| TUDORZA PRESSAIR | NP | |
| YUPELRI | NP | |
| Leukotriene Modulators | | |
| ACCOLATE (<i>zafirlukast</i>) | NP | QL(1 EA daily) |
| <i>montelukast sodium CHEW</i> | P | |
| <i>montelukast sodium PACK</i> | NP | |
| <i>montelukast sodium TABS</i> | P | |
| SINGULAIR CHEW (<i>montelukast sodium</i>) | NP | |
| SINGULAIR PACK (<i>montelukast sodium</i>) | NP | |
| SINGULAIR TABS (<i>montelukast sodium</i>) | NP | |
| <i>zafirlukast</i> | NP | QL(1 EA daily) |
| <i>zileuton TB12</i> | NP | |
| ZYFLO TABS | NP | |
| Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors | | |
| OHTUVAYRE | NP | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | |
| DALIRESP (<i>roflumilast</i>) | NP | |
| <i>roflumilast</i> | NP | |
| Steroid Inhalants | | |
| ALVESCO | NP | |
| ARMONAIR DIGIHALER 113 MCG/ACT, 232 MCG/ACT | NP | |
| ARNUITY ELLIPTA | P | |
| ASMANEX (120 METERED DOSES) AEPB | P | |
| ASMANEX (14 METERED DOSES) AEPB | P | |
| ASMANEX (30 METERED DOSES) AEPB | P | |
| ASMANEX (60 METERED DOSES) AEPB | P | |
| ASMANEX HFA AERO | P | |
| <i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i> | P | |
| <i>budesonide (inhalation) SUSP 1 MG/2ML</i> | NP | |
| FLOVENT DISKUS AEPB (<i>fluticasone propionate (inhalation)</i>) | P | |
| FLOVENT HFA (<i>fluticasone propionate hfa</i>) | P | |
| <i>fluticasone propionate (inhalation) AEPB</i> | P | AL(Up to 18 yrs old) |
| <i>fluticasone propionate hfa</i> | P | AL(Up to 18 yrs old) |
| PULMICORT FLEXHALER AEPB | P | |
| PULMICORT SUSP (<i>budesonide (inhalation)</i>) | NP | |
| QVAR REDIHALER | P | |
| Sympathomimetics | | |
| ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>) | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>) | P | | <i>fluticasone-salmeterol</i> AEPB | NP | |
| AIRDUO DIGIHALER 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT | NP | | <i>fluticasone-salmeterol</i> AERO | NP | |
| AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone- salmeterol</i>) | NP | | <i>formoterol fumarate</i> NEBU | NP | |
| AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone- salmeterol</i>) | NP | | <i>ipratropium-albuterol</i> SOLN | P | |
| AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone- salmeterol</i>) | NP | | <i>levalbuterol hcl</i> | NP | |
| AIRSUPRA | NP | | <i>levalbuterol tartrate</i> | NP | |
| <i>albuterol sulfate</i> AERS | P | | PERFORMIST NEBU (<i>formoterol fumarate</i>) | NP | |
| <i>albuterol sulfate</i> AERS | NP | | PROAIR DIGIHALER | NP | |
| <i>albuterol sulfate</i> NEBU 0.083 %, 2.5 MG/0.5ML, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML | P | | PROAIR RESPICLICK AEPB | NP | |
| <i>albuterol sulfate</i> SYRP | P | | SEREVENT DISKUS | P | |
| <i>albuterol sulfate</i> TABS | NP | | STIOLTO RESPIMAT | P | |
| ANORO ELLIPTA | P | | STRIVERDI RESPIMAT | P | |
| <i>arformoterol tartrate</i> | NP | | SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) | NP | |
| BEVESPI AEROSPHERE | NP | | SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) | P | |
| BREO ELLIPTA | NP | | <i>terbutaline sulfate</i> TABS | P | |
| BREO ELLIPTA (<i>fluticasone furoate- vilanterol</i>) | NP | | TRELEGY ELLIPTA | NP | |
| BREZTRI AEROSPHERE | NP | | VENTOLIN HFA AERS (<i>albuterol sulfate</i>) | P | |
| BROVANA (<i>arformoterol tartrate</i>) | NP | | XOPENEX HFA (<i>levalbuterol tartrate</i>) | NP | |
| <i>budesonide-formoterol fumarate dihydrate</i> | NP | | Xanthines | | |
| COMBIVENT RESPIMAT AERS | P | | <i>theophylline</i> ELIX | P | |
| DUAKLIR PRESSAIR | NP | | <i>theophylline</i> SOLN | P | |
| DULERA | P | | <i>theophylline</i> TB12 300 MG, 450 MG | P | |
| <i>fluticasone furoate- vilanterol</i> | NP | | <i>theophylline</i> TB24 | P | |
| | | | ANTICOAGULANTS - Blood Thinners | | |
| | | | Coumarin Anticoagulants | | |
| | | | <i>warfarin sodium</i> TABS | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Direct Factor Xa Inhibitors | | |
| ELIQUIS DVT/PE STARTER PACK TBP | P | |
| ELIQUIS TABS | P | |
| SAVAYSA 60 MG | NP | 42 day(s) max supply per 365 day(s) retail |
| SAVAYSA 15 MG, 30 MG | NP | QL(1 EA daily); 42 day(s) max supply per 365 day(s) retail |
| XARELTO STARTER PACK TBP | P | |
| XARELTO SUSR | NP | |
| XARELTO TABS 20 MG | NP | |
| XARELTO TABS | P | |
| Heparins And Heparinoid-Like Agents | | |
| ARIXTRA (<i>fondaparinux sodium</i>) | NP | 42 day(s) max supply per 365 day(s) retail; SP |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i> | P | 42 day(s) max supply per 365 day(s) retail |
| <i>enoxaparin sodium SOSY</i> | P | 42 day(s) max supply per 365 day(s) retail; SP |
| <i>fondaparinux sodium</i> | NP | 42 day(s) max supply per 365 day(s) retail; SP |
| FRAGMIN SOLN 10000 UNIT/4ML | NP | SP |
| FRAGMIN SOLN 95000 UNIT/3.8ML | NP | 42 day(s) max supply per 365 day(s) retail; SP |
| FRAGMIN SOSY | NP | 42 day(s) max supply per 365 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML | P | |
| HEPARIN SOD (PORCINE) IN D5W | P | |
| <i>heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML</i> | P | |
| <i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | P | |
| LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>) | NP | 42 day(s) max supply per 365 day(s) retail; SP |
| LOVENOX SOSY (<i>enoxaparin sodium</i>) | NP | 42 day(s) max supply per 365 day(s) retail; SP |
| Thrombin Inhibitors | | |
| <i>dabigatran etexilate mesylate CAPS</i> | NP | |
| PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>) | P | |
| PRADAXA PACK | NP | SP |
| ANTICONVULSANTS - Drugs to Treat Seizures | | |
| AMPA Glutamate Receptor Antagonists | | |
| FYCOMPA SUSP | NP | |
| FYCOMPA TABS | NP | |
| Anticonvulsants - Benzodiazepines | | |
| <i>clobazam SUSP</i> | P | |
| <i>clobazam TABS</i> | P | |
| <i>clonazepam TABS</i> | P | |
| <i>clonazepam TBDP</i> | NP | |
| DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>) | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>) | P | | DIACOMIT PACK | NP | SP |
| <i>diazepam (anticonvulsant) GEL</i> | P | | ELEPSIA XR TB24 | NP | |
| KLONOPIN TABS (<i>clonazepam</i>) | P | | EPIDIOLEX | NP | SP |
| LIBERVANT FILM | NP | | EPRONTIA SOLN | NP | |
| NAYZILAM | P | | FINTEPLA | NP | SP |
| ONFI SUSP (<i>clobazam</i>) | P | | <i>gabapentin CAPS</i> | P | |
| ONFI TABS (<i>clobazam</i>) | P | | <i>gabapentin SOLN</i> | P | |
| SYMPAZAN FILM | NP | | <i>gabapentin TABS 600 MG, 800 MG</i> | P | |
| VALTOCO 10 MG DOSE LIQD | P | | GABARONE TABS 100 MG, 400 MG | NP | |
| VALTOCO 15 MG DOSE LQPK | P | | KEPPRA XR TB24 (<i>levetiracetam</i>) | NP | |
| VALTOCO 20 MG DOSE LQPK | P | | KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>) | P | |
| VALTOCO 5 MG DOSE LIQD | P | | KEPPRA TABS (<i>levetiracetam</i>) | P | |
| Anticonvulsants - Misc. | | | <i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i> | P | |
| APTIOM | NP | | <i>lacosamide TABS</i> | P | |
| BANZEL SUSP (<i>rufinamide</i>) | NP | SP | LAMICTAL ODT KIT (<i>lamotrigine</i>) | NP | |
| BANZEL TABS (<i>rufinamide</i>) | NP | SP | LAMICTAL ODT TBDP (<i>lamotrigine</i>) | NP | |
| BRIVIACT SOLN PO 10 MG/ML | P | SP | LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>) | NP | |
| BRIVIACT TABS | P | SP | LAMICTAL XR KIT | NP | |
| <i>carbamazepine CHEW 100 MG</i> | P | | LAMICTAL XR TB24 (<i>lamotrigine</i>) | NP | |
| <i>carbamazepine CHEW 200 MG</i> | NP | | LAMICTAL CHEW (<i>lamotrigine</i>) | P | |
| <i>carbamazepine CP12</i> | P | | LAMICTAL TABS (<i>lamotrigine</i>) | P | |
| <i>carbamazepine SUSP</i> | P | | <i>lamotrigine CHEW</i> | P | |
| <i>carbamazepine TABS</i> | P | | <i>lamotrigine KIT 25 MG</i> | P | |
| <i>carbamazepine TB12</i> | P | | <i>lamotrigine KIT</i> | NP | |
| CARBATROL CP12 (<i>carbamazepine</i>) | P | | <i>lamotrigine TABS</i> | P | |
| DIACOMIT CAPS | NP | SP | <i>lamotrigine TB24</i> | NP | |
| | | | <i>lamotrigine TBDP</i> | NP | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|--|-----------|-------------------------|
| <i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i> | P | | TOPAMAX TABS (<i>topiramate</i>) | P | |
| <i>levetiracetam TABS</i> | P | | <i>topiramate CP24</i> | NP | |
| <i>levetiracetam TB24</i> | NP | | <i>topiramate CPSP 15 MG, 25 MG</i> | P | |
| LYRICA CAPS (<i>pregabalin</i>) | P | | <i>topiramate CPSP 50 MG</i> | NP | |
| LYRICA SOLN (<i>pregabalin</i>) | P | | <i>topiramate CS24</i> | NP | |
| MOTPOLY XR CP24 | NP | | <i>topiramate TABS</i> | P | |
| MYSOLINE (<i>primidone</i>) | P | | TRILEPTAL SUSP (<i>oxcarbazepine</i>) | NP | |
| NEURONTIN CAPS (<i>gabapentin</i>) | P | | TRILEPTAL TABS (<i>oxcarbazepine</i>) | P | |
| NEURONTIN SOLN (<i>gabapentin</i>) | P | | TROKENDI XR CP24 (<i>topiramate</i>) | NP | |
| NEURONTIN TABS (<i>gabapentin</i>) | P | | VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>) | P | |
| <i>oxcarbazepine SUSP</i> | P | | VIMPAT TABS (<i>lacosamide</i>) | P | |
| <i>oxcarbazepine TABS</i> | P | | ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>) | P | |
| <i>oxcarbazepine TB24</i> | NP | | ZONISADE SUSP | NP | |
| OXTELLAR XR TB24 (<i>oxcarbazepine</i>) | NP | | <i>zonisamide CAPS</i> | P | |
| <i>pregabalin CAPS</i> | P | | <i>zonisamide CAPS</i> | P | |
| <i>pregabalin SOLN</i> | P | | ZTALMY | NP | |
| <i>primidone</i> | P | | Carbamates | | |
| <i>primidone</i> | P | | <i>felbamate SUSP</i> | NP | |
| QUDEXY XR CS24 (<i>topiramate</i>) | NP | | <i>felbamate TABS</i> | NP | |
| <i>rufinamide SUSP</i> | NP | SP | FELBATOL SUSP (<i>felbamate</i>) | NP | |
| <i>rufinamide TABS</i> | NP | SP | FELBATOL TABS (<i>felbamate</i>) | NP | |
| SPRITAM TB3D | NP | | XCOPRI (250 MG DAILY DOSE) TBPk | NP | |
| SPRITAM TB3D | NP | | XCOPRI (350 MG DAILY DOSE) TBPk | NP | |
| TEGRETOL SUSP (<i>carbamazepine</i>) | P | | XCOPRI TABS | NP | |
| TEGRETOL TABS (<i>carbamazepine</i>) | P | | XCOPRI TBPk | NP | |
| TEGRETOL-XR TB12 (<i>carbamazepine</i>) | P | | GABA Modulators | | |
| TOPAMAX SPRINKLE CPSP (<i>topiramate</i>) | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---|
| SABRIL PACK <i>(vigabatrin)</i> | NP | SP | DEPAKOTE SPRINKLES CSDR <i>(divalproex sodium)</i> | P | |
| SABRIL TABS <i>(vigabatrin)</i> | NP | SP | DEPAKOTE TBEC <i>(divalproex sodium)</i> | P | |
| <i>tiagabine hcl</i> | NP | | <i>divalproex sodium CSDR</i> | P | |
| <i>vigabatrin PACK</i> | NP | SP | <i>divalproex sodium TB24 250 MG</i> | P | QL(1 EA daily) |
| <i>vigabatrin TABS</i> | NP | SP | <i>divalproex sodium TB24 500 MG</i> | P | |
| VIGAFYDE SOLN | NP | SP | <i>divalproex sodium TBEC</i> | P | |
| Hydantoins | | | <i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i> | P | |
| DILANTIN | P | | <i>valproic acid CAPS</i> | P | |
| DILANTIN <i>(phenytoin sodium extended)</i> | P | | ANTIDEPRESSANTS - Drugs to Treat Depression | | |
| DILANTIN INFATABS CHEW <i>(phenytoin)</i> | P | | Alpha-2 Receptor Antagonists (Tetracyclics) | | |
| DILANTIN-125 SUSP <i>(phenytoin)</i> | P | | <i>mirtazapine TABS 7.5 MG, 45 MG</i> | P | AL(At least 6 yrs old) |
| DILANTIN SUSP <i>(phenytoin)</i> | P | | <i>mirtazapine TABS 15 MG, 30 MG</i> | P | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | P | | <i>mirtazapine TBDP 30 MG, 45 MG</i> | NP | AL(At least 6 yrs old) |
| <i>phenytoin CHEW</i> | P | | <i>mirtazapine TBDP 15 MG</i> | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>phenytoin SUSP</i> | P | | REMERON SOLTAB TBDP 15 MG <i>(mirtazapine)</i> | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| Succinimides | | | REMERON SOLTAB TBDP 30 MG, 45 MG <i>(mirtazapine)</i> | NP | AL(At least 6 yrs old) |
| CELONTIN <i>(methsuximide)</i> | NP | | REMERON TABS 15 MG, 30 MG <i>(mirtazapine)</i> | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>ethosuximide CAPS</i> | NP | | Antidepressant Combinations | | |
| <i>ethosuximide SOLN</i> | P | | AUVELITY | NP | AL(At least 6 yrs old) |
| <i>methsuximide</i> | NP | | Antidepressants - Misc. | | |
| ZARONTIN CAPS <i>(ethosuximide)</i> | NP | | | | |
| ZARONTIN SOLN <i>(ethosuximide)</i> | P | | | | |
| Valproic Acid | | | | | |
| DEPAKOTE ER TB24 250 MG <i>(divalproex sodium)</i> | P | QL(1 EA daily) | | | |
| DEPAKOTE ER TB24 500 MG <i>(divalproex sodium)</i> | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|---|
| APLENZIN 348 MG | NP | QL(1 EA daily); AL(At least 6 yrs old) | CELEXA TABS 10 MG, 40 MG (<i>citalopram hydrobromide</i>) | NP | AL(At least 6 yrs old) |
| APLENZIN 174 MG, 522 MG | NP | AL(At least 6 yrs old) | CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>bupropion hcl</i> TABS | P | AL(At least 6 yrs old) | CITALOPRAM HYDROBROMIDE CAPS | NP | AL(At least 6 yrs old) |
| <i>bupropion hcl</i> TB12 | P | AL(At least 6 yrs old) | <i>citalopram hydrobromide SOLN</i> | P | AL(At least 6 yrs old - Up to 10 yrs old) |
| <i>bupropion hcl</i> TB12 | NP | AL(At least 6 yrs old) | <i>citalopram hydrobromide TABS 20 MG</i> | P | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>bupropion hcl</i> TB24 450 MG | NP | AL(At least 6 yrs old) | <i>citalopram hydrobromide TABS 10 MG, 40 MG</i> | P | AL(At least 6 yrs old) |
| <i>bupropion hcl</i> TB24 150 MG, 300 MG | P | AL(At least 6 yrs old) | <i>escitalopram oxalate SOLN</i> | NP | AL(At least 6 yrs old - Up to 10 yrs old) |
| FORFIVO XL TB24 (<i>bupropion hcl</i>) | NP | AL(At least 6 yrs old) | <i>escitalopram oxalate TABS 20 MG</i> | P | AL(At least 6 yrs old) |
| WELLBUTRIN SR TB12 (<i>bupropion hcl</i>) | NP | AL(At least 6 yrs old) | <i>escitalopram oxalate TABS 5 MG, 10 MG</i> | P | QL(1 EA daily); AL(At least 6 yrs old) |
| WELLBUTRIN XL TB24 (<i>bupropion hcl</i>) | NP | AL(At least 6 yrs old) | <i>fluoxetine hcl</i> CAPS | P | AL(At least 6 yrs old) |
| GABA Receptor Modulator - Neuroactive Steroid | | | <i>fluoxetine hcl</i> CPDR | NP | AL(At least 6 yrs old) |
| ZURZUVAE | NP | AL(At least 6 yrs old); SP | <i>fluoxetine hcl</i> SOLN | P | AL(At least 6 yrs old - Up to 10 yrs old) |
| Monoamine Oxidase Inhibitors (MAOIs) | | | <i>fluoxetine hcl</i> TABS | NP | AL(At least 6 yrs old) |
| EMSAM | NP | AL(At least 6 yrs old) | FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>) | NP | AL(At least 6 yrs old) |
| MARPLAN | P | AL(At least 6 yrs old) | <i>fluvoxamine maleate</i> CP24 | NP | AL(At least 6 yrs old) |
| NARDIL (<i>phenelzine sulfate</i>) | NP | AL(At least 6 yrs old) | <i>fluvoxamine maleate</i> TABS | P | AL(At least 6 yrs old) |
| <i>phenelzine sulfate</i> | P | AL(At least 6 yrs old) | LEXAPRO TABS 5 MG, 10 MG (<i>escitalopram oxalate</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>tranylcypromine sulfate</i> | P | AL(At least 6 yrs old) | LEXAPRO TABS 20 MG (<i>escitalopram oxalate</i>) | NP | AL(At least 6 yrs old) |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | | <i>paroxetine hcl</i> SUSP | NP | AL(At least 6 yrs old - Up to 10 yrs old) |
| SPRAVATO (56 MG DOSE) | P | AL(At least 6 yrs old); SP; PA | | | |
| SPRAVATO (84 MG DOSE) | P | AL(At least 6 yrs old); SP; PA | | | |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---|
| <i>paroxetine hcl TABS 10 MG, 20 MG</i> | P | QL(1 EA daily); AL(At least 6 yrs old) | <i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i> | P | AL(At least 6 yrs old) |
| <i>paroxetine hcl TABS 30 MG, 40 MG</i> | P | AL(At least 6 yrs old) | <i>trazodone hcl TABS 300 MG</i> | NP | AL(At least 6 yrs old) |
| <i>paroxetine hcl TB24 12.5 MG</i> | NP | QL(1 EA daily); AL(At least 6 yrs old) | TRINTELLIX 5 MG, 10 MG | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>paroxetine hcl TB24 25 MG, 37.5 MG</i> | NP | AL(At least 6 yrs old) | TRINTELLIX 20 MG | NP | AL(At least 6 yrs old) |
| PAXIL CR TB24 12.5 MG (<i>paroxetine hcl</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) | VIIBRYD TABS 10 MG, 20 MG (<i>vilazodone hcl</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| PAXIL CR TB24 25 MG, 37.5 MG (<i>paroxetine hcl</i>) | NP | AL(At least 6 yrs old) | VIIBRYD TABS 40 MG (<i>vilazodone hcl</i>) | NP | AL(At least 6 yrs old) |
| PAXIL SUSP (<i>paroxetine hcl</i>) | NP | AL(At least 6 yrs old - Up to 10 yrs old) | <i>vilazodone hcl TABS 10 MG, 20 MG</i> | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| PAXIL TABS 30 MG, 40 MG (<i>paroxetine hcl</i>) | NP | AL(At least 6 yrs old) | <i>vilazodone hcl TABS 40 MG</i> | NP | AL(At least 6 yrs old) |
| PAXIL TABS 10 MG, 20 MG (<i>paroxetine hcl</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) | Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| PROZAC CAPS (<i>fluoxetine hcl</i>) | NP | AL(At least 6 yrs old) | CYMBALTA CPEP (<i>duloxetine hcl</i>) | NP | AL(At least 6 yrs old) |
| SERTRALINE HCL CAPS | NP | AL(At least 6 yrs old) | DESVENLAFAXINE ER | NP | AL(At least 6 yrs old) |
| <i>sertraline hcl CONC</i> | P | AL(At least 6 yrs old - Up to 10 yrs old) | <i>desvenlafaxine succinate 25 MG, 50 MG</i> | P | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>sertraline hcl TABS 25 MG, 50 MG</i> | P | QL(1 EA daily); AL(At least 6 yrs old) | <i>desvenlafaxine succinate 100 MG</i> | P | AL(At least 6 yrs old) |
| <i>sertraline hcl TABS 100 MG</i> | P | AL(At least 6 yrs old) | DRIZALMA SPRINKLE CSDR 20 MG, 40 MG, 60 MG | NP | AL(At least 6 yrs old) |
| ZOLOFT CONC (<i>sertraline hcl</i>) | NP | AL(At least 6 yrs old - Up to 10 yrs old) | DRIZALMA SPRINKLE CSDR 30 MG | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| ZOLOFT TABS 25 MG, 50 MG (<i>sertraline hcl</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) | <i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i> | P | AL(At least 6 yrs old) |
| ZOLOFT TABS 100 MG (<i>sertraline hcl</i>) | NP | AL(At least 6 yrs old) | <i>duloxetine hcl CPEP 40 MG</i> | NP | AL(At least 6 yrs old) |
| Serotonin Modulators | | | EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) |
| <i>nefazodone hcl</i> | NP | AL(At least 6 yrs old) | EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>) | NP | AL(At least 6 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|------------------------|
| FETZIMA TITRATION C4PK | NP | AL(At least 6 yrs old) | <i>nortriptyline hcl CAPS</i> | P | AL(At least 6 yrs old) |
| FETZIMA CP24 80 MG, 120 MG | NP | AL(At least 6 yrs old) | <i>nortriptyline hcl SOLN</i> | P | AL(At least 6 yrs old) |
| FETZIMA CP24 20 MG, 40 MG | NP | QL(1 EA daily); AL(At least 6 yrs old) | PAMELOR CAPS (<i>nortriptyline hcl</i>) | NP | AL(At least 6 yrs old) |
| PRISTIQ 100 MG (<i>desvenlafaxine succinate</i>) | NP | AL(At least 6 yrs old) | <i>protriptyline hcl</i> | NP | AL(At least 6 yrs old) |
| PRISTIQ 25 MG, 50 MG (<i>desvenlafaxine succinate</i>) | NP | QL(1 EA daily); AL(At least 6 yrs old) | <i>trimipramine maleate CAPS</i> | NP | AL(At least 6 yrs old) |
| VENLAFAXINE BESYLATE ER | NP | AL(At least 6 yrs old) | ANTIDIABETICS - Drugs to Regulate Blood Sugar | | |
| <i>venlafaxine hcl CP24 150 MG</i> | P | AL(At least 6 yrs old) | Alpha-Glucosidase Inhibitors | | |
| <i>venlafaxine hcl CP24 37.5 MG, 75 MG</i> | P | QL(1 EA daily); AL(At least 6 yrs old) | <i>acarbose</i> | P | |
| <i>venlafaxine hcl TABS</i> | P | AL(At least 6 yrs old) | <i>miglitol</i> | NP | |
| <i>venlafaxine hcl TB24 150 MG, 225 MG</i> | NP | AL(At least 6 yrs old) | Antidiabetic - Amylin Analogs | | |
| <i>venlafaxine hcl TB24 37.5 MG, 75 MG</i> | NP | QL(1 EA daily); AL(At least 6 yrs old) | SYMLINPEN 120 SOPN | NP | PA |
| Tricyclic Agents | | | SYMLINPEN 60 SOPN | NP | PA |
| <i>amitriptyline hcl TABS</i> | P | AL(At least 6 yrs old) | Antidiabetic Combinations | | |
| <i>amoxapine</i> | NP | AL(At least 6 yrs old) | ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>) | NP | |
| ANAFRANIL (<i>clomipramine hcl</i>) | NP | AL(At least 6 yrs old) | <i>alogliptin-metformin hcl</i> | NP | PA |
| <i>clomipramine hcl</i> | P | AL(At least 6 yrs old) | <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i> | NP | PA |
| <i>desipramine hcl TABS</i> | NP | AL(At least 6 yrs old) | <i>dapagliflozin propanediol-metformin hcl</i> | NP | |
| <i>doxepin hcl CAPS</i> | P | AL(At least 6 yrs old) | DUETACT (<i>pioglitazone hcl-glimepiride</i>) | NP | |
| <i>doxepin hcl CONC</i> | P | AL(At least 6 yrs old) | <i>glipizide-metformin hcl</i> | P | |
| <i>imipramine hcl TABS</i> | P | AL(At least 6 yrs old) | <i>glyburide-metformin</i> | P | |
| <i>imipramine pamoate</i> | NP | AL(At least 6 yrs old) | GLYXAMBI | NP | |
| | | | INVOKAMET XR TB24 | P | |
| | | | INVOKAMET TABS | P | |
| | | | JANUMET XR TB24 | P | PA |
| | | | JANUMET TABS | P | PA |
| | | | JENTADUETO XR TB24 | NP | PA |
| | | | JENTADUETO TABS | P | PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| KAZANO (<i>alogliptin-metformin hcl</i>) | NP | PA | <i>metformin hcl TABS 625 MG</i> | NP | |
| KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) | NP | PA | <i>metformin hcl TB24</i> | NP | |
| OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>) | NP | PA | <i>metformin hcl TB24 500 MG, 750 MG</i> | P | |
| <i>pioglitazone hcl-glimepiride</i> | NP | | RIOMET SOLN (<i>metformin hcl</i>) | NP | |
| <i>pioglitazone hcl-metformin hcl TABS</i> | NP | | Diabetic Other | | |
| QTERN | NP | | BAQSIMI ONE PACK POWD | NP | |
| <i>saxagliptin-metformin hcl</i> | NP | PA | BAQSIMI ONE PACK POWD | P | |
| SEGLUROMET | NP | | BAQSIMI TWO PACK POWD | NP | |
| SITAGLIPTIN BASE-METFORMIN HCL TABS | NP | | BAQSIMI TWO PACK POWD | P | |
| SOLIQUA | NP | PA | CVS GLUCOSE CHEW | P | |
| STEGLUJAN | NP | | CVS SOFT GLUCOSE CHEW | P | |
| SYNJARDY XR TB24 | NP | | DEX4 | P | |
| SYNJARDY TABS | P | | DEX4 GLUCOSE | P | |
| TRIJARDY XR | NP | | DEX4 NATURALS | P | |
| XIGDUO XR 500 MG-5 MG | P | QL(1 EA daily) | DEX4 POUCH PACK | P | |
| XIGDUO XR 1000 MG-10 MG, 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-10 MG | P | | DEX4 QUICK DISSOLVE GLUCOSE CHEW | P | |
| XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) | P | | <i>dextrose (diabetic use) GEL</i> | P | |
| XULTOPHY | NP | PA | GLUCAGEN HYPOKIT | P | |
| ZITUVIMET XR TB24 | NP | | <i>glucagon (rdna)</i> | P | |
| ZITUVIMET TABS | NP | | GLUCAGON EMERGENCY | P | |
| Biguanides | | | GLUCO TO GO CHEW | P | |
| GLUMETZA TB24 (<i>metformin hcl</i>) | NP | | GLUCOSE INSTANT ENERGY | P | |
| <i>metformin hcl SOLN</i> | NP | | GLUCOSE CHEW | P | |
| <i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i> | P | | GNP GLUCOSE CHEW | P | |
| | | | GNP QUICK DISSOLVE GLUCOSE CHEW | P | |
| | | | GOODSENSE GLUCOSE | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| GVOKE HYPOPEN 1-PACK SOAJ | NP | | NESINA (<i>alogliptin benzoate</i>) | NP | PA |
| GVOKE HYPOPEN 2-PACK SOAJ | NP | | ONGLYZA 2.5 MG (<i>saxagliptin hcl</i>) | NP | QL(1 EA daily); PA |
| GVOKE KIT SOLN | NP | | ONGLYZA 5 MG (<i>saxagliptin hcl</i>) | NP | PA |
| GVOKE PFS SOSY 1 MG/0.2ML | NP | | <i>saxagliptin hcl 2.5 MG</i> | NP | QL(1 EA daily); PA |
| HY-VEE GLUCOSE | P | | <i>saxagliptin hcl 5 MG</i> | NP | PA |
| KROGER GLUCOSE | P | | SITAGLIPTIN 100 MG | NP | |
| LEADER GLUCOSE 6 MG-4 GM | P | | SITAGLIPTIN 25 MG, 50 MG | NP | QL(1 EA daily) |
| LEADER QUICK DISSOLVE GLUCOSE CHEW | P | | TRADJENTA | P | PA |
| LONGS GLUCOSE | P | | ZITUVIO 25 MG, 50 MG | NP | QL(1 EA daily) |
| MEIJER GLUCOSE | P | | ZITUVIO 100 MG | NP | |
| PREFERRED PLUS GLUCOSE | P | | Incretin Mimetic Agents | | |
| PX GLUCOSE | P | | BYDUREON BCISE AUIJ | NP | PA |
| RA GLUCOSE | P | | BYETTA 10 MCG PEN SOPN | NP | PA |
| RELION GLUCOSE | P | | BYETTA 5 MCG PEN SOPN | NP | PA |
| SM GLUCOSE | P | | <i>liraglutide</i> | NP | PA |
| SMART SENSE GLUCOSE | P | | MOUNJARO | NP | PA |
| TGT GLUCOSE | P | | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | P | PA |
| TRUEPLUS GLUCOSE ON THE GO CHEW | P | | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | NP | PA |
| TRUEPLUS GLUCOSE CHEW | P | | OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML | P | PA |
| UP & UP GLUCOSE | P | | OZEMPIC (2 MG/DOSE) SOPN | P | PA |
| VALUE PLUS GLUCOSE | P | | RYBELSUS TABS 3 MG, 14 MG | NP | PA |
| WALGREENS GLUCOSE | P | | RYBELSUS TABS 7 MG | NP | QL(1 EA daily); PA |
| ZEGALOGUE SOAJ | P | | TRULICITY | P | PA |
| ZEGALOGUE SOSY | P | | VICTOZA (<i>liraglutide</i>) | P | PA |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | | Insulin | | |
| <i>alogliptin benzoate</i> | NP | PA | ADMELOG SOLOSTAR SOPN | NP | |
| JANUVIA 100 MG | P | PA | | | |
| JANUVIA 25 MG, 50 MG | P | QL(1 EA daily); PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|-------------------------------------|-----------|---------------------|
| ADMELOG SOLN IJ | NP | | INSULIN ASP PROT & ASP FLEXPEN SUPN | P | |
| AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT | NP | | INSULIN ASPART FLEXPEN SOPN | P | |
| APIDRA SOLOSTAR SOPN | NP | | INSULIN ASPART PENFILL SOCT | P | |
| APIDRA SOLN | NP | | INSULIN ASPART PROT & ASPART SUSP | P | |
| BASAGLAR KWIKPEN SOPN | NP | | INSULIN ASPART SOLN IJ | P | |
| FIASP FLEXTOUCH SOPN | NP | | INSULIN DEGLUDEC FLEXTOUCH SOPN | NP | |
| FIASP PENFILL SOCT | NP | | INSULIN DEGLUDEC SOLN | NP | |
| FIASP PUMPCART SOCT | NP | | INSULIN GLARGINE MAX SOLOSTAR SOPN | NP | |
| FIASP SOLN | NP | | INSULIN GLARGINE SOLOSTAR SOPN | NP | |
| HUMALOG JUNIOR KWIKPEN SOPN | NP | | INSULIN GLARGINE SOLN | NP | |
| HUMALOG KWIKPEN SOPN | NP | | INSULIN GLARGINE-YFGN SOLN | NP | |
| HUMALOG MIX 50/50 KWIKPEN SUPN | P | | INSULIN GLARGINE-YFGN SOPN | NP | |
| HUMALOG MIX 75/25 KWIKPEN SUPN | NP | | INSULIN LISPRO (1 UNIT DIAL) SOPN | P | |
| HUMALOG MIX 75/25 SUSP | P | | INSULIN LISPRO JUNIOR KWIKPEN SOPN | P | |
| HUMALOG TEMPO PEN SOPN | NP | | INSULIN LISPRO PROT & LISPRO SUPN | P | |
| HUMALOG SOCT | NP | | INSULIN LISPRO SOLN IJ | P | |
| HUMALOG SOLN IJ | NP | | LANTUS SOLOSTAR SOPN | P | |
| HUMULIN 70/30 KWIKPEN SUPN | NP | | LANTUS SOLN | P | |
| HUMULIN 70/30 SUSP | P | | LYUMJEV KWIKPEN SOPN | NP | |
| HUMULIN N KWIKPEN SUPN | NP | | LYUMJEV TEMPO PEN SOPN | NP | |
| HUMULIN N SUSP | NP | | LYUMJEV SOLN | NP | |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | P | | NOVOLIN 70/30 FLEXPEN RELION SUPN | NP | |
| HUMULIN R U-500 KWIKPEN SOPN SC | P | | | | |
| HUMULIN R SOLN IJ | P | | | | |
| HUMULIN R SOLN IJ | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|---------------------|--|-----------|---------------------|
| NOVOLIN 70/30 FLEXPEN SUPN | NP | | TOUJEO SOLOSTAR SOPN | P | |
| NOVOLIN 70/30 RELION SUSP | NP | | TRESIBA FLEXTOUCH SOPN | NP | |
| NOVOLIN 70/30 SUSP | NP | | TRESIBA SOLN | NP | |
| NOVOLIN N FLEXPEN RELION SUPN | NP | | Insulin Sensitizing Agents | | |
| NOVOLIN N FLEXPEN SUPN | P | | ACTOS (<i>pioglitazone hcl</i>) | NP | QL(1 EA daily) |
| NOVOLIN N RELION SUSP | NP | | <i>pioglitazone hcl</i> | P | QL(1 EA daily) |
| NOVOLIN N SUSP | NP | | Meglitinide Analogues | | |
| NOVOLIN R FLEXPEN RELION SOPN IJ | NP | | <i>nateglinide</i> | P | |
| NOVOLIN R FLEXPEN SOPN IJ | P | | <i>repaglinide</i> | P | |
| NOVOLIN R RELION SOLN IJ | NP | | Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| NOVOLIN R SOLN IJ | NP | | <i>dapagliflozin propanediol 5 MG</i> | NP | QL(1 EA daily) |
| NOVOLOG 70/30 FLEXPEN RELION SUPN | NP | | <i>dapagliflozin propanediol 10 MG</i> | NP | |
| NOVOLOG FLEXPEN RELION SOPN | NP | | FARXIGA 5 MG (<i>dapagliflozin propanediol</i>) | P | QL(1 EA daily) |
| NOVOLOG FLEXPEN SOPN | NP | | FARXIGA 10 MG (<i>dapagliflozin propanediol</i>) | P | |
| NOVOLOG MIX 70/30 FLEXPEN SUPN | NP | | INVOKANA | P | |
| NOVOLOG MIX 70/30 RELION SUSP | NP | | JARDIANCE | P | |
| NOVOLOG MIX 70/30 SUSP | NP | | STEGLATRO | NP | |
| NOVOLOG PENFILL SOCT | NP | | Sulfonylureas | | |
| NOVOLOG RELION SOLN IJ | NP | | <i>glimepiride 2 MG, 4 MG</i> | P | QL(1 EA daily) |
| NOVOLOG SOLN IJ | NP | | <i>glimepiride 1 MG</i> | P | |
| REZVOGLAR KWIKPEN | NP | | <i>glipizide TABS 5 MG, 10 MG</i> | P | |
| SEMGLEE (YFGN) SOLN | NP | | <i>glipizide TB24</i> | P | |
| SEMGLEE (YFGN) SOPN | NP | | <i>glyburide micronized 6 MG</i> | P | |
| TOUJEO MAX SOLOSTAR SOPN | P | | <i>glyburide micronized 1.5 MG, 3 MG</i> | P | QL(1 EA daily) |
| | | | <i>glyburide TABS</i> | P | |
| | | | ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Antidiarrheal - Chloride Channel Antagonists | | |
| MYTESI | NP | |
| Antidiarrheal/Probiotic Agents - Misc. | | |
| <i>bismuth subsalicylate CHEW 262 MG</i> | P | |
| <i>bismuth subsalicylate SUSP 525 MG/30ML</i> | P | |
| <i>bismuth subsalicylate TABS</i> | P | |
| Antidiarrheal/Probiotic Combinations | | |
| <i>loperamide-simethicone TABS</i> | P | |
| Antiperistaltic Agents | | |
| ANTI-DIARRHEAL LIQD | P | |
| <i>diphenoxylate w/ atropine LIQD</i> | P | |
| <i>diphenoxylate w/ atropine TABS</i> | P | |
| <i>loperamide hcl CAPS</i> | P | RX/OTC |
| <i>loperamide hcl TABS</i> | P | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET | P | |
| <i>deferasirox PACK</i> | NP | SP |
| <i>deferasirox TABS</i> | P | SP |
| <i>deferasirox TBSO</i> | NP | SP |
| <i>deferiprone TABS</i> | NP | SP |
| EXJADE TBSO (<i>deferasirox</i>) | NP | SP |
| FERRIPROX TWICE-A-DAY TABS | NP | SP |
| FERRIPROX SOLN | NP | SP |
| FERRIPROX TABS (<i>deferiprone</i>) | NP | SP |
| JADENU SPRINKLE PACK (<i>deferasirox</i>) | NP | SP |
| JADENU TABS (<i>deferasirox</i>) | NP | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Antidotes and Specific Antagonists | | |
| VISTOGARD | NP | |
| Opioid Antagonists | | |
| KLOXXADO LIQD | P | |
| NALMEFENE HCL IJ | NP | |
| <i>naloxone hcl LIQD</i> | P | RX/OTC |
| <i>naloxone hcl SOCT</i> | P | |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i> | P | |
| <i>naloxone hcl SOSY</i> | P | |
| <i>naltrexone hcl</i> | P | |
| NARCAN LIQD (<i>naloxone hcl</i>) | P | RX/OTC |
| OPVEE NA | NP | |
| REXTOVY LIQD | NP | |
| VIVITROL | P | SP |
| ZIMHI SOSY | NP | |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| ANZEMET TABS 50 MG | NP | |
| <i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i> | P | |
| <i>granisetron hcl TABS</i> | NP | |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i> | P | |
| <i>ondansetron hcl SOLN IJ</i> | P | |
| <i>ondansetron hcl SOSY</i> | P | |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i> | P | |
| <i>ondansetron TBDP 16 MG</i> | NP | |
| <i>ondansetron TBDP 4 MG, 8 MG</i> | P | |
| SANCUSO PTCH | NP | |
| Antiemetics - Anticholinergic | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| ANTIVERT CHEW (<i>meclizine hcl</i>) | NP | RX/OTC | EMEND CAPS 80 MG (<i>aprepitant</i>) | NP | |
| <i>dimenhydrinate</i> TABS | P | | EMEND SUSR | NP | |
| DRAMAMINE CHEW | P | | ANTIFUNGALS - Drugs to Treat Fungal Infections | | |
| <i>meclizine hcl</i> CHEW | P | RX/OTC | Antifungal - Glucan Synthesis Inhibitors | | |
| <i>meclizine hcl</i> TABS 12.5 MG, 25 MG | P | RX/OTC | BREXAFEMME | NP | |
| <i>meclizine hcl</i> TABS 12.5 MG, 25 MG | P | RX/OTC | Antifungals | | |
| <i>meclizine hcl</i> TABS 12.5 MG, 25 MG | NP | RX/OTC | ANCOBON (<i>flucytosine</i>) | NP | |
| <i>scopolamine</i> | NP | | <i>flucytosine</i> | NP | |
| TRANSDERM-SCOP (<i>scopolamine</i>) | P | | <i>griseofulvin microsize</i> SUSP | P | |
| <i>trimethobenzamide hcl</i> CAPS | NP | | <i>griseofulvin microsize</i> TABS | NP | |
| Antiemetics - Miscellaneous | | | <i>griseofulvin ultramicrosize</i> | NP | |
| AKYNZEO | NP | | <i>nystatin</i> TABS | P | |
| AKYNZEO (READY-TO-USE) SOLN | NP | | <i>terbinafine hcl</i> TABS | P | |
| AKYNZEO (TO-BE-DILUTED) SOLN | NP | | Imidazole-Related Antifungals | | |
| BONJESTA TBCR | NP | PA | CRESEMBA CAPS | NP | |
| DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>) | P | | DIFLUCAN SUSR 40 MG/ML (<i>fluconazole</i>) | NP | |
| <i>doxylamine-pyridoxine</i> TBEC | NP | | DIFLUCAN TABS 100 MG (<i>fluconazole</i>) | NP | QL(1 EA daily) |
| <i>dronabinol</i> CAPS | NP | PA | DIFLUCAN TABS 200 MG (<i>fluconazole</i>) | NP | |
| <i>fructose-dextrose-phosphoric acid</i> SOLN | P | | <i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i> | P | |
| MARINOL CAPS 2.5 MG (<i>dronabinol</i>) | NP | PA | <i>fluconazole</i> SUSR | P | |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | | <i>fluconazole</i> TABS 50 MG, 100 MG | P | QL(1 EA daily) |
| <i>aprepitant</i> CAPS | NP | | <i>fluconazole</i> TABS 150 MG, 200 MG | P | |
| <i>aprepitant</i> MISC | NP | | <i>itraconazole</i> CAPS | NP | |
| CINVANTI EMUL | P | | <i>itraconazole</i> SOLN | NP | |
| EMEND TRI-PACK CAPS (<i>aprepitant</i>) | NP | | <i>ketoconazole</i> | NP | |
| | | | NOXAFIL PACK | NP | |
| | | | NOXAFIL SUSP (<i>posaconazole</i>) | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| NOXAFIL TBEC (posaconazole) | NP | | diphenhydramine hcl TABS 25 MG | P | |
| posaconazole SUSP | NP | | diphenhydramine hcl TABS 25 MG | NP | |
| posaconazole TBEC | NP | | diphenhydramine hcl TABS 25 MG | P | |
| SPORANOX CAPS (itraconazole) | NP | | Antihistamines - Non-Sedating | | |
| SPORANOX SOLN (itraconazole) | NP | | cetirizine hcl CAPS | NP | |
| TOLSURA CAPS | NP | | cetirizine hcl CHEW | NP | |
| VFEND SUSR (voriconazole) | NP | | cetirizine hcl SOLN PO | P | RX/OTC |
| VFEND TABS (voriconazole) | NP | | cetirizine hcl TABS | P | |
| VIVJOA | NP | | CLARINEX TABS (desloratadine) | NP | |
| voriconazole SUSR | NP | | desloratadine TABS | NP | |
| voriconazole TABS | NP | | desloratadine TBDP | NP | |
| ANTI-HISTAMINES - Drugs to Treat Allergies | | | fexofenadine hcl SUSP | NP | |
| Antihistamines - Alkylamines | | | fexofenadine hcl TABS 60 MG, 180 MG | P | |
| chlorpheniramine maleate SYRP | P | | fexofenadine hcl TABS 60 MG, 180 MG | NP | |
| chlorpheniramine maleate TABS | P | | levocetirizine dihydrochloride SOLN | NP | RX/OTC |
| Antihistamines - Ethanolamines | | | levocetirizine dihydrochloride TABS | NP | RX/OTC |
| diphenhydramine hcl CAPS | P | | loratadine CHEW | P | |
| diphenhydramine hcl CAPS | P | | loratadine CHEW | NP | |
| diphenhydramine hcl CHEW 12.5 MG | P | | loratadine SOLN | P | |
| diphenhydramine hcl ELIX 12.5 MG/5ML | P | | loratadine TABS | P | |
| diphenhydramine hcl LIQD 12.5 MG/5ML | P | | loratadine TBDP 10 MG | NP | |
| diphenhydramine hcl LIQD 12.5 MG/5ML | P | | loratadine TBDP 10 MG | P | |
| diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML | NP | | Antihistamines - Phenothiazines | | |
| diphenhydramine hcl SOLN 50 MG/ML | P | | promethazine hcl SOLN PO 6.25 MG/5ML | P | |
| | | | promethazine hcl SUPP | P | |
| | | | promethazine hcl TABS | P | |
| | | | Antihistamines - Piperidines | | |
| | | | cyproheptadine hcl SYRP | P | |
| | | | cyproheptadine hcl TABS | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol | | |
| Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors | | |
| NEXLETOL | NP | |
| Angiopoietin-like Protein Inhibitors | | |
| EVKEEZA | NP | SP |
| Antihyperlipidemics - Combinations | | |
| <i>ezetimibe-simvastatin</i> | NP | |
| NEXLIZET | NP | |
| VYTORIN (<i>ezetimibe-simvastatin</i>) | NP | |
| Antihyperlipidemics - Misc. | | |
| <i>icosapent ethyl</i> | NP | |
| LOVAZA (<i>omega-3-acid ethyl esters</i>) | NP | |
| <i>omega-3-acid ethyl esters</i> | P | |
| Bile Acid Sequestrants | | |
| <i>cholestyramine light PACK</i> | P | |
| <i>cholestyramine light POWD</i> | P | |
| <i>cholestyramine PACK</i> | P | |
| <i>cholestyramine POWD</i> | P | |
| <i>colesevelam hcl PACK</i> | NP | |
| <i>colesevelam hcl TABS</i> | P | |
| COLESTID GRAN (<i>colestipol hcl</i>) | NP | |
| COLESTID PACK (<i>colestipol hcl</i>) | NP | |
| COLESTID TABS (<i>colestipol hcl</i>) | NP | |
| <i>colestipol hcl GRAN</i> | P | |
| <i>colestipol hcl PACK</i> | P | |
| <i>colestipol hcl TABS</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| QUESTRAN LIGHT POWD (<i>cholestyramine light</i>) | NP | |
| QUESTRAN PACK (<i>cholestyramine</i>) | NP | |
| QUESTRAN POWD (<i>cholestyramine</i>) | NP | |
| WELCHOL PACK (<i>colesevelam hcl</i>) | NP | |
| WELCHOL TABS (<i>colesevelam hcl</i>) | NP | |
| Fibric Acid Derivatives | | |
| <i>choline fenofibrate</i> | NP | |
| <i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i> | P | |
| <i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i> | NP | |
| <i>fenofibrate CAPS</i> | NP | |
| <i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i> | P | |
| <i>fenofibrate TABS 40 MG, 120 MG</i> | NP | |
| <i>fenofibric acid</i> | NP | |
| FENOGLIDE TABS (<i>fenofibrate</i>) | NP | |
| FIBRICOR 105 MG (<i>fenofibric acid</i>) | NP | |
| <i>gemfibrozil TABS</i> | P | |
| LIPOFEN CAPS (<i>fenofibrate</i>) | NP | |
| LOPID TABS (<i>gemfibrozil</i>) | NP | |
| TRICOR TABS (<i>fenofibrate</i>) | NP | |
| TRILIPIX (<i>choline fenofibrate</i>) | NP | |
| HMG CoA Reductase Inhibitors | | |
| ALTOPREV TB24 20 MG, 40 MG, 60 MG | NP | QL(1 EA daily) |
| ATORVALIQ SUSP | NP | |
| <i>atorvastatin calcium TABS</i> | P | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| <i>atorvastatin calcium TABS 10 MG, 80 MG</i> | NP | QL(1 EA daily) | <i>niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG</i> | P | |
| CRESTOR TABS (<i>rosuvastatin calcium</i>) | NP | QL(1 EA daily) | <i>niacin (antihyperlipidemic) TBCR 500 MG</i> | P | QL(1 EA daily) |
| EZALLOR SPRINKLE CPSP | NP | QL(1 EA daily) | Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors | | |
| FLOLIPID SUSP | NP | | LEQVIO | NP | SP |
| <i>fluvastatin sodium CAPS</i> | NP | QL(1 EA daily) | PRALUENT SOAJ | P | SP; PA |
| <i>fluvastatin sodium TB24</i> | NP | QL(1 EA daily) | REPATHA PUSHTRONEX SYSTEM SOCT | P | SP; PA |
| LESCOL XL TB24 (<i>fluvastatin sodium</i>) | NP | QL(1 EA daily) | REPATHA SURECLICK SOAJ | P | SP; PA |
| LIPITOR TABS (<i>atorvastatin calcium</i>) | NP | QL(1 EA daily) | REPATHA SOSY | P | SP; PA |
| LIVALO (<i>pitavastatin calcium</i>) | NP | QL(1 EA daily) | REPATHA SOSY | NP | SP; PA |
| <i>lovastatin TABS</i> | P | QL(1 EA daily) | ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| <i>pitavastatin calcium</i> | NP | QL(1 EA daily) | ACE Inhibitors | | |
| <i>pravastatin sodium 20 MG, 40 MG</i> | NP | QL(1 EA daily) | ACCUPRIL (<i>quinapril hcl</i>) | NP | QL(1 EA daily) |
| <i>pravastatin sodium</i> | P | QL(1 EA daily) | ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>) | NP | QL(1 EA daily) |
| <i>rosuvastatin calcium TABS</i> | P | QL(1 EA daily) | <i>benazepril hcl</i> | P | QL(1 EA daily) |
| <i>simvastatin TABS 80 MG</i> | NP | QL(1 EA daily) | <i>captopril</i> | NP | QL(1 EA daily) |
| <i>simvastatin TABS</i> | P | QL(1 EA daily) | <i>enalapril maleate SOLN</i> | P | |
| ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>) | NP | QL(1 EA daily) | <i>enalapril maleate TABS</i> | P | QL(1 EA daily) |
| ZYPITAMAG 2 MG, 4 MG | NP | QL(1 EA daily) | EPANED SOLN (<i>enalapril maleate</i>) | NP | |
| Intestinal Cholesterol Absorption Inhibitors | | | <i>fosinopril sodium</i> | NP | QL(1 EA daily) |
| <i>ezetimibe</i> | P | | <i>fosinopril sodium</i> | P | QL(1 EA daily) |
| ZETIA (<i>ezetimibe</i>) | NP | | <i>lisinopril TABS 20 MG</i> | NP | QL(1 EA daily) |
| Microsomal Triglyceride Transfer Protein (MTP) Inhibitors | | | <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | P | QL(1 EA daily) |
| JUXTAPID 10 MG | NP | | LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>) | NP | QL(1 EA daily) |
| JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG | NP | SP | <i>moexipril hcl</i> | NP | QL(1 EA daily) |
| Nicotinic Acid Derivatives | | | <i>perindopril erbumine</i> | NP | QL(1 EA daily) |
| <i>niacin (antihyperlipidemic) TABS</i> | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| QBRELIS SOLN | NP | QL(40 ML daily) | <i>clonidine TB24</i> | NP | |
| <i>quinapril hcl</i> | P | QL(1 EA daily) | <i>doxazosin mesylate 8 MG</i> | P | |
| <i>ramipril CAPS</i> | P | QL(1 EA daily) | <i>doxazosin mesylate 1 MG, 2 MG, 4 MG</i> | P | QL(1 EA daily) |
| <i>trandolapril</i> | P | QL(1 EA daily) | <i>guanfacine hcl</i> | P | |
| VASOTEC TABS (<i>enalapril maleate</i>) | NP | QL(1 EA daily) | <i>methyldopa TABS</i> | P | |
| ZESTRIL TABS (<i>lisinopril</i>) | NP | QL(1 EA daily) | MINIPRESS CAPS 2 MG, 5 MG (<i>prazosin hcl</i>) | NP | |
| Agents for Pheochromocytoma | | | NEXICLON XR TB24 (<i>clonidine</i>) | NP | |
| <i>metirosine</i> | P | SP | <i>prazosin hcl CAPS</i> | P | |
| Angiotensin II Receptor Antagonists | | | <i>terazosin hcl</i> | P | |
| ATACAND (<i>candesartan cilexetil</i>) | NP | QL(1 EA daily) | Antihypertensive Combinations | | |
| AVAPRO (<i>irbesartan</i>) | NP | QL(1 EA daily) | ACCURETIC (<i>quinapril-hydrochlorothiazide</i>) | NP | QL(1 EA daily) |
| BENICAR (<i>olmesartan medoxomil</i>) | NP | QL(1 EA daily) | <i>amlodipine besylate-benazepril hcl</i> | P | QL(1 EA daily) |
| <i>candesartan cilexetil</i> | NP | QL(1 EA daily) | <i>amlodipine besylate-olmesartan medoxomil</i> | P | QL(1 EA daily) |
| COZAAR (<i>losartan potassium</i>) | NP | QL(1 EA daily) | <i>amlodipine besylate-valsartan</i> | P | QL(1 EA daily) |
| DIOVAN TABS (<i>valsartan</i>) | NP | QL(1 EA daily) | <i>amlodipine-valsartan-hydrochlorothiazide</i> | P | QL(1 EA daily) |
| EDARBI | NP | QL(1 EA daily) | ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>) | NP | QL(1 EA daily) |
| <i>irbesartan</i> | NP | QL(1 EA daily) | <i>atenolol & chlorthalidone</i> | P | |
| <i>irbesartan</i> | P | QL(1 EA daily) | AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) | NP | QL(1 EA daily) |
| <i>losartan potassium</i> | P | QL(1 EA daily) | AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>) | NP | QL(1 EA daily) |
| <i>losartan potassium</i> | NP | QL(1 EA daily) | <i>benazepril & hydrochlorothiazide</i> | P | QL(1 EA daily) |
| MICARDIS (<i>telmisartan</i>) | NP | QL(1 EA daily) | BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>) | NP | QL(1 EA daily) |
| <i>olmesartan medoxomil</i> | P | QL(1 EA daily) | <i>bisoprolol & hydrochlorothiazide</i> | P | |
| <i>telmisartan</i> | NP | QL(1 EA daily) | <i>candesartan cilexetil-hydrochlorothiazide</i> | NP | QL(1 EA daily) |
| <i>valsartan SOLN</i> | NP | | | | |
| <i>valsartan TABS</i> | P | QL(1 EA daily) | | | |
| <i>valsartan TABS</i> | NP | QL(1 EA daily) | | | |
| Antiadrenergic Antihypertensives | | | | | |
| CARDURA 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>) | NP | QL(1 EA daily) | | | |
| CARDURA 8 MG (<i>doxazosin mesylate</i>) | NP | | | | |
| <i>clonidine hcl TABS</i> | P | | | | |
| <i>clonidine PTWK</i> | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>captopril & hydrochlorothiazide</i> | NP | QL(1 EA daily) | MICARDIS HCT (telmisartan-hydrochlorothiazide) | NP | QL(1 EA daily) |
| DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) | NP | QL(1 EA daily) | <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> | P | QL(1 EA daily) |
| EDARBYCLOR 12.5 MG-40 MG | NP | | <i>olmesartan medoxomil-hydrochlorothiazide</i> | P | QL(1 EA daily) |
| EDARBYCLOR 25 MG-40 MG | NP | QL(1 EA daily) | <i>quinapril-hydrochlorothiazide</i> | P | QL(1 EA daily) |
| <i>enalapril maleate & hydrochlorothiazide</i> | P | QL(1 EA daily) | TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG | NP | QL(1 EA daily) |
| EXFORGE (<i>amlodipine besylate-valsartan</i>) | NP | QL(1 EA daily) | <i>telmisartan-amlodipine 5 MG-40 MG</i> | NP | QL(1 EA daily) |
| EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>) | NP | QL(1 EA daily) | <i>telmisartan-amlodipine 10 MG-40 MG, 10 MG-80 MG, 5 MG-80 MG</i> | NP | |
| <i>fosinopril sodium & hydrochlorothiazide</i> | NP | QL(1 EA daily) | <i>telmisartan-hydrochlorothiazide</i> | NP | QL(1 EA daily) |
| HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>) | NP | QL(1 EA daily) | TENORETIC 100 (<i>atenolol & chlorthalidone</i>) | NP | |
| <i>irbesartan-hydrochlorothiazide</i> | P | QL(1 EA daily) | TENORETIC 50 (<i>atenolol & chlorthalidone</i>) | NP | |
| <i>irbesartan-hydrochlorothiazide 12.5 MG-300 MG</i> | NP | QL(1 EA daily) | <i>trandolapril-verapamil hcl</i> | NP | QL(1 EA daily) |
| <i>lisinopril & hydrochlorothiazide</i> | P | QL(1 EA daily) | TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>) | NP | QL(1 EA daily) |
| <i>losartan potassium & hydrochlorothiazide</i> | P | QL(1 EA daily) | <i>valsartan-hydrochlorothiazide</i> | P | QL(1 EA daily) |
| <i>losartan potassium & hydrochlorothiazide</i> | NP | QL(1 EA daily) | <i>valsartan-hydrochlorothiazide</i> | NP | QL(1 EA daily) |
| LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>) | NP | QL(1 EA daily) | VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>) | NP | QL(1 EA daily) |
| LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>) | NP | QL(1 EA daily) | ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>) | NP | QL(1 EA daily) |
| <i>metoprolol & hydrochlorothiazide TABS</i> | NP | | ZIAC (<i>bisoprolol & hydrochlorothiazide</i>) | NP | |
| | | | Direct Renin Inhibitors | | |
| | | | <i>aliskiren fumarate</i> | NP | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TEKTURNA (<i>aliskiren fumarate</i>) | NP | QL(1 EA daily) |
| Vasodilators | | |
| <i>hydralazine hcl TABS</i> | P | |
| <i>minoxidil 2.5 MG, 10 MG</i> | P | |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| AEMCOLO | NP | |
| FLAGYL CAPS (<i>metronidazole</i>) | NP | |
| LIKMEZ SUSP | NP | |
| <i>metronidazole CAPS</i> | NP | |
| <i>metronidazole TABS 250 MG, 500 MG</i> | P | |
| <i>pentamidine isethionate IN</i> | P | |
| <i>tinidazole</i> | P | |
| <i>trimethoprim TABS</i> | NP | |
| XIFAXAN 200 MG | P | |
| XIFAXAN 550 MG | NP | |
| Anti-infective Misc. - Combinations | | |
| <i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i> | NP | |
| <i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i> | NP | |
| <i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal CAPS 118 MG</i> | NP | |
| <i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 81 MG, 81.6 MG</i> | NP | |
| <i>sulfamethoxazole-trimethoprim SUSP</i> | P | |
| <i>sulfamethoxazole-trimethoprim TABS</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| URIBEL | NP | |
| UROGESIC-BLUE TABS (<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>) | NP | |
| Antiprotozoal Agents | | |
| <i>atovaquone</i> | P | |
| <i>nitazoxanide TABS</i> | NP | |
| Carbapenems | | |
| <i>imipenem-cilastatin IV</i> | P | |
| <i>meropenem</i> | P | |
| Glycopeptides | | |
| FIRVANQ SOLR PO (<i>vancomycin hcl</i>) | NP | |
| VANCOCIN CAPS (<i>vancomycin hcl</i>) | NP | |
| VANCOMYCIN HCL IN DEXTROSE 500 MG/100ML-5 % | P | |
| <i>vancomycin hcl CAPS</i> | P | |
| <i>vancomycin hcl SOLR IV 500 MG</i> | P | |
| <i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i> | P | |
| VANCOMYCIN HCL SOLR IV 500 MG | P | |
| Leprostatics | | |
| <i>dapsone</i> | P | |
| Lincosamides | | |
| CLEOCIN (<i>clindamycin palmitate hydrochloride</i>) | NP | AL(Up to 9 yrs old) |
| CLEOCIN (<i>clindamycin hcl</i>) | NP | |
| <i>clindamycin hcl</i> | P | |
| <i>clindamycin palmitate hydrochloride</i> | P | AL(Up to 9 yrs old) |
| Monobactams | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| CAYSTON | NP | SP |
| Oxazolidinones | | |
| <i>linezolid SUSR</i> | NP | AL(Up to 10 yrs old); PA |
| <i>linezolid TABS</i> | NP | PA |
| SIVEXTRO SOLR | NP | |
| SIVEXTRO TABS | NP | |
| ZYVOX SUSR (<i>linezolid</i>) | NP | AL(Up to 10 yrs old); PA |
| ZYVOX TABS (<i>linezolid</i>) | NP | PA |
| Urinary Anti-infectives | | |
| <i>fosfomycin tromethamine</i> | NP | |
| MACROBID (<i>nitrofurantoin monohyd macro</i>) | NP | |
| <i>methenamine hippurate</i> | P | |
| <i>methenamine mandelate</i> | P | |
| <i>nitrofurantoin</i> | NP | |
| NITROFURANTOIN | NP | |
| <i>nitrofurantoin macrocrystal</i> | P | |
| <i>nitrofurantoin monohyd macro</i> | P | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |
| Antimalarial Combinations | | |
| <i>atovaquone-proguanil hcl</i> | P | |
| Antimalarials | | |
| <i>chloroquine phosphate TABS</i> | P | |
| <i>hydroxychloroquine sulfate 200 MG</i> | P | |
| <i>mefloquine hcl</i> | P | |
| <i>primaquine phosphate TABS</i> | P | |
| <i>pyrimethamine</i> | P | SP |
| <i>quinine sulfate CAPS 324 MG</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| SOVUNA 200 MG | P | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| <i>pyridostigmine bromide SOLN PO</i> | P | |
| <i>pyridostigmine bromide TABS 60 MG</i> | P | |
| <i>pyridostigmine bromide TBCR</i> | P | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| <i>cycloserine</i> | P | |
| <i>ethambutol hcl TABS</i> | P | |
| <i>isoniazid SYRP</i> | P | |
| <i>isoniazid TABS</i> | P | |
| PRIFTIN | P | |
| <i>pyrazinamide</i> | P | |
| <i>rifabutin</i> | P | |
| <i>rifampin CAPS</i> | P | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| BELRAPZO SOLN | P | SP |
| BENDAMUSTINE HCL SOLN | P | SP |
| <i>bendamustine hcl SOLR</i> | P | SP |
| BENDEKA SOLN | P | SP |
| BICNU (<i>carmustine</i>) | P | |
| <i>busulfan SOLN</i> | P | |
| BUSULFEX SOLN (<i>busulfan</i>) | P | |
| <i>carboplatin SOLN 450 MG/45ML, 600 MG/60ML</i> | NP | SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| <i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i> | P | SP | TREANDA SOLR (<i>bendamustine hcl</i>) | P | SP |
| <i>carmustine</i> | P | | VIVIMUSTA SOLN | P | SP |
| CARMUSTINE | P | | YONDELIS | P | SP |
| <i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i> | P | SP | ZANOSAR | P | |
| CISPLATIN SOLR | P | SP | ZEPZELCA | P | SP |
| <i>cyclophosphamide CAPS</i> | P | | Antimetabolites | | |
| CYCLOPHOSPHAMIDE SOLN | P | SP | ALIMTA SOLR (<i>pemetrexed disodium</i>) | P | SP |
| CYCLOPHOSPHAMIDE SOLN (<i>cyclophosphamide</i>) | P | SP | ARRANON (<i>nelarabine</i>) | P | |
| <i>cyclophosphamide SOLR IJ</i> | P | SP | AXTLE | P | |
| CYCLOPHOSPHAMIDE TABS 50 MG | P | | <i>azacitidine SUSR</i> | P | SP |
| EVOMELA IV | P | SP | <i>capecitabine</i> | P | SP |
| GLIADEL WAFER | P | | <i>capecitabine</i> | P | |
| IFEX SOLR (<i>ifosfamide</i>) | P | | <i>cladribine 10 MG/10ML</i> | P | SP |
| IFEX SOLR | P | | <i>clofarabine</i> | P | |
| <i>ifosfamide SOLN</i> | P | | <i>cytarabine SOLN</i> | P | SP |
| <i>ifosfamide SOLR</i> | P | | <i>decitabine</i> | P | SP |
| IFOSFAMIDE SOLR | P | | <i>fludarabine phosphate SOLN</i> | P | SP |
| LEUKERAN | P | | <i>fludarabine phosphate SOLR</i> | P | SP |
| <i>melphalan hcl IV</i> | P | SP | <i>fluorouracil</i> | P | |
| MYLERAN TABS | P | | FOLOTYN | P | SP |
| <i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i> | P | | <i>gemcitabine hcl SOLN</i> | P | |
| <i>oxaliplatin SOLR</i> | P | | GEMCITABINE HCL SOLN | P | |
| TEMODAR SOLR | P | SP | GEMCITABINE HCL SOLN | P | |
| <i>temozolomide CAPS</i> | P | SP | GEMCITABINE HCL SOLN (<i>gemcitabine hcl</i>) | P | |
| TEPADINA (<i>thiotepa</i>) | P | SP | <i>gemcitabine hcl SOLR</i> | P | |
| <i>thiotepa</i> | P | SP | INFUGEM | P | |
| | | | JYLAMVO SOLN PO | P | SP |
| | | | <i>mercaptopurine TABS</i> | P | |
| | | | <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|------------------------------------|-----------|---------------------|
| <i>methotrexate sodium SOLR</i> | P | | LENVIMA (20 MG DAILY DOSE) | P | SP |
| <i>methotrexate sodium TABS 2.5 MG</i> | P | | LENVIMA (24 MG DAILY DOSE) | P | SP |
| <i>nelarabine</i> | P | | LENVIMA (4 MG DAILY DOSE) | P | SP |
| ONUREG TABS | P | SP | LENVIMA (8 MG DAILY DOSE) | P | SP |
| PEMETREXED | P | SP | MVASI | P | SP |
| PEMETREXED DISODIUM SOLN | P | SP | VEGZELMA | P | SP |
| <i>pemetrexed disodium SOLR 100 MG, 500 MG</i> | P | | ZALTRAP | P | SP |
| <i>pemetrexed disodium SOLR</i> | P | SP | ZIRABEV | P | SP |
| PEMETREXED DITROMETHAMINE | P | SP | Antineoplastic - Antibodies | | |
| PEMFEXY | P | SP | ADCETRIS | P | SP |
| PEMRYDI RTU SOLN | P | SP | BAVENCIO | P | SP |
| <i>pralatrexate</i> | P | SP | BESPONSA | P | SP |
| PURIXAN SUSP | P | | BIZENGRI (750 MG DOSE) | P | |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | P | | BLINCYTO | P | SP |
| VIDAZA SUSR (<i>azacitidine</i>) | P | SP | COLUMVI | P | SP |
| XATMEP SOLN PO | P | | DANYELZA | P | |
| XELODA (<i>capecitabine</i>) | NP | SP; ST | DARZALEX | P | SP |
| Antineoplastic - Angiogenesis Inhibitors | | | ELAHERE | P | SP |
| ALYMSYS | P | SP | ELREXFIO | P | SP |
| AVASTIN | P | SP; ST | EMPLICITI | P | SP |
| CYRAMZA | P | SP | ENHERTU | P | SP |
| FRUZAQLA | P | SP | EPKINLY | P | SP |
| INLYTA | P | SP | GAZYVA | P | SP |
| LENVIMA (10 MG DAILY DOSE) | P | SP | IMDELLTRA | P | SP |
| LENVIMA (12 MG DAILY DOSE) | P | SP | IMFINZI | P | SP |
| LENVIMA (14 MG DAILY DOSE) | P | SP | JEMPERLI | P | SP |
| LENVIMA (18 MG DAILY DOSE) | P | SP | KADCYLA | P | SP |
| | | | KEYTRUDA | P | SP |
| | | | KIMMTRAK | P | SP |
| | | | LIBTAYO | P | SP |
| | | | LOQTORZI | P | SP |
| | | | LUNSUMIO | P | SP |
| | | | MONJUVI | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| MONJUVI | P | SP |
| OPDIVO | P | SP |
| PADCEV | P | SP |
| POLIVY | P | SP |
| POTELIGEO | P | SP |
| RIABNI | P | SP |
| RITUXAN | P | SP; ST |
| RUXIENCE | P | SP |
| RYBREVAANT | P | SP |
| SARCLISA | P | SP |
| TALVEY | P | SP |
| TECENTRIQ | P | SP |
| TEVIMBRA | P | SP |
| TIVDAK | P | SP |
| TRUXIMA | P | SP |
| UNITUXIN | P | SP |
| VYLOY | P | SP |
| YERVOY | P | SP |
| ZEVALIN Y-90 | P | SP |
| ZYNLONTA | P | SP |
| ZYNYZ | P | SP |
| Antineoplastic - Anti-HER2 Agents | | |
| HERCEPTIN 150 MG | P | SP; ST |
| HERCESSI | P | SP |
| HERZUMA | P | SP |
| KANJINTI | P | SP |
| MARGENZA | P | SP |
| OGIVRI | P | SP |
| ONTRUZANT | P | SP |
| PERJETA | P | SP |
| TRAZIMERA | P | SP |
| TUKYSA | P | SP |
| ZIIHERA | P | SP |
| Antineoplastic - BCL-2 Inhibitors | | |
| VENCLEXTA STARTING PACK TBP | P | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VENCLEXTA TABS | P | SP |
| Antineoplastic - Cellular Immunotherapy | | |
| AUCATZYL | NP | |
| CARVYKTI | P | SP |
| PROVENGE | P | SP |
| TECELRA | P | SP |
| Antineoplastic - EGFR Inhibitors | | |
| ERBITUX | P | SP |
| <i>erlotinib hcl</i> | P | |
| <i>gefitinib</i> | P | SP |
| GILOTRIF | P | SP |
| IRESSA (<i>gefitinib</i>) | NP | SP; ST |
| LAZCLUZE | P | SP |
| PORTRAZZA | P | SP |
| TAGRISSE | P | SP |
| TARCEVA 100 MG (<i>erlotinib hcl</i>) | NP | SP; ST |
| VECTIBIX 100 MG/5ML, 400 MG/20ML | P | SP |
| VIZIMPRO | P | SP |
| Antineoplastic - Gene Therapy Agents | | |
| ADSTILADRIN | P | SP |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO | P | SP |
| ERIVEDGE | P | SP |
| ODOMZO | P | SP |
| Antineoplastic - Hormonal and Related Agents | | |
| <i>abiraterone acetate</i> | P | SP |
| AKEEGA | P | SP |
| <i>anastrozole</i> | P | GL |
| ARIMIDEX (<i>anastrozole</i>) | P | ST; GL |
| AROMASIN (<i>exemestane</i>) | P | ST; GL |
| <i>bicalutamide</i> | P | |
| CAMCEVI | P | SP |
| CASODEX (<i>bicalutamide</i>) | NP | ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ELIGARD KIT SC | P | SP |
| ERLEADA | P | SP |
| <i>exemestane</i> | P | GL |
| FARESTON (<i>toremifene citrate</i>) | P | |
| FASLODEX SOSY (<i>fulvestrant</i>) | P | |
| FEMARA (<i>letrozole</i>) | P | ST; GL |
| FIRMAGON 80 MG | P | SP |
| FIRMAGON (240 MG DOSE) | P | SP |
| <i>fulvestrant SOSY</i> | P | |
| <i>letrozole</i> | P | GL |
| LEUPROLIDE ACETATE (3 MONTH) INJ | P | |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | P | SP |
| LUPRON DEPOT (1-MONTH) KIT IM | P | SP |
| LUPRON DEPOT (3-MONTH) KIT IM | P | SP |
| LUPRON DEPOT (4-MONTH) IM | P | SP |
| LUPRON DEPOT (6-MONTH) IM | P | SP |
| LYSODREN | P | SP |
| <i>megestrol acetate TABS</i> | P | |
| <i>nilutamide</i> | P | |
| NUBEQA | P | SP |
| ORGOVYX | P | SP |
| ORSERDU | P | SP |
| SOLTAMOX SOLN | P | |
| <i>tamoxifen citrate TABS</i> | P | |
| <i>toremifene citrate</i> | P | |
| TRELSTAR MIXJECT | P | SP |
| XTANDI CAPS | P | SP |
| XTANDI TABS | P | SP |
| YONSA | P | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ZYTIGA (<i>abiraterone acetate</i>) | NP | SP; ST |
| Antineoplastic - Hypoxia-Inducible Factor Inhibitors | | |
| WELIREG | P | SP |
| Antineoplastic - Immunomodulators | | |
| POMALYST | P | SP |
| Antineoplastic - Menin Inhibitors | | |
| REVUFORJ | P | |
| Antineoplastic - PDGFR-alpha Inhibitors | | |
| AYVAKIT | P | SP |
| Antineoplastic - XPO1 Inhibitors | | |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG | P | SP |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG | P | SP |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG | P | SP |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG | P | SP |
| XPOVIO (60 MG TWICE WEEKLY) | P | SP |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG | P | SP |
| XPOVIO (80 MG TWICE WEEKLY) | P | SP |
| Antineoplastic Antibiotics | | |
| <i>bleomycin sulfate</i> | P | |
| <i>dactinomycin</i> | P | |
| <i>daunorubicin hcl SOLN</i> | P | SP |
| DAUNORUBICIN HCL SOLN (<i>daunorubicin hcl</i>) | P | SP |
| DOXIL SUSP (<i>doxorubicin hcl liposomal</i>) | P | |
| <i>doxorubicin hcl liposomal SUSP</i> | P | |
| <i>doxorubicin hcl SOLN</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| DOXORUBICIN HCL SOLN (<i>doxorubicin hcl</i>) | P | | ALUNBRIG TBPK | P | SP |
| <i>doxorubicin hcl SOLR 10 MG, 50 MG</i> | P | | AUGTYRO | P | SP |
| ELLECE SOLN | P | SP | BALVERSA | P | SP |
| IDAMYCIN PFS (<i>idarubicin hcl</i>) | P | | BELEODAQ | P | SP |
| <i>idarubicin hcl</i> | P | | BORTEZOMIB SOLN IV | P | SP |
| JELMYTO SOLR UL | P | | <i>bortezomib SOLR IJ</i> | P | |
| <i>mitomycin SOLR IV</i> | P | | BORTEZOMIB SOLR IJ 1 MG, 2.5 MG | P | SP |
| <i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i> | P | SP | BORUZU SOLN IJ | P | SP |
| <i>valrubicin</i> | P | SP | BOSULIF CAPS | P | SP |
| VALSTAR (<i>valrubicin</i>) | P | SP | BOSULIF TABS | P | SP |
| Antineoplastic Combinations | | | BRAFTOVI 75 MG | P | SP |
| DARZALEX FASPRO | P | SP | BRUKINSA | P | SP |
| HERCEPTIN HYLECTA | P | SP | CABOMETYX TABS | P | SP |
| INQOVI | P | SP | CALQUENCE | P | SP |
| KISQALI FEMARA (200 MG DOSE) | P | SP | CAPRELSA | P | SP |
| KISQALI FEMARA (400 MG DOSE) | P | SP | COMETRIQ (100 MG DAILY DOSE) KIT | P | SP |
| KISQALI FEMARA (600 MG DOSE) | P | SP | COMETRIQ (140 MG DAILY DOSE) KIT | P | SP |
| LONSURF | P | SP | COMETRIQ (60 MG DAILY DOSE) KIT | P | SP |
| OPDIVO QVANTIG | P | | COPIKTRA | P | SP |
| OPDUALAG | P | SP | COTELLIC | P | SP |
| PHESGO | P | SP | DANZITEN | NP | SP |
| RITUXAN HYCELA | P | SP | <i>dasatinib</i> | NP | SP; ST |
| TECENTRIQ HYBREZA | P | SP | <i>everolimus TABS</i> | P | SP |
| VYXEOS | P | SP | <i>everolimus TBSO</i> | P | SP |
| Antineoplastic Enzyme Inhibitors | | | FOTIVDA | P | SP |
| AFINITOR DISPERZ TBSO (<i>everolimus</i>) | NP | SP; ST | FYARRO | P | SP |
| AFINITOR TABS (<i>everolimus</i>) | NP | SP; ST | GAVRETO | P | SP |
| ALECENSA | P | SP | GAVRETO | P | SP |
| ALUNBRIG TABS | P | SP | GLEEVEC TABS (<i>imatinib mesylate</i>) | NP | SP; ST |
| | | | GLEEVEC TABS 400 MG (<i>imatinib mesylate</i>) | NP | SP |
| | | | IBRANCE CAPS | P | SP |
| | | | IBRANCE TABS | P | SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---------------------|------------------------------------|-----------|-----------------------|
| ICLUSIG | P | SP | NINLARO | P | SP |
| IDHIFA | P | SP | OGSIVEO | P | SP |
| <i>imatinib mesylate TABS</i> | P | SP | OJEMDA SUSR | P | SP |
| IMBRUVICA CAPS | P | SP | OJEMDA TABS | P | SP |
| IMBRUVICA SUSP | P | SP | OJJAARA | P | SP |
| IMBRUVICA TABS | P | SP | <i>pazopanib hcl</i> | P | SP |
| IMKELDI SOLN | NP | SP | PEMAZYRE 4.5 MG | P | QL(1 EA daily); SP |
| INREBIC | P | SP | PEMAZYRE 9 MG, 13.5 MG | P | SP |
| ISTODAX SOLR (<i>romidepsin</i>) | P | SP | PIQRAY (200 MG DAILY DOSE) | P | SP |
| ITOVEBI | P | SP | PIQRAY (250 MG DAILY DOSE) | P | SP |
| JAKAFI | P | SP | PIQRAY (300 MG DAILY DOSE) | P | SP |
| JAYPIRCA | P | SP | QINLOCK | P | SP |
| KISQALI (200 MG DOSE) | P | SP | RETEVMO CAPS | P | SP |
| KISQALI (400 MG DOSE) | P | SP | RETEVMO TABS | P | SP |
| KISQALI (600 MG DOSE) | P | SP | REZLIDHIA | P | SP |
| KOSELUGO | P | SP | ROMIDEPSIN SOLN | P | SP |
| KRAZATI | P | SP | <i>romidepsin SOLR</i> | P | SP |
| KYPROLIS | P | SP | ROZLYTREK CAPS | P | SP |
| <i>lapatinib ditosylate</i> | P | SP | ROZLYTREK PACK | P | SP |
| LORBRENA 25 MG | P | SP | RUBRACA | P | SP |
| LORBRENA | P | SP | RYDAPT | P | SP |
| LUMAKRAS | P | SP | RYTELO | P | SP |
| LYNPARZA TABS | P | SP | SCEMBLIX | P | SP |
| LYTGOBI (12 MG DAILY DOSE) | P | SP | <i>sorafenib tosylate</i> | P | SP |
| LYTGOBI (16 MG DAILY DOSE) | P | SP | SPRYCEL (<i>dasatinib</i>) | P | SP |
| LYTGOBI (20 MG DAILY DOSE) | P | SP | STIVARGA | P | SP |
| MEKINIST SOLR | P | SP | <i>sunitinib malate</i> | P | SP |
| MEKINIST TABS | P | SP | SUTENT (<i>sunitinib malate</i>) | NP | SP; ST |
| MEKTOVI | P | SP | TABRECTA | P | SP |
| NERLYNX | P | SP | TAFINLAR CAPS | P | SP |
| NEXAVAR (<i>sorafenib tosylate</i>) | NP | SP; ST | TAFINLAR TBSO | P | SP |
| NEXAVAR (<i>sorafenib tosylate</i>) | NP | SP | TALZENNA | P | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| TASIGNA | P | SP |
| TAZVERIK | P | SP |
| <i>temsirolimus</i> | P | SP |
| TEPMETKO | P | SP |
| TIBSOVO | P | SP |
| TORISEL (<i>temsirolimus</i>) | P | SP |
| TRUQAP TABS | P | SP |
| TRUQAP TBPK | P | SP |
| TURALIO 125 MG | P | SP |
| TYKERB (<i>lapatinib ditosylate</i>) | NP | SP; ST |
| VANFLYTA | P | SP |
| VELCADE SOLR IJ (<i>bortezomib</i>) | P | SP |
| VERZENIO | P | SP |
| VITRAKVI CAPS | P | SP |
| VITRAKVI SOLN | P | SP |
| VONJO | P | SP |
| VORANIGO | P | SP |
| VOTRIENT (<i>pazopanib hcl</i>) | P | SP |
| XALKORI CAPS | P | SP |
| XALKORI CPSP | P | SP |
| XOSPATA | P | SP |
| ZEJULA TABS | P | SP |
| ZELBORAF | P | SP |
| ZOLINZA | P | SP |
| ZYDELIG | P | SP |
| ZYKADIA TABS | P | SP |
| Antineoplastic Enzymes | | |
| ASPARLAS | P | SP |
| ONCASPAR | P | SP |
| RYLAZE | P | SP |
| Antineoplastic Radiopharmaceuticals | | |
| AZEDRA DOSIMETRIC | P | SP |
| AZEDRA THERAPEUTIC | P | SP |
| LUTATHERA | P | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| PLUVICTO | P | SP |
| XOFIGO | P | |
| Antineoplastics Misc. | | |
| ACTIMMUNE 100 MCG/0.5ML | P | SP |
| ANKTIVA | P | SP |
| <i>arsenic trioxide</i> | P | SP |
| <i>bexarotene</i> | P | SP |
| <i>dacarbazine SOLR</i> | P | |
| ELZONRIS | P | |
| HYDREA (<i>hydroxyurea</i>) | NP | ST |
| <i>hydroxyurea</i> | P | |
| MATULANE | P | SP |
| NIPENT | P | |
| TARGRETIN (<i>bexarotene</i>) | P | SP |
| TICE BCG | P | |
| <i>tretinoin (chemotherapy)</i> | P | SP |
| TRISENOX (<i>arsenic trioxide</i>) | P | SP |
| Chemotherapy Adjuncts | | |
| ELITEK | P | |
| KEPIVANCE 6.25 MG | P | SP |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| COSELA | P | |
| <i>dexrazoxane hcl</i> | P | SP |
| IWILFIN | P | SP |
| <i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i> | P | |
| <i>leucovorin calcium SOLR</i> | P | |
| <i>leucovorin calcium TABS</i> | P | |
| <i>levoleucovorin calcium SOLN 175 MG/17.5ML</i> | P | SP |
| <i>levoleucovorin calcium SOLR</i> | P | SP |
| <i>mesna SOLN</i> | P | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>mesna</i> TABS | P | |
| MESNEX SOLN (<i>mesna</i>) | NP | SP; ST |
| MESNEX TABS | NP | SP |
| Mitotic Inhibitors | | |
| ABRAXANE (<i>paclitaxel protein-bound particles</i>) | P | SP |
| <i>docetaxel</i> CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML | P | SP |
| DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (<i>docetaxel</i>) | P | SP |
| DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML | P | SP |
| <i>docetaxel</i> SOLN | P | SP |
| DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML | P | SP |
| DOCETAXEL SOLN (<i>docetaxel</i>) | P | SP |
| DOCIVYX SOLN | P | SP |
| <i>eribulin mesylate</i> | P | SP |
| ETOPOPHOS | P | |
| <i>etoposide</i> CAPS | P | SP |
| <i>etoposide</i> SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML | P | SP |
| HALAVEN (<i>eribulin mesylate</i>) | P | SP |
| IXEMPRA KIT | P | SP |
| JEVTANA | P | SP |
| <i>paclitaxel</i> 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML | P | |
| PACLITAXEL PROTEIN-BOUND PART | P | SP |
| <i>paclitaxel protein-bound particles</i> | P | SP |
| <i>vinblastine sulfate</i> SOLN | P | |
| <i>vincristine sulfate</i> | P | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>vinorelbine tartrate</i> | P | |
| Oncolytic Viral Agents | | |
| IMLYGIC | P | SP |
| Topoisomerase I Inhibitors | | |
| CAMPTOSAR (<i>irinotecan hcl</i>) | P | SP |
| HYCANTIN CAPS | P | SP |
| <i>irinotecan hcl</i> | P | SP |
| ONIVYDE | P | SP |
| <i>topotecan hcl</i> SOLN | P | SP |
| TOPOTECAN HCL SOLN (<i>topotecan hcl</i>) | P | SP |
| TOPOTECAN HCL SOLN | P | SP |
| <i>topotecan hcl</i> SOLR | P | SP |
| TRODELVY | P | SP |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | |
| <i>carbidopa</i> | NP | |
| LODOSYN (<i>carbidopa</i>) | NP | |
| NOURIANZ 20 MG | NP | QL(1 EA daily) |
| NOURIANZ 40 MG | NP | |
| Antiparkinson Anticholinergics | | |
| <i>benztropine mesylate</i> TABS | P | |
| <i>trihexyphenidyl hcl</i> SOLN | P | |
| <i>trihexyphenidyl hcl</i> TABS | P | |
| Antiparkinson COMT Inhibitors | | |
| <i>entacapone</i> | P | |
| ONGENTYS | NP | |
| TASMAR (<i>tolcapone</i>) | NP | |
| <i>tolcapone</i> | NP | |
| Antiparkinson Dopaminergics | | |
| <i>amantadine hcl</i> CAPS | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|--|-----------|---|
| <i>amantadine hcl SOLN</i> | P | AL(Up to 10 yrs old) | STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>) | NP | |
| <i>amantadine hcl TABS</i> | NP | | STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>) | NP | |
| <i>bromocriptine mesylate CAPS</i> | P | | STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>) | NP | |
| <i>bromocriptine mesylate TABS 2.5 MG</i> | P | | STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>) | NP | |
| <i>carbidopa-levodopa-entacapone</i> | NP | | VYALEV | NP | SP |
| <i>carbidopa-levodopa TABS</i> | P | | Antiparkinson Monoamine Oxidase Inhibitors | | |
| <i>carbidopa-levodopa TBCR</i> | P | | AZILECT 1 MG (<i>rasagiline mesylate</i>) | NP | |
| <i>carbidopa-levodopa TBDP</i> | NP | | AZILECT 0.5 MG (<i>rasagiline mesylate</i>) | NP | QL(2 EA daily) |
| CREXONT CPCR | NP | | <i>rasagiline mesylate 0.5 MG</i> | NP | QL(2 EA daily) |
| DHIVY TABS | NP | | <i>rasagiline mesylate 1 MG</i> | NP | |
| DUOPA SUSP | NP | | <i>selegiline hcl CAPS</i> | P | |
| GOCOVRI CP24 68.5 MG | NP | QL(1 EA daily); SP | <i>selegiline hcl TABS</i> | P | |
| GOCOVRI CP24 137 MG | NP | SP | XADAGO 50 MG | NP | QL(1 EA daily) |
| INBRIJA CAPS | NP | | XADAGO 100 MG | NP | |
| NEUPRO | NP | | ZELAPAR TBDP | NP | |
| OSMOLEX ER TB24 129 MG | NP | | ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| <i>pramipexole dihydrochloride TABS</i> | P | | Antimanic Agents | | |
| <i>pramipexole dihydrochloride TB24 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG</i> | NP | QL(1 EA daily) | <i>lithium</i> | P | |
| <i>pramipexole dihydrochloride TB24 0.375 MG, 3 MG, 4.5 MG</i> | NP | | <i>lithium carbonate CAPS</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>ropinirole hydrochloride TABS</i> | P | | <i>lithium carbonate TABS</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>ropinirole hydrochloride TB24 8 MG, 12 MG</i> | NP | | | | |
| <i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i> | NP | QL(1 EA daily) | | | |
| RYTARY CPCR | NP | | | | |
| SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>) | NP | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|---|-----------|---|
| <i>lithium carbonate TBCR</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | GEODON 20 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| LITHOBID TBCR (<i>lithium carbonate</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | GEODON 40 MG (<i>ziprasidone hcl</i>) | NP | AL(At least 18 yrs old) |
| Antipsychotics - Misc. | | | LATUDA 80 MG, 120 MG (<i>lurasidone hcl</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| CAPLYTA 10.5 MG, 21 MG | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) | LATUDA 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>) | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| CAPLYTA 42 MG | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>lurasidone hcl</i> 20 MG, 40 MG, 60 MG | P | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| EQUETRO | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>lurasidone hcl</i> 80 MG, 120 MG | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| GEODON (<i>ziprasidone mesylate</i>) | NP | AL(At least 18 yrs old) | NUPLAZID CAPS | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| GEODON (<i>ziprasidone mesylate</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------|-----------|---|----------------------------------|-----------|---|
| NUPLAZID TABS 10 MG | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | Benzisoxazoles | | |
| | | | ERZOFRI | NP | AL(At least 18 yrs old); SP; PA |
| VRAYLAR CAPS 1.5 MG, 3 MG | P | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) | FANAPT | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| VRAYLAR CAPS 1.5 MG, 3 MG | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) | FANAPT TITRATION PACK | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| VRAYLAR CAPS 4.5 MG, 6 MG | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | INVEGA 3 MG (paliperidone) | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| <i>ziprasidone hcl</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | INVEGA 6 MG, 9 MG (paliperidone) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>ziprasidone hcl</i> | P | AL(At least 18 yrs old) | INVEGA HAFYERA | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA |
| <i>ziprasidone mesylate</i> | P | AL(At least 18 yrs old) | | | |
| <i>ziprasidone mesylate</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|---|---|-----------|---|
| INVEGA SUSTENNA | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | RISPERDAL CONSTA <i>(risperidone microspheres)</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA |
| INVEGA TRINZA | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | RISPERDAL SOLN <i>(risperidone)</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>paliperidone 1.5 MG, 3 MG</i> | P | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) | RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG <i>(risperidone)</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>paliperidone 1.5 MG, 3 MG</i> | P | QL(1 EA daily); AL(At least 18 yrs old) | <i>risperidone microspheres</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA |
| <i>paliperidone 6 MG, 9 MG</i> | P | AL(At least 18 yrs old) | <i>risperidone SOLN</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>paliperidone 6 MG, 9 MG</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>risperidone TABS</i> | P | AL(At least 18 yrs old) |
| PERSERIS PRSY | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | <i>risperidone TABS</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--------------------------------------|-----------|---|
| <i>risperidone TBDP</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>haloperidol lactate SOLN</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| RYKINDO SRER | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP | <i>haloperidol TABS</i> | P | AL(At least 18 yrs old) |
| UZEDY SUSY | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | <i>haloperidol TABS</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| Butyrophenones | | | Dibenzapines | | |
| HALDOL DECANOATE <i>(haloperidol decanoate)</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | ADASUVE | NP | AL(At least 18 yrs old) |
| <i>haloperidol decanoate</i> | P | AL(At least 18 yrs old) | <i>asenapine maleate</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>haloperidol decanoate</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>clozapine TABS 50 MG</i> | P | AL(At least 18 yrs old) |
| <i>haloperidol lactate CONC</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>clozapine TABS</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>haloperidol lactate CONC</i> | P | AL(At least 18 yrs old) | <i>clozapine TBDP 150 MG, 200 MG</i> | NP | AL(At least 18 yrs old) |
| | | | <i>clozapine TBDP</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|--|-----------|---|
| CLOZARIL TABS 25 MG, 100 MG (<i>clozapine</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>olanzapine TBDP 5 MG</i> | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| <i>loxapine succinate</i> | P | AL(At least 18 yrs old) | <i>quetiapine fumarate TABS</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>olanzapine SOLR</i> | P | AL(At least 18 yrs old) | <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i> | P | AL(At least 18 yrs old) |
| <i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG</i> | P | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) | <i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG</i> | P | QL(1 EA daily); AL(At least 18 yrs old) | <i>quetiapine fumarate TB24 150 MG, 200 MG</i> | P | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>olanzapine TABS 10 MG, 15 MG, 20 MG</i> | P | AL(At least 18 yrs old) | <i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i> | P | AL(At least 18 yrs old) |
| <i>olanzapine TABS 10 MG, 15 MG, 20 MG</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>quetiapine fumarate TB24 150 MG, 200 MG</i> | P | AL(At least 18 yrs old) |
| <i>olanzapine TBDP 10 MG, 15 MG, 20 MG</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i> | P | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| <i>olanzapine TBDP 5 MG</i> | NP | QL(1 EA daily); AL(At least 18 yrs old) | <i>quetiapine fumarate TB24 150 MG, 200 MG</i> | P | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| <i>olanzapine TBDP 10 MG, 15 MG, 20 MG</i> | NP | AL(At least 18 yrs old) | SAPHRIS (<i>asenapine maleate</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---|
| SECUADO | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 20 MG (<i>olanzapine</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | ZYPREXA ZYDIS TBDP 5 MG (<i>olanzapine</i>) | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| SEROQUEL XR TB24 150 MG, 200 MG (<i>quetiapine fumarate</i>) | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) | ZYPREXA SOLR (<i>olanzapine</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| SEROQUEL TABS (<i>quetiapine fumarate</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | ZYPREXA TABS 10 MG, 15 MG, 20 MG (<i>olanzapine</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| VERSACLOZ SUSP | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG (<i>olanzapine</i>) | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| ZYPREXA RELPREVV | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | ZYPREXA TABS 20 MG (<i>olanzapine</i>) | NP | AL(At least 18 yrs old) |
| Dihydroindolones | | | | | |
| <i>molindone hcl</i> | | | | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---|--------------------------------------|-----------|---|
| Muscarinic Agents | | | <i>fluphenazine hcl SOLN</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| COBENFY STARTER PACK CPPK | NP | PA required for all antipsychotics for patients under 18 years old; PA | <i>fluphenazine hcl TABS</i> | NP | AL(At least 18 yrs old) |
| COBENFY CAPS | NP | PA required for all antipsychotics for patients under 18 years old; PA | <i>fluphenazine hcl TABS</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| Phenothiazines | | | <i>perphenazine TABS</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>chlorpromazine hcl CONC</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>perphenazine TABS</i> | P | AL(At least 18 yrs old) |
| <i>chlorpromazine hcl SOLN</i> | P | AL(At least 18 yrs old) | <i>prochlorperazine</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>chlorpromazine hcl TABS</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>prochlorperazine maleate TABS</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>chlorpromazine hcl TABS</i> | NP | AL(At least 18 yrs old) | <i>thioridazine hcl</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| <i>fluphenazine decanoate</i> | P | AL(At least 18 yrs old) | | | |
| <i>fluphenazine hcl CONC</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | | | |
| <i>fluphenazine hcl ELIX</i> | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|-----------|---|--|-----------|---|
| <i>trifluoperazine hcl TABS</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | ABILIFY TABS 10 MG, 15 MG, 20 MG (<i>aripiprazole</i>) | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| Quinolinone Derivatives | | | | | |
| ABILIFY ASIMTUFII PRSY | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | ABILIFY TABS 2 MG, 5 MG, 30 MG (<i>aripiprazole</i>) | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| ABILIFY MAINTENA PRSY | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | <i>aripiprazole SOLN PO</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| ABILIFY MAINTENA SRER | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | <i>aripiprazole TABS 10 MG, 15 MG, 20 MG</i> | P | QL(1 EA daily); AL(At least 18 yrs old) |
| ABILIFY MYCITE MAINTENANCE KIT | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP | <i>aripiprazole TABS 2 MG, 5 MG, 30 MG</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) |
| ABILIFY MYCITE STARTER KIT | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP | <i>aripiprazole TABS 10 MG, 15 MG, 20 MG</i> | P | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) |
| | | | <i>aripiprazole TABS 2 MG, 5 MG, 30 MG</i> | P | AL(At least 18 yrs old) |
| | | | <i>aripiprazole TBDP</i> | NP | AL(At least 18 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---------------------|
| ARISTADA | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | Iodine Antiseptics | | |
| ARISTADA INITIO | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old); SP; PA | BETADINE SOLN (<i>povidone-iodine</i>) | P | |
| OPIPZA FILM | NP | PA | FIRST AID ANTISEPTIC OINT | P | |
| REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG | NP | PA required for all antipsychotics for patients under 18 years old; QL(1 EA daily); AL(At least 18 yrs old) | <i>povidone-iodine SOLN 10 %</i> | P | |
| REXULTI 3 MG, 4 MG | NP | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | ANTIVIRALS - Drugs to Treat Viral Infections | | |
| Thioxanthenes | | | Antiretrovirals | | |
| <i>thiothixene</i> | P | PA required for all antipsychotics for patients under 18 years old; AL(At least 18 yrs old) | <i>abacavir sulfate-lamivudine</i> | P | SP |
| ANTISEPTICS & DISINFECTANTS | | | <i>abacavir sulfate SOLN</i> | P | SP |
| Chlorine Antiseptics | | | <i>abacavir sulfate TABS</i> | P | SP |
| <i>chlorhexidine gluconate SOLN EX 4 %</i> | NP | | APRETUDE | NP | SP |
| <i>chlorhexidine gluconate SOLN EX 4 %</i> | P | | APRETUDE | P | SP |
| | | | APTIVUS CAPS | NP | SP |
| | | | <i>atazanavir sulfate CAPS</i> | P | SP |
| | | | BIKTARVY | P | SP |
| | | | CABENUVA | P | SP |
| | | | CIMDUO | NP | SP |
| | | | COMBIVIR (<i>lamivudine-zidovudine</i>) | NP | SP |
| | | | COMPLERA | P | SP |
| | | | <i>darunavir TABS</i> | P | |
| | | | DELSTRIGO | P | SP |
| | | | DESCOVY | P | SP |
| | | | DOVATO | P | |
| | | | DOVATO | P | SP |
| | | | EDURANT | P | SP |
| | | | <i>efavirenz CAPS</i> | P | SP |
| | | | <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | P | SP |
| | | | <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | NP | SP |
| | | | <i>efavirenz TABS</i> | P | SP |
| | | | <i>emtricitabine CAPS</i> | P | SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>emtricitabine-tenofovir disoproxil fumarate</i> | P | SP | <i>nevirapine TABS</i> | P | SP |
| EMTRIVA CAPS (<i>emtricitabine</i>) | NP | SP | <i>nevirapine TB24</i> | NP | SP |
| EMTRIVA SOLN | NP | SP | NORVIR PACK | NP | SP |
| EPIVIR SOLN (<i>lamivudine</i>) | NP | SP | NORVIR TABS (<i>ritonavir</i>) | NP | SP |
| EPIVIR TABS (<i>lamivudine</i>) | NP | SP | ODEFSEY | P | SP |
| EPZICOM (<i>abacavir sulfate-lamivudine</i>) | NP | SP | PIFELTRO | NP | SP |
| <i>etravirine</i> | NP | SP | PREZCOBIX | P | SP |
| EVOTAZ | P | SP | PREZISTA SUSP | P | SP |
| <i>fosamprenavir calcium TABS</i> | NP | SP | PREZISTA TABS 75 MG, 150 MG | P | SP |
| FUZEON SOLR | NP | SP | PREZISTA TABS (<i>darunavir</i>) | NP | SP |
| GENVOYA | P | SP | RETROVIR CAPS (<i>zidovudine</i>) | NP | SP |
| INTELENCE | NP | SP | RETROVIR SOLN | P | SP |
| INTELENCE (<i>etravirine</i>) | NP | SP | RETROVIR SYRP (<i>zidovudine</i>) | NP | SP |
| ISENTRESS HD TABS | NP | SP | REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>) | NP | SP |
| ISENTRESS CHEW | P | SP | REYATAZ PACK | P | SP |
| ISENTRESS PACK | P | SP | <i>ritonavir TABS</i> | P | SP |
| ISENTRESS TABS | P | SP | RUKOBIA | NP | SP |
| JULUCA | NP | SP | SELZENTRY SOLN | NP | SP |
| KALETRA SOLN (<i>lopinavir-ritonavir</i>) | NP | SP | SELZENTRY TABS (<i>maraviroc</i>) | NP | SP |
| KALETRA TABS (<i>lopinavir-ritonavir</i>) | NP | | SELZENTRY TABS | NP | SP |
| KALETRA TABS (<i>lopinavir-ritonavir</i>) | NP | SP | STRIBILD | NP | SP |
| <i>lamivudine SOLN</i> | P | SP | SUNLENCA SOLN | NP | SP |
| <i>lamivudine TABS</i> | P | SP | SUNLENCA TBPK 300 MG | NP | SP |
| <i>lamivudine-zidovudine</i> | P | SP | SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | NP | SP |
| LEXIVA TABS (<i>fosamprenavir calcium</i>) | NP | SP | SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | NP | SP |
| <i>lopinavir-ritonavir SOLN</i> | P | SP | SYMTUZA | P | SP |
| <i>lopinavir-ritonavir TABS</i> | P | SP | <i>tenofovir disoproxil fumarate TABS</i> | P | SP |
| <i>maraviroc TABS</i> | NP | SP | | | |
| <i>nevirapine SUSP</i> | P | SP | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| TIVICAY PD TBSO | P | SP |
| TIVICAY TABS | P | SP |
| TRIUMEQ PD TBSO | P | SP |
| TRIUMEQ PD TBSO | P | |
| TRIUMEQ TABS | P | SP |
| TROGARZO | NP | SP |
| TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>) | NP | SP |
| TYBOST | P | SP |
| VIRACEPT TABS | NP | SP |
| VIREAD POWD | P | SP |
| VIREAD TABS 150 MG, 200 MG, 250 MG | P | SP |
| VIREAD TABS (<i>tenofovir disoproxil fumarate</i>) | NP | SP |
| ZIAGEN SOLN (<i>abacavir sulfate</i>) | NP | SP |
| <i>zidovudine CAPS</i> | P | SP |
| <i>zidovudine SYRP</i> | P | SP |
| <i>zidovudine TABS</i> | P | SP |
| Antiviral Combinations | | |
| PAXLOVID (150/100) | P | |
| PAXLOVID (300/100) | P | |
| CMV Agents | | |
| LIVTENCITY | NP | SP |
| PREVYMIS PACK | NP | |
| PREVYMIS TABS | NP | SP |
| VALCYTE SOLR (<i>valganciclovir hcl</i>) | NP | AL(Up to 10 yrs old) |
| VALCYTE TABS (<i>valganciclovir hcl</i>) | NP | |
| <i>valganciclovir hcl SOLR</i> | P | AL(Up to 10 yrs old) |
| <i>valganciclovir hcl SOLR</i> | NP | AL(Up to 10 yrs old) |
| <i>valganciclovir hcl TABS</i> | P | |
| Hepatitis Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|--|
| EPCLUSA PACK | NP | 84 day(s) max supply per 365 day(s) retail; SP |
| EPCLUSA TABS | NP | 84 day(s) max supply per 365 day(s) retail; SP |
| EPCLUSA TABS | NP | 84 day(s) max supply per 365 day(s) retail; SP |
| HARVONI PACK | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA |
| HARVONI TABS | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA |
| HARVONI TABS | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA |
| LEDIPASVIR-SOFOSBUVIR TABS | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA |
| MAVYRET PACK | P | 112 day(s) max supply per 365 day(s) retail; SP |
| MAVYRET TABS | P | 112 day(s) max supply per 365 day(s) retail; SP |
| PEGASYS SOLN | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA |
| PEGASYS SOSY | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA |
| <i>ribavirin (hepatitis c) CAPS</i> | P | 84 day(s) max supply per 365 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---|
| <i>ribavirin (hepatitis c) TABS 200 MG</i> | P | 84 day(s) max supply per 365 day(s) retail; SP | <i>rimantadine hydrochloride TABS</i> | NP | |
| SOFOSBUVIR-VELPATASVIR TABS | P | 84 day(s) max supply per 365 day(s) retail; SP | TAMIFLU CAPS (<i>oseltamivir phosphate</i>) | NP | 1 max fill(s) per 180 day(s) retail |
| SOVALDI PACK | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA | TAMIFLU SUSR (<i>oseltamivir phosphate</i>) | NP | 1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old) |
| SOVALDI TABS | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA | XOFLUZA (40 MG DOSE) 40 MG | NP | |
| VOSEVI | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA | XOFLUZA (80 MG DOSE) 80 MG | NP | |
| ZEPATIER | NP | 84 day(s) max supply per 365 day(s) retail; SP; PA | Misc. Antivirals | | |
| Herpes Agents | | | LAGEVRIO | NP | |
| <i>acyclovir CAPS</i> | P | | BETA BLOCKERS - Drugs to Treat High Blood Pressure | | |
| <i>acyclovir SUSP</i> | P | AL(Up to 10 yrs old) | Alpha-Beta Blockers | | |
| <i>acyclovir TABS PO</i> | P | | <i>carvedilol</i> | P | |
| <i>famciclovir</i> | P | | <i>carvedilol phosphate 10 MG, 20 MG</i> | NP | QL(1 EA daily) |
| SITAVIG TABS BU | NP | | <i>carvedilol phosphate 40 MG, 80 MG</i> | NP | |
| <i>valacyclovir hcl</i> | P | | COREG (<i>carvedilol</i>) | NP | |
| <i>valacyclovir hcl 500 MG</i> | NP | | COREG CR 10 MG, 20 MG (<i>carvedilol phosphate</i>) | NP | QL(1 EA daily) |
| VALTREX (<i>valacyclovir hcl</i>) | NP | | COREG CR 40 MG, 80 MG (<i>carvedilol phosphate</i>) | NP | |
| Influenza Agents | | | <i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i> | P | |
| <i>oseltamivir phosphate CAPS</i> | P | 1 max fill(s) per 180 day(s) retail | <i>labetalol hcl TABS 400 MG</i> | NP | |
| <i>oseltamivir phosphate SUSR</i> | P | 1 max fill(s) per 180 day(s) retail; AL(Up to 10 yrs old) | Beta Blockers Cardio-Selective | | |
| RELENZA DISKHALER | NP | 1 max fill(s) per 180 day(s) retail | <i>acebutolol hcl CAPS</i> | NP | |
| | | | <i>atenolol TABS</i> | P | |
| | | | <i>betaxolol hcl 20 MG</i> | NP | |
| | | | <i>betaxolol hcl 10 MG</i> | NP | QL(1 EA daily) |
| | | | <i>bisoprolol fumarate 5 MG</i> | P | QL(1 EA daily) |
| | | | <i>bisoprolol fumarate 10 MG</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| BYSTOLIC 10 MG, 20 MG (nebivolol hcl) | NP | |
| BYSTOLIC 2.5 MG, 5 MG (nebivolol hcl) | NP | QL(1 EA daily) |
| KAPSPARGO SPRINKLE CS24 | NP | |
| LOPRESSOR TABS (metoprolol tartrate) | NP | |
| metoprolol succinate TB24 100 MG, 200 MG | P | |
| metoprolol succinate TB24 25 MG, 50 MG | P | QL(1 EA daily) |
| metoprolol tartrate TABS | P | |
| nebivolol hcl 10 MG, 20 MG | NP | |
| nebivolol hcl 2.5 MG, 5 MG | P | QL(1 EA daily) |
| nebivolol hcl 10 MG, 20 MG | P | |
| nebivolol hcl 2.5 MG, 5 MG | NP | QL(1 EA daily) |
| TENORMIN TABS (atenolol) | NP | |
| TOPROL XL TB24 100 MG, 200 MG (metoprolol succinate) | NP | |
| TOPROL XL TB24 25 MG, 50 MG (metoprolol succinate) | NP | QL(1 EA daily) |
| Beta Blockers Non-Selective | | |
| BETAPACE AF (sotalol hcl (afib/af)) | NP | |
| BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) | NP | |
| HEMANGEOL SOLN PO | NP | SP |
| INDERAL LA CP24 120 MG, 160 MG (propranolol hcl) | NP | |
| INDERAL LA CP24 60 MG, 80 MG (propranolol hcl) | NP | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| INDERAL XL | NP | |
| INNOPRAN XL | NP | |
| nadolol TABS 20 MG, 40 MG, 80 MG | P | QL(1 EA daily) |
| pindolol TABS | NP | |
| propranolol hcl CP24 60 MG, 80 MG | P | QL(1 EA daily) |
| propranolol hcl CP24 120 MG, 160 MG | P | |
| propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML | P | |
| propranolol hcl TABS | P | |
| sotalol hcl (afib/af) | P | |
| sotalol hcl TABS | P | |
| SOTYLIZE SOLN PO | NP | |
| timolol maleate TABS | NP | |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| amlodipine besylate TABS 2.5 MG, 5 MG | NP | QL(1 EA daily) |
| amlodipine besylate TABS | P | QL(1 EA daily) |
| CARDIZEM CD CP24 (diltiazem hcl coated beads) | NP | QL(1 EA daily) |
| CARDIZEM LA TB24 (diltiazem hcl) | NP | QL(1 EA daily) |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) | NP | QL(1 EA daily) |
| diltiazem hcl coated beads CP24 | P | QL(1 EA daily) |
| diltiazem hcl coated beads CP24 300 MG | NP | QL(1 EA daily) |
| diltiazem hcl extended release beads | P | QL(1 EA daily) |
| diltiazem hcl CP12 | P | QL(1 EA daily) |
| diltiazem hcl CP24 | P | QL(1 EA daily) |
| DILTIAZEM HCL SOLR | P | |
| diltiazem hcl TABS | P | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>diltiazem hcl TB24</i> | NP | QL(1 EA daily) |
| <i>felodipine</i> | P | QL(1 EA daily) |
| <i>isradipine CAPS</i> | NP | QL(2 EA daily) |
| KATERZIA | NP | QL(10 ML daily) |
| <i>levamlodipine maleate 2.5 MG</i> | NP | QL(1 EA daily) |
| <i>levamlodipine maleate 5 MG</i> | NP | |
| <i>nicardipine hcl CAPS</i> | NP | QL(3 EA daily) |
| <i>nifedipine CAPS</i> | P | QL(3 EA daily) |
| <i>nifedipine TB24</i> | P | QL(1 EA daily) |
| <i>nimodipine CAPS</i> | P | QL(1 EA daily) |
| <i>nimodipine SOLN</i> | NP | |
| <i>nisoldipine</i> | NP | QL(1 EA daily) |
| NORLIQVA SOLN | NP | QL(10 ML daily) |
| NORVASC TABS (<i>amlodipine besylate</i>) | NP | QL(1 EA daily) |
| NYMALIZE SOLN 6 MG/ML | P | QL(10 ML daily) |
| PROCARDIA XL TB24 (<i>nifedipine</i>) | NP | QL(1 EA daily) |
| SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>) | NP | QL(1 EA daily) |
| TIAZAC (<i>diltiazem hcl extended release beads</i>) | NP | QL(1 EA daily) |
| VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>) | NP | QL(1 EA daily) |
| <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i> | P | QL(1 EA daily) |
| <i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG</i> | NP | QL(1 EA daily) |
| <i>verapamil hcl TABS</i> | P | QL(3 EA daily) |
| <i>verapamil hcl TBCR</i> | P | QL(2 EA daily) |
| VERELAN PM CP24 (<i>verapamil hcl</i>) | NP | QL(1 EA daily) |

CARDIOTONICS - Drugs to Treat Heart Failure

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| and Abnormal Heart Rhythm | | |
| Cardiac Glycosides | | |
| <i>digoxin SOLN PO 0.05 MG/ML</i> | P | |
| <i>digoxin TABS 125 MCG, 250 MCG</i> | P | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| <i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-80 MG</i> | NP | |
| <i>amlodipine besylate-atorvastatin calcium 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG</i> | NP | QL(1 EA daily) |
| BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>) | NP | |
| CADUET 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG (<i>amlodipine besylate-atorvastatin calcium</i>) | NP | QL(1 EA daily) |
| CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>) | NP | |
| ENTRESTO CPSP | NP | |
| ENTRESTO TABS | P | |
| <i>isosorbide dinitrate-hydralazine hcl</i> | NP | |
| OPSYNVI | NP | SP |
| Cardiovascular Anti-inflammatory/Immune Modulators | | |
| LODOCO | NP | |
| Cardiovascular Sodium-Glucose Co-Transporter 2 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Inhibitors | | |
| INPEFA | NP | |
| Impotence Agents | | |
| CIALIS 5 MG (<i>tadalafil</i>) | NP | |
| <i>tadalafil</i> 5 MG | NP | |
| Peripheral Vasodilators | | |
| <i>inositol niacinate</i> CAPS | P | |
| Prostaglandin Vasodilators | | |
| ORENITRAM MONTH 1 TEPK | NP | SP |
| ORENITRAM MONTH 2 TEPK | NP | SP |
| ORENITRAM MONTH 3 TEPK | NP | SP |
| ORENITRAM TBCR | NP | SP |
| REMODULIN SOLN IJ | NP | SP |
| <i>treprostinil</i> SOLN IJ | NP | SP |
| TYVASO DPI INSTITUTIONAL KIT POWD | NP | SP |
| TYVASO DPI MAINTENANCE KIT POWD | NP | SP |
| TYVASO DPI TITRATION KIT POWD | NP | SP |
| TYVASO REFILL KIT SOLN IN | NP | SP; PA |
| TYVASO STARTER KIT SOLN IN | NP | SP; PA |
| TYVASO SOLN IN | NP | SP; PA |
| VENTAVIS IN | P | SP; PA |
| Pulmonary Hypertension - Activin Signaling Inhibitor | | |
| WINREVAIR | NP | SP |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |
| <i>ambrisentan</i> | P | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>bosentan</i> TABS | P | SP; PA |
| LETAIRIS (<i>ambrisentan</i>) | NP | SP; PA |
| OPSUMIT | NP | SP; PA |
| TRACLEER TABS (<i>bosentan</i>) | NP | SP; PA |
| TRACLEER TBSO | NP | SP; PA |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | |
| ADCIRCA TABS (<i>tadalafil</i> (<i>pulmonary hypertension</i>)) | NP | SP; PA |
| LIQREV SUSP | NP | SP |
| REVATIO SUSR (<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>)) | NP | SP; PA |
| REVATIO TABS (<i>sildenafil citrate</i> (<i>pulmonary hypertension</i>)) | NP | SP; PA |
| <i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) SUSR | NP | SP; PA |
| <i>sildenafil citrate</i> (<i>pulmonary hypertension</i>) TABS | P | SP; PA |
| <i>tadalafil</i> (<i>pulmonary</i> <i>hypertension</i>) TABS | P | SP; PA |
| <i>tadalafil</i> (<i>pulmonary</i> <i>hypertension</i>) TABS | NP | SP; PA |
| TADLIQ SUSP | NP | SP |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist | | |
| UPTRAVI TITRATION TBPK | NP | SP; PA |
| UPTRAVI SOLR | NP | SP; PA |
| UPTRAVI TABS | NP | SP; PA |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | |
| ADEMPAS | NP | SP; PA |
| Vasoactive Soluble Guanylate Cyclase Stimulator | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| (sGC) | | |
| VERQUVO 10 MG | NP | |
| VERQUVO 2.5 MG, 5 MG | NP | QL(1 EA daily) |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| Cephalosporins - 1st Generation | | |
| <i>cefadroxil CAPS</i> | NP | |
| <i>cefadroxil SUSR</i> | NP | |
| <i>cefadroxil TABS</i> | NP | |
| <i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i> | P | |
| <i>cephalexin CAPS</i> | P | |
| <i>cephalexin SUSR</i> | P | |
| <i>cephalexin TABS</i> | NP | |
| Cephalosporins - 2nd Generation | | |
| CEFACTOR ER TB12 | NP | |
| <i>cefaclor CAPS</i> | P | |
| <i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i> | NP | |
| <i>cefotetan disodium IJ 1 GM, 2 GM</i> | P | |
| <i>cefoxitin sodium IV</i> | P | |
| <i>cefprozil SUSR</i> | P | |
| <i>cefprozil TABS</i> | P | |
| <i>cefuroxime axetil TABS</i> | P | |
| <i>cefuroxime sodium IJ 750 MG</i> | P | |
| Cephalosporins - 3rd Generation | | |
| <i>cefdinir CAPS</i> | P | |
| <i>cefdinir SUSR</i> | P | |
| <i>cefixime CAPS</i> | NP | |
| <i>cefixime SUSR</i> | NP | |
| <i>cefpodoxime proxetil SUSR</i> | NP | |
| <i>cefpodoxime proxetil TABS</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>ceftazidime IJ 1 GM, 6 GM</i> | P | |
| <i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i> | P | |
| <i>ceftriaxone sodium in dextrose</i> | P | |
| Cephalosporins - 4th Generation | | |
| CEFEPIME HCL SOLN | P | |
| <i>cefepime hcl SOLR IJ 1 GM</i> | P | |
| CHEMICALS | | |
| Bulk Chemicals - C's | | |
| CHOLESTYRAMINE | NP | |
| Bulk Chemicals - I's | | |
| ISOTRETINOIN | NP | |
| Bulk Chemicals - L's | | |
| LEVOTHYROXINE SODIUM | NP | |
| PCCA T4 SODIUM | NP | |
| Bulk Chemicals - N's | | |
| NITAZOXANIDE | NP | |
| Liquids | | |
| CAMPHOR SPIRIT | P | |
| SM CAMPHOR SPIRIT | P | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>) | NP | |
| BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) | NP | |
| <i>desogestrel & ethinyl estradiol</i> | P | |
| <i>desogestrel-ethinyl estradiol (biphasic)</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>desogestrel-ethinyl estradiol (triphasic)</i> | P | | <i>norethindrone & eth estradiol</i> | P | |
| <i>drospirenone-ethinyl estradiol</i> | P | | <i>norethindrone & ethinyl estradiol-fe</i> | P | |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | NP | | <i>norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i> | NP | |
| <i>ethynodiol diacet & eth estrad</i> | P | | <i>norethindrone acet & eth estra TABS</i> | P | |
| FEMLYV TBDP | NP | | <i>norethindrone acet & eth estra TABS</i> | NP | |
| <i>levonorgestrel & eth estradiol TABS</i> | P | | <i>norethindrone acetate-ethinyl estradiol-fe</i> | P | |
| <i>levonorgestrel-eth estradiol (triphasic)</i> | P | | <i>norethindrone acetate-ethinyl estradiol-fe</i> | NP | |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i> | P | | <i>norethindrone-eth estradiol (triphasic)</i> | P | |
| <i>levonorgestrel-ethinyl estradiol (91-day)</i> | NP | | <i>norgestimate-ethinyl estradiol</i> | P | |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i> | NP | | <i>norgestimate-ethinyl estradiol (triphasic)</i> | P | |
| <i>levonorgestrel-ethinyl estradiol-iron</i> | NP | | <i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i> | NP | |
| LO LOESTRIN FE TABS | NP | | <i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i> | P | |
| NATAZIA | P | | QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) | NP | |
| NEXTSTELLIS | NP | | SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) | NP | |
| <i>norethin acet & estrad-fe CAPS</i> | NP | | TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>) | NP | |
| <i>norethin acet & estrad-fe CAPS</i> | P | | TYBLUME CHEW | P | |
| <i>norethin acet & estrad-fe CHEW</i> | P | | YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>) | NP | |
| <i>norethin acet & estrad-fe CHEW</i> | NP | | YAZ (<i>drospirenone-ethinyl estradiol</i>) | NP | |
| <i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | P | | Combination Contraceptives - Transdermal | | |
| <i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | NP | | <i>norelgestromin-ethinyl estradiol</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>norelgestromin-ethinyl estradiol</i> | P | |
| TWIRLA | NP | |
| Combination Contraceptives - Vaginal | | |
| ANNOVERA | NP | |
| <i>etonogestrel-ethinyl estradiol</i> | NP | |
| NUVARING (<i>etonogestrel-ethinyl estradiol</i>) | P | |
| Copper Contraceptives - IUD | | |
| PARAGARD INTRAUTERINE COPPER | P | SP |
| Emergency Contraceptives | | |
| <i>levonorgestrel (emergency oc) 1.5 MG</i> | P | QL(4 EA per 120 day(s) retail; 4 EA per 120 days mail) |
| Progestin Contraceptives - Implants | | |
| NEXPLANON | P | SP |
| Progestin Contraceptives - Injectable | | |
| DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>) | P | |
| DEPO-PROVERA SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>) | P | |
| DEPO-SUBQ PROVERA 104 SUSY SC | P | |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | P | |
| <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i> | P | |
| Progestin Contraceptives - IUD | | |
| KYLEENA | P | SP |
| LILETTA (52 MG) | P | SP |
| MIRENA (52 MG) | P | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| SKYLA | P | SP |
| Progestin Contraceptives - Oral | | |
| <i>norethindrone (contraceptive)</i> | P | |
| OPILL | P | |
| SLYND | P | |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| AGAMREE | NP | SP |
| ALKINDI SPRINKLE CPSP | NP | |
| <i>budesonide CPEP</i> | P | |
| <i>budesonide TB24</i> | NP | |
| CORTEF TABS (<i>hydrocortisone</i>) | NP | |
| CORTISONE ACETATE TABS | NP | |
| <i>deflazacort SUSP</i> | NP | SP |
| <i>deflazacort TABS</i> | NP | |
| DEPO-MEDROL SUSP | P | |
| DEXAMETHASONE INTENSOL CONC | P | |
| <i>dexamethasone ELIX</i> | P | |
| <i>dexamethasone SOLN</i> | P | |
| <i>dexamethasone TABS</i> | P | |
| <i>dexamethasone TBPk</i> | NP | |
| EMFLAZA SUSP (<i>deflazacort</i>) | NP | SP |
| EMFLAZA TABS (<i>deflazacort</i>) | NP | SP |
| EOHILIA SUSP | NP | |
| HEMADY TABS | NP | |
| <i>hydrocortisone TABS</i> | P | |
| MEDROL TABS (<i>methylprednisolone</i>) | NP | |
| MEDROL TABS | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| MEDROL TBPK (methylprednisolone) | NP | | dextromethorphan hbr CAPS | P | |
| methylprednisolone acetate SUSP | P | | dextromethorphan polistirex SUER | P | |
| METHYLPREDNISOLON E ACETATE SUSP 40 MG/ML, 80 MG/ML | P | | dextromethorphan polistirex SUER | NP | |
| methylprednisolone sod succ 40 MG, 500 MG, 1000 MG | P | | HYCODAN SOLN (hydrocodone bitartrate- homatropine methylbromide) | NP | |
| methylprednisolone TABS 8 MG, 16 MG, 32 MG | NP | | HYCODAN TABS 1.5 MG- 5 MG (hydrocodone bitartrate-homatropine methylbromide) | NP | QL(8 EA daily) |
| methylprednisolone TABS 4 MG | P | | hydrocodone bitartrate- homatropine methylbromide SOLN | P | |
| methylprednisolone TBPK | P | | hydrocodone bitartrate- homatropine methylbromide TABS | NP | QL(8 EA daily) |
| prednisolone sodium phosphate SOLN | P | | Cough/Cold/Allergy Combinations | | |
| prednisolone SOLN | P | | ALAHIST CF TABS | NP | |
| prednisolone TABS | NP | | ALAHIST D | NP | |
| PREDNISONONE INTENSOL CONC | NP | | ALAHIST DM LIQD 7.5 MG/5ML-15 MG/5ML-2 MG/5ML (phenylephrine- dextromethorphan) | NP | |
| prednisone SOLN | P | | ALAHIST PE TABS | NP | |
| prednisone TABS | P | | AQUANAZ TABS | NP | |
| prednisone TBPK | P | | brompheniramine & phenyleph ELIX | NP | |
| RAYOS TBEC | NP | | brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML | NP | |
| SOLU-MEDROL 2 GM | P | | CAPMIST DM TABS 400 MG-15 MG-60 MG | NP | |
| SOLU-MEDROL (PF) 40 MG, 500 MG, 1000 MG | P | | cetirizine- pseudoephedrine | NP | |
| TARPEYO CPDR | NP | SP | CHLO HIST | NP | |
| UCERIS TB24 (budesonide) | NP | | CHLO TUSS 30 MG/5ML- 12.5 MG/5ML-1 MG/5ML | NP | |
| Mineralocorticoids | | | | | |
| fludrocortisone acetate TABS | P | | | | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | | | | |
| Antitussives | | | | | |
| benzonatate | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>chlorpheniramine & phenylephrine LIQD 10 MG/5ML-4 MG/5ML</i> | NP | | <i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 200 MG/20ML-20 MG/20ML, 400 MG/20ML-20 MG/20ML</i> | P | |
| <i>chlorpheniramine & phenylephrine TABS 10 MG-4 MG</i> | NP | | <i>dextromethorphan-guaifenesin LIQD 200 MG/20ML-20 MG/20ML, 400 MG/20ML-20 MG/20ML</i> | NP | |
| <i>chlorpheniramine & pseudoeph TABS</i> | NP | | <i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i> | P | |
| <i>chlorpheniramine-dm TABS 4 MG-30 MG</i> | NP | | <i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i> | NP | |
| <i>chlorpheniramine-phenylephrine-acetaminophen TABS 5 MG-325 MG-2 MG</i> | NP | | <i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i> | P | |
| CLARINEX-D 12 HOUR TB12 | NP | | <i>dextromethorphan-guaifenesin TB12 1200 MG-60 MG, 600 MG-30 MG</i> | P | |
| CONEX COLD/ALLERGY PEDIATRIC SOLN | NP | | <i>dextromethorphan-guaifenesin TB12 1200 MG-60 MG, 600 MG-30 MG</i> | NP | |
| CONEX COLD/ALLERGY SOLN | NP | | <i>dextromethorphan-phenylephrine-acetaminophen CAPS</i> | NP | |
| CONEX COLD/ALLERGY TABS | NP | | <i>dextromethorphan-phenylephrine-acetaminophen LIQD</i> | NP | |
| COUGH & CHEST CONGESTION DM SYRP | P | | <i>dextromethorphan-phenylephrine-acetaminophen PACK</i> | NP | |
| DECONEX DMX TABS 10 MG-400 MG-17.5 MG | NP | | <i>dextromethorphan-phenylephrine-acetaminophen TABS 5 MG-325 MG-10 MG</i> | NP | |
| DECONEX IR TABS | NP | | <i>diphenhydramine-phenylephrine-acetaminophen PACK</i> | NP | |
| <i>dexbrompheniramine-phenylephrine TABS</i> | NP | | | | |
| <i>dextromethorphan-acetaminophen-chlorpheniramine TABS 325 MG-2 MG-10 MG</i> | NP | | | | |
| <i>dextromethorphan-doxylamine-acetaminophen CAPS</i> | NP | | | | |
| <i>dextromethorphan-doxylamine-acetaminophen LIQD</i> | NP | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|--|-----------|----------------------|
| <i>doxylamine-dm LIQD 15 MG/15ML-6.25 MG/15ML</i> | NP | | <i>phenylephrine w/ dm-gg LIQD 10 MG/10ML-200 MG/10ML-20 MG/10ML, 10 MG/15ML-200 MG/15ML-18 MG/15ML, 2.5 MG/5ML-100 MG/5ML-5 MG/5ML, 5 MG/5ML-100 MG/5ML-10 MG/5ML</i> | NP | |
| <i>doxylamine-phenylephrine</i> | NP | | <i>phenylephrine w/ dm-gg SYRP 5 MG/5ML-100 MG/5ML-10 MG/5ML</i> | NP | |
| DURAFLU TABS 200 MG-325 MG-20 MG-60 MG | NP | | <i>phenylephrine w/ dm-gg TABS 10 MG-385 MG-17.5 MG</i> | NP | |
| ED A-HIST DM TABS | NP | | <i>phenylephrine-acetaminophen-guaifenesin TABS 5 MG-200 MG-325 MG</i> | NP | |
| ED A-HIST LIQD (<i>chlorpheniramine & phenylephrine</i>) | NP | | <i>phenylephrine-brompheniramine-dm LIQD 5 MG/10ML-10 MG/10ML-2 MG/10ML</i> | P | |
| ED BRON GP LIQD | NP | | <i>phenylephrine-brompheniramine-dm LIQD 2.5 MG/5ML-5 MG/5ML-1 MG/5ML</i> | NP | |
| ENDAL | NP | | <i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i> | NP | |
| <i>fexofenadine-pseudoephedrine TB12</i> | NP | | <i>phenylephrine-chlorpheniramine-dm w/ apap MISC</i> | NP | |
| <i>fexofenadine-pseudoephedrine TB24</i> | NP | | <i>phenylephrine-dexbrompheniramine-dextromethorphan LIQD</i> | NP | |
| <i>guaifenesin-codeine SOLN</i> | P | | <i>phenylephrine-dm-gg w/ apap LIQD</i> | NP | |
| HISTEX-DM SYRP | NP | | <i>phenylephrine-dm-gg w/ apap TABS 5 MG-200 MG-325 MG-10 MG</i> | NP | |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i> | P | | <i>phenylephrine-doxylamine-dextromethorphan-acetaminophen LIQD</i> | NP | |
| LOHIST-D LIQD | NP | | | | |
| LOHIST-DM SYRP | NP | | | | |
| <i>loratadine & pseudoephedrine TB12</i> | NP | | | | |
| <i>loratadine & pseudoephedrine TB24</i> | NP | | | | |
| MAR-COF CG EXPECTORANT LIQD | NP | | | | |
| M-END DMX | NP | | | | |
| NASOPEN PE | NP | | | | |
| NINJACOF LIQD | NP | | | | |
| NINJACOF-XG LIQD | NP | | | | |
| <i>phenylephrine w/ acetaminophen TABS 5 MG-325 MG</i> | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| <i>phenylephrine-doxylamine-dextromethorphan-acetaminophen MISC 5 MG-325 MG-6.25 MG</i> | NP | | SCOT-TUSSIN DM LIQD | NP | |
| <i>phenylephrine-guaifenesin TABS 10 MG-400 MG</i> | NP | | SCOT-TUSSIN SENIOR LIQD | NP | |
| POLY HIST FORTE 10 MG-10.5 MG | NP | | SM COLD & ALLERGY CHILDRENS LIQD | NP | |
| POLY-HIST DM | NP | | TRIPONEL LIQD | NP | |
| POLY-TUSSIN AC LIQD 10 MG/5ML-10 MG/5ML-4 MG/5ML | NP | | <i>triprolidine & pseudoephedrine TABS</i> | NP | |
| POLYTUSSIN DM LIQD | NP | | TUSNEL PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML | NP | |
| POLYTUSSIN DM LIQD (<i>phenylephrine-dexbrompheniramine-dextromethorphan</i>) | NP | | TUSNEL-DM PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML-2.5 MG/ML | NP | |
| POLY-VENT DM TABS | NP | | TUSNEL LIQD | NP | |
| POLY-VENT IR TABS | NP | | TUSNEL TABS | NP | |
| <i>promethazine & phenylephrine SYRP</i> | NP | | VANACOF | NP | |
| <i>promethazine w/codeine SOLN</i> | P | | VANACOF 2 | NP | |
| <i>promethazine-dm SYRP</i> | P | | VANACOF CP LIQD | NP | |
| <i>promethazine-phenylephrine-codeine</i> | NP | | VANACOF DM LIQD (<i>phenylephrine w/ dm-gg</i>) | NP | |
| <i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i> | P | | VANACOF DMX LIQD | NP | |
| <i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i> | P | | VANACOF XP LIQD | NP | |
| <i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i> | NP | | VANATAB DM TABS | NP | |
| <i>pseudoephedrine-ibuprofen CAPS</i> | NP | | WESTUSSIN DM | NP | |
| PX NITETIME MULTI-SYPTOM CAPS | P | | Expectorants | | |
| RU-HIST D TABS | NP | | <i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML</i> | NP | |
| RYMED TABS | NP | | <i>guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML</i> | P | |
| | | | <i>guaifenesin TABS 400 MG</i> | P | |
| | | | <i>guaifenesin TABS</i> | NP | |
| | | | <i>guaifenesin TB12</i> | P | |
| | | | <i>guaifenesin TB12 1200 MG</i> | NP | |
| | | | Misc. Respiratory Inhalants | | |
| | | | <i>camphor (inhalant)</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|---|-----------|------------------------------|
| CVS HOT STEAM LIQD | P | | <i>benzoyl peroxide-erythromycin GEL</i> | NP | AL(Up to 20 yrs old) |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i> | P | | <i>benzoyl peroxide FOAM 10 %</i> | NP | |
| Mucolytics | | | <i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i> | P | AL(Up to 20 yrs old) |
| <i>acetylcysteine SOLN 10 %</i> | P | | <i>benzoyl peroxide GEL 2.5 %</i> | NP | AL(Up to 20 yrs old) |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions | | | <i>benzoyl peroxide LIQD 5 %, 10 %</i> | P | AL(Up to 20 yrs old) |
| Acne Products | | | <i>benzoyl peroxide MISC 6 %</i> | NP | AL(Up to 20 yrs old); RX/OTC |
| ABSORICA (<i>isotretinoin</i>) | NP | | CABTREO | NP | |
| ABSORICA LD | NP | | CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>) | NP | AL(Up to 20 yrs old) |
| ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>) | NP | AL(Up to 20 yrs old) | CLINDACIN ETZ | NP | AL(Up to 20 yrs old) |
| ACNE MEDICATION 10 LOTN | NP | AL(Up to 20 yrs old) | CLINDACIN PAC | NP | AL(Up to 20 yrs old) |
| ACNE MEDICATION 5 LOTN | P | AL(Up to 20 yrs old) | CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>) | NP | AL(Up to 20 yrs old) |
| <i>adapalene-benzoyl peroxide GEL</i> | P | AL(Up to 20 yrs old) | <i>clindamycin phosphate (topical) FOAM</i> | NP | AL(Up to 20 yrs old) |
| <i>adapalene CREA</i> | NP | AL(Up to 20 yrs old) | <i>clindamycin phosphate (topical) GEL</i> | NP | AL(Up to 20 yrs old) |
| <i>adapalene GEL 0.3 %</i> | P | AL(Up to 20 yrs old) | <i>clindamycin phosphate (topical) GEL</i> | P | AL(Up to 20 yrs old) |
| <i>adapalene GEL 0.1 %</i> | NP | AL(Up to 20 yrs old); RX/OTC | <i>clindamycin phosphate (topical) LOTN</i> | P | AL(Up to 20 yrs old) |
| AKLIEF | NP | | <i>clindamycin phosphate (topical) SOLN</i> | P | AL(Up to 20 yrs old) |
| ALTRENO LOTN | NP | AL(Up to 20 yrs old) | <i>clindamycin phosphate (topical) SWAB</i> | NP | AL(Up to 20 yrs old) |
| ARAZLO LOTN | NP | AL(Up to 20 yrs old) | <i>clindamycin phosphate (topical) SWAB</i> | P | AL(Up to 20 yrs old) |
| ATRALIN GEL (<i>tretinoin</i>) | NP | AL(Up to 20 yrs old) | <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | P | AL(Up to 20 yrs old) |
| AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>) | NP | AL(Up to 20 yrs old) | <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | NP | AL(Up to 20 yrs old) |
| AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>) | NP | AL(Up to 20 yrs old) | | | |
| BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>) | NP | AL(Up to 20 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------------|---|-----------|----------------------|
| <i>clindamycin phosphate-benzoyl peroxide GEL</i> | NP | AL(Up to 20 yrs old) | RETIN-A GEL (<i>tretinoin</i>) | NP | AL(Up to 20 yrs old) |
| <i>clindamycin phosphate-tretinoin</i> | NP | AL(Up to 20 yrs old) | <i>sulfacetamide sodium (acne)</i> | NP | AL(Up to 20 yrs old) |
| <i>dapsone (topical)</i> | NP | AL(Up to 20 yrs old) | <i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i> | NP | AL(Up to 20 yrs old) |
| DIFFERIN CREA (<i>adapalene</i>) | NP | AL(Up to 20 yrs old) | <i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i> | NP | AL(Up to 20 yrs old) |
| DIFFERIN GEL (<i>adapalene</i>) | NP | AL(Up to 20 yrs old); RX/OTC | <i>sulfacetamide sodium w/ sulfur FOAM</i> | NP | AL(Up to 20 yrs old) |
| DIFFERIN LOTN | NP | | <i>sulfacetamide sodium w/ sulfur LIQD</i> | NP | AL(Up to 20 yrs old) |
| EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>) | NP | AL(Up to 20 yrs old) | <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i> | NP | |
| EPSOLAY CREA | NP | | <i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i> | NP | AL(Up to 20 yrs old) |
| ERYGEL GEL (<i>erythromycin (acne aid)</i>) | NP | AL(Up to 20 yrs old) | <i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i> | NP | AL(Up to 20 yrs old) |
| <i>erythromycin (acne aid) GEL</i> | P | AL(Up to 20 yrs old) | <i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i> | NP | |
| <i>erythromycin (acne aid) PADS</i> | NP | AL(Up to 20 yrs old) | <i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i> | NP | AL(Up to 20 yrs old) |
| <i>erythromycin (acne aid) SOLN</i> | P | AL(Up to 20 yrs old) | SULFACETAMIDE SODIUM-SULFUR SUSP | NP | |
| EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>) | NP | AL(Up to 20 yrs old) | SUMADAN | NP | AL(Up to 20 yrs old) |
| FABIOR FOAM | NP | AL(Up to 20 yrs old) | SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>) | NP | AL(Up to 20 yrs old) |
| <i>isotretinoin</i> | P | | SUMADAN XLT KIT | NP | AL(Up to 20 yrs old) |
| KLARON (<i>sulfacetamide sodium (acne)</i>) | NP | AL(Up to 20 yrs old) | SUMAXIN CP | NP | AL(Up to 20 yrs old) |
| NEUAC | NP | AL(Up to 20 yrs old) | SUMAXIN PADS | NP | AL(Up to 20 yrs old) |
| ONEXTON GEL (<i>clindamycin phosphate-benzoyl peroxide</i>) | NP | AL(Up to 20 yrs old) | TAZAROTENE FOAM | NP | AL(Up to 20 yrs old) |
| RETIN-A MICRO (<i>tretinoin microsphere</i>) | NP | AL(Up to 20 yrs old) | <i>tretinoin microsphere</i> | NP | AL(Up to 20 yrs old) |
| RETIN-A MICRO PUMP | NP | AL(Up to 20 yrs old) | <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i> | P | AL(Up to 20 yrs old) |
| RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) | NP | AL(Up to 20 yrs old) | <i>tretinoin GEL 0.05 %</i> | NP | AL(Up to 20 yrs old) |
| RETIN-A CREA (<i>tretinoin</i>) | NP | AL(Up to 20 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| <i>tretinoin GEL 0.01 %, 0.025 %</i> | P | AL(Up to 20 yrs old) |
| TWYNEO | NP | |
| WINLEVI | NP | AL(Up to 20 yrs old) |
| ZIANA (<i>clindamycin phosphate-tretinoin</i>) | NP | AL(Up to 20 yrs old) |
| ZMA CLEAR SUSP | NP | |
| Agents for External Genital and Perianal Warts | | |
| VEREGEN | NP | |
| Analgesics - Topical | | |
| <i>menthol (topical analgesic) AERO</i> | P | |
| Antibiotics - Topical | | |
| <i>bacitracin (topical) OINT</i> | P | |
| <i>bacitracin zinc OINT</i> | P | |
| <i>bacitracin zinc OINT</i> | NP | |
| <i>bacitracin-polymyxin b OINT</i> | P | |
| CENTANY AT KIT | NP | |
| CENTANY OINT | NP | |
| <i>gentamicin sulfate (topical) CREA</i> | P | |
| <i>gentamicin sulfate (topical) OINT</i> | P | |
| <i>mupirocin calcium (topical)</i> | NP | |
| <i>mupirocin OINT</i> | P | |
| <i>neomycin-bacitracin-polymyxin OINT</i> | P | |
| <i>neomycin-bacitracin-polymyxin OINT</i> | NP | |
| <i>neomycin-bacitracin-polymyxin-pramoxine</i> | NP | |
| <i>neomycin-polymyxin w/ pramoxine</i> | NP | |
| NEO-SYNALAR | NP | |
| NEO-SYNALAR | NP | |
| XEPI | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Antifungals - Topical | | |
| ALEVAZOL OINT | NP | |
| <i>butenafine hcl</i> | P | RX/OTC |
| <i>ciclopirox olamine CREA</i> | P | |
| <i>ciclopirox olamine SUSP</i> | NP | |
| <i>ciclopirox GEL</i> | NP | |
| <i>ciclopirox KIT</i> | P | |
| <i>ciclopirox SHAM</i> | NP | |
| <i>ciclopirox SOLN</i> | NP | |
| <i>ciclopirox SOLN</i> | P | |
| <i>clotrimazole (topical) CREA</i> | NP | RX/OTC |
| <i>clotrimazole (topical) CREA</i> | P | RX/OTC |
| <i>clotrimazole (topical) SOLN</i> | NP | RX/OTC |
| <i>clotrimazole w/ betamethasone CREA</i> | P | |
| <i>clotrimazole w/ betamethasone LOTN</i> | P | |
| <i>econazole nitrate CREA</i> | P | |
| ERTACZO | NP | |
| EXTINA FOAM (<i>ketoconazole (topical)</i>) | NP | |
| FUNGOID TINCTURE SOLN | NP | |
| JUBLIA | NP | |
| <i>ketoconazole (topical) CREA</i> | NP | |
| <i>ketoconazole (topical) CREA</i> | P | |
| <i>ketoconazole (topical) FOAM</i> | NP | |
| <i>ketoconazole (topical) SHAM 2 %</i> | P | |
| KETODAN | NP | |
| LOPROX | NP | |
| LOPROX CREA (<i>ciclopirox olamine</i>) | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| LOPROX SUSP (ciclopirox olamine) | NP | | tolnaftate CREA | P | |
| luliconazole | NP | | tolnaftate CREA | NP | |
| LUZU (luliconazole) | NP | | tolnaftate POWD EX | NP | |
| miconazole nitrate (topical) AERP | NP | | tolnaftate SOLN | NP | RX/OTC |
| miconazole nitrate (topical) CREA | P | | undecylenic acid-zinc undecylenate OINT | P | |
| miconazole nitrate (topical) CREA | NP | | VOTRIZA-AL LOTN | NP | |
| miconazole nitrate (topical) POWD EX | NP | | VUSION (miconazole- zinc oxide-white petrolatum) | NP | |
| MICONAZOLE NITRATE SOLN | P | | Anti-inflammatory Agents - Topical | | |
| miconazole-zinc oxide- white petrolatum | NP | | diclofenac epolamine PTCH EX | NP | |
| MICONI-AL SOLN | NP | | diclofenac sodium (topical) GEL EX | NP | RX/OTC |
| naftifine hcl CREA | NP | | diclofenac sodium (topical) GEL EX | P | RX/OTC |
| naftifine hcl GEL 2 % | NP | | diclofenac sodium (topical) SOLN EX 1.5 % | P | |
| NAFTIN GEL | NP | | diclofenac sodium (topical) SOLN EX | NP | |
| NAFTIN GEL (naftifine hcl) | NP | | PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) | NP | |
| nystatin (topical) CREA | P | | Antineoplastic or Premalignant Lesion Agents - Topical | | |
| nystatin (topical) OINT | P | | bexarotene (topical) | P | SP |
| nystatin (topical) POWD EX | P | | diclofenac sodium (actinic keratoses) EX | NP | |
| nystatin (topical) POWD EX | NP | | fluorouracil (topical) CREA | P | |
| nystatin-triamcinolone CREA | NP | | fluorouracil (topical) SOLN | P | |
| nystatin-triamcinolone OINT | P | | Antipruritics - Topical | | |
| oxiconazole nitrate CREA | NP | | camphor & menthol LOTN | P | |
| OXISTAT LOTN | NP | | doxepin hcl (antipruritic) | P | |
| tavaborole | NP | | Antipsoriatics | | |
| terbinafine hcl (topical) CREA | NP | | acitretin | P | |
| terbinafine hcl (topical) CREA | P | | | | |
| tolnaftate AERP | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|-----------|---------------------|--|-----------|---------------------|
| BIMZELX SOAJ 160 MG/ML | NP | SP | <i>tazarotene GEL</i> | NP | |
| BIMZELX SOAJ 320 MG/2ML | NP | | TREMFYA SOAJ 100 MG/ML | NP | SP; PA |
| BIMZELX SOSY 160 MG/ML | NP | SP | TREMFYA SOAJ 200 MG/2ML | NP | SP |
| BIMZELX SOSY 320 MG/2ML | NP | | TREMFYA SOLN | NP | SP |
| <i>calcipotriene CREA</i> | P | | TREMFYA SOSY 200 MG/2ML | NP | SP |
| CALCIPOTRIENE FOAM | NP | | TREMFYA SOSY 100 MG/ML | NP | SP; PA |
| <i>calcipotriene OINT</i> | P | | VECTICAL (<i>calcitriol (topical)</i>) | NP | |
| <i>calcipotriene SOLN</i> | P | | VTAMA | NP | |
| <i>calcitriol (topical)</i> | NP | | Antiseborrheic Products | | |
| COSENTYX (300 MG DOSE) SOSY | NP | SP; PA | DERMAZINC CREAM CREA | P | RX/OTC |
| COSENTYX SENSOREADY (300 MG) SOAJ | NP | SP; PA | DERMAZINC SPRAY LIQD | P | |
| COSENTYX SENSOREADY PEN SOAJ | NP | SP; PA | DERMAZINC ZINC THERAPY SOAP BAR | P | |
| COSENTYX UNOREADY SOAJ | NP | SP | NUTRASEB CREA | P | RX/OTC |
| COSENTYX SOLN | NP | SP | OVACE PLUS WASH GEL (<i>sulfacetamide sodium</i>) | NP | |
| COSENTYX SOSY | NP | SP; PA | OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>) | NP | |
| ILUMYA | NP | SP; PA | OVACE PLUS SHAM (<i>sulfacetamide sodium</i>) | NP | |
| <i>methoxsalen rapid</i> | NP | | OVACE WASH LIQD (<i>sulfacetamide sodium</i>) | NP | |
| SILIQ | NP | SP; PA | PROMISEB CREA | P | RX/OTC |
| SKYRIZI PEN SOAJ | NP | SP; PA | <i>pyrithione zinc SHAM</i> | P | |
| SKYRIZI SOSY | NP | SP; PA | SEBEX | P | |
| SORILUX FOAM | NP | | <i>selenium sulfide LOTN</i> | P | |
| SOTYKTU | NP | SP | <i>selenium sulfide LOTN</i> | P | |
| SPEVIGO SOLN | NP | SP | <i>selenium sulfide SHAM 1 %</i> | P | |
| SPEVIGO SOSY | NP | SP | <i>sulfacetamide sodium GEL</i> | NP | |
| STELARA SOSY | NP | SP; PA | <i>sulfacetamide sodium LIQD</i> | NP | |
| TALTZ SOAJ | P | SP; PA | | | |
| TALTZ SOSY 80 MG/ML | P | SP; PA | | | |
| TALTZ SOSY 20 MG/0.25ML, 40 MG/0.5ML | P | SP | | | |
| <i>tazarotene CREA</i> | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>sulfacetamide sodium SHAM 10 %</i> | NP | | <i>betamethasone dipropionate augmented LOTN</i> | NP | |
| ZORYVE | NP | | <i>betamethasone dipropionate augmented OINT</i> | NP | |
| Antivirals - Topical | | | <i>betamethasone valerate CREA</i> | NP | |
| <i>acyclovir topical CREA</i> | NP | | <i>betamethasone valerate FOAM</i> | NP | |
| <i>acyclovir topical OINT</i> | P | | <i>betamethasone valerate LOTN</i> | NP | |
| DENAVIR (<i>penciclovir</i>) | NP | | <i>betamethasone valerate OINT</i> | NP | |
| <i>docosanol</i> | P | | BRYHALI LOTN | NP | |
| <i>penciclovir</i> | NP | | <i>calcipotriene-betamethasone dipropionate OINT</i> | NP | |
| XERESE | NP | | <i>calcipotriene-betamethasone dipropionate SUSP</i> | NP | |
| ZOVIRAX CREA (<i>acyclovir topical</i>) | NP | | CAPEX SHAM | NP | |
| ZOVIRAX OINT (<i>acyclovir topical</i>) | NP | | <i>clobetasol propionate emollient base 0.05 %</i> | NP | |
| Burn Products | | | <i>clobetasol propionate emulsion</i> | NP | |
| <i>silver sulfadiazine</i> | P | | <i>clobetasol propionate CREA 0.05 %</i> | NP | |
| Corticosteroids - Topical | | | <i>clobetasol propionate FOAM</i> | NP | |
| <i>alclometasone dipropionate CREA</i> | NP | | <i>clobetasol propionate GEL 0.05 %</i> | NP | |
| <i>alclometasone dipropionate OINT</i> | NP | | <i>clobetasol propionate LIQD</i> | NP | |
| <i>amcinonide CREA</i> | NP | | <i>clobetasol propionate LOTN</i> | NP | |
| APEXICON E CREA | NP | | <i>clobetasol propionate OINT 0.05 %</i> | P | |
| <i>betamethasone dipropionate (topical) CREA</i> | NP | | <i>clobetasol propionate SHAM</i> | NP | |
| <i>betamethasone dipropionate (topical) LOTN</i> | NP | | <i>clobetasol propionate SOLN 0.05 %</i> | P | |
| <i>betamethasone dipropionate (topical) OINT</i> | NP | | | | |
| <i>betamethasone dipropionate augmented CREA</i> | NP | | | | |
| <i>betamethasone dipropionate augmented GEL 0.05 %</i> | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| CLOBEX SPRAY LIQD (clobetasol propionate) | NP | | fluocinonide emulsified base | NP | |
| CLOBEX SHAM (clobetasol propionate) | NP | | fluocinonide CREA | NP | |
| clocortolone pivalate | NP | | fluocinonide GEL | NP | |
| CLODAN | NP | | fluocinonide OINT | P | |
| CLODERM (clocortolone pivalate) | NP | | fluocinonide SOLN | NP | |
| DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) | NP | | flurandrenolide LOTN | NP | |
| DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide) | NP | | fluticasone propionate CREA 0.05 % | P | |
| desonide CREA | NP | | fluticasone propionate LOTN | NP | |
| desonide LOTN | NP | | fluticasone propionate OINT | P | |
| desonide OINT | NP | | halcinonide CREA | NP | |
| desoximetasone CREA | NP | | halobetasol propionate CREA | NP | |
| desoximetasone GEL | NP | | halobetasol propionate FOAM | NP | |
| desoximetasone LIQD | NP | | halobetasol propionate OINT | NP | |
| desoximetasone OINT | NP | | HALOG CREA (halcinonide) | NP | |
| diflorasone diacetate CREA | NP | | HALOG OINT | NP | |
| diflorasone diacetate OINT | NP | | HALOG SOLN | NP | |
| DIPROLENE OINT (betamethasone dipropionate augmented) | NP | | hydrocortisone (topical) CREA | P | RX/OTC |
| DUOBRII | NP | | hydrocortisone (topical) LOTN 2.5 % | P | |
| ENSTILAR FOAM | NP | | hydrocortisone (topical) OINT 1 %, 2.5 % | P | RX/OTC |
| EPIFOAM FOAM | P | | hydrocortisone (topical) SOLN 2.5 % | NP | |
| fluocinolone acetonide CREA | NP | | hydrocortisone acetate (topical) OINT | P | |
| fluocinolone acetonide OIL | NP | | HYDROCORTISONE ACETATE CREA | NP | |
| fluocinolone acetonide OIL | P | | hydrocortisone butyrate hydrophilic lipo base | NP | |
| fluocinolone acetonide OINT | NP | | hydrocortisone butyrate CREA | NP | |
| fluocinolone acetonide SOLN | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>hydrocortisone butyrate</i> LOTN | NP | | TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>) | NP | |
| <i>hydrocortisone butyrate</i> OINT | NP | | TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>) | NP | |
| <i>hydrocortisone butyrate</i> SOLN | NP | | TOPICORT SPRAY LIQD (<i>desoximetasone</i>) | NP | |
| HYDROCORTISONE COMPLETE KIT THPK | P | | TOPICORT CREA (<i>desoximetasone</i>) | NP | |
| <i>hydrocortisone valerate</i> CREA | NP | | TOPICORT GEL (<i>desoximetasone</i>) | NP | |
| <i>hydrocortisone valerate</i> OINT | NP | | TOPICORT OINT (<i>desoximetasone</i>) | NP | |
| HYDROXYM GEL | P | | TOVET | NP | |
| IMPEKLO LOTN | NP | | <i>triamcinolone acetonide</i> (topical) AERS | NP | |
| KENALOG AERS (<i>triamcinolone acetonide</i> (topical)) | NP | | <i>triamcinolone acetonide</i> (topical) CREA | P | |
| LOCOID LIPOCREAM | NP | | <i>triamcinolone acetonide</i> (topical) LOTN | P | |
| LOCOID LOTN (<i>hydrocortisone butyrate</i>) | NP | | <i>triamcinolone acetonide</i> (topical) OINT 0.05 % | NP | |
| <i>mometasone furoate</i> CREA | P | | <i>triamcinolone acetonide</i> (topical) OINT 0.025 %, 0.1 %, 0.5 % | P | |
| <i>mometasone furoate</i> OINT | P | | ULTRAVATE LOTN | NP | |
| <i>mometasone furoate</i> SOLN | P | | VANOS CREA (<i>fluocinonide</i>) | NP | |
| OLUX FOAM (<i>clobetasol propionate</i>) | NP | | Eczema Agents | | |
| PANDEL | NP | | ADBRY SOAJ | P | SP; PA |
| <i>prednicarbate</i> OINT | NP | | ADBRY SOSY | P | SP; PA |
| SYNALAR (CREAM) | NP | | CIBINQO | NP | SP; PA |
| SYNALAR (OINTMENT) | NP | | DUPIXENT SOAJ | NP | SP; PA |
| SYNALAR TS | NP | | DUPIXENT SOAJ | P | SP; PA |
| SYNALAR CREA (<i>fluocinolone acetonide</i>) | NP | | DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML | P | SP; PA |
| SYNALAR OINT (<i>fluocinolone acetonide</i>) | NP | | DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML | NP | SP; PA |
| SYNALAR SOLN (<i>fluocinolone acetonide</i>) | NP | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|---------------------|
| EBGLYSS SOAJ | NP | SP | Keratolytic/Antimitotic/Vesicant Agents | | |
| EBGLYSS SOSY | NP | SP | BETASAL SHAM | P | |
| OPZELURA | NP | QL(400 GM per 365 day(s) retail; 400 GM per 365 days mail); PA | CVS PSORIASIS MEDICATED SHAM | P | |
| Emollient/Keratolytic Agents | | | CVS THERAPEUTIC DANDRUFF SHAM | P | |
| <i>urea CREA 20 %</i> | NP | RX/OTC | DENOREX EX ST MEDICATED SHAM | P | |
| Emollients | | | DERMAREST PSORIASIS SHAM | P | |
| <i>colloidal oatmeal PACK</i> | P | | DHS SAL SHAM | P | |
| <i>glycerin (topical)</i> | P | | DUOFILM SOLN | P | |
| LACTIC ACID E | P | | MG217 DANDRUFF SHAMPOO/COND SHAM | P | |
| LACTIC ACID LOTN | P | | MG217 PSORIASIS THER SHAM/COND SHAM | P | |
| Hair Growth Agents | | | NEUTROGENA T/SAL SHAM | P | |
| <i>bimatoprost (topical)</i> | NP | | NIZORAL PSORIASIS SHAMPOO/COND SHAM | P | |
| LATISSE (<i>bimatoprost (topical)</i>) | NP | | P & S SHAM | P | |
| LITFULO | NP | SP | PODOCON-25 SOLN | P | |
| Immunomodulating Agents - Systemic | | | <i>podofilox GEL</i> | P | |
| NEMLUVIO | NP | SP | <i>podofilox SOLN</i> | P | |
| Immunomodulating Agents - Topical | | | <i>salicylic acid LIQD 3 %, 17 %</i> | P | |
| <i>imiquimod</i> | P | | <i>salicylic acid LIQD 2 %</i> | NP | |
| <i>imiquimod 3.75 %</i> | NP | | SELSUN BLUE DEEP CLEANSING SHAM | P | |
| ZYCLARA (<i>imiquimod</i>) | NP | | SELSUN BLUE NATURALS DRY SCALP SHAM | P | |
| ZYCLARA PUMP | NP | | THERAPEUTIC DANDRUFF SHAM | P | |
| ZYCLARA PUMP (<i>imiquimod</i>) | NP | | THERAPEUTIC T+PLUS MAX ST SHAM | P | |
| Immunosuppressive Agents - Topical | | | Liniments | | |
| ELIDEL (<i>pimecrolimus</i>) | NP | QL(400 GM per 365 day(s) retail); PA | <i>liniments & rubs LOTN</i> | P | |
| <i>pimecrolimus</i> | P | QL(400 GM per 365 day(s) retail); PA | <i>trolamine salicylate CREA</i> | P | |
| <i>tacrolimus (topical) OINT</i> | P | QL(400 GM per 365 day(s) retail); PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|-------------------------------------|-----------|---------------------|
| Local Anesthetics - Topical | | | <i>pramoxine-zinc acetate</i> | P | |
| <i>benzocaine (topical) OINT</i> | P | | QUTENZA | NP | |
| <i>benzocaine-triclosan</i> | P | | QUTENZA (2 PATCH) | NP | |
| BURN RELIEF/LIDOCAINE/ALOE | P | | QUTENZA (4 PATCH) | NP | |
| <i>capsaicin CREA 0.025 %, 0.075 %</i> | P | | ZTLIDO PTCH | NP | |
| <i>capsaicin CREA 0.025 %, 0.075 %</i> | P | | Misc. Dermatological Products | | |
| CVS AFTERSUN ALOE/LIDOCAINE GEL | P | | ALEVICYN ANTIPRURITIC SG GEL | P | RX/OTC |
| <i>dibucaine</i> | P | | ALEVICYN ANTIPRURITIC GEL | P | RX/OTC |
| ITCH-X GEL | P | | HALUCORT GEL | P | RX/OTC |
| ITCH-X SOLN | P | | LEVICYN GEL | P | RX/OTC |
| <i>lidocaine hcl CREA 3 %, 4 %</i> | P | | NONYX GEL | P | RX/OTC |
| <i>lidocaine hcl GEL 0.5 %, 2 %</i> | P | RX/OTC | OC8 GEL | P | RX/OTC |
| <i>lidocaine hcl PRSY</i> | P | | PROTEIN 29 HAIR GROOM GEL | P | RX/OTC |
| <i>lidocaine AERO</i> | P | | SEBUDERM GEL | P | RX/OTC |
| <i>lidocaine-benzalkonium LIQD 2.5 %-0.13 %</i> | P | | STRATA CTX GEL | P | RX/OTC |
| <i>lidocaine CREA 4 %</i> | P | | STRATA MARK GEL | P | RX/OTC |
| <i>lidocaine OINT 5 %</i> | NP | | STRATA XRT GEL | P | RX/OTC |
| <i>lidocaine-prilocaine CREA</i> | P | | Misc. Topical | | |
| <i>lidocaine-prilocaine KIT</i> | P | | <i>benzoin compound TINC</i> | P | RX/OTC |
| <i>lidocaine PTCH 4 %, 5 %</i> | P | | COLEMAN 100 MAX CONTINUOUS SPR AERO | P | |
| <i>lidocaine PTCH 5 %</i> | NP | | COLEMAN 100 MAX INSECT REPEL LIQD | P | |
| <i>lidocaine-transparent dressing 4 %</i> | P | | COLEMAN INSECT REPEL HIGH&DRY AERO | P | |
| LIDODERM PTCH (<i>lidocaine</i>) | NP | | COLEMAN INSECT REPEL SPORTSMEN AERO | P | |
| OUTGRO PAIN RELIEF LIQD | P | | CUTTER ALL FAMILY AERO | P | |
| <i>pramoxine hcl LOTN</i> | P | | CUTTER ALL FAMILY LIQD | P | |
| <i>pramoxine-calamine LOTN</i> | P | | CUTTER BACKWOODS DRY AERO | P | |
| <i>pramoxine-menthol CREA</i> | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|---|-----------|--------------------------------------|
| CUTTER BACKWOODS AERO | P | | REPEL FAMILY DRY AERO | P | |
| CUTTER BACKWOODS LIQD | P | | REPEL FAMILY AERO | P | |
| CUTTER DRY AERO | P | | REPEL HUNTERS FORMULA AERO | P | |
| CUTTER SKINSATIONS AERO | P | | REPEL SPORTSMEN DRY AERO | P | |
| CUTTER SKINSATIONS LIQD | P | | REPEL SPORTSMEN MAX AERO | P | |
| CUTTER SPORT AERO | P | | REPEL SPORTSMEN MAX LIQD | P | |
| CUTTER AERO | P | | REPEL SPORTSMEN AERO | P | |
| CVS INSECT REPELLENT AERO | P | | REPEL TICK DEFENSE AERO | P | |
| CVS TOTAL HOME INSECT REPEL AERO | P | | SAWYER INSECT REPELLENT AERO | P | |
| MAXI DEET LIQD | P | | SAWYER INSECT REPELLENT LIQD | P | |
| NATRAPEL 12-HOUR TICK/INSECT AERO | P | | ULTRATHON INSECT REPELLENT 8 AERO | P | |
| NATRAPEL LIQD | P | | <i>zinc oxide (topical) OINT 20 %</i> | P | |
| OFF ACTIVE AERO | P | | Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| OFF DEEP WOODS DRY AERO | P | | EUCRISA | P | QL(400 GM per 365 day(s) retail); ST |
| OFF DEEP WOODS SPORTSMEN AERO | P | | ZORYVE | NP | |
| OFF DEEP WOODS SPORTSMEN LIQD | P | | Podiatric Products | | |
| OFF DEEP WOODS AERO | P | | AMLACTIN FOOT CREAM THERAPY CREA | P | |
| OFF DEEP WOODS LIQD | P | | AMLACTIN FOOT REPAIR CREA | P | |
| OFF FAMILYCARE CLEAN FEEL LIQD | P | | DR TEALS SHEA ENRICHED FOOT CREA | P | |
| OFF FAMILYCARE TROPICAL FRESH LIQD | P | | ELON HERBAL FOOT CREA | P | |
| OFF FAMILYCARE UNSCENTED LIQD | P | | EUCERIN ADVANCED REPAIR FOOT CREA | P | |
| OFF SMOOTH & DRY AERO | P | | GOLD BOND FOOT CREA | P | |
| RANGER READY REPELLENT LIQD | P | | | | |
| REPEL 100 LIQD | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| PALMERS FOOT MAGIC SCRUB CREA | P | | <i>permethrin CREA</i> | P | |
| UDDERLY SMOOTH FOOT CREA | P | | <i>permethrin LIQD EX</i> | P | |
| Rosacea Agents | | | <i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i> | P | |
| <i>azelaic acid GEL</i> | P | | <i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i> | P | |
| <i>doxycycline (rosacea)</i> | NP | | SKLICE (<i>ivermectin (pediculicide)</i>) | NP | |
| FINACEA GEL (<i>azelaic acid</i>) | NP | | <i>spinosad</i> | NP | |
| <i>ivermectin (rosacea)</i> | NP | | VANALICE GEL | NP | |
| METROCREAM CREA (<i>metronidazole (topical)</i>) | NP | | Tar Products | | |
| METROGEL GEL 1 % (<i>metronidazole (topical)</i>) | NP | | BETA CARE BETATAR GEL SHAM | P | |
| <i>metronidazole (topical) CREA</i> | NP | | <i>coal tar extract SHAM 0.5 %, 1 %</i> | P | |
| <i>metronidazole (topical) CREA</i> | P | | <i>coal tar extract SHAM 0.5 %, 1 %</i> | P | |
| <i>metronidazole (topical) GEL</i> | P | | <i>coal tar extract SOLN</i> | P | |
| <i>metronidazole (topical) LOTN</i> | P | | DHS TAR GEL SHAM (<i>coal tar extract</i>) | P | |
| MIRVASO (<i>brimonidine tartrate (topical)</i>) | NP | | DHS TAR SHAM (<i>coal tar extract</i>) | P | |
| NORITATE CREA | P | | X-SEB T PEARL SHAM | P | |
| ORACEA (<i>doxycycline (rosacea)</i>) | NP | | X-SEB T PLUS SHAM | P | |
| ROSADAN | P | | Wound Care Products | | |
| SOOLANTRA (<i>ivermectin (rosacea)</i>) | NP | | ACTIMARIS WOUND GEL | P | RX/OTC |
| Scabicides & Pediculicides | | | AMERIGEL WOUND DRESSING GEL | P | RX/OTC |
| <i>crotamiton LOTN</i> | NP | | ARIDA GEL | P | RX/OTC |
| ELIMITE CREA (<i>permethrin</i>) | NP | | ATRAPRO HYDROGEL GEL | P | RX/OTC |
| <i>ivermectin (pediculicide)</i> | NP | | AZADROX GEL | P | RX/OTC |
| <i>malathion</i> | NP | | BASADROX GEL | P | RX/OTC |
| NATROBA (<i>spinosad</i>) | P | | CURAFIL WOUND DRESSING GEL | P | RX/OTC |
| OVIDE (<i>malathion</i>) | NP | | CVS ANTI-MICROBIAL SILVER GEL | P | RX/OTC |
| <i>permethrin AERO</i> | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|-----------------------------------|-----------|---------------------|
| CVS MANUKA HONEY WOUND GEL | P | RX/OTC | TRIDERGEL GEL | P | RX/OTC |
| DERMAGRAN HYDROGEL WOUND GEL | P | RX/OTC | WOUND GEL SPRAY GEL | P | RX/OTC |
| DERMAGRAN-B HYDROPHILIC GEL | P | RX/OTC | WOUND GEL GEL | P | RX/OTC |
| DERPIXA GEL | P | RX/OTC | WOUN'DRES GEL | P | RX/OTC |
| DYNAGEL GEL | P | RX/OTC | ZANABIN HYDROGEL GEL | P | RX/OTC |
| EXCEL-GEL GEL | P | RX/OTC | ZENPHOR WOUND GEL GEL | P | RX/OTC |
| HAPRODERM GEL | P | RX/OTC | DIAGNOSTIC PRODUCTS | | |
| INTRASITE GEL APPLIPAK GEL | P | RX/OTC | Diagnostic Drugs | | |
| KENDALL AMORPHOUS WOUND GEL | P | RX/OTC | GLUCAGON HCL (DIAGNOSTIC) | P | |
| KERAGEL GEL | P | RX/OTC | Diagnostic Tests | | |
| KERAGELT GEL | P | RX/OTC | ALBUSTIX STRP | P | |
| L-MESITRAN SOFT WOUND GEL | P | RX/OTC | AZO TEST STRIPS STRP | P | |
| MEDIHONEY WOUND/BURN DRESSING GEL | P | RX/OTC | AZO TEST STRP | P | |
| NORMLGEL AG GEL | P | RX/OTC | CHEMSTRIP 10 MD | P | |
| NU-GEL GEL | P | RX/OTC | CHEMSTRIP 10/SG | P | |
| RADIAPLEXRX GEL | P | RX/OTC | CHEMSTRIP 2 GP | P | |
| RESTA SILVER GEL | P | RX/OTC | CHEMSTRIP 5 OB | P | |
| RESTORE HYDROGEL DRESSING GEL | P | RX/OTC | CHEMSTRIP 7 | P | |
| REVITADERM WOUND CARE GEL | P | RX/OTC | CHEMSTRIP 9 | P | |
| SILVERMED GEL | P | RX/OTC | CHEMSTRIP K STRP | P | |
| SILVRSTAT WOUND DRESSING GEL | P | RX/OTC | CHEMSTRIP MICRAL STRP | P | |
| SOLOSITE WOUND GEL GEL | P | RX/OTC | CHEMSTRIP UGK | P | |
| SOLOX GEL | P | RX/OTC | CLINISTIX UTI TEST STRIPS STRP | P | |
| STIMULEN GEL | P | RX/OTC | CVS KETONE CARE | P | |
| STRATA GRT GEL | P | RX/OTC | FREESTYLE INSULINX TEST STRP | P | RX/OTC |
| TEGADERM HYDROGEL WOUND FILLER GEL | P | RX/OTC | FREESTYLE LITE TEST STRP | P | RX/OTC |
| | | | FREESTYLE PRECISION NEO TEST STRP | P | RX/OTC |
| | | | FREESTYLE TEST STRP | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| GNP URINARY TRACT TEST STRIPS STRP | P | |
| KETO-DIASTIX | P | |
| KETONE TEST STRP | P | |
| KETOSTIX STRP | P | |
| MULTISTIX 10 SG | P | |
| PRECISION XTRA BLOOD GLUCOSE STRP | P | RX/OTC |
| RA URINARY TRACT INFECTION STRP | P | |
| RELION KETONE TEST STRP | P | |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| Nutritional Supplements | | |
| AMINOPMRMS CAPS | P | RX/OTC |
| ANTI-INFLAMMATORY ENZYME CAPS | P | RX/OTC |
| ANTIOXIDANT FORMULA CAPS | P | RX/OTC |
| ASILNASALRMS CAPS | P | RX/OTC |
| BIO-IMMUNEX CAPS | P | RX/OTC |
| BRAIN SUPPORT CAPS | P | RX/OTC |
| CARDIO COMPLETE CAPS | P | RX/OTC |
| CHRONOVISION CAPS | P | RX/OTC |
| ESTROVEN WEIGHT MANAGEMENT CAPS | P | RX/OTC |
| HOMOCYSTEINE SUPPORT CAPS | P | RX/OTC |
| HORMONE PROTECT CAPS | P | RX/OTC |
| LEPTIN MANAGER CAPS | P | RX/OTC |
| MALE SUPPORT CAPS | P | RX/OTC |
| METHIONINE-200 CAPS | P | RX/OTC |
| <i>nutritional supplements CAPS</i> | P | RX/OTC |
| PROSTATE 2.4 CAPS | P | RX/OTC |
| PROTEOLIN CAPS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VITEYES TEAR SUPPORT CAPS | P | RX/OTC |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| Digestive Enzymes | | |
| BIO-ZYME TABS | P | |
| CREON CPEP | P | |
| CVS DAIRY RELIEF EX ST TABS | P | |
| DIGESTIVE ENZYMES TABS | P | |
| EQL DIGESTIVE ENZYMES TABS | P | |
| <i>lactase CHEW 9000 UNIT</i> | P | |
| <i>lactase TABS 3000 UNIT, 9000 UNIT</i> | P | |
| OMNIGEST EZ TABS | P | |
| PANPLEX 2-PHASE TBEC | P | |
| PARVENZYME DIGESTIVE ENZYME TABS | P | |
| PERTZYE CPEP | NP | |
| SUPER ENZYMES TABS | P | |
| VIOKACE TABS | NP | |
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | P | |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | | |
| Carbonic Anhydrase Inhibitors | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>acetazolamide CP12</i> | P | | DIURIL SUSP | P | |
| <i>acetazolamide TABS</i> | P | | <i>hydrochlorothiazide CAPS</i> | P | |
| <i>dichlorphenamide</i> | NP | SP | <i>hydrochlorothiazide TABS</i> | P | |
| KEVEYIS (<i>dichlorphenamide</i>) | NP | SP | <i>indapamide TABS 1.25 MG, 2.5 MG</i> | P | |
| <i>methazolamide TABS</i> | NP | | <i>metolazone 10 MG</i> | P | |
| Diuretic Combinations | | | <i>metolazone 2.5 MG, 5 MG</i> | P | QL(1 EA daily) |
| <i>amiloride & hydrochlorothiazide</i> | P | | THALITONE | NP | |
| <i>spironolactone & hydrochlorothiazide</i> | P | | ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | P | | - Drugs to Treat Bone Disease and Regulate Hormones | | |
| <i>triamterene & hydrochlorothiazide TABS</i> | P | | Bone Density Regulators | | |
| Loop Diuretics | | | ACTONEL TABS 35 MG, 150 MG (<i>risedronate sodium</i>) | NP | |
| <i>bumetanide TABS</i> | P | | <i>alendronate sodium SOLN</i> | NP | |
| EDECIN (<i>ethacrynic acid</i>) | NP | | <i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i> | P | |
| <i>ethacrynic acid</i> | NP | | AELVIA TBEC (<i>risedronate sodium</i>) | NP | |
| <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i> | P | | BINOSTO TBEF | NP | |
| <i>furosemide TABS</i> | P | | <i>calcitonin (salmon) IJ</i> | P | |
| LASIX TABS (<i>furosemide</i>) | NP | | <i>calcitonin (salmon) NA</i> | P | |
| <i>toremide TABS</i> | P | | EVENITY | NP | SP; PA |
| Potassium Sparing Diuretics | | | FORTEO SOPN (<i>teriparatide</i>) | P | SP; PA |
| ALDACTONE TABS (<i>spironolactone</i>) | NP | | FOSAMAX PLUS D | NP | |
| <i>amiloride hcl TABS</i> | P | | FOSAMAX TABS 70 MG (<i>alendronate sodium</i>) | NP | |
| CAROSPIR SUSP (<i>spironolactone</i>) | NP | | <i>ibandronate sodium TABS</i> | P | |
| <i>spironolactone SUSP</i> | P | | PROLIA SOSY | P | SP; PA |
| <i>spironolactone TABS</i> | P | | <i>risedronate sodium TABS</i> | NP | |
| <i>triamterene CAPS</i> | NP | | <i>risedronate sodium TBEC</i> | NP | |
| Thiazides and Thiazide-Like Diuretics | | | <i>teriparatide SOPN</i> | NP | SP; PA |
| <i>chlorthalidone 25 MG, 50 MG</i> | P | | TERIPARATIDE SOPN | NP | SP |
| | | | TYMLOS | NP | SP; PA |
| | | | XGEVA SOLN | P | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| GnRH/LHRH Antagonists | | | SYNAREL | P | SP |
| ORLISSA | P | SP; PA | TRIPTODUR | NP | SP |
| Growth Hormones | | | Menopausal Symptoms Suppressants | | |
| GENOTROPIN MINIQUICK PRSY | P | SP; PA | VEOZAH | NP | |
| GENOTROPIN CART SC | P | SP; PA | Metabolic Modifiers | | |
| HUMATROPE CART IJ | NP | SP; PA | BUPHENYL POWD (sodium phenylbutyrate) | NP | SP |
| NGENLA | NP | SP | BUPHENYL TABS (sodium phenylbutyrate) | NP | SP |
| NORDITROPIN FLEXP SOPN | P | SP; PA | calcitriol CAPS | P | |
| NUTROPIN AQ NUSPIN 10 SOPN | NP | SP; PA | calcitriol SOLN PO | P | |
| NUTROPIN AQ NUSPIN 20 SOPN | NP | SP; PA | CARBAGLU (carglumic acid) | NP | SP |
| NUTROPIN AQ NUSPIN 5 SOPN | NP | SP; PA | carglumic acid | P | SP |
| OMNITROPE SOCT | NP | SP; PA | carglumic acid | NP | SP |
| OMNITROPE SOLR SC | NP | SP; PA | cinacalcet hcl | P | SP |
| SEROSTIM SC 4 MG, 5 MG, 6 MG | NP | SP; PA | levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML | P | |
| SKYTROFA | NP | SP; PA | levocarnitine (metabolic modifiers) TABS | P | |
| SKYTROFA | P | SP; PA | nitisinone CAPS | P | SP |
| SOGROYA | NP | SP | OLPRUVA (2 GM DOSE) THPK | NP | SP |
| ZOMACTON SOLR SC | NP | SP; PA | OLPRUVA (3 GM DOSE) THPK | NP | SP |
| Hormone Receptor Modulators | | | OLPRUVA (4 GM DOSE) THPK | NP | SP |
| EVISTA (raloxifene hcl) | NP | ST | OLPRUVA (5 GM DOSE) THPK | NP | SP |
| raloxifene hcl | NP | | OLPRUVA (6 GM DOSE) THPK | NP | SP |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | | OLPRUVA (6.67 GM DOSE) THPK | NP | SP |
| FENSOLVI (6 MONTH) SC | P | SP | paricalcitol CAPS | NP | |
| LUPRON DEPOT-PED (1- MONTH) | P | SP | paricalcitol SOLN | NP | SP |
| LUPRON DEPOT-PED (3- MONTH) | P | SP | PHEBURANE PLLT | P | |
| LUPRON DEPOT-PED (6- MONTH) IM | P | SP | RAVICTI | NP | SP |
| SUPPRELIN LA | P | SP | RAYALDEE | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| SENSIPAR (<i>cinacalcet hcl</i>) | NP | SP |
| <i>sodium phenylbutyrate POWD</i> | P | SP |
| <i>sodium phenylbutyrate TABS</i> | P | SP |
| XPHOZAH | NP | SP |
| ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>) | NP | |
| ZEMPLAR SOLN (<i>paricalcitol</i>) | NP | SP |
| Mineralocorticoid Receptor Antagonists | | |
| KERENDIA | NP | |
| Natriuretic Peptides | | |
| VOXZOGO | NP | SP |
| Posterior Pituitary Hormones | | |
| <i>desmopressin acetate spray</i> | P | |
| <i>desmopressin acetate spray refrigerated 0.01 %</i> | P | |
| <i>desmopressin acetate SOLN IJ</i> | P | SP |
| <i>desmopressin acetate TABS</i> | P | |
| NOCDURNA SUBL | NP | |
| Somatostatic Agents | | |
| <i>lanreotide acetate</i> | P | SP |
| LANREOTIDE ACETATE | P | SP |
| <i>octreotide acetate KIT</i> | P | SP |
| <i>octreotide acetate SOLN</i> | P | SP |
| <i>octreotide acetate SOSY</i> | P | SP |
| SANDOSTATIN LAR DEPOT KIT 10 MG | P | SP |
| SOMATULINE DEPOT | P | SP |
| ESTROGENS - Hormone Replacement/Modifying Drugs | | |
| Estrogen Combinations | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| BIJUVA 1 MG-100 MG | NP | |
| <i>estradiol & norethindrone acetate TABS</i> | P | |
| MYFEMBREE | P | PA |
| <i>norethindrone acetate-ethinyl estradiol</i> | P | |
| ORIAHNN | NP | PA |
| PREMPRO | P | |
| Estrogens | | |
| <i>estradiol PTWK</i> | P | |
| <i>estradiol TABS</i> | P | |
| MENEST 0.3 MG, 0.625 MG, 1.25 MG | P | |
| PREMARIN TABS | P | |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| BAXDELA TABS | NP | |
| <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i> | P | |
| <i>ciprofloxacin in d5w 400 MG/200ML</i> | P | |
| <i>ciprofloxacin SUSR</i> | NP | |
| CIPRO SUSR | NP | |
| CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>) | NP | |
| <i>levofloxacin SOLN PO</i> | NP | |
| <i>levofloxacin TABS 500 MG, 750 MG</i> | P | |
| <i>levofloxacin TABS 250 MG</i> | P | QL(1 EA daily) |
| <i>moxifloxacin hcl TABS</i> | NP | |
| <i>ofloxacin 300 MG, 400 MG</i> | NP | |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| 5-HT4 Receptor Agonists | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| MOTEGRITY (<i>prucalopride succinate</i>) | NP | | APRISO CP24 (<i>mesalamine</i>) | P | |
| <i>prucalopride succinate</i> | NP | | ASACOL HD TBEC (<i>mesalamine</i>) | NP | |
| Agents for Chronic Idiopathic Constipation (CIC) | | | AVSOLA | P | SP |
| TRULANCE | P | | AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>) | NP | |
| Antiflatulents | | | AZULFIDINE TABS (<i>sulfasalazine</i>) | NP | |
| <i>simethicone CAPS 125 MG</i> | P | | <i>balsalazide disodium CAPS</i> | P | |
| <i>simethicone CHEW</i> | P | | CANASA SUPP (<i>mesalamine</i>) | NP | |
| <i>simethicone CHEW</i> | P | | CIMZIA (2 SYRINGE) PSKT | NP | SP; PA |
| <i>simethicone LIQD PO</i> | P | | CIMZIA KIT | NP | SP; PA |
| <i>simethicone SUSP 20 MG/0.3ML</i> | P | | CIMZIA-STARTER PSKT | NP | SP; PA |
| Bile Acid Synthesis Disorder Agents | | | COLAZAL CAPS (<i>balsalazide disodium</i>) | NP | |
| CHOLBAM | NP | SP | DELZICOL CPDR (<i>mesalamine</i>) | P | |
| Farnesoid X Receptor (FXR) Agonists | | | DIPENTUM | NP | |
| OCALIVA | NP | SP | ENTYVIO PEN SOAJ | P | SP |
| Gallstone Solubilizing Agents | | | ENTYVIO SOLR | P | SP |
| CHENODAL | NP | SP | INFLECTRA SOLR | NP | SP |
| RELTONE CAPS | NP | | INFLIXIMAB | P | SP |
| URSO FORTE TABS (<i>ursodiol</i>) | NP | | LIALDA TBEC (<i>mesalamine</i>) | NP | |
| <i>ursodiol CAPS</i> | P | | <i>mesalamine w/ cleanser</i> | NP | |
| <i>ursodiol TABS</i> | P | | <i>mesalamine CP24</i> | NP | |
| Gastrointestinal Chloride Channel Activators | | | <i>mesalamine CPCR</i> | NP | |
| AMITIZA (<i>lubiprostone</i>) | NP | | <i>mesalamine CPDR</i> | NP | |
| <i>lubiprostone</i> | P | | <i>mesalamine ENEM</i> | P | |
| Gastrointestinal Stimulants | | | <i>mesalamine SUPP</i> | P | |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | P | | <i>mesalamine TBEC 800 MG</i> | NP | |
| <i>metoclopramide hcl TABS</i> | P | | <i>mesalamine TBEC 1.2 GM</i> | P | |
| Hepatotropics | | | OMVOH SOSY | NP | SP |
| REZDIFFRA | NP | SP | PENTASA CPCR | P | |
| Inflammatory Bowel Agents | | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| REMICADE | NP | SP; ST |
| RENFLEXIS | NP | SP |
| ROWASA (<i>mesalamine w/ cleanser</i>) | NP | |
| SFROWASA ENEM | NP | |
| SKYRIZI SOCT | NP | SP; PA |
| SKYRIZI SOLN | NP | SP; PA |
| STELARA 130 MG/26ML | NP | SP; PA |
| <i>sulfasalazine TABS</i> | P | |
| <i>sulfasalazine TBEC</i> | P | |
| VELSIPTY | NP | SP |
| ZYMFENTRA (1 PEN) AJKT | NP | SP |
| ZYMFENTRA (2 PEN) AJKT | NP | SP |
| ZYMFENTRA (2 SYRINGE) PSKT | NP | SP |
| Intestinal Acidifiers | | |
| <i>lactulose (encephalopathy)</i> | P | |
| Irritable Bowel Syndrome (IBS) Agents | | |
| <i>alosetron hcl</i> | NP | |
| IBSRELA | NP | |
| LINZESS 72 MCG, 290 MCG | P | |
| LINZESS 145 MCG | P | QL(1 EA daily) |
| LOTRONEX (<i>alosetron hcl</i>) | NP | |
| VIBERZI | NP | |
| Live Fecal Microbiota | | |
| VOWST | NP | SP |
| Peripheral Opioid Receptor Antagonists | | |
| MOVANTIK 12.5 MG | P | QL(1 EA daily) |
| MOVANTIK 25 MG | P | |
| RELISTOR TABS | NP | |
| SYMPROIC | NP | |
| Peroxisome Proliferator-Activated | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Receptor(PPAR) Agonists | | |
| IQIRVO | NP | SP |
| LIVDELZI | NP | SP |
| Phosphate Binder Agents | | |
| AURYXIA | NP | PA |
| <i>calcium acetate (phosphate binder) CAPS</i> | P | |
| <i>calcium acetate (phosphate binder) TABS</i> | NP | RX/OTC |
| FOSRENOL CHEW (<i>lanthanum carbonate</i>) | NP | PA |
| FOSRENOL PACK | NP | PA |
| <i>lanthanum carbonate CHEW</i> | NP | PA |
| RENVELA PACK (<i>sevelamer carbonate</i>) | NP | PA |
| RENVELA TABS (<i>sevelamer carbonate</i>) | NP | PA |
| <i>sevelamer carbonate PACK</i> | NP | PA |
| <i>sevelamer carbonate TABS</i> | P | PA |
| <i>sevelamer hcl</i> | NP | PA |
| VELPHORO | NP | PA |
| GENERAL ANESTHETICS | | |
| Volatile Anesthetics | | |
| <i>desflurane</i> | P | |
| <i>sevoflurane</i> | P | |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | | |
| Alkalinizers | | |
| <i>potassium citrate (alkalinizer) TBCR</i> | P | |
| <i>sodium citrate & citric acid</i> | P | RX/OTC |
| Genitourinary Irrigants | | |
| <i>acetic acid 0.25 %</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| RENACIDIN | P | | <i>colchicine CAPS</i> | NP | |
| Interstitial Cystitis Agents | | | <i>colchicine TABS</i> | P | |
| ELMIRON CAPS | P | | COLCRYS TABS (<i>colchicine</i>) | NP | |
| Prostatic Hypertrophy Agents | | | <i>febuxostat 40 MG</i> | P | QL(1 EA daily) |
| <i>alfuzosin hcl</i> | P | | <i>febuxostat 80 MG</i> | P | |
| AVODART (<i>dutasteride</i>) | NP | | GLOPERBA SOLN PO | NP | |
| CARDURA XL 8 MG | NP | | MITIGARE CAPS (<i>colchicine</i>) | NP | |
| CARDURA XL 4 MG | NP | QL(1 EA daily) | ULORIC 40 MG (<i>febuxostat</i>) | NP | QL(1 EA daily) |
| <i>dutasteride</i> | NP | | ULORIC 80 MG (<i>febuxostat</i>) | NP | |
| <i>dutasteride-tamsulosin hcl</i> | NP | | ZYLOPRIM 100 MG (<i>allopurinol</i>) | NP | |
| ENTADFI | NP | | Uricosurics | | |
| <i>finasteride</i> | P | | <i>probenecid</i> | P | |
| FLOMAX (<i>tamsulosin hcl</i>) | NP | | HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| PROSCAR (<i>finasteride</i>) | NP | | Antihemophilic Products | | |
| RAPAFLO 8 MG (<i>silodosin</i>) | NP | | ADVATE | NP | SP |
| RAPAFLO 4 MG (<i>silodosin</i>) | NP | QL(1 EA daily) | ADYNOVATE | NP | SP |
| <i>silodosin 4 MG</i> | NP | QL(1 EA daily) | AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT | P | SP |
| <i>silodosin 8 MG</i> | NP | | ALPHANATE SOLR | P | SP |
| <i>tamsulosin hcl</i> | P | | ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT | P | SP |
| Urinary Analgesics | | | ALPROLIX | P | SP |
| <i>phenazopyridine hcl TABS 95 MG, 99.5 MG</i> | NP | | ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT | NP | SP |
| <i>phenazopyridine hcl TABS 95 MG, 99.5 MG, 100 MG, 200 MG</i> | P | | BENEFIX KIT | P | SP |
| <i>phenazopyridine hcl TABS 95 MG, 99.5 MG, 100 MG, 200 MG</i> | P | | ELOCTATE | NP | SP |
| GOUT AGENTS - Drugs to Treat Gout | | | ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT | NP | SP |
| Gout Agent Combinations | | | | | |
| <i>colchicine w/ probenecid</i> | P | | | | |
| Gout Agents | | | | | |
| <i>allopurinol 200 MG</i> | NP | | | | |
| <i>allopurinol 100 MG, 300 MG</i> | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| FEIBA | P | SP |
| HEMLIBRA | P | SP |
| HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT | P | SP |
| HUMATE-P SOLR | P | SP |
| HYMPAVZI | NP | SP |
| IDELVION | NP | SP |
| IXINITY SOLR | P | SP |
| JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT | P | SP |
| JIVI 4000 UNIT | P | |
| KOATE-DVI SOLR 1000 UNIT | P | SP |
| KOATE SOLR | P | SP |
| KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT | NP | SP |
| KOVALTRY | P | SP |
| NOVOEIGHT | P | SP |
| NOVOSEVEN RT | P | SP |
| NUWIQ KIT | P | SP |
| NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT | P | SP |
| NUWIQ SOLR 1500 UNIT | NP | SP |
| OBIZUR | P | SP |
| PROFILNINE | P | SP |
| REBINYN | NP | SP |
| REBINYN | P | SP |
| RECOMBINATE SOLR | NP | SP |
| RIXUBIS SOLR | P | SP |
| SEVENFACT | NP | SP |
| VONVENDI | NP | SP |
| WILATE KIT | P | SP |
| XYNTHA | P | SP |
| XYNTHA SOLOFUSE | P | SP |
| Bradykinin B2 Receptor Antagonists | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| FIRAZYR SOSY (<i>icatibant acetate</i>) | NP | SP; PA |
| <i>icatibant acetate SOSY</i> | P | SP; PA |
| Complement Inhibitors | | |
| BERINERT KIT | P | SP; PA |
| CINRYZE SOLR IV | P | SP; PA |
| HAEGARDA SOLR SC | P | SP; PA |
| RUCONEST | P | SP; PA |
| Hemataologic - Tyrosine Kinase Inhibitors | | |
| TAVALISSE | NP | SP |
| Hematorheologic Agents | | |
| <i>pentoxifylline</i> | P | |
| Plasma Kallikrein Inhibitors | | |
| KALBITOR | P | SP; PA |
| ORLADEYO | P | SP; PA |
| TAKHZYRO SOLN | P | SP; PA |
| TAKHZYRO SOSY | P | SP; PA |
| Platelet Aggregation Inhibitors | | |
| <i>anagrelide hcl</i> | P | |
| <i>aspirin-dipyridamole</i> | P | |
| BRILINTA | P | |
| <i>cilostazol</i> | P | |
| <i>clopidogrel bisulfate</i> | P | |
| <i>dipyridamole</i> | P | |
| EFFIENT (<i>prasugrel hcl</i>) | NP | |
| PLAVIX 75 MG (<i>clopidogrel bisulfate</i>) | NP | |
| <i>prasugrel hcl</i> | P | |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| Agents for Sickle Cell Disease | | |
| ADAKVEO | NP | SP |
| DROXIA CAPS | P | |
| ENDARI (<i>glutamine sickle cell</i>) | NP | SP |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| <i>glutamine (sickle cell)</i> | NP | SP | GRANIX SOSY | NP | SP |
| SIKLOS TABS | NP | | LEUKINE SOLR IJ | NP | SP |
| Cobalamins | | | MIRCERA | P | SP; PA |
| B-12 DOTS TBDP | P | | MULPLETA | NP | SP |
| B-12 TABS 2000 MCG | P | | NEULASTA ONPRO PSKT | NP | SP |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i> | P | | NEULASTA SOSY | NP | SP; ST |
| <i>cyanocobalamin SUBL 2500 MCG</i> | P | | NEUPOGEN SOLN | P | SP; ST |
| <i>cyanocobalamin TABS 50 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG</i> | P | | NEUPOGEN SOSY | P | SP; ST |
| <i>cyanocobalamin TABS 500 MCG, 1000 MCG</i> | NP | | NIVESTYM SOLN | NP | SP |
| <i>cyanocobalamin TBCR 1000 MCG, 2000 MCG</i> | P | | NIVESTYM SOSY | NP | SP |
| <i>cyanocobalamin TBCR 1000 MCG</i> | NP | | NPLATE | P | SP |
| Folic Acid/Folates | | | NYVEPRIA | P | SP |
| FOLIC ACID CAPS | P | | PROCRIT | NP | SP; PA |
| <i>folic acid SOLN</i> | P | | PROCRIT | NP | SP; PA |
| <i>folic acid TABS</i> | P | | PROMACTA PACK | NP | SP |
| <i>folic acid TABS 400 MCG, 800 MCG</i> | NP | | PROMACTA TABS | P | SP |
| Hematopoietic Growth Factors | | | RELEUKO SOLN 480 MCG/1.6ML | NP | SP |
| ALVAIZ | NP | SP | RELEUKO SOSY | NP | SP |
| ARANESP (ALBUMIN FREE) SOLN | NP | SP; PA | RETACRIT | P | SP; PA |
| ARANESP (ALBUMIN FREE) SOSY | NP | SP; PA | RETACRIT | NP | SP; PA |
| DOPTELET | NP | SP | ROLVEDON | NP | SP |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | NP | SP; PA | STIMUFEND | NP | SP |
| FULPHILA | P | SP | UDENYCA ONBODY SOSY | NP | SP |
| FYLNETRA | NP | SP | UDENYCA SOAJ | NP | SP |
| GRANIX SOLN | NP | SP | UDENYCA SOSY | NP | SP |
| | | | ZARXIO | NP | SP |
| | | | ZIEXTENZO | NP | SP |
| | | | Hematopoietic Mixtures | | |
| | | | ABATRON | P | |
| | | | B COMPLEX-FOLIC ACID TABS | P | |
| | | | <i>cyanocobalamin-methylcobalamin SUBL</i> | P | |
| | | | <i>ferrous fumarate w/ b12-vit c-fa-ifc</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i> | P | |
| <i>folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG</i> | P | |
| FOLTABS 800 TABS | P | |
| HEMATINIC PLUS VIT/MINERALS TABS | P | |
| HEMATINIC/FOLIC ACID | P | |
| HOMOCYSTEINE FORMULA TABS | P | |
| <i>iron polysaccharide complex-vit b12-folic acid CAPS</i> | P | RX/OTC |
| <i>iron-vitamin c</i> | P | |
| <i>iron-vitamin c-vitamin b12-folic acid TABS</i> | P | RX/OTC |
| Iron | | |
| <i>carbonyl iron SUSP</i> | P | |
| <i>carbonyl iron TABS</i> | P | |
| <i>ferrous fumarate TABS 324 MG</i> | P | |
| <i>ferrous gluconate TABS</i> | P | |
| <i>ferrous gluconate TABS 240 MG</i> | NP | |
| <i>ferrous sulfate dried TABS</i> | P | |
| <i>ferrous sulfate SOLN</i> | NP | |
| <i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/5ML</i> | P | |
| <i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/5ML</i> | P | |
| <i>ferrous sulfate TABS</i> | NP | |
| <i>ferrous sulfate TABS</i> | P | |
| <i>ferrous sulfate TBEC 324 MG</i> | NP | |
| <i>ferrous sulfate TBEC 325 MG</i> | P | |
| INFED | P | |
| IRON CHEWS PEDIATRIC CHEW | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| IRON TABS 90 MG | P | |
| <i>polysaccharide iron complex CAPS</i> | P | |
| PROFERRIN ES | P | |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| <i>aminocaproic acid TABS</i> | P | SP |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Antihistamine Hypnotics | | |
| <i>diphenhydramine hcl (sleep) CAPS 50 MG</i> | P | |
| <i>diphenhydramine hcl (sleep) TABS 25 MG</i> | P | |
| <i>diphenhydramine hcl (sleep) TABS 25 MG</i> | P | |
| <i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG</i> | P | |
| <i>ibuprofen-diphenhydramine citrate</i> | NP | |
| Barbiturate Hypnotics | | |
| <i>phenobarbital ELIX</i> | P | |
| <i>phenobarbital TABS</i> | P | |
| Hypnotics - Tricyclic Agents | | |
| <i>doxepin hcl (sleep)</i> | NP | QL(1 EA daily) |
| Non-Barbiturate Hypnotics | | |
| AMBIEN CR TBCR (<i>zolpidem tartrate</i>) | NP | QL(1 EA daily) |
| AMBIEN TABS (<i>zolpidem tartrate</i>) | NP | QL(1 EA daily) |
| DORAL (<i>quazepam</i>) | NP | |
| EDLUAR SUBL | NP | QL(1 EA daily) |
| <i>estazolam</i> | NP | QL(1 EA daily) |
| <i>eszopiclone</i> | NP | QL(1 EA daily) |
| <i>flurazepam hcl</i> | NP | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|---|-----------|---------------------|
| HALCION 0.25 MG (<i>triazolam</i>) | NP | QL(1 EA daily) | KONSYL DAILY FIBER PACK 100 % | P | |
| IGALMI FILM | NP | QL(1 EA daily) | KONSYL ORIGINAL DAILY FIBER PACK | P | |
| LUNESTA (<i>eszopiclone</i>) | NP | QL(1 EA daily) | METAMUCIL WAFR | P | |
| <i>quazepam</i> | NP | | <i>methylcellulose (laxative)</i> POWD | P | |
| RESTORIL (<i>temazepam</i>) | NP | QL(1 EA daily) | <i>methylcellulose (laxative)</i> TABS | P | |
| <i>temazepam 15 MG, 30 MG</i> | P | QL(1 EA daily) | NATURAL FIBER LAXATIVE POWD | P | |
| <i>temazepam 7.5 MG, 22.5 MG</i> | NP | QL(1 EA daily) | NUTRISOURCE FIBER PACK | P | |
| <i>triazolam</i> | NP | QL(1 EA daily) | NUTRISOURCE FIBER POWD | P | |
| <i>zaleplon</i> | P | QL(1 EA daily) | <i>psyllium CAPS 0.52 GM</i> | P | |
| ZOLPIDEM TARTRATE CAPS | NP | QL(1 EA daily) | <i>psyllium POWD 28.3 %, 30 %, 33 %, 48.57 %, 49 %, 58.6 %, 95 %, 100 %</i> | P | |
| <i>zolpidem tartrate SUBL</i> | NP | QL(1 EA daily) | Laxative Combinations | | |
| <i>zolpidem tartrate TABS</i> | P | QL(1 EA daily) | CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML | P | |
| <i>zolpidem tartrate TBCR</i> | NP | QL(1 EA daily) | GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfat</i>) | P | |
| Orexin Receptor Antagonists | | | MOVIPREP (<i>peg 3350-kcl-nacl-na sulfat-na ascorbate-ascorbic acid</i>) | P | |
| BELSOMRA | NP | QL(1 EA daily) | <i>peg 3350-kcl-nacl-na sulfat-na ascorbate-ascorbic acid</i> | P | |
| DAYVIGO | NP | QL(1 EA daily) | <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfat SOLR</i> | P | |
| QUVIVIQ | NP | QL(1 EA daily) | <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | P | |
| Selective Melatonin Receptor Agonists | | | PLENVU | P | |
| HETLIOZ LQ SUSP | NP | QL(5 ML daily); SP | SENNAPLUS CAPS | P | |
| HETLIOZ CAPS (<i>tasimelteon</i>) | NP | QL(1 EA daily); SP | <i>sennosides-docusate sodium TABS</i> | NP | |
| <i>ramelteon</i> | NP | QL(1 EA daily) | | | |
| ROZEREM (<i>ramelteon</i>) | NP | QL(1 EA daily) | | | |
| <i>tasimelteon CAPS</i> | NP | QL(1 EA daily); SP | | | |
| LAXATIVES - Bowel Treatment Drugs | | | | | |
| Bulk Laxatives | | | | | |
| <i>calcium polycarbophil TABS</i> | P | | | | |
| <i>calcium polycarbophil TABS</i> | P | | | | |
| EQUALACTIN CHEW | P | | | | |
| HYDROCIL PACK | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>sennosides-docusate sodium TABS</i> | P | | Saline Laxatives | | |
| <i>sennosides-docusate sodium TABS</i> | P | | FLEET ENEMA ENEM (<i>sodium phosphates</i>) | P | |
| SENOKOT S TABS (<i>sennosides-docusate sodium</i>) | P | | FLEET SALINE ENEMA ENEM (<i>sodium phosphates</i>) | P | |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> | P | | <i>magnesium citrate 1.745 GM/30ML</i> | NP | |
| STOOL SOFTENER/LAXATIVE CAPS | P | | <i>magnesium citrate 1.745 GM/30ML</i> | P | |
| SUFLAVE | NP | | <i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i> | P | |
| SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>) | P | | <i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i> | P | |
| SUTAB | NP | | <i>magnesium hydroxide SUSP 2400 MG/30ML</i> | NP | |
| Laxatives - Miscellaneous | | | <i>magnesium sulfate (laxative) GRAN PO</i> | P | |
| CEO-TWO | P | | PHILLIPS MILK OF MAGNESIA CHEW | P | |
| <i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %</i> | P | | <i>sodium phosphates ENEM</i> | P | |
| <i>lactulose SOLN</i> | P | | Stimulant Laxatives | | |
| <i>polyethylene glycol 3350 PACK</i> | P | | <i>bisacodyl SUPP</i> | P | |
| <i>polyethylene glycol 3350 PACK</i> | NP | | <i>bisacodyl SUPP</i> | NP | |
| <i>polyethylene glycol 3350 POWD</i> | P | | <i>bisacodyl SUPP</i> | P | |
| <i>polyethylene glycol 3350 POWD</i> | P | | <i>bisacodyl TBEC</i> | P | |
| <i>polyethylene glycol 3350 POWD</i> | NP | | <i>bisacodyl TBEC</i> | P | |
| Lubricant Laxatives | | | <i>castor oil OIL 100 %</i> | P | |
| FLEET OIL ENEM (<i>mineral oil</i>) | P | | FLEET BISACODYL ENEM | P | |
| <i>mineral oil ENEM</i> | P | | SENNA SYRP | P | |
| <i>mineral oil ENEM</i> | P | | <i>sennosides CAPS</i> | P | |
| <i>mineral oil OIL PO</i> | P | RX/OTC | <i>sennosides CHEW</i> | P | |
| <i>mineral oil OIL PO</i> | P | RX/OTC | <i>sennosides LIQD</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>sennosides SYRP 8.8 MG/5ML</i> | P | |
| <i>sennosides SYRP 8.8 MG/5ML</i> | P | |
| <i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG</i> | P | |
| <i>sennosides TABS 8.6 MG</i> | NP | |
| <i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG</i> | P | |
| SENOKOT TABS (<i>sennosides</i>) | P | |
| Surfactant Laxatives | | |
| COLACE CLEAR CAPS (<i>docusate sodium</i>) | P | |
| COLACE CAPS 100 MG (<i>docusate sodium</i>) | P | |
| <i>docusate calcium</i> | P | |
| <i>docusate sodium CAPS</i> | P | |
| <i>docusate sodium CAPS</i> | P | |
| <i>docusate sodium CAPS 50 MG, 100 MG</i> | NP | |
| <i>docusate sodium ENEM 283 MG/5ML</i> | P | |
| <i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i> | P | |
| DOCUSATE SODIUM SYRP | P | |
| <i>docusate sodium TABS</i> | P | |
| PEDIA-LAX LIQD | P | |
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing | | |
| Local Anesthetics - Amides | | |
| <i>lidocaine hcl (local anesth.) SOLN 0.5 %, 1 %, 2 %, 4 %</i> | P | |
| LIDOCAINE HCL SOLN | P | |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Azithromycin | | |
| <i>azithromycin PACK</i> | P | |
| <i>azithromycin SUSR</i> | P | |
| <i>azithromycin TABS</i> | P | |
| ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>) | NP | |
| ZITHROMAX Z-PAK TABS (<i>azithromycin</i>) | NP | |
| ZITHROMAX PACK | NP | |
| ZITHROMAX SUSR (<i>azithromycin</i>) | NP | |
| ZITHROMAX TABS 250 MG, 500 MG (<i>azithromycin</i>) | NP | |
| Clarithromycin | | |
| <i>clarithromycin SUSR</i> | NP | |
| <i>clarithromycin TABS</i> | P | |
| <i>clarithromycin TB24</i> | NP | |
| Erythromycins | | |
| E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>) | NP | |
| ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>) | NP | |
| ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>) | NP | |
| <i>erythromycin base CPEP</i> | NP | |
| <i>erythromycin base TABS</i> | NP | |
| <i>erythromycin base TBEC</i> | NP | |
| <i>erythromycin ethylsuccinate SUSR</i> | P | |
| <i>erythromycin ethylsuccinate TABS</i> | NP | |
| <i>erythromycin stearate TABS 250 MG</i> | NP | |
| Fidaxomicin | | |
| DIFICID SUSR | NP | ST |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|--------------------------------|-----------|---------------------|
| DIFICID TABS | NP | ST | ASSURE COMFORT LANCETS 28G | P | RX/OTC |
| MEDICAL DEVICES AND SUPPLIES | | | | | |
| Diabetic Supplies | | | | | |
| 1ST TIER UNILET COMFORTOUCH | P | RX/OTC | ASSURE HAEMOLANCE PLUS HIGH | P | RX/OTC |
| ACCU-CHEK FASTCLIX LANCETS | P | RX/OTC | ASSURE HAEMOLANCE PLUS LOW | P | RX/OTC |
| ACCU-CHEK SAFE-T PRO LANCETS | P | RX/OTC | ASSURE HAEMOLANCE PLUS MICRO | P | RX/OTC |
| ACCU-CHEK SOFTCLIX LANCETS | P | RX/OTC | ASSURE HAEMOLANCE PLUS NORMAL | P | RX/OTC |
| ACTI-LANCE 28G | P | RX/OTC | ASSURE HAEMOLANCE PLUS PED | P | RX/OTC |
| ACTI-LANCE LITE LANCETS 28G | P | RX/OTC | ASSURE LANCE LANCETS | P | RX/OTC |
| ACTI-LANCE SPECIAL LANCETS 17G | P | RX/OTC | ASSURE LANCE LANCETS 21G | P | RX/OTC |
| ACTI-LANCE UNIVERSAL 23G | P | RX/OTC | ASSURE LANCE PLUS SAFETY 25G | P | RX/OTC |
| ADJUSTABLE LANCING DEVICE MISC | P | | ASSURE LANCE PLUS SAFETY 30G | P | RX/OTC |
| ADVANCED MOBILE LANCET | P | RX/OTC | ASSURE LANCE SAFETY LANCET 28G | P | RX/OTC |
| ADVOCATE LANCETS | P | RX/OTC | AURORA LANCET SUPER THIN 30G | P | RX/OTC |
| ADVOCATE LANCETS 30G | P | RX/OTC | AURORA LANCET THIN 23G | P | RX/OTC |
| ADVOCATE LANCING DEVICE MISC | P | | AUTO-LANCET MINI MISC | P | |
| ADVOCATE RAPID-SAFE LANCING MISC | P | | AUTO-LANCET MISC | P | |
| ADVOCATE SAFETY LANCETS | P | RX/OTC | AUTOLET LANCING DEVICE MISC | P | |
| ADVOCATE SAFETY LANCETS 26G | P | RX/OTC | AUTOLET LANCING DEVICE MISC | P | |
| AGAMATRIX ULTRA-THIN LANCETS | P | RX/OTC | AUTOLET MINI MISC | P | |
| AIMSCO TWIST LANCETS 32G | P | RX/OTC | AUTOLET PLUS MISC | P | |
| AIMSCO TWIST LANCETS 33G | P | RX/OTC | BD LANCET ULTRAFINE 30G | P | RX/OTC |
| AQUALANCE LANCETS 30G | P | RX/OTC | BD LANCET ULTRAFINE 33G | P | RX/OTC |
| | | | BD MICROTAINER LANCETS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|---------------------|-------------------------------------|-----------|---------------------|
| CARDIOCOM LANCING DEVICE MISC | P | | COAGUCHEK LANCETS | P | RX/OTC |
| CAREONE ADVANCED LANCING DEV MISC | P | | COMFORT ASSURED LANCETS 28G | P | RX/OTC |
| CAREONE LANCET SUPER THIN 30G | P | RX/OTC | COMFORT ASSURED LANCETS 33G | P | RX/OTC |
| CAREONE LANCET THIN 23G | P | RX/OTC | COMFORT LANCETS | P | RX/OTC |
| CARESENS LANCETS | P | RX/OTC | COMFORT TOUCH LANCETS 31G | P | RX/OTC |
| CARESENS LANCETS 30G | P | RX/OTC | COMFORT TOUCH PLUS LANCETS 28G | P | RX/OTC |
| CARETOUCH LANCING/EJECTOR MISC | P | | COMFORT TOUCH PLUS LANCETS 30G | P | RX/OTC |
| CARETOUCH SAFETY LANCETS | P | RX/OTC | COMFORT TOUCH TWIST LANCET 30G | P | RX/OTC |
| CARETOUCH SAFETY LANCETS 26G | P | RX/OTC | CVS LANCETS 21G | P | RX/OTC |
| CARETOUCH TWIST LANCETS 28G | P | RX/OTC | CVS LANCETS MICRO THIN 33G | P | RX/OTC |
| CARETOUCH TWIST LANCETS 30G | P | RX/OTC | CVS LANCETS ORIGINAL | P | RX/OTC |
| CARETOUCH TWIST LANCETS 33G | P | RX/OTC | CVS LANCETS THIN 26G | P | RX/OTC |
| CARETOUCH TWIST MC LANCETS 30G | P | RX/OTC | CVS LANCETS ULTRA THIN 30G | P | RX/OTC |
| CHOSEN LANCETS 30G | P | RX/OTC | CVS LANCETS ULTRA-THIN 30G | P | RX/OTC |
| CHOSEN LANCING DEVICE MISC | P | | CVS LANCING DEVICE MISC | P | |
| CHOSEN SAFETY LANCETS 28G | P | RX/OTC | CVS ULTRA THIN LANCETS | P | RX/OTC |
| CLEANLET LANCETS 28G | P | RX/OTC | DEXCOM G6 RECEIVER | P | |
| CLEVER CHEK LANCETS | P | RX/OTC | DEXCOM G6 SENSOR | P | |
| CLEVER CHOICE COMFORT EZ | P | RX/OTC | DEXCOM G6 TRANSMITTER | P | |
| CLEVER CHOICE LANCETS 21G | P | RX/OTC | DEXCOM G7 RECEIVER | P | |
| CLEVER CHOICE LANCETS 23G | P | RX/OTC | DEXCOM G7 SENSOR | P | |
| CLEVER CHOICE LANCETS 28G | P | RX/OTC | DIATHRIVE LANCET ULTRA THIN 30 | P | RX/OTC |
| | | | DIATHRIVE LANCETS | P | RX/OTC |
| | | | DIATHRIVE LANCING DEVICE MISC | P | |
| | | | DROPLET GENTEEL LANCING DEVICE MISC | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|-------------------------------------|-----------|---------------------|
| DROPLET LANCETS ULTRA THIN 30G | P | RX/OTC | EASY TOUCH LANCETS 32G | P | RX/OTC |
| DROPLET LANCING DEVICE MISC | P | | EASY TOUCH LANCETS 32G/TWIST | P | RX/OTC |
| DROPLET PERSONAL LANCETS 30G | P | RX/OTC | EASY TOUCH LANCETS 33G/TWIST | P | RX/OTC |
| DROPSAFE ACTI-LANCE 23G | P | RX/OTC | EASY TOUCH LANCING DEVICE MISC | P | |
| DRUG MART LANCETS THIN 26G | P | RX/OTC | EASY TOUCH SAFETY LANCETS 21G | P | RX/OTC |
| DRUG MART LANCING DEVICE MISC | P | | EASY TOUCH SAFETY LANCETS 23G | P | RX/OTC |
| DRUG MART ON-THE-GO LANCET 30G | P | RX/OTC | EASY TOUCH SAFETY LANCETS 26G | P | RX/OTC |
| DRUG MART UNILET LANCETS 28G | P | RX/OTC | EASY TOUCH SAFETY LANCETS 28G | P | RX/OTC |
| DRUG MART UNILET LANCETS 30G | P | RX/OTC | EMBRACE LANCETS ULTRA THIN 30G | P | RX/OTC |
| DRUG MART UNILET LANCETS 33G | P | RX/OTC | EMBRACE LANCING DEVICE/EJECTOR MISC | P | |
| EASY COMFORT LANCETS | P | RX/OTC | EMBRACE PRESSURE ACTIVATED 21G | P | RX/OTC |
| EASY COMFORT LANCETS TWIST TOP | P | RX/OTC | EMBRACE PRESSURE ACTIVATED 28G | P | RX/OTC |
| EASY MINI EJECT LANCING DEVICE MISC | P | | EQL COLOR LANCETS 21G | P | RX/OTC |
| EASY MINI LANCING DEVICE MISC | P | | EQL COLOR LANCETS MICRO 33G | P | RX/OTC |
| EASY TOUCH LANCETS 21G | P | RX/OTC | EQL SUPER THIN LANCETS 30G | P | RX/OTC |
| EASY TOUCH LANCETS 23G | P | RX/OTC | EQL THIN LANCETS 26G | P | RX/OTC |
| EASY TOUCH LANCETS 26G | P | RX/OTC | E-Z JECT LANCET MICRO-THIN 33G | P | RX/OTC |
| EASY TOUCH LANCETS 28G | P | RX/OTC | E-Z JECT LANCET SUPER THIN 30G | P | RX/OTC |
| EASY TOUCH LANCETS 28G/TWIST | P | RX/OTC | E-Z JECT LANCETS | P | RX/OTC |
| EASY TOUCH LANCETS 30G | P | RX/OTC | E-Z JECT LANCETS 21G | P | RX/OTC |
| EASY TOUCH LANCETS 30G/TWIST | P | RX/OTC | E-Z JECT LANCETS THIN 26G | P | RX/OTC |
| | | | EZ-LETS LANCETS 21G | P | RX/OTC |
| | | | EZ-LETS LANCETS 26G | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|-------------------------------------|-----------|----------------------|
| EZ-LETS LANCETS 28G | P | RX/OTC | FREESTYLE UNISTICK II LANCETS | P | RX/OTC |
| EZ-LETS LANCETS 30G | P | RX/OTC | GENTEEL BUTTERFLY TOUCH LANCET | P | RX/OTC |
| FIFTY50 SAFETY SEAL LANCETS | P | RX/OTC | GENTEEL PLUS LANCING (BLACK) MISC | P | |
| FIFTY50 UNILET LANCETS 33G | P | RX/OTC | GENTEEL PLUS LANCING (PURPLE) MISC | P | |
| FINE 30 | P | RX/OTC | GENTEEL PLUS LANCING (WHITE) MISC | P | |
| FINGERSTIX LANCETS | P | RX/OTC | GENTEEL PLUS LANCING DEV(BLUE) MISC | P | |
| FORA LANCETS | P | RX/OTC | GENTEEL PLUS LANCING DEV(PINK) MISC | P | |
| FORA LANCING DEVICE MISC | P | | GENTLE-LET GP LANCETS | P | RX/OTC |
| FREDS PHARMACY AUTOLET LANCING MISC | P | | GENTLE-LET LANCETS | P | RX/OTC |
| FREDS PHARMACY UNILET LANC 28G | P | RX/OTC | GLOBAL INJECT EASE LANCETS 28G | P | RX/OTC |
| FREDS PHARMACY UNILET LANC 30G | P | RX/OTC | GLOBAL INJECT EASE LANCETS 30G | P | RX/OTC |
| FREESTYLE FREEDOM LITE KIT | P | RX/OTC | GLOBAL LANCING DEVICE MISC | P | |
| FREESTYLE LANCETS | P | RX/OTC | GLUCOCOM LANCETS 28G | P | RX/OTC |
| FREESTYLE LIBRE 14 DAY READER | P | | GLUCOCOM LANCETS 30G | P | RX/OTC |
| FREESTYLE LIBRE 14 DAY SENSOR | P | | GLUCOCOM LANCETS 33G | P | RX/OTC |
| FREESTYLE LIBRE 2 PLUS SENSOR | P | | GNP LANCETS 21G | P | RX/OTC |
| FREESTYLE LIBRE 2 READER | P | | GNP LANCETS THIN 26G | P | RX/OTC |
| FREESTYLE LIBRE 2 SENSOR | P | | GNP LANCING SYSTEM DEVICE MISC | P | |
| FREESTYLE LIBRE 3 PLUS SENSOR | P | | GNP STERILE LANCETS 28G | P | RX/OTC |
| FREESTYLE LIBRE 3 READER | P | | GNP STERILE LANCETS 30G | P | RX/OTC |
| FREESTYLE LIBRE 3 SENSOR | P | | GNP STERILE LANCETS 33G | P | RX/OTC |
| FREESTYLE LITE KIT | P | RX/OTC | | | |
| FREESTYLE PRECISION NEO SYSTEM KIT | P | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|-------------------------|------------------------------------|-----------|-------------------------|
| GOJJI LANCING DEVICE/CLEAR CAP MISC | P | | H-E-B INCONTROL LANCETS 30G | P | RX/OTC |
| GOJJI STERILE LANCETS | P | RX/OTC | H-E-B INCONTROL LANCETS 33G | P | RX/OTC |
| GOODSENSE COLOR LANCETS 33G | P | RX/OTC | HY-VEE LANCETS | P | RX/OTC |
| GOODSENSE LANCETS 26G UNIV | P | RX/OTC | HY-VEE THIN LANCETS | P | RX/OTC |
| GOODSENSE LANCETS 30G | P | RX/OTC | IHEALTH LANCING DEVICE MISC | P | |
| GOODSENSE LANCETS 30G UNIV | P | RX/OTC | IN TOUCH LANCING DEVICE MISC | P | |
| GOODSENSE LANCETS 33G | P | RX/OTC | IN TOUCH STERILE LANCETS 30G | P | RX/OTC |
| GOODSENSE LANCETS 33G UNIV | P | RX/OTC | KINNEY LANCETS | P | RX/OTC |
| GOODSENSE LANCING DEVICE MISC | P | | KINNEY THIN LANCETS | P | RX/OTC |
| HAEMOLANCE | P | RX/OTC | KROGER AUTOLET LANCING DEVICE MISC | P | |
| HAEMOLANCE LOW FLOW LANCETS | P | RX/OTC | KROGER HEALTHPRO LANCET 26G | P | RX/OTC |
| HAEMOLANCE PLUS | P | RX/OTC | KROGER LANCETS | P | RX/OTC |
| HAEMOLANCE PLUS HIGH FLOW | P | RX/OTC | KROGER LANCETS 21G | P | RX/OTC |
| HAEMOLANCE PLUS LOW FLOW | P | RX/OTC | KROGER LANCETS MICRO THIN 33G | P | RX/OTC |
| HAEMOLANCE PLUS MAX FLOW | P | RX/OTC | KROGER LANCETS SUPER THIN | P | RX/OTC |
| HAEMOLANCE PLUS PEDIATRIC FLOW | P | RX/OTC | KROGER LANCETS THIN | P | RX/OTC |
| HEALTH CARE LANCING DEVICE MISC | P | | KROGER LANCETS THIN 26G | P | RX/OTC |
| HEALTHY ACCENTS LANCING DEVICE MISC | P | | KROGER LANCETS ULTRATHIN 30G | P | RX/OTC |
| HEALTHY ACCENTS UNILET LANCETS | P | RX/OTC | KROGER LANCING DEVICE MISC | P | |
| H-E-B INCONTROL ADV LANCING MISC | P | | LANCET DEVICE WITH EJECTOR MISC | P | |
| H-E-B INCONTROL LANCETS 28G | P | RX/OTC | LANCET DEVICE MISC | P | |
| | | | LANCETS | P | RX/OTC |
| | | | LANCETS 28G THIN | P | RX/OTC |
| | | | LANCETS 30G | P | RX/OTC |
| | | | LANCETS 33G | P | RX/OTC |
| | | | LANCETS MICRO THIN 33G | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|-----------------------------------|-----------|---------------------|
| LANCETS SUPER THIN | P | RX/OTC | MEDLANCE PLUS EXTRA 21G | P | RX/OTC |
| LANCETS SUPER THIN 28G | P | RX/OTC | MEDLANCE PLUS LANCETS | P | RX/OTC |
| LANCETS THIN | P | RX/OTC | MEDLANCE PLUS LITE 25G | P | RX/OTC |
| LANCETS ULTRA THIN | P | RX/OTC | MEDLANCE PLUS SPECIAL 0.8MM | P | RX/OTC |
| LANCETS ULTRA THIN 30G | P | RX/OTC | MEDLANCE PLUS SUPERLITE 30G | P | RX/OTC |
| LANCING DEVICE MISC | P | | MEDLANCE PLUS UNIVERSAL 21G | P | RX/OTC |
| LANZO MISC | P | | MEDLANCE UNIVERSAL 21G | P | RX/OTC |
| LEADER ADVANCED LANCING DEVICE MISC | P | | MEIJER LANCETS | P | RX/OTC |
| LIBERTY MEDICAL LANCETS | P | RX/OTC | MEIJER LANCETS THIN | P | RX/OTC |
| LIBERTY MINI LANCING DEVICE MISC | P | | MEIJER LANCETS UNIVERSAL 21G | P | RX/OTC |
| LIFESCAN UNISTIK 2 | P | RX/OTC | MEIJER LANCETS UNIVERSAL 30G | P | RX/OTC |
| LIFESCAN UNISTIK II LANCETS | P | RX/OTC | MEIJER LANCETS UNIVERSAL 33G | P | RX/OTC |
| LITE TOUCH LANCETS | P | RX/OTC | MEIJER SUPER THIN LANCETS | P | RX/OTC |
| LITE TOUCH LANCING PEN MISC | P | | MICROLET LANCETS | P | RX/OTC |
| LITETOUCH LANCETS | P | RX/OTC | MICROLET NEXT LANCING DEVICE MISC | P | |
| LIVE BETTER ADV LANCING DEVICE MISC | P | | MINI LANCING DEVICE MISC | P | |
| LIVE BETTER LANCET SUPER THIN | P | RX/OTC | MM LANCING DEVICE MISC | P | |
| LIVE BETTER LANCET ULTRA THIN | P | RX/OTC | MM TWIST LANCETS | P | RX/OTC |
| LONGS LANCETS STANDARD | P | RX/OTC | MONOLET LANCETS | P | RX/OTC |
| LONGS LANCETS THIN | P | RX/OTC | MONOLET OPD LANCETS | P | RX/OTC |
| LONGS LANCETS ULTRA THIN | P | RX/OTC | MONOLETTOR SAFETY LANCETS | P | RX/OTC |
| MEDICHOICE SAFETY LANCET | P | RX/OTC | MPD SAFETY LANCET 21G | P | RX/OTC |
| MEDICHOICE SAFETY LANCET EXTRA | P | RX/OTC | MPD SAFETY LANCET 23G | P | RX/OTC |
| MEDICHOICE SAFETY LANCET NORM | P | RX/OTC | | | |
| MEDLANCE EXTRA 21G | P | RX/OTC | | | |
| MEDLANCE LITE 25G | P | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|------------------------------------|-----------|---------------------|
| MPD SAFETY LANCET 28G | P | RX/OTC | ONETOUCH DELICA SAFETY LANCING | P | RX/OTC |
| MPD SAFETY LANCET 30G | P | RX/OTC | ONETOUCH FINEPOINT LANCETS | P | RX/OTC |
| MULTI-LANCET DEVICE MISC | P | | ONETOUCH ULTRASOFT 2 LANCETS | P | RX/OTC |
| MYGLUCOHEALTH LANCETS 30G | P | RX/OTC | ONETOUCH ULTRASOFT LANCETS | P | RX/OTC |
| NOVA SAFETY LANCETS 23G | P | RX/OTC | PC LANCETS SUPER THIN 30G | P | RX/OTC |
| NOVA SAFETY LANCETS 28G | P | RX/OTC | PERFECT LANCETS 28G | P | RX/OTC |
| NOVA SUREFLEX LANCETS | P | RX/OTC | PERFECT LANCETS 30G | P | RX/OTC |
| NOVA SUREFLEX LANCING DEVICE MISC | P | | PERFECT POINT SAFETY LANCETS | P | RX/OTC |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | P | PA | PHARMACIST CHOICE LANCETS | P | RX/OTC |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC | P | PA | PHARMACY COUNTER LANCETS | P | RX/OTC |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC | P | PA | PIP LANCETS 28G | P | RX/OTC |
| OMNIPOD 5 LIBRE2 PLUS G6 KIT | P | PA | PIP LANCETS 30G | P | RX/OTC |
| OMNIPOD DASH PODS (GEN 4) MISC | P | PA | PRECISION THINS GP LANCETS | P | RX/OTC |
| OMNIPOD GO KIT | P | PA | PRECISION XTRA-GLUCOSE/KETONE DEVI | P | |
| ONETOUCH CLUB LANCETS FINE PT | P | RX/OTC | PREFERRED PLUS LANCETS COLORED | P | RX/OTC |
| ONETOUCH DELICA LANCETS 30G | P | RX/OTC | PREFERRED PLUS LANCETS THIN | P | RX/OTC |
| ONETOUCH DELICA LANCETS 33G | P | RX/OTC | PRO COMFORT LANCETS 30G | P | RX/OTC |
| ONETOUCH DELICA LANCING DEV MISC | P | | PRO COMFORT LANCETS 31G | P | RX/OTC |
| ONETOUCH DELICA PLUS LANCET30G | P | RX/OTC | PRO COMFORT SAFETY LANCETS 30G | P | RX/OTC |
| ONETOUCH DELICA PLUS LANCET33G | P | RX/OTC | PRODIGY LANCETS 28G | P | RX/OTC |
| ONETOUCH DELICA PLUS LANCING MISC | P | | PRODIGY LANCING DEVICE MISC | P | |
| | | | PRODIGY SAFETY LANCETS 26G | P | RX/OTC |
| | | | PRODIGY TWIST TOP LANCETS 28G | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|-----------|---------------------|------------------------------------|-----------|---------------------|
| PSS SELECT GP LANCETS | P | RX/OTC | RELION LANCETS MICRO-THIN 33G | P | RX/OTC |
| PSS SELECT SAFETY LANCETS | P | RX/OTC | RELION LANCETS THIN 26G | P | RX/OTC |
| PURE COMFORT LANCETS 30G | P | RX/OTC | RELION LANCETS ULTRA-THIN 30G | P | RX/OTC |
| PX ADVANCED LANCING DEVICE MISC | P | | RELION LANCING DEVICE MISC | P | |
| PX LANCET AUTO INJECTOR MISC | P | | RELION ULTRA THIN LANCETS 30G | P | RX/OTC |
| PX LANCETS MICROTHIN 33G | P | RX/OTC | RELION ULTRA THIN PLUS LANCETS | P | RX/OTC |
| PX LANCETS ULTRA THIN | P | RX/OTC | REXALL LANCETS ULTRA THIN 30G | P | RX/OTC |
| PX LANCETS ULTRA THIN 28G | P | RX/OTC | RIGHTEST GD500 LANCING DEVICE MISC | P | |
| QC ADVANCED LANCING DEVICE MISC | P | | RIGHTEST GL300 LANCETS | P | RX/OTC |
| QC LANCETS SUPER THIN 30G | P | RX/OTC | SAFE-T-LANCE | P | RX/OTC |
| QC LANCETS ULTRA THIN | P | RX/OTC | SAFE-T-LANCE PLUS | P | RX/OTC |
| QC UNILET LANCETS 28G | P | RX/OTC | SAFETY LANCET 30G/PRESSURE ACT | P | RX/OTC |
| QC UNILET LANCETS MICRO THIN | P | RX/OTC | SAFETY LANCETS | P | RX/OTC |
| RA E-ZJECT LANCETS 28G | P | RX/OTC | SAFETY LANCETS 21G | P | RX/OTC |
| RA E-ZJECT LANCETS THIN 26G | P | RX/OTC | SAFETY LANCETS 23G | P | RX/OTC |
| RA E-ZJECT LANCETS THIN 28G | P | RX/OTC | SAFETY LANCETS 28G | P | RX/OTC |
| RA E-ZJECT LANCETS ULTRA THIN | P | RX/OTC | SAPS HEALTH PLUS LANCETS | P | RX/OTC |
| READYLANCE SAFETY LANCETS | P | RX/OTC | SAPS HEALTH TWIST TOP LANCETS | P | RX/OTC |
| REALITY LANCETS | P | RX/OTC | SAPS TWIST TOP LANCETS | P | RX/OTC |
| REALITY TRIGGER LANCETS | P | RX/OTC | SAPSCARE TWIST TOP LANCETS | P | RX/OTC |
| RELION LANCET DEVICES 30G | P | RX/OTC | SB LANCETS THIN | P | RX/OTC |
| RELION LANCETS | P | RX/OTC | SB LANCETS ULTRA THIN | P | RX/OTC |
| | | | SELECT-LITE LANCING DEVICE MISC | P | |
| | | | SHOPKO AUTOLET LANCING DEVICE MISC | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|-----------------------------------|-----------|---------------------|
| SHOPKO ON-THE-GO LANCETS 30G | P | RX/OTC | SURE COMFORT LANCING PEN MISC | P | |
| SHOPKO UNILET LANCETS 28G | P | RX/OTC | SURELITE LANCETS | P | RX/OTC |
| SHOPKO UNILET LANCETS 30G | P | RX/OTC | TECHLITE AST LANCETS | P | RX/OTC |
| SIMPLE DIAGNOSTICS LANCING DEV MISC | P | | TECHLITE LANCETS | P | RX/OTC |
| SINGLE-LET | P | RX/OTC | TECHLITE LANCETS 26G | P | RX/OTC |
| SM LANCETS 33G | P | RX/OTC | TECHLITE LANCETS 30G | P | RX/OTC |
| SM TRUEDRAW LANCING DEVICE MISC | P | | TGT LANCET MICRO THIN 33G | P | RX/OTC |
| SMART DIABETES VANTAGE LANCING MISC | P | | TGT LANCET THIN 26G | P | RX/OTC |
| SMART SENSE COLOR LANCETS 33G | P | RX/OTC | TGT LANCET ULTRA THIN 30G | P | RX/OTC |
| SMART SENSE STANDARD LANCETS | P | RX/OTC | TGT LANCING DEVICE MISC | P | |
| SMART SENSE SUPER THIN LANCETS | P | RX/OTC | THINLETS GP LANCETS | P | RX/OTC |
| SMART SENSE THIN LANCETS 26G | P | RX/OTC | TODAYS HEALTH LANCING DEVICE MISC | P | |
| SMARTEST LANCETS 28G | P | RX/OTC | TODAYS HEALTH THIN LANCETS 28G | P | RX/OTC |
| SOLUS V2 LANCETS 28G | P | RX/OTC | TODAYS HEALTH THIN LANCETS 30G | P | RX/OTC |
| SOLUS V2 LANCING DEVICE MISC | P | | TOPCARE LANCETS MICRO-THIN 33G | P | RX/OTC |
| SOLUS V2 TWIST LANCETS 30G | P | RX/OTC | TRAVEL LANCETS | P | RX/OTC |
| STERILANCE TL | P | RX/OTC | TRAVEL LANCETS ADVANCED 28G | P | RX/OTC |
| SUPER THIN LANCETS | P | RX/OTC | TRUE COMFORT SAFETY LANCETS | P | RX/OTC |
| SURE COMFORT LANCETS 18G | P | RX/OTC | TRUE COMFORT TWIST TOP LANCETS | P | RX/OTC |
| SURE COMFORT LANCETS 21G | P | RX/OTC | TRUEDRAW LANCING DEVICE MISC | P | |
| SURE COMFORT LANCETS 23G | P | RX/OTC | TRUEPLUS LANCETS 26G | P | RX/OTC |
| SURE COMFORT LANCETS 28G | P | RX/OTC | TRUEPLUS LANCETS 28G | P | RX/OTC |
| SURE COMFORT LANCETS 30G | P | RX/OTC | TRUEPLUS LANCETS 30G | P | RX/OTC |
| | | | TRUEPLUS LANCETS 33G | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|-----------|---------------------|-------------------------------|-----------|---------------------|
| TRUEPLUS SAFETY LANCETS 28G | P | RX/OTC | UNILET ULTRA-THIN 28G | P | RX/OTC |
| TWIST TOP LANCETS 30G | P | RX/OTC | UNISTIK 1 | P | RX/OTC |
| ULTI-LANCE AUTOMATIC MISC | P | | UNISTIK 2 | P | RX/OTC |
| ULILET CLASSIC LANCETS | P | RX/OTC | UNISTIK 2 COMFORT | P | RX/OTC |
| ULILET LANCETS | P | RX/OTC | UNISTIK 2 EXTRA | P | RX/OTC |
| ULILET SAFETY LANCETS | P | RX/OTC | UNISTIK 2 NEONATAL | P | RX/OTC |
| ULILET SAFETY LANCETS 23G | P | RX/OTC | UNISTIK 2 NORMAL | P | RX/OTC |
| ULTRA THIN LANCETS 31G | P | RX/OTC | UNISTIK 2 SUPER | P | RX/OTC |
| ULTRA-CARE LANCETS 30G | P | RX/OTC | UNISTIK 3 | P | RX/OTC |
| ULTRA-THIN II AUTO LANCET | P | RX/OTC | UNISTIK 3 COMFORT | P | RX/OTC |
| ULTRA-THIN II LANCETS | P | RX/OTC | UNISTIK 3 COMFORT | P | RX/OTC |
| UNILET COMFORTOUCH LANCET | P | RX/OTC | UNISTIK 3 EXTRA | P | RX/OTC |
| UNILET EXCELITE | P | RX/OTC | UNISTIK 3 EXTRA | P | RX/OTC |
| UNILET EXCELITE II | P | RX/OTC | UNISTIK 3 GENTLE | P | RX/OTC |
| UNILET G.P. LANCET | P | RX/OTC | UNISTIK 3 GENTLE | P | RX/OTC |
| UNILET G.P. SUPERLITE LANCET | P | RX/OTC | UNISTIK 3 NEONATAL | P | RX/OTC |
| UNILET GP 28 ULTRA THIN | P | RX/OTC | UNISTIK 3 NORMAL | P | RX/OTC |
| UNILET LANCET | P | RX/OTC | UNISTIK 3 NORMAL | P | RX/OTC |
| UNILET MICRO-THIN 33G | P | RX/OTC | UNISTIK 3 NORMAL | P | RX/OTC |
| UNILET MICRO-THIN 33G | P | RX/OTC | UNISTIK CZT COMFORT | P | RX/OTC |
| UNILET SUPERLITE LANCET | P | RX/OTC | UNISTIK CZT NORMAL | P | RX/OTC |
| UNILET SUPER-THIN 30G | P | RX/OTC | UNISTIK NORMAL | P | RX/OTC |
| UNILET SUPER-THIN 30G | P | RX/OTC | UNISTIK PRO SAFETY LANCET | P | RX/OTC |
| UNILET ULTRA-THIN 28G | P | RX/OTC | UNISTIK SAFETY LANCETS 28G | P | RX/OTC |
| | | | UNISTIK SAFETY LANCETS 30G | P | RX/OTC |
| | | | UNISTIK TOUCH SAFETY LANC 21G | P | RX/OTC |
| | | | UNISTIK TOUCH SAFETY LANC 21G | P | RX/OTC |
| | | | UNISTIK TOUCH SAFETY LANC 23G | P | RX/OTC |
| | | | UNISTIK TOUCH SAFETY LANC 23G | P | RX/OTC |
| | | | UNISTIK TOUCH SAFETY LANC 28G | P | RX/OTC |
| | | | UNISTIK TOUCH SAFETY LANC 30G | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-----------------------------------|-----------|-------------------------|-------------------------------|-----------|-------------------------|
| UNIVERSAL 1 LANCETS THIN 26G | P | RX/OTC | VIVAGUARD LANCING DEVICE MISC | P | |
| UNIVERSAL 1 LANCETS THIN 33G | P | RX/OTC | VIVAGUARD SAFETY LANCETS 28G | P | RX/OTC |
| UNIVERSAL 1 LANCETS ULTRA THIN | P | RX/OTC | WALGREENS ADV TRAVEL LANCETS | P | RX/OTC |
| VALUE PLUS LANCET STANDARD 21G | P | RX/OTC | WALGREENS LANCETS | P | RX/OTC |
| VALUE PLUS LANCETS SUPER THIN | P | RX/OTC | WALGREENS LANCETS MICRO THIN | P | RX/OTC |
| VALUE PLUS LANCETS THIN 26G | P | RX/OTC | WALGREENS LANCETS SUPER THIN | P | RX/OTC |
| VALUE PLUS LANCING DEVICE MISC | P | | WALGREENS THIN LANCETS | P | RX/OTC |
| VALUMARK LANCET SUPER THIN 30G | P | RX/OTC | WALGREENS ULTRA THIN LANCETS | P | RX/OTC |
| VALUMARK LANCET ULTRA THIN 28G | P | RX/OTC | ZEVRX TWIST TOP LANCETS 30G | P | RX/OTC |
| VERIFINE SAFE LANCET MINI 21G | P | RX/OTC | Misc. Devices | | |
| VERIFINE SAFE LANCET MINI 23G | P | RX/OTC | ADVOCATE ALCOHOL PREP PADS | P | RX/OTC |
| VERIFINE SAFE LANCET MINI 28G | P | RX/OTC | ALCOH-GLOVE CONTOURED WIPE | P | RX/OTC |
| VERIFINE SAFE LANCET MINI 30G | P | RX/OTC | ALCOHOL PADS | P | RX/OTC |
| VERIFINE UNIVERSAL LANCETS 28G | P | RX/OTC | ALCOHOL PREP | P | RX/OTC |
| VERIFINE UNIVERSAL LANCETS 30G | P | RX/OTC | ALCOHOL PREP PADS | P | RX/OTC |
| VERIFINE UNIVERSAL LANCETS 33G | P | RX/OTC | ALCOHOL SWABS | P | RX/OTC |
| VIDA MIA AUTOLET LANCING DEV MISC | P | | ALCOHOL SWABSTICK | P | RX/OTC |
| VIDA MIA UNILET LANCETS 28G | P | RX/OTC | AUM ALCOHOL PREP PADS | P | RX/OTC |
| VIDA MIA UNILET LANCETS 30G | P | RX/OTC | BD SWAB SINGLE USE REGULAR | P | RX/OTC |
| VIVAGUARD LANCETS | P | RX/OTC | CARETOUCH ALCOHOL PREP | P | RX/OTC |
| VIVAGUARD LANCETS 30G | P | RX/OTC | COMFORT TOUCH ALCOHOL PREP | P | RX/OTC |
| | | | CURITY ALCOHOL PREPS | P | RX/OTC |
| | | | CVS ALCOHOL PREP PADS | P | RX/OTC |
| | | | CVS PREP | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------|---------------------------------|-----------|---------------------|
| DROPSAFE ALCOHOL PREP | P | RX/OTC | TRUE COMFORT ALCOHOL PREP PADS | P | RX/OTC |
| EASY COMFORT ALCOHOL PADS | P | RX/OTC | TRUE COMFORT PRO ALCOHOL PREP | P | RX/OTC |
| EASY TOUCH ALCOHOL PREP MEDIUM | P | RX/OTC | ULTICARE ALCOHOL SWABS | P | RX/OTC |
| EQL ALCOHOL SWABS | P | RX/OTC | ULILET ALCOHOL SWABS | P | RX/OTC |
| FIFTY50 ALCOHOL PREP | P | RX/OTC | ULTRA-CARE ALCOHOL PREP PADS | P | RX/OTC |
| GLOBAL ALCOHOL PREP EASE | P | RX/OTC | WEBCOL ALCOHOL PREP LARGE | P | RX/OTC |
| GNP ALCOHOL SWABS | P | RX/OTC | WEBCOL ALCOHOL PREP MEDIUM | P | RX/OTC |
| GOODSENSE ALCOHOL SWABS | P | RX/OTC | ZEV RX STERILE ALCOHOL PREP PAD | P | RX/OTC |
| H-E-B INCONTROL ALCOHOL | P | RX/OTC | Parenteral Therapy Supplies | | |
| HM STERILE ALCOHOL PREP | P | RX/OTC | 1ST TIER UNIFINE PENTIPS | P | |
| MEIJER ALCOHOL SWABS | P | RX/OTC | 1ST TIER UNIFINE PENTIPS PLUS | P | RX/OTC |
| PHARMACIST CHOICE ALCOHOL | P | RX/OTC | ABOUTTIME PEN NEEDLE | P | RX/OTC |
| PRO COMFORT ALCOHOL | P | RX/OTC | ADVOCATE INSULIN PEN NEEDLE | P | RX/OTC |
| PURE COMFORT ALCOHOL PREP | P | RX/OTC | ADVOCATE INSULIN PEN NEEDLES | P | |
| QC ALCOHOL SWABS | P | RX/OTC | ADVOCATE INSULIN SYRINGE | P | RX/OTC |
| RA ALCOHOL SWABS | P | RX/OTC | AQ INSULIN SYRINGE | P | RX/OTC |
| REALITY SWABS | P | RX/OTC | AQINJECT PEN NEEDLE | P | RX/OTC |
| RELION ALCOHOL SWABS | P | RX/OTC | ASSURE ID DUO PRO PEN NEEDLES | P | RX/OTC |
| SAPS CARE ALCOHOL PREP | P | RX/OTC | AUM INSULIN SAFETY PEN NEEDLE | P | RX/OTC |
| SAPS HEALTH ALCOHOL PREP | P | RX/OTC | AUM MINI INSULIN PEN NEEDLE | P | RX/OTC |
| SAPS HEALTH CARE ALCOHOL PREP | P | RX/OTC | AUM PEN NEEDLE | P | RX/OTC |
| SB ALCOHOL PREP | P | RX/OTC | AUM READYGARD DUO PEN NEEDLE | P | RX/OTC |
| SM ALCOHOL PREP | P | RX/OTC | | | |
| SURE COMFORT ALCOHOL PREP | P | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------|--------------------------------|-----------|---------------------|
| AUM SAFETY PEN NEEDLE | P | RX/OTC | BD SAFETY-LOK INSULIN SYRINGE | P | RX/OTC |
| AURORA PEN NEEDLES | P | RX/OTC | BD VEO INSULIN SYR U/F 1/2UNIT | P | RX/OTC |
| AURORA UNIFINE PENTIPS | P | RX/OTC | BD VEO INSULIN SYR U/F 1/2UNIT | P | RX/OTC |
| AUTOPEN DEVI | P | RX/OTC | BD VEO INSULIN SYRINGE U/F | P | RX/OTC |
| BD INSULIN SYR ULTRAFINE II | P | RX/OTC | BD VEO INSULIN SYRINGE U/F | P | RX/OTC |
| BD INSULIN SYRINGE | P | RX/OTC | CAREFINE PEN NEEDLES | P | RX/OTC |
| BD INSULIN SYRINGE HALF-UNIT | P | RX/OTC | CAREONE INSULIN SYRINGE | P | |
| BD INSULIN SYRINGE MICROFINE | P | RX/OTC | CAREONE UNIFINE PENTIPS | P | RX/OTC |
| BD INSULIN SYRINGE U/F | P | | CAREONE UNIFINE PENTIPS PLUS | P | RX/OTC |
| BD INSULIN SYRINGE U/F | P | RX/OTC | CARETOUCH INSULIN SYRINGE | P | RX/OTC |
| BD INSULIN SYRINGE U/F 1/2UNIT | P | RX/OTC | CARETOUCH PEN NEEDLES | P | RX/OTC |
| BD INSULIN SYRINGE U-500 | P | | CEQR SIMPLICITY 2U DEVI | P | RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE | P | RX/OTC | CLICKFINE PEN NEEDLES | P | RX/OTC |
| BD PEN MINI MISC | P | RX/OTC | COMFORT ASSIST INSULIN SYRINGE | P | RX/OTC |
| BD PEN NEEDLE MICRO U/F | P | | COMFORT EZ INSULIN SYRINGE | P | RX/OTC |
| BD PEN NEEDLE MINI U/F | P | RX/OTC | COMFORT EZ MICRO PEN NEEDLES | P | RX/OTC |
| BD PEN NEEDLE NANO 2ND GEN | P | RX/OTC | COMFORT EZ PEN NEEDLES | P | RX/OTC |
| BD PEN NEEDLE NANO U/F | P | RX/OTC | COMFORT EZ PRO PEN NEEDLES | P | RX/OTC |
| BD PEN NEEDLE ORIGINAL U/F | P | | COMFORT EZ SHORT PEN NEEDLES | P | RX/OTC |
| BD PEN NEEDLE SHORT U/F | P | RX/OTC | COMFORT TOUCH INSULIN PEN NEED | P | RX/OTC |
| BD PEN MISC | P | RX/OTC | DIATHRIVE PEN NEEDLE | P | RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE | P | RX/OTC | | | |
| BD SAFETYGLIDE SYRINGE/NEEDLE | P | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--------------------------------|-----------|-------------------------|--------------------------------|-----------|-------------------------|
| DROPLET INSULIN SYRINGE | P | RX/OTC | GLOBAL EASY GLIDE PEN NEEDLES | P | RX/OTC |
| DROPLET PEN NEEDLES | P | RX/OTC | GLOBAL INJECT EASE INSULIN SYR | P | RX/OTC |
| DROPSAFE SAFETY PEN NEEDLES | P | RX/OTC | GLOBAL INSULIN SYRINGES | P | |
| DROPSAFE SAFETY SYRINGE/NEEDLE | P | RX/OTC | GLUCOPRO INSULIN SYRINGE | P | RX/OTC |
| DRUG MART UNIFINE PENTIPS | P | RX/OTC | GNP CLICKFINE PEN NEEDLES | P | RX/OTC |
| DRUG MART UNIFINE PENTIPS PLUS | P | RX/OTC | GNP INSULIN SYRINGE | P | RX/OTC |
| EASY COMFORT INSULIN SYRINGE | P | RX/OTC | GNP INSULIN SYRINGES 28GX1/2" | P | RX/OTC |
| EASY COMFORT PEN NEEDLES | P | RX/OTC | GNP INSULIN SYRINGES 29GX1/2" | P | RX/OTC |
| EASY TOUCH FLIPLOCK INSULIN SY | P | RX/OTC | GNP INSULIN SYRINGES 31GX5/16" | P | RX/OTC |
| EASY TOUCH INSULIN SAFETY SYR | P | RX/OTC | GNP PEN NEEDLES | P | RX/OTC |
| EASY TOUCH INSULIN SYRINGE | P | RX/OTC | GNP ULTICARE PEN NEEDLES | P | RX/OTC |
| EASY TOUCH PEN NEEDLES | P | RX/OTC | GNP ULTIGUARD SAFEPACK NEEDLE | P | RX/OTC |
| EASY TOUCH SHEATHLOCK SYRINGE | P | RX/OTC | GNP ULTRA COM INSULIN SYRINGE | P | RX/OTC |
| EMBECTA INSULIN SYRINGE U-100 | P | RX/OTC | GOODSENSE CLICKFINE PEN NEEDLE | P | RX/OTC |
| EMBRACE PEN NEEDLES | P | RX/OTC | GOODSENSE PEN NEEDLE PENFINE | P | RX/OTC |
| EQL INSULIN SYRINGE | P | RX/OTC | HEALTHWISE INSULIN SYR/NEEDLE | P | RX/OTC |
| FIFTY50 PEN NEEDLES | P | RX/OTC | HEALTHWISE MICRON PEN NEEDLES | P | RX/OTC |
| FIFTY50 SUPERIOR COMFORT SYR | P | RX/OTC | HEALTHWISE SHORT PEN NEEDLES | P | RX/OTC |
| FREDS PHARMACY UNIFINE PENTIP+ | P | RX/OTC | HEALTHWISE UNIFINE PENTIPS | P | RX/OTC |
| FREDS PHARMACY UNIFINE PENTIPS | P | RX/OTC | HEALTHY ACCENTS UNIFINE PENTIP | P | RX/OTC |
| GLOBAL EASE INJECT PEN NEEDLES | P | RX/OTC | H-E-B INCONTROL PEN NEEDLES | P | RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYR | P | RX/OTC | H-E-B INCONTROL UNIFINE PENTIP | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|---------------------|--------------------------------|-----------|---------------------|
| HM ULTICARE INSULIN SYRINGE | P | RX/OTC | LITETOUCH INSULIN SYRINGE | P | RX/OTC |
| HM ULTICARE MINI PEN NEEDLES | P | RX/OTC | LITETOUCH PEN NEEDLES | P | RX/OTC |
| HM ULTICARE SHORT PEN NEEDLES | P | RX/OTC | LONGS INSULIN SYRINGE | P | RX/OTC |
| INCONTROL ULTICARE PEN NEEDLES | P | RX/OTC | MAGELLAN INSULIN SAFETY SYR | P | RX/OTC |
| INPEN 100-BLUE-LILLY-HUMALOG DEVI | P | RX/OTC | MARATHON MEDICAL PENTIPS | P | RX/OTC |
| INPEN 100-BLUE-NOVOLOG-FIASP DEVI | P | RX/OTC | MAXI-COMFORT INSULIN SYRINGE | P | RX/OTC |
| INPEN 100-GREY-LILLY-HUMALOG DEVI | P | RX/OTC | MAXICOMFORT SYR 27G X 1/2" | P | RX/OTC |
| INPEN 100-GREY-NOVOLOG-FIASP DEVI | P | RX/OTC | MEDIC INSULIN SYRINGE | P | RX/OTC |
| INPEN 100-PINK-LILLY-HUMALOG DEVI | P | RX/OTC | MEDICINE SHOPPE PEN NEEDLES | P | RX/OTC |
| INPEN 100-PINK-NOVOLOG-FIASP DEVI | P | RX/OTC | MEIJER PEN NEEDLES | P | RX/OTC |
| INSULIN SYRINGE | P | RX/OTC | MICRODOT PEN NEEDLE | P | RX/OTC |
| INSULIN SYRINGE-NEEDLE U-100 | P | RX/OTC | MM INSULIN SYRINGE/NEEDLE | P | RX/OTC |
| INSUPEN PEN NEEDLES | P | RX/OTC | MM PEN NEEDLES | P | RX/OTC |
| INSUPEN SENSITIVE | P | | MONOJECT INSULIN SYRINGE | P | RX/OTC |
| INSUPEN ULTRAFIN | P | RX/OTC | MONOJECT ULTRA COMFORT SYRINGE | P | RX/OTC |
| KINRAY INSULIN SYRINGE | P | RX/OTC | MS INSULIN SYRINGE | P | RX/OTC |
| KMART VALU INSULIN SYRINGE 29G | P | RX/OTC | NOVOFINE PEN NEEDLE | P | |
| KMART VALU INSULIN SYRINGE 30G | P | RX/OTC | NOVOFINE PLUS PEN NEEDLE | P | RX/OTC |
| KROGER INSULIN SYRINGE | P | RX/OTC | NOVOPEN ECHO DEVI | P | RX/OTC |
| KROGER PEN NEEDLES | P | RX/OTC | PC UNIFINE PENTIPS | P | RX/OTC |
| LEADER INSULIN SYRINGE | P | RX/OTC | PEN NEEDLE/5-BEVEL TIP | P | RX/OTC |
| LEADER UNIFINE PENTIPS | P | RX/OTC | PEN NEEDLES | P | RX/OTC |
| LEADER UNIFINE PENTIPS PLUS | P | RX/OTC | PEN NEEDLES 5/16" | P | RX/OTC |
| | | | PENTIPS | P | RX/OTC |
| | | | PENTIPS GENERIC PEN NEEDLES | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------|--------------------------------|-----------|---------------------|
| PIP PEN NEEDLES 31G X 5MM | P | RX/OTC | SECURESAFE INSULIN SYRINGE | P | RX/OTC |
| PIP PEN NEEDLES 32G X 4MM | P | RX/OTC | SHOPKO UNIFINE PENTIPS | P | RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE | P | RX/OTC | SHOPKO UNIFINE PENTIPS PLUS | P | RX/OTC |
| PREFERRED PLUS UNIFINE PENTIPS | P | RX/OTC | SURE COMFORT INSULIN SYRINGE | P | RX/OTC |
| PREVENT DROPSAFE PEN NEEDLES | P | RX/OTC | SURE COMFORT PEN NEEDLES | P | RX/OTC |
| PREVENT SAFETY PEN NEEDLES | P | RX/OTC | TECHLITE INSULIN SYRINGE | P | RX/OTC |
| PRO COMFORT INSULIN SYRINGE | P | RX/OTC | TECHLITE PEN NEEDLES | P | RX/OTC |
| PRO COMFORT PEN NEEDLES | P | RX/OTC | TECHLITE PLUS PEN NEEDLES | P | RX/OTC |
| PRODIGY INSULIN SYRINGE | P | RX/OTC | TODAYS HEALTH SHORT PEN NEEDLE | P | RX/OTC |
| PURE COMFORT PEN NEEDLE | P | RX/OTC | TOPCARE CLICKFINE PEN NEEDLES | P | RX/OTC |
| PURE COMFORT SAFETY PEN NEEDLE | P | RX/OTC | TOPCARE ULTRA COMFORT INS SYR | P | RX/OTC |
| PX INSULIN SYRINGE | P | | TRUE COMFORT INSULIN SYRINGE | P | RX/OTC |
| PX MINI PEN NEEDLES | P | RX/OTC | TRUE COMFORT PEN NEEDLES | P | RX/OTC |
| PX PEN NEEDLE | P | RX/OTC | TRUE COMFORT PRO INSULIN SYR | P | RX/OTC |
| PX SHORTLENGTH PEN NEEDLES | P | RX/OTC | TRUE COMFORT PRO PEN NEEDLES | P | RX/OTC |
| QC PEN NEEDLES | P | RX/OTC | TRUEPLUS 5-BEVEL PEN NEEDLES | P | |
| QC UNIFINE PENTIPS | P | RX/OTC | TRUEPLUS INSULIN SYRINGE | P | RX/OTC |
| RA INSULIN SYRINGE | P | RX/OTC | TRUEPLUS PEN NEEDLES | P | RX/OTC |
| RA PEN NEEDLES | P | RX/OTC | ULTICARE INSULIN SAFETY SYR | P | RX/OTC |
| RAYA SURE PEN NEEDLE | P | RX/OTC | ULTICARE INSULIN SYRINGE | P | RX/OTC |
| REALITY INSULIN SYRINGE | P | RX/OTC | ULTICARE MICRO PEN NEEDLES | P | RX/OTC |
| RELION INSULIN SYRINGE | P | RX/OTC | | | |
| RELION PEN NEEDLES | P | RX/OTC | | | |
| RELION SHORT PEN NEEDLES | P | RX/OTC | | | |
| SB INSULIN SYRINGE | P | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------|-------------------------------------|-----------|---------------------|
| ULTICARE MINI PEN NEEDLES | P | | UNIFINE PROTECT PEN NEEDLE | P | RX/OTC |
| ULTICARE PEN NEEDLES | P | RX/OTC | UNIFINE SAFECONTROL PEN NEEDLE | P | RX/OTC |
| ULTICARE SHORT PEN NEEDLES | P | RX/OTC | UNIFINE ULTRA PEN NEEDLE | P | RX/OTC |
| ULTICARE TUBERCULIN SAFETY SYR | P | | VALUE HEALTH INSULIN SYRINGE | P | RX/OTC |
| ULTIGUARD SAFEPACK PEN NEEDLE | P | RX/OTC | VALUMARK PEN NEEDLES | P | RX/OTC |
| ULTIGUARD SAFEPACK SYR/NEEDLE | P | | VANISHPOINT INSULIN SYRINGE | P | RX/OTC |
| ULTILET PEN NEEDLE | P | | VERIFINE INSULIN PEN NEEDLE | P | RX/OTC |
| ULTRA FLO INSULIN PEN NEEDLES | P | RX/OTC | VERIFINE INSULIN SYRINGE | P | RX/OTC |
| ULTRA FLO INSULIN SYR 1/2 UNIT | P | | VERIFINE PLUS PEN NEEDLE | P | RX/OTC |
| ULTRA FLO INSULIN SYRINGE | P | RX/OTC | VIDA MIA UNIFINE PENTIPS | P | RX/OTC |
| ULTRA THIN PEN NEEDLES | P | RX/OTC | VP INSULIN SYRINGE | P | RX/OTC |
| ULTRACARE INSULIN SYRINGE | P | RX/OTC | WEGMANS UNIFINE PENTIPS PLUS | P | RX/OTC |
| ULTRACARE PEN NEEDLES | P | RX/OTC | ZEVSRX INSULIN SYRINGE | P | RX/OTC |
| ULTRA-THIN II INS SYR SHORT | P | RX/OTC | ZEVSRX PEN NEEDLES | P | RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE | P | RX/OTC | Respiratory Therapy Supplies | | |
| ULTRA-THIN II MINI PEN NEEDLE | P | RX/OTC | ACE AEROSOL CLOUD ENHANCER MISC | P | RX/OTC |
| ULTRA-THIN II PEN NEEDLE SHORT | P | RX/OTC | ADULT MASK LARGE MISC | P | RX/OTC |
| ULTRA-THIN II PEN NEEDLES | P | | ADULT MASK DEVI | P | RX/OTC |
| UNIFINE PEN NEEDLES | P | RX/OTC | AEROBIKA DEVI | P | RX/OTC |
| UNIFINE PENTIPS | P | RX/OTC | AEROCHAMBER HOLDING CHAMBER DEVI | NP | RX/OTC |
| UNIFINE PENTIPS | P | | AEROCHAMBER MINI CHAMBER DEVI | P | RX/OTC |
| UNIFINE PENTIPS PLUS | P | RX/OTC | AEROCHAMBER MV MISC | P | RX/OTC |
| UNIFINE PENTIPS PLUS | P | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|--------------------------------------|-----------|---------------------|
| AEROCHAMBER PLS FLOVU MTHPIECE DEVI | NP | RX/OTC | ALL FLOW 4000 PFT FILTER DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLO-VU INTERM DEVI | NP | RX/OTC | ALL FLOW 5000 PFT FILTER DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLO-VU LARGE DEVI | NP | RX/OTC | ALL FLOW 6000 PFT FILTER DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLO-VU LARGE MISC | NP | RX/OTC | ALL FLOW 7000 PFT FILTER DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVI | NP | RX/OTC | BREATHE COMFORT CHAMBER/ADULT DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLO-VU MEDIUM MISC | NP | RX/OTC | BREATHE COMFORT CHAMBER/CHILD DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLO-VU SMALL DEVI | NP | RX/OTC | BREATHE EASE LARGE DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLO-VU SMALL MISC | NP | RX/OTC | BREATHE EASE MEDIUM DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLO-VU W/MASK MISC | NP | RX/OTC | BREATHE EASE SMALL DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLO-VU MISC | NP | RX/OTC | BREATHERRITE VALVED MDI CHAMBER DEVI | P | RX/OTC |
| AEROCHAMBER PLUS FLOW VU MISC | NP | RX/OTC | CLEVER CHOICE HOLDING CHAMBER DEVI | P | RX/OTC |
| AEROCHAMBER W/FLOWSIGNAL MISC | P | RX/OTC | CO MONITOR DEVI | P | RX/OTC |
| AEROCHAMBER Z-STAT PLUS CHAMBR MISC | P | RX/OTC | COMPACT SPACE CHAMBER/LG MASK DEVI | NP | RX/OTC |
| AEROCHAMBER Z-STAT PLUS/LARGE MISC | P | RX/OTC | COMPACT SPACE CHAMBER/MED MASK DEVI | NP | RX/OTC |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | P | RX/OTC | COMPACT SPACE CHAMBER/SM MASK DEVI | NP | RX/OTC |
| AEROCHAMBER Z-STAT PLUS/SMALL MISC | P | RX/OTC | COMPACT SPACE CHAMBER DEVI | NP | RX/OTC |
| AEROCHAMBER Z-STAT PLUS MISC | P | RX/OTC | EASIVENT MASK LARGE MISC | P | RX/OTC |
| AEROVENT PLUS DEVI | P | RX/OTC | EASIVENT MASK MEDIUM MISC | P | RX/OTC |
| ALL FLOW 1000 PFT FILTER DEVI | P | RX/OTC | EASIVENT MASK SMALL MISC | P | RX/OTC |
| ALL FLOW 2000 PFT FILTER DEVI | P | RX/OTC | EASIVENT MISC | P | RX/OTC |
| ALL FLOW 3000 PFT FILTER DEVI | P | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|----------------------------------|-----------|---------------------|
| EASY FLOW BLACK/BLUE DEVI | P | RX/OTC | INSPIRACHAMBER/MEDIUM DEVI | P | RX/OTC |
| EASY FLOW BLACK/ORANGE DEVI | P | RX/OTC | INSPIRACHAMBER/MOUTHPIECE DEVI | P | RX/OTC |
| EASY FLOW BLACK/RED DEVI | P | RX/OTC | INSPIRACHAMBER/SMALL DEVI | P | RX/OTC |
| EASY FLOW BLACK/WHITE DEVI | P | RX/OTC | INSPIREASE MISC | P | RX/OTC |
| EASY FLOW BLACK/YELLOW DEVI | P | RX/OTC | MICROCHAMBER DEVI | P | RX/OTC |
| EASY FLOW WHITE/BLUE DEVI | P | RX/OTC | MICROCHAMBER MISC | P | RX/OTC |
| EASY FLOW WHITE/GREEN DEVI | P | RX/OTC | MICROSPACER MISC | P | RX/OTC |
| EASY FLOW WHITE/PINK DEVI | P | RX/OTC | NEBULIZER CUP/TUBING DEVI | P | RX/OTC |
| EASY FLOW WHITE/WHITE DEVI | P | RX/OTC | OMBRA TABLE TOP COMPRESSOR DEVI | P | RX/OTC |
| EASY FLOW WHITE/YELLOW DEVI | P | RX/OTC | ONE FLOW SPIROMETER DEVI | P | RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC L DEVI | P | RX/OTC | OPTICHAMBER DIAMOND DEVI | P | RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC M DEVI | P | RX/OTC | OPTICHAMBER DIAMOND-LG MASK DEVI | P | RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC S DEVI | P | RX/OTC | OPTICHAMBER DIAMOND-MD MASK MISC | P | RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC DEVI | P | RX/OTC | OPTICHAMBER DIAMOND MISC | P | RX/OTC |
| FLEXICHAMBER ADULT MASK/SMALL | NP | RX/OTC | OPTICHAMBER DIAMOND-SM MASK MISC | P | RX/OTC |
| FLEXICHAMBER CHILD MASK/LARGE | NP | RX/OTC | PARI MANUAL INTERRUPTER DEVI | P | RX/OTC |
| FLEXICHAMBER CHILD MASK/SMALL | NP | RX/OTC | PARI TREK S COMBO PACK DEVI | P | RX/OTC |
| FLEXICHAMBER DEVI | NP | RX/OTC | POCKET CHAMBER DEVI | P | RX/OTC |
| IN-CHECK DIAL FLOW TRAINER DEVI | P | RX/OTC | POCKET SPACER DEVI | P | RX/OTC |
| IN-CHECK INSPIRATORY FLOW MTR DEVI | P | RX/OTC | PRO COMFORT SPACER ADULT MISC | P | RX/OTC |
| INSPIRACHAMBER/LARGE DEVI | P | RX/OTC | PRO COMFORT SPACER CHILD MISC | P | RX/OTC |
| | | | PRO COMFORT SPACER INFANT DEVI | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| PROCARE SPACER/ADULT MASK DEVI | P | RX/OTC |
| PROCARE SPACER/CHILD MASK DEVI | P | RX/OTC |
| PROCHAMBER VHC DEVI | P | RX/OTC |
| PURE COMFORT 3-BALL BREATHE EX DEVI | P | RX/OTC |
| PURE COMFORT SPACER CHAMBER DEVI | P | RX/OTC |
| QUAKE DEVI | P | RX/OTC |
| REUSABLE COMFORTSEAL MASK-LRG MISC | NP | RX/OTC |
| REUSABLE COMFORTSEAL MASK-MED MISC | NP | RX/OTC |
| REUSABLE COMFORTSEAL MASK-SML MISC | NP | RX/OTC |
| RITEFLO DEVI | P | RX/OTC |
| SPIRO PD DEVI | P | RX/OTC |
| THRESHOLD PEP DEVI | P | RX/OTC |
| VERSAPAP W/UNIVERSAL TUBING DEVI | P | RX/OTC |
| VERSAPAP DEVI | P | RX/OTC |
| VORTEX HOLD CHMBR/MASK/CHILD DEVI | P | RX/OTC |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVI | P | RX/OTC |
| VORTEX VALVED HOLDING CHAMBER DEVI | P | RX/OTC |
| VORTEX VALVED HOLDING CHAMBER DEVI | P | RX/OTC |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Headaches | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| AIMOVIG | P | SP; PA |
| AJOVY SOAJ | P | SP; PA |
| AJOVY SOSY | P | SP; PA |
| EMGALITY (300 MG DOSE) SOSY | NP | SP; PA |
| EMGALITY SOAJ | P | SP; PA |
| EMGALITY SOSY | P | SP; PA |
| NURTEC | P | PA |
| QULIPTA 10 MG, 60 MG | NP | |
| QULIPTA 30 MG | NP | QL(1 EA daily) |
| UBRELVY | NP | |
| VYEPTI | NP | SP |
| ZAVZPRET | NP | |
| Migraine Combinations | | |
| CAFERGOT TABS (<i>ergotamine w/ caffeine</i>) | NP | |
| <i>ergotamine w/ caffeine</i> TABS | NP | |
| <i>sumatriptan-naproxen sodium</i> | NP | |
| Migraine Products | | |
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i> | NP | |
| MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>) | NP | |
| Migraine Products - NSAIDs | | |
| <i>diclofenac potassium (migraine)</i> | NP | |
| ELYXYB | NP | |
| Serotonin Agonists | | |
| <i>almotriptan malate</i> | NP | |
| <i>eletriptan hydrobromide</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| FROVA (<i>frovatriptan succinate</i>) | NP | | <i>sumatriptan succinate SOLN 6 MG/0.5ML</i> | P | QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail) |
| <i>frovatriptan succinate</i> | NP | | <i>sumatriptan succinate TABS</i> | P | |
| IMITREX 5 MG/ACT (<i>sumatriptan</i>) | NP | QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail) | TOSYMRA | NP | QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail) |
| IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>) | NP | QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail) | ZEMBRACE SYMTOUCH SOAJ | NP | QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail) |
| IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>) | NP | QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail) | <i>zolmitriptan SOLN 5 MG</i> | NP | QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail) |
| IMITREX TABS (<i>sumatriptan succinate</i>) | NP | | <i>zolmitriptan SOLN 2.5 MG</i> | NP | |
| MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>) | NP | | <i>zolmitriptan TABS</i> | P | |
| MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>) | NP | | <i>zolmitriptan TABS</i> | NP | |
| <i>naratriptan hcl</i> | P | | <i>zolmitriptan TBDP</i> | P | |
| RELPAX (<i>eletriptan hydrobromide</i>) | NP | | ZOMIG SOLN 5 MG (<i>zolmitriptan</i>) | NP | QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail) |
| REYVOW | NP | | ZOMIG SOLN 2.5 MG (<i>zolmitriptan</i>) | NP | |
| <i>rizatriptan benzoate TABS</i> | P | | MINERALS & ELECTROLYTES | | |
| <i>rizatriptan benzoate TABS 10 MG</i> | NP | | Calcium | | |
| <i>rizatriptan benzoate TBDP 10 MG</i> | NP | | CALCIUM 600 +D HIGH POTENCY TABS | P | |
| <i>rizatriptan benzoate TBDP</i> | P | | CALCIUM ACETATE | NP | |
| <i>sumatriptan</i> | P | QL(9 EA per 40 day(s) retail; 9 EA per 40 days mail) | CALCIUM CARBONATE CHEW | P | |
| <i>sumatriptan succinate SOAJ</i> | NP | QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail) | <i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 5 MCG-500 MG, 800 UNIT-600 MG</i> | NP | |
| <i>sumatriptan succinate SOCT</i> | NP | QL(4.5 ML per 40 day(s) retail; 4 ML per 40 days mail) | <i>calcium carbonate-cholecalciferol TABS</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>calcium carbonate TABS 1250 MG, 1500 MG, 500 MG, 600 MG, 600 MG</i> | P | | CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>) | P | |
| <i>calcium carbonate TABS 1250 MG, 600 MG</i> | NP | | CITRACAL MAXIMUM TABS (<i>calcium citrate-vitamin d</i>) | P | |
| <i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 125 UNIT-600 MG, 250 MG-125 UNIT, 3.125 MCG-600 MG, 600 MG-200 UNIT</i> | P | | CORAL CALCIUM CAPS 100 UNIT-50 MG-185 MG | P | |
| CALCIUM CITRATE + D3 TABS | P | | <i>oyster shell</i> | NP | |
| CALCIUM CITRATE + D TABS | P | | <i>oyster shell</i> | P | |
| <i>calcium citrate TABS</i> | P | | OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT | P | |
| CALCIUM CITRATE TABS 250 MG | P | | RA CALCIUM-BORON | P | |
| <i>calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG</i> | P | | RA CALCIUM TABS | P | |
| <i>calcium citrate-vitamin d TABS 250 UNIT-315 MG, 6.25 MCG-315 MG</i> | NP | | Electrolyte Mixtures | | |
| CALCIUM GLUCONATE CAPS | P | | BIOLYTE SOLN | P | |
| CALCIUM/C/D | P | | CERASPORT EX1 SOLN | P | |
| CALCIUM CHEW | P | | CERASPORT SOLN | P | |
| <i>calcium-magnesium-zinc</i> | P | | ENFAMIL ENFALYTE SOLN | P | |
| CALCIUM-MAGNESIUM-ZINC 334 MG-134 MG-5 MG | P | | FT ELECTROLYTE SOLN | P | |
| CALTRATE 600+D3 SOFT CHEW | NP | | GOODSENSE ELECTROLYTE ADV CARE SOLN | P | |
| CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>) | P | | HYDRALYTE FREEZER POPS SOLN | P | |
| CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>) | NP | | HYDRALYTE SOLN | P | |
| | | | KINDERLYTE PREMAX SOLN | P | |
| | | | KINDERLYTE SOLN | P | |
| | | | <i>oral electrolytes SOLN</i> | P | |
| | | | PEDIALYTE IMMUNE SUPPORT SOLN | P | |
| | | | TRUELYTE SOLN | P | |
| | | | Fluoride | | |
| | | | <i>sodium fluoride CHEW</i> | P | |
| | | | <i>sodium fluoride CHEW</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i> | P | | MULTI MEGA MINERALS TABS | P | |
| <i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i> | P | RX/OTC | MULTI-MINERALS TABS | P | |
| <i>sodium fluoride TABS 0.5 MG</i> | P | | <i>multiple minerals w/ vitamins TABS</i> | P | |
| SOLUVITA SOLN | NP | RX/OTC | MULTISOURCE CALCIUM MAG/D TABS | P | |
| Magnesium | | | PROSTEON TABS | P | |
| <i>magnesium oxide (mg supplement) TABS</i> | NP | | THERACAL D2000 TABS | P | |
| <i>magnesium oxide (mg supplement) TABS 400 MG, 400 MG</i> | P | | THERACAL D4000 TABS | P | |
| <i>magnesium TABS 400 MG</i> | P | | THERACAL RAPID REPLETION TABS | P | |
| SLOW-MAG | P | | Phosphate | | |
| SLOWMAG MG MUSCLE/HEART | P | | K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) | P | |
| Mineral Combinations | | | K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) | P | |
| ADVANCED CALCIUM/D/MAGNESIUM TABS | P | | <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i> | P | |
| BONE DENSITY BUILDER TABS | P | | <i>potassium & sodium phosphates PACK</i> | P | |
| CALCIUM 600+D3 PLUS MINERALS TABS | P | | Potassium | | |
| CALCIUM-MAGNESIUM-ZINC-D3 TABS | P | | <i>potassium bicarbonate TBEF</i> | P | |
| CAL-MAG-ZINC W/D TABS | P | | <i>potassium chloride microencapsulated crystals er</i> | P | |
| CITRACAL MAXIMUM PLUS TABS | P | | <i>potassium chloride CPCR</i> | P | |
| CITRACAL PLUS TABS | P | | <i>potassium chloride PACK PO 20 MEQ</i> | P | |
| CVS CALCIUM CITRATE+D3 W/MAGNE TABS | P | | <i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i> | P | |
| CVS CALCIUM CITRATE+D3 TABS | P | | <i>potassium chloride TBCR 8 MEQ, 10 MEQ</i> | P | |
| FEM-CAL CITRATE TABS | P | | Sodium | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>sodium chloride SOLN IJ 0.9 %</i> | P | |
| <i>sodium chloride TABS</i> | P | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| <i>penicillamine CAPS</i> | P | |
| <i>penicillamine TABS</i> | P | |
| Enzymes | | |
| <i>papaya CHEW</i> | P | |
| Immunomodulators | | |
| <i>lenalidomide</i> | P | SP |
| REVLIMID | NP | SP; ST |
| Immunosuppressive Agents | | |
| <i>azathioprine TABS 50 MG</i> | P | |
| <i>cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG</i> | P | |
| <i>cyclosporine modified (for microemulsion) SOLN</i> | P | |
| <i>cyclosporine CAPS</i> | P | |
| <i>mycophenolate mofetil CAPS</i> | P | |
| <i>mycophenolate mofetil TABS</i> | P | |
| SANDIMMUNE SOLN PO 100 MG/ML | P | |
| <i>sirolimus SOLN</i> | P | |
| <i>sirolimus TABS</i> | P | |
| <i>tacrolimus CAPS</i> | P | |
| Lymphatic Agents | | |
| SYLVANT | P | SP |
| PIK3CA-Related Overgrowth Spectrum (PROS) Agents | | |
| VIJOICE PACK | P | SP |
| Potassium Removing Agents | | |
| LOKELMA | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| LOKELMA | P | |
| <i>sodium polystyrene sulfonate POWD</i> | P | |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i> | P | |
| VELTASSA 8.4 GM, 16.8 GM, 25.2 GM | NP | |
| Prostaglandins | | |
| <i>alprostadil</i> | P | |
| PROSTIN VR | P | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| Anesthetics Topical Oral | | |
| <i>benzocaine (dental) GEL 20 %</i> | P | |
| <i>benzocaine (dental) LIQD 20 %</i> | P | |
| <i>benzocaine (dental) SOLN 20 %</i> | P | |
| <i>benzocaine-menthol (mouth-throat) LOZG 15 MG-3.6 MG</i> | P | |
| HURRICANE SNAP-N-GO SWAB | P | |
| Anti-infectives - Throat | | |
| <i>clotrimazole</i> | NP | |
| NYSTATIN (<i>nystatin (mouth-throat)</i>) | P | |
| <i>nystatin (mouth-throat)</i> | P | |
| ORAVIG | NP | |
| Antiseptics - Mouth/Throat | | |
| <i>chlorhexidine gluconate (mouth-throat)</i> | P | |
| Dental Products | | |
| <i>sodium fluoride (dental) CREA</i> | P | |
| <i>sodium fluoride (dental) GEL</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>sodium fluoride (dental) SOLN 0.2 %</i> | P | |
| Steroids - Mouth/Throat/Dental | | |
| <i>triamcinolone acetonide (mouth)</i> | NP | |
| Throat Products - Misc. | | |
| <i>cevimeline hcl</i> | P | |
| <i>pilocarpine hcl (oral) 5 MG</i> | P | |
| MULTIVITAMINS | | |
| B-Complex Vitamins | | |
| <i>b-complex vitamins CAPS</i> | P | |
| <i>b-complex vitamins TABS</i> | NP | |
| <i>b-complex vitamins TABS</i> | P | |
| <i>b-complex vitamins TBCR</i> | P | |
| CVS BALANCED B100 TBCR | P | |
| B-Complex w/ C | | |
| <i>b complex w/ c CAPS</i> | P | |
| <i>b complex w/ c TABS</i> | P | |
| <i>b-complex w/ c & calcium</i> | P | |
| <i>b-complex w/ c & e + zn</i> | P | |
| PRONUTRIENTS SUPER B COMPLEX | P | |
| RA B-COMPLEX/VITAMIN C CR TBCR | P | |
| B-Complex w/ Folic Acid | | |
| ACTRIVIT | P | RX/OTC |
| BALANCED B-50 TBCR | P | |
| <i>b-complex w/ c & folic acid CAPS</i> | P | RX/OTC |
| <i>b-complex w/ c & folic acid TABS</i> | P | |
| <i>b-complex w/ c & folic acid TABS 1 MG</i> | NP | RX/OTC |
| <i>b-complex w/ c & folic acid TABS</i> | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>b-complex w/ folic acid CAPS</i> | P | |
| <i>b-complex w/ folic acid TABS</i> | P | |
| <i>b-complex w/biotin & folic acid TABS</i> | P | |
| <i>b-complex w/biotin & folic acid TBCR</i> | P | |
| NUTRIVIT | P | RX/OTC |
| SM B-COMPLEX/VITAMIN C TABS | P | RX/OTC |
| B-Complex w/ Iron | | |
| APETIGEN-PLUS SOLN | P | |
| <i>b complex w/ iron TABS</i> | P | |
| SUPER B-COMPLEX/IRON/VITAMIN C TABS | P | |
| B-Complex w/ Minerals | | |
| <i>b-complex w/ minerals LIQD</i> | P | |
| Bioflavonoid Products | | |
| ACTITROM CAPS | P | |
| ACTITROM-D CAPS | P | |
| ADRENAL C FORMULA TABS | P | RX/OTC |
| ADVANCED C PLUS TABS | P | RX/OTC |
| BIO C 1:1 CAPS | P | |
| <i>bioflavonoid products TABS</i> | P | RX/OTC |
| <i>bioflavonoid products TBCR</i> | P | |
| C 1000-BIOFLAVONOIDS-ROSE HIPS CAPS | P | |
| DAFLONEX-XL TBCR | P | |
| EASY-C IMMUNE HEALTH W/BIOFLAV CAPS | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| FRUIT C 200 CHEW | P | | AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG | P | |
| GRAPE SEED EXTRACT CAPS | P | | AIRBORNE KIDS CHEW | P | |
| GRAPE SEED CAPS | P | | AIRBORNE+GOOD REST CHEW | P | |
| QUERCETIN COMPLEX IMMUNE CAPS | P | | AIRBORNE+NATURAL ENERGY LIQD | P | RX/OTC |
| THORNE VITAMIN C-FLAVONOIDS CAPS | P | | AIRBORNE+PROBIOTIC CHEW | P | |
| TROMBONEX CAPS | P | | AIRBORNE CHEW | P | |
| TROMBONEX-D CAPS | P | | ALIVE ADULT PREMIUM CHEW | P | |
| VASOFLEX FORTE CAPS | P | | ALIVE CALCIUM BONE SUPPORT TABS | NP | RX/OTC |
| VASOFLEX CAPS | P | | ALIVE EVERYDAY IMMUNE HEALTH CAPS | P | RX/OTC |
| VITAMIN C CHEW | P | | ALIVE HAIR, SKIN & NAILS CAPS | NP | RX/OTC |
| Multiple Vitamins w/ Calcium | | | ALIVE HAIR, SKIN & NAILS CHEW | P | |
| <i>multiple vitamins w/ calcium TABS</i> | P | | ALIVE MENS 50+ MULTI GUMMY CHEW | P | |
| SM ONE DAILY ESSENTIAL TABS | P | | ALIVE MENS GUMMY MULTIVITAMINS CHEW | P | |
| Multiple Vitamins w/ Iron | | | ALIVE MULTI-VITAMIN CHEW | P | |
| DAVIMET-IRON CHEW | NP | | ALIVE MULTI-VITAMIN LIQD | P | RX/OTC |
| <i>multiple vitamins w/ iron TABS</i> | P | | ALIVE ULTRA POTENCY ADULT TABS | NP | RX/OTC |
| TAB-A-VITE/IRON/BETA CAROTENE TABS | P | | ALIVE WOMENS 50+ GUMMY CHEW | P | |
| Multiple Vitamins w/ Minerals | | | ALIVE WOMENS 50+ CHEW | P | |
| ACTIVESSENTIALS FOR WOMEN MISC | P | | ALIVE WOMENS GUMMY CHEW | P | |
| ACTIVESSENTIALS/ONC OPLEX & D3 MISC | P | | APETIBEX CAPS | P | RX/OTC |
| ACTIVNUTRIENTS PERFORMANCE CAPS | P | RX/OTC | APPE-CURB CAPS | P | RX/OTC |
| ACTIVNUTRIENTS W/O IRON CAPS | P | RX/OTC | BARIATRIC FUSION CHEW | P | |
| ACTIVNUTRIENTS CAPS | P | RX/OTC | | | |
| ADEK GUMMIES PLUS ZN CHEW | P | | | | |
| ADULT ONE DAILY GUMMIES CHEW | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|-------------------------------------|-----------|---------------------|
| BARIATRIC MULTIVITAMINS/IRON CAPS | P | RX/OTC | CENTRUM FLAVOR BURST ADULT CHEW | P | |
| BARIATRIC MULTIVITAMINS/IRON CHEW | P | | CENTRUM FLAVOR BURST CHEW | P | |
| BARIATRIC MULTIVITAMINS CAPS | P | RX/OTC | CENTRUM FRESH/FRUITY 50+ CHEW | P | |
| BARIATRIC MULTIVITAMINS CHEW | P | | CENTRUM FRESH/FRUITY ADULT CHEW | P | |
| BIO-35 GLUTEN-FREE CAPS | P | RX/OTC | CENTRUM MULTI + OMEGA 3 CHEW | P | |
| BIO-35 IRON FREE CAPS | P | RX/OTC | CENTRUM SILVER CHEW | P | |
| BIOCAL CAPS | P | RX/OTC | CENTRUM VITAMINTS CHEW | P | |
| BIOTECT PLUS CAPS | P | RX/OTC | CHOICEFUL MULTIVITAMIN CAPS | P | RX/OTC |
| BONEUP 3 PER DAY CAPS | P | RX/OTC | CHOICEFUL MULTIVITAMIN CHEW | P | |
| BONEUP CAPS | P | RX/OTC | CONCEPTIONXR MOTILITY SUPPORT MISC | P | |
| BOOSTNOW IMMUNE SUPPORT CAPS | P | RX/OTC | CULTURELLE PROBIOTIC MEN DAILY CAPS | P | RX/OTC |
| BURIED TREASURE ACTIVE 55 PLUS LIQD | P | RX/OTC | CULTURELLE PROBIOTICS + MULTIV CHEW | P | |
| CELEBRATE MULTI-COMplete 18 CAPS | P | RX/OTC | CVS ADULT 50+ EYE HEALTH CAPS | P | RX/OTC |
| CELEBRATE MULTI-COMplete 18 CHEW | P | | CVS ADULT MULTIVITAMIN CHEW | P | |
| CELEBRATE MULTI-COMplete 36 CAPS | P | RX/OTC | CVS AIRSHIELD IMMUNITY SUPPORT CHEW | P | |
| CELEBRATE MULTI-COMplete 36 CHEW | P | | CVS DIABETES HEALTH SUPPORT MISC | P | |
| CELEBRATE MULTI-COMplete 45 CAPS | P | RX/OTC | CVS EYE HEALTH ADULT 50+ CAPS | P | RX/OTC |
| CELEBRATE MULTI-COMplete 45 CHEW | P | | CVS IMMUNE SUPPORT CAPS | P | RX/OTC |
| CELEBRATE MULTI-COMplete 60 CAPS | P | RX/OTC | | | |
| CELEBRATE MULTI-COMplete 60 CHEW | P | | | | |
| CENTRUM ADULT 50+ MULTIGUMMIES CHEW | P | | | | |
| CENTRUM ADULTS MULTIGUMMIES CHEW | P | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|----------------------------------|-----------|---------------------|
| CVS SPECTRAVITE ADULT 50+ CHEW | P | | EQL ONE DAILY ADULT GUMMIES CHEW | P | |
| CVS SPECTRAVITE WOMEN CHEW | P | | EYE HEALTH CAPS | P | RX/OTC |
| CVS VISION HEALTH CAPS | P | RX/OTC | EYE MULTIVITAMIN/LUTEIN CAPS | P | RX/OTC |
| DAILY DIABETES HEALTH PACK MISC | P | | EYE MULTIVITAMIN CAPS | P | RX/OTC |
| DAILY HEART HEALTH SUPPORT MISC | P | | FOLAGENT DHA CAPS | P | RX/OTC |
| DAILY PAK MAXIMUM MULTIVITAMIN MISC | P | | FOLAMED DHA CAPS | P | RX/OTC |
| DECUBI-VITE CAPS | P | RX/OTC | FOLAPRIME TABS | NP | RX/OTC |
| DEKAS BARIATRIC CHEW | P | | FT IMMUNE SUPPORT CHEW | P | |
| DEKAS PLUS OCEAN CAPS | P | RX/OTC | GENADEK STEP 1 CAPS | P | RX/OTC |
| DEKAS PLUS CAPS | P | RX/OTC | GENADEK STEP 2 CAPS | P | RX/OTC |
| DEKAS PLUS CHEW | P | | HAIR/SKIN/NAILS CAPS | P | RX/OTC |
| DEPLIN MA CAPS | P | RX/OTC | HEALTHY EYES SUPERVISION 2 CAPS | P | RX/OTC |
| DEXATRAN CAPS | P | RX/OTC | IMMUNE ESSENTIALS DAILY CAPS | P | RX/OTC |
| DIABETES HEALTH MISC | P | | IMMUNE SUPPORT CHEW | P | |
| EMERGEN-C APPLE CIDER VINEGAR CHEW | P | | KEYFOLIC TABS | NP | RX/OTC |
| EMERGEN-C ASHWAGANDHA CHEW | P | | KP MENS DAILY PACK MISC | P | |
| EMERGEN-C ELDERBERRY CHEW | P | | KP WOMENS DAILY MISC | P | |
| EMERGEN-C IMMUNE PLUS/VIT D CHEW | P | | LIFE PACK MENS MISC | P | |
| EMERGEN-C IMMUNE+ CHEW | P | | LIFE PACK WOMENS MISC | P | |
| EMERGEN-C TURMERIC & GINGER CHEW | P | | LIVITA ADULTS LIQD | P | RX/OTC |
| EMERGEN-C VITAMIN C CHEW | P | | LYSIPLX PLUS LIQD | P | RX/OTC |
| ENDUR-VM WITH IRON TBCR | P | | MENATROL CAPS | P | RX/OTC |
| ENDUR-VM TBCR | P | | MENS 50+ ADVANCED CAPS | P | RX/OTC |
| EQ MULTIVITAMINS ADULT GUMMY CHEW | P | | MENS MULTIVITAMIN GUMMIES CHEW | P | |
| | | | MENS MULTIVITAMIN CHEW | P | |
| | | | MENS PACK MISC | P | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|-------------------------------------|-----------|----------------------|
| MOOD FOOD ES CAPS | P | RX/OTC | ONE A DAY IMMUNITY DEFENSE CHEW | P | |
| MOOD FOOD CAPS | P | RX/OTC | ONE A DAY MENS VITACRAVES CHEW | P | |
| MULTIA CAPS | P | RX/OTC | ONE A DAY WOMEN 50 PLUS CHEW | P | |
| multiple vitamins w/ minerals CAPS | P | RX/OTC | ONE-A-DAY FOR HER VITACRAVES CHEW | P | |
| multiple vitamins w/ minerals CHEW | P | | ONE-A-DAY FOR HIM VITACRAVES CHEW | P | |
| multiple vitamins w/ minerals CHEW | P | | ONE-A-DAY MENS VITACRAVES CHEW | P | |
| multiple vitamins w/ minerals LIQD | P | RX/OTC | ONE-A-DAY VITACRAVES ADULT CHEW | P | |
| multiple vitamins w/ minerals TBCR | P | | ONE-A-DAY VITACRAVES IMMUNITY CHEW | P | |
| MULTI-VITE LIQD | P | RX/OTC | ONE-A-DAY VITACRAVES SOUR CHEW | P | |
| MVW COMPLETE FORMULATION D3000 CAPS | P | RX/OTC | ONE-A-DAY VITACRAVES CHEW | P | |
| MVW COMPLETE FORMULATION D5000 CAPS | P | RX/OTC | ONE-A-DAY WOMENS VITACRAVES CHEW | P | |
| MVW COMPLETE FORMULATION MINIS CAPS | P | RX/OTC | ONE-DAILY MULTI CAPS CAPS | P | RX/OTC |
| MVW COMPLETE FORMULATION CAPS | P | RX/OTC | OPTIFAST POST BARIATRIC CHEW | P | |
| MVW HI-D ADEK GUMMIES CHEW | P | | OPTIMUM AIRVITES CHEW | P | |
| MVW MODULATOR FORMULATION MINI CAPS | P | RX/OTC | OPTISOURCE POST BARIATRIC SURG CHEW | P | |
| MVW MODULATOR FORMULATION CAPS | P | RX/OTC | OPURITY BYPASS OPTIMIZED CHEW | P | |
| MVW ORANGE CHEWABLES CHEW | P | | PREMIUM PACKETS MISC | P | |
| OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT | P | RX/OTC | PRESCRIPTION SUPPORT MULTIVIT CAPS | P | RX/OTC |
| OCUVITE ADULT 50+ CAPS | P | RX/OTC | PRESERVISION AREDS 2+MULTI VIT CAPS | P | RX/OTC |
| OCUVITE ADULT FORMULA CAPS | P | RX/OTC | | | |
| OCUVITE-LUTEIN CAPS | P | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|----------------------|-------------------------------------|-----------|----------------------|
| PRESERVISION AREDS 2 CAPS | P | RX/OTC | VISION OPTIMIZER CAPS | P | RX/OTC |
| PRESERVISION AREDS 2 CHEW | P | | VISTA ADVANCED AREDS2 FORMULA CAPS | P | RX/OTC |
| PRESERVISION AREDS CAPS | P | RX/OTC | VISTA ADVANCED DRY EYE FORMULA CAPS | P | RX/OTC |
| PRESERVISION/LUTEIN CAPS | P | RX/OTC | VITABEX PLUS CAPS | P | RX/OTC |
| PROBIOTICS + BARIATRIC MULTI CAPS | P | RX/OTC | VITABEX CAPS | P | RX/OTC |
| PRORENAL + D W/ OMEGA-3 CAPS | P | RX/OTC | VITACHEW ADULT MULTI VITAMIN CHEW | P | |
| PROTECT CARDIO AF CAPS | P | RX/OTC | VITAJoy MULTI GUMMIES ADULT CHEW | P | |
| PROTECT PLUS SO CAPS | P | RX/OTC | VITEYES CLASSIC ADVANCED CAPS | P | RX/OTC |
| PROTEGRA CAPS | P | RX/OTC | VITEYES CLASSIC MACULAR SUPPOR CAPS | P | RX/OTC |
| QC OCUHEALTH VISION SUPPORT 2 CAPS | P | RX/OTC | VITEYES CLASSIC+OMEGA-3 CAPS | P | RX/OTC |
| REMEDIENT CAPS | P | RX/OTC | WAL-BORN VITAMIN C CHEW | P | |
| SKIN HAIR & NAILS ADVANCED CAPS | P | RX/OTC | WOMENS MULTI GUMMIES CHEW | P | |
| SUPER ANTIOXIDANT CAPS | P | RX/OTC | WOMENS MULTIVITAMIN + COLLAGEN CHEW | P | |
| SUPPORT LIQD | P | RX/OTC | WOMENS MULTIVITAMIN GUMMIES CHEW | P | |
| SYSTANE ICAPS AREDS2 CHEW | P | | WOMENS PACK MISC | P | |
| THERA M PLUS TABS | P | RX/OTC | YOUR LIFE MULTI ADULT GUMMIES CHEW | P | |
| THERAMILL FORTE CAPS | P | RX/OTC | YUM-VS COMPLETE MULTIVITAMIN CHEW | P | |
| THERANATAL LACTATION COMPLETE MISC | P | | YUMVS MULTI ZERO CHEW | P | |
| THERANATAL LACTATION ONE CAPS | P | RX/OTC | YUMVS ZERO DIABETIC MULTIVITAM CHEW | P | |
| ULTRA MEGA GOLD TBCR | P | | Multivitamins | | |
| ULTRA MEGA TWO TBCR | P | | ALTRIXA TABS | P | RX/OTC |
| ULTRA MEGA TBCR | P | | AMLADEx TABS | P | RX/OTC |
| VISION HEALTH CAPS | P | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| DAILY MULTIPLE VITAMINS TABS | P | RX/OTC | STRESS FORMULA/ZINC/ENERGY TABS | P | RX/OTC |
| DEKAS ESSENTIAL CAPS | P | RX/OTC | THERA TABS | P | RX/OTC |
| DEKAS ESSENTIAL LIQD | P | | THEREMS TABS | P | RX/OTC |
| DIALYVITE 800 LIQD | P | | TM-DAILY VITE TABS | P | RX/OTC |
| ESTROFACTORS TABS | P | RX/OTC | TRUE MULTIVITAMIN TABS | P | RX/OTC |
| FOLCYTEINE TABS | P | RX/OTC | ZELDANA CAPS | P | RX/OTC |
| GENICIN VITA-Q TABS | P | RX/OTC | Ped Multi Vitamins w/Fl & FE | | |
| HIGH POTENCY MULTIVITAMIN TABS | P | RX/OTC | <i>ped multivitamins w/fl & iron SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML</i> | P | RX/OTC |
| MINCORA TABS | P | RX/OTC | Ped Multiple Vitamins w/ Minerals | | |
| MOMMY'S BLISS MV ORGANIC DROPS LIQD | P | | LIVITA CHILDREN LIQD | NP | RX/OTC |
| MULTI VITAMIN W/D-3 TABS | P | RX/OTC | Ped MV w/ Fluoride | | |
| MULTI VITAMIN TABS | P | RX/OTC | DAVIMET-FLUORIDE CHEW | NP | |
| <i>multiple vitamin CAPS</i> | P | RX/OTC | FLORAFOL PEDIATRIC CHEW | NP | RX/OTC |
| <i>multiple vitamin TABS</i> | NP | RX/OTC | MULTIVITAMIN + FLUORIDE CHEW 0.25 MG | P | RX/OTC |
| <i>multiple vitamin TABS</i> | P | RX/OTC | MULTIVITAMIN/FLUORIDE CHEW | P | RX/OTC |
| MULTIVITAMIN ADULT TABS | P | RX/OTC | MULTIVITAMIN/FLUORIDE CHEW | P | RX/OTC |
| MULTIVITAMIN+ LIQD | P | | MULTIVITAMIN/FLUORIDE SOLN | P | RX/OTC |
| MULTIVITAMIN TABS | P | RX/OTC | MULTI-VIT-FLOR CHEW | P | RX/OTC |
| NEOMULTIVITE TABS | P | RX/OTC | <i>pediatric multivitamins w/fl CHEW</i> | P | RX/OTC |
| NUTRA-Z+ CAPS | P | RX/OTC | <i>pediatric multivitamins w/fl CHEW 0.5 MG, 1 MG</i> | NP | RX/OTC |
| OMNICAP TABS | P | RX/OTC | POLY-VI-FLOR CHEW | P | RX/OTC |
| ONE DAILY ESSENTIALS TABS | P | RX/OTC | QUFLORA PEDIATRIC CHEW | P | RX/OTC |
| ONE DAILY ESSENTIAL TABS | P | RX/OTC | | | |
| ONE VITE DAILY MULTIVITAMIN TABS | P | RX/OTC | | | |
| ONE-A-DAY ESSENTIAL TABS (<i>multiple vitamin</i>) | P | RX/OTC | | | |
| ONE-A-DAY MENS TABS (<i>multiple vitamin</i>) | P | RX/OTC | | | |
| QUINTABS TABS | P | RX/OTC | | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| SOLUVITA ACD WITH FLUORIDE SOLN | NP | RX/OTC |
| VITAMINS ACD-FLUORIDE SOLN | P | RX/OTC |
| Ped MV w/ Iron | | |
| HONEY BEARS W/IRON-ZINC CHEW | P | |
| MULTIVITAMIN DROPS/IRON SOLN | P | |
| MULTIVITAMINS PLUS IRON CHILD CHEW | P | |
| <i>pediatric multiple vitamins w/ iron CHEW</i> | P | |
| POLY-VITE/IRON SOLN | P | |
| Pediatric Multiple Vitamins | | |
| BPROTECTED PEDIA POLY-VITE SOLN PO | P | |
| FT CHILDRENS MULTI PLUS IMMUNE CHEW | P | |
| MULTIVITAMIN INFANT & TODDLER SOLN PO | P | |
| NOVAMV PEDIATRIC MULTI-VITAMIN LIQD | P | |
| PC PEDIATRIC POLY-VITAMIN DROP SOLN PO | P | |
| <i>pediatric multiple vitamins CHEW</i> | P | |
| POLY-VI-SOL SOLN PO | P | |
| POLY-VITA SOLN PO | P | |
| POLY-VITE PEDIATRIC SOLN PO | P | |
| Pediatric Vitamins | | |
| HONEY BEARS | P | |
| MULTIVITAMIN GUMMIES CHILDRENS | P | |
| Prenatal Vitamins | | |
| ALIVE DAILY SUP PRENATAL GUMMI | NP | QL(2 EA daily); AL(Up to 50 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|
| ALIVE PRENATAL | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| AZESCO TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| BRAINSTRONG PRENATAL MISC | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| CADEAU DHA | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| CITRANATAL MEDLEY | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| C-NATE DHA CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| COMPLETE NATAL DHA | P | QL(2 EA daily); AL(Up to 50 yrs old) |
| COMPLETENATE CHEW | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| CONCEPT DHA | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| CONCEPT OB | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-2000 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-5 MG-35 MG | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| CVS PRENATAL GUMMY | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| CVS PRENATAL MULTI+DHA CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|--|-----------|--|
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG- 1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT | NP | QL(1 EA daily); AL(Up to 50 yrs old) | NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG- 8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG- 100 MG-15 MG-3 MG- 1200 MCG-150 MCG-18.4 MG | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| CVS WOMENS PRENATAL+DHA MISC | NP | QL(2 EA daily); AL(Up to 50 yrs old) | NEONATAL FE | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| DERMACINRX PRETRATE TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | NEONATAL PLUS TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| ENBRACE HR | NP | QL(1 EA daily); AL(Up to 50 yrs old) | NEO-VITAL RX TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| FOLIVANE-OB | NP | QL(1 EA daily); AL(Up to 50 yrs old) | NESTABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| GNP PRENATAL TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | NESTABS DHA | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| KOSHER PRENATAL PLUS IRON TABS | NP | QL(2 EA daily); AL(Up to 50 yrs old) | NESTABS ONE | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| KOSHER PRENATAL PLUS IRON TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | NIVA-PLUS TABS | P | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| KP PRENATAL MULTIVITAMINS TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | OB COMPLETE ONE | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| KPN PRENATAL TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | OB COMPLETE PETITE | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| M-NATAL PLUS TABS | P | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC | OB COMPLETE PREMIER | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| MULTI PRENATAL TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | OB COMPLETE/DHA | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| MULTI-MAC | NP | QL(1 EA daily); AL(Up to 50 yrs old) | OB COMPLETE TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| NATAL PNV TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | | | |
| NEONATAL + DHA MISC | NP | QL(2 EA daily); AL(Up to 50 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|--|-----------|---|
| OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG | NP | QL(2 EA daily); AL(Up to 50 yrs old) | PRENATAL (W/IRON & FA) TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| ONE-A-DAY WOMENS PRENATAL 1 | NP | QL(2 EA daily); AL(Up to 50 yrs old) | PRENATAL 19 TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| ONE-A-DAY WOMENS PRENATAL 1 | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL COMPLETE TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| ONE-A-DAY WOMENS PRENATAL MISC 60 MG-2.5 MG-300 MCG-800 MCG-400 UNIT-8 MCG-2 MG-20 MG-4000 UNIT-10 MG-28 MG-1.7 MG-50 MG-15 MG-2 MG-200 MG-300 MG-150 MCG-30 UNIT-23 MG-223 MG | NP | QL(2 EA daily); AL(Up to 50 yrs old) | PRENATAL ESSENTIALS CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PNV PRENATAL PLUS MULTIVIT+DHA MISC | NP | QL(2 EA daily); AL(Up to 50 yrs old) | PRENATAL FORMULA A-FREE TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PNV TABS 20-1 | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL FORMULA CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PNV-OMEGA | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL GUMMIES/DHA & FA | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| PREGEN DHA CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL MULTI +DHA CAPS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-150 MG-1.5 MG-25 MG-200 MG-11 UNIT-28 MG-4000 UNIT-228 MG, 60 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-38 MG-1.5 MG-25 MG-4000 UNIT-11 UNIT-250 MG | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PREGENNA | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL MULTIVITAMIN + DHA MISC | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| PRENA 1 TRUE | NP | QL(2 EA daily); AL(Up to 50 yrs old) | PRENATAL MULTIVITAMIN PLUS DHA CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PRENA1 | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL ONE DAILY TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PRENA1 PEARL | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL PLUS VITAMIN/MINERAL TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| PRENATABS FA TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC | <i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i> | NP | QL(1 EA daily); AL(Up to 50 yrs old) |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|--|-----------|---|
| <i>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</i> | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL TABS 100 UNIT-0.75 MG-25 MCG-200 MCG-0.5 MG-2.5 MCG-500 UNIT-0.75 MG-5 MG-2.5 MG-6.75 MG-0.5 MG-3.75 MG-15 MG-25 MG-0.5 MG-50 MG-3.75 UNIT, 120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT, 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 | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG | P | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| <i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG, 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i> | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATAL-U CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PRENATAL VITAMIN AND MINERAL TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATE | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PRENATAL VITAMIN TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATE AM | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PRENATAL/IRON TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PRENATAL+DHA MISC | NP | QL(2 EA daily); AL(Up to 50 yrs old) | PRENATE ENHANCE | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PRENATAL TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|-----------------------------------|-----------|--|
| PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG | NP | QL(1 EA daily); AL(Up to 50 yrs old) | THERANATAL COMPLETE MISC | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG | NP | QL(1 EA daily); AL(Up to 50 yrs old) | THERANATAL CORE NUTRITION TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| PRENATE PIXIE | NP | QL(1 EA daily); AL(Up to 50 yrs old) | THERANATAL ONE CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| PRENATE RESTORE | NP | QL(1 EA daily); AL(Up to 50 yrs old) | THERANATAL OVAVITE | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| PRENATRIX TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC | THRIVITE RX TABS | P | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| PRENATRYL TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC | TRICARE TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC |
| PRIMACARE | NP | QL(1 EA daily); AL(Up to 50 yrs old) | TRINATAL RX 1 TABS | P | QL(1 EA daily); AL(Up to 50 yrs old) |
| PROVIDA OB | NP | QL(1 EA daily); AL(Up to 50 yrs old) | TRISTART DHA | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| RA PRENATAL TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | ULTRA PRENATAL VIT/MIN + DHA CAPS | NP | |
| SELECT-OB+DHA MISC | NP | QL(2 EA daily); AL(Up to 50 yrs old) | VIRT-NATE DHA CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| SELECT-OB CHEW | NP | QL(1 EA daily); AL(Up to 50 yrs old) | VIRT-PN DHA | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| SE-NATAL 19 CHEW | P | QL(1 EA daily); AL(Up to 50 yrs old) | VITAFOL FE+ | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| SE-NATAL 19 TABS | P | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC | VITAFOL GUMMIES | NP | QL(2 EA daily); AL(Up to 50 yrs old) |
| TARON-C DHA | NP | QL(1 EA daily); AL(Up to 50 yrs old) | VITAFOL ULTRA | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| | | | VITAFOL-OB+DHA MISC | NP | QL(1 EA daily); AL(Up to 50 yrs old) |
| | | | VITAFOL-OB TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---|----------------------------------|-----------|---------------------|
| VITAFOL-ONE CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | BIOTIN PLUS KERATIN TABS | P | RX/OTC |
| VITAMEDMD ONE RX/QUATREFOLIC | NP | QL(1 EA daily); AL(Up to 50 yrs old) | BRAIN MIGHT/DHA & CO Q10 TABS | P | RX/OTC |
| VITAMEDMD REDICHEW RX | NP | QL(1 EA daily); AL(Up to 50 yrs old) | CARDIOPRESS CAPS | P | RX/OTC |
| VITAPEARL | NP | QL(1 EA daily); AL(Up to 50 yrs old) | CENTRUM PERFORMANCE TABS | P | RX/OTC |
| VITATRUE | NP | QL(2 EA daily); AL(Up to 50 yrs old) | CENTRUM SPECIALIST ENERGY TABS | P | RX/OTC |
| WESCAP-PN DHA | NP | QL(1 EA daily); AL(Up to 50 yrs old) | CHOLASE CONTROL CAPS | P | RX/OTC |
| WESNATAL DHA COMPLETE | P | QL(2 EA daily); AL(Up to 50 yrs old) | COLLAGEN ULTRA CAPS | P | RX/OTC |
| WESNATE DHA CAPS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | CORTICARE B CAPS | P | RX/OTC |
| WESTAB PLUS TABS | P | QL(1 EA daily); AL(Up to 50 yrs old); RX/OTC | CVS HAIR/SKIN/NAILS TABS | P | RX/OTC |
| WESTGEL DHA | NP | QL(1 EA daily); AL(Up to 50 yrs old) | ELON MATRIX 5000 COMPLETE TABS | P | RX/OTC |
| ZALVIT TABS | NP | QL(1 EA daily); AL(Up to 50 yrs old) | ELON MATRIX 5000 TABS | P | RX/OTC |
| ZATEAN-PN DHA | NP | QL(1 EA daily); AL(Up to 50 yrs old) | ELON MATRIX COMPLETE TABS | P | RX/OTC |
| Specialty Vitamins Products | | | ELON MATRIX PLUS TABS | P | RX/OTC |
| ADRENAL MANAGER CAPS | P | RX/OTC | ELON R3 TABS | P | RX/OTC |
| ADRENAL STRESS CALM TABS | P | RX/OTC | FEMQUIL CAPS | P | RX/OTC |
| ADRENALIV CAPS | P | RX/OTC | GLYCOTROL COMPLETE CAPS | P | RX/OTC |
| ADRENOID CAPS | P | RX/OTC | GLYCOTROL CAPS | P | RX/OTC |
| ALLERWELL ALLERGY FORMULA TABS | P | RX/OTC | HAIR FARE TABS | P | RX/OTC |
| BILBERRY PLUS CAPS | P | RX/OTC | HAIR NOURISHING SUPPLEMENT TABS | P | RX/OTC |
| | | | HEALTHY HEART COMPLEX TABS | P | RX/OTC |
| | | | HEART SAVIOR CAPS | P | RX/OTC |
| | | | HEART TABS TABS | P | RX/OTC |
| | | | IMMUNERX CAPS | P | RX/OTC |
| | | | IMMUNICARE CAPS | P | RX/OTC |
| | | | INFLAMEX CAPS | P | RX/OTC |
| | | | INULOSE BLOOD SUGAR SUPPORT CAPS | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| LIPIDSHIELD PLUS TABS | P | RX/OTC | COD LIVER OIL FOR KIDS OIL | P | RX/OTC |
| LIPOTRIAD VISION SUPPORT PLUS CAPS | P | RX/OTC | <i>cod liver oil CAPS</i> | P | |
| LIPOTRIAD VISION SUPPORT CAPS | P | RX/OTC | COD LIVER OIL OIL | P | RX/OTC |
| LIPOTRIAD VISIONARY CAPS | P | RX/OTC | CRANBERRY URINARY COMFORT | P | |
| MEDCAPS DPO CAPS | P | RX/OTC | E-400/SELENIUM CAPS | P | |
| MEDCAPS GI CAPS | P | RX/OTC | ECEE PLUS TABS | P | |
| MEDCAPS IS CAPS | P | RX/OTC | <i>niacin w/ inositol</i> | P | |
| MEDCAPS T3 CAPS | P | RX/OTC | NORWEGIAN COD LIVER OIL OIL | P | RX/OTC |
| MEMORALL CAPS | P | RX/OTC | QC COD LIVER OIL OIL | P | RX/OTC |
| MEMORY COMPLEX BRAIN HEALTH TABS | P | RX/OTC | RA COD LIVER OIL OIL | P | RX/OTC |
| METHYL PROTECT CAPS | P | RX/OTC | <i>vitamins a & d w/ c</i> | P | |
| METHYL-GUARD PLUS CAPS | P | RX/OTC | <i>vitamins a & d CAPS</i> | P | |
| METHYL-GUARD CAPS | P | RX/OTC | Vitamins w/ Lipotropics | | |
| MG PLUS PROTEIN TABS | P | RX/OTC | ACTIFLOVIT EAR HEALTH TABS | P | |
| MIL ADREGEN TABS | P | RX/OTC | <i>vitamins w/ lipotropics CAPS</i> | P | |
| MM BIOTIN/KERATIN CAPS | P | RX/OTC | <i>vitamins w/ lipotropics TABS</i> | P | |
| NERVIVE NERVE RELIEF TABS | P | RX/OTC | MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| NITRIVIA CAPS | P | RX/OTC | Central Muscle Relaxants | | |
| PRO HERS RX CAPS | P | RX/OTC | AMRIX CP24 (<i>cyclobenzaprine hcl</i>) | NP | |
| PRO HIS RX CAPS | P | RX/OTC | <i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i> | NP | |
| PRO PCOS RX CAPS | P | RX/OTC | <i>baclofen SUSP</i> | NP | |
| RA EAR CARE TABS | P | RX/OTC | <i>baclofen TABS 15 MG</i> | NP | |
| RETAIN VISION CAPS | P | RX/OTC | <i>baclofen TABS 5 MG, 10 MG, 20 MG</i> | P | |
| <i>specialty vitamins products TABS</i> | P | RX/OTC | <i>carisoprodol TABS</i> | NP | PA |
| SYNERTROPIN CAPS | P | RX/OTC | <i>chlorzoxazone TABS</i> | NP | |
| THERABETIC EYE HEALTH TABS | P | RX/OTC | <i>cyclobenzaprine hcl CP24</i> | NP | |
| UPSPRING HE NATAL TABS | P | RX/OTC | <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i> | P | |
| Vitamin Mixtures | | | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>cyclobenzaprine hcl TABS 7.5 MG</i> | NP | |
| FLEQSUVY SUSP (<i>baclofen</i>) | NP | |
| LYVISPAH PACK | NP | |
| <i>metaxalone</i> | NP | |
| <i>methocarbamol TABS 500 MG, 750 MG</i> | P | |
| <i>methocarbamol TABS 1000 MG</i> | NP | |
| <i>orphenadrine citrate TB12</i> | NP | |
| SOMA TABS (<i>carisoprodol</i>) | NP | PA |
| <i>tizanidine hcl CAPS</i> | NP | |
| <i>tizanidine hcl TABS</i> | P | |
| ZANAFLEX CAPS (<i>tizanidine hcl</i>) | NP | |
| ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>) | NP | |
| Direct Muscle Relaxants | | |
| DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>) | NP | |
| <i>dantrolene sodium CAPS</i> | NP | |
| Muscle Relaxant Combinations | | |
| NORGESIC FORTE (<i>orphenadrine w/ aspirin & caff</i>) | NP | |
| <i>orphenadrine w/ aspirin & caff</i> | NP | |
| Viscosupplements | | |
| SYNVISC ONE SOSY | P | SP |
| SYNVISC SOSY | P | SP |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Agent Combinations | | |
| <i>azelastine hcl-fluticasone propionate SUSP</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>) | NP | |
| RYALTRIS | NP | |
| Nasal Agents - Misc. | | |
| AYR SALINE NASAL DROPS SOLN | P | |
| FT SALINE NASAL SPRAY SOLN | NP | |
| FT SALINE NASAL SPRAY SOLN | P | |
| LITTLE REMEDIES SALINE SOLN | P | |
| <i>saline SOLN 0.65 %</i> | P | |
| Nasal Antiallergy | | |
| <i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i> | P | |
| <i>azelastine hcl 0.15 %</i> | NP | RX/OTC |
| <i>cromolyn sodium (nasal) 5.2 MG/ACT</i> | P | |
| <i>olopatadine hcl (nasal)</i> | NP | |
| PATANASE (<i>olopatadine hcl (nasal)</i>) | NP | |
| Nasal Anticholinergics | | |
| <i>ipratropium bromide (nasal)</i> | P | |
| Nasal Steroids | | |
| BECONASE AQ | NP | |
| <i>budesonide (nasal)</i> | NP | |
| <i>flunisolide (nasal)</i> | NP | |
| <i>fluticasone propionate (nasal) SUSP</i> | NP | RX/OTC |
| <i>fluticasone propionate (nasal) SUSP</i> | P | RX/OTC |
| <i>mometasone furoate (nasal) SUSP</i> | NP | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| NASACORT ALLERGY 24HR AERO <i>(triamcinolone acetonide (nasal))</i> | NP | |
| NASONEX 24HR SUSP <i>(mometasone furoate (nasal))</i> | NP | RX/OTC |
| OMNARIS SUSP | NP | |
| QNASL | NP | |
| QNASL CHILDRENS <i>triamcinolone acetonide (nasal) AERO</i> | NP | |
| XHANCE EXHU | NP | |
| ZETONNA AERS | NP | |
| Sympathomimetic Decongestants | | |
| <i>epinephrine hcl (nasal)</i> | P | |
| <i>oxymetazoline hcl SOLN 0.05 %</i> | NP | |
| <i>phenylephrine hcl (oral) TABS</i> | P | |
| <i>pseudoephedrine hcl TABS</i> | P | |
| <i>pseudoephedrine hcl TB12</i> | P | |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| <i>riluzole TABS</i> | P | |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| BOTOX IJ | NP | SP |
| NUTRIENTS | | |
| Misc. Nutritional Substances | | |
| KELP-B6-LECITHIN-VINEGAR CAPS | P | |
| <i>omega-3 fatty acids CAPS 1000 MG</i> | P | |
| Proteins | | |
| <i>glutamine TABS</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Artificial Tears and Lubricants | | |
| ALCON TEARS SOLN <i>artificial tear solution</i> | P | |
| BION TEARS PF <i>carboxymethylcellulose sodium (ophth) GEL</i> | P | |
| <i>carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %</i> | P | |
| <i>carboxymethylcellulose sodium (ophth) SOLN 0.25 %, 0.5 %</i> | P | |
| <i>dextran 70-hypromellose 0.3 %-0.1 %</i> | P | |
| GENTEAL TEARS MODERATE PF <i>(dextran 70-hypromellose)</i> | P | |
| <i>glycerin-hypromellose-polyethylene glycol 400</i> | P | |
| LACRISERT <i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i> | P | |
| <i>polyvinyl alcohol 1.4 %</i> | NP | |
| <i>polyvinyl alcohol 1.4 %</i> | P | |
| <i>propylene glycol-glycerin</i> | P | |
| PURE & GENTLE LUBRICANT SOLN | P | |
| REFRESH LIQUIGEL GEL <i>(carboxymethylcellulose sodium (ophth))</i> | P | |
| REFRESH PLUS SOLN <i>(carboxymethylcellulose sodium (ophth))</i> | P | |
| REFRESH TEARS SOLN <i>(carboxymethylcellulose sodium (ophth))</i> | P | |
| VENTIVA <i>white petrolatum-mineral oil</i> | NP | |
| | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>white petrolatum-mineral oil</i> | P | | TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>) | NP | |
| Beta-blockers - Ophthalmic | | | Cholinergic Agonists | | |
| <i>betaxolol hcl (ophth) SOLN</i> | NP | | TYRVAYA | NP | |
| BETIMOL (<i>timolol</i>) | NP | | Cycloplegic Mydriatics | | |
| BETIMOL | NP | | <i>atropine sulfate (ophthalmic) OINT</i> | P | |
| BETOPTIC-S SUSP | NP | | <i>atropine sulfate (ophthalmic) SOLN</i> | P | |
| <i>brimonidine tartrate-timolol maleate</i> | NP | | ATROPINE SULFATE SOLN 1 % | P | |
| <i>brimonidine tartrate-timolol maleate</i> | P | | CYCLOGYL | P | |
| <i>carteolol hcl (ophth)</i> | P | | <i>cyclopentolate hcl</i> | P | |
| COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>) | P | | ISOPTO ATROPINE SOLN | P | |
| COSOPT (<i>dorzolamide hcl-timolol maleate</i>) | NP | | <i>phenylephrine hcl (mydriatic) SOLN</i> | P | |
| COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>) | NP | | <i>tropicamide SOLN</i> | P | |
| <i>dorzolamide hcl-timolol maleate</i> | NP | | Miotics | | |
| <i>dorzolamide hcl-timolol maleate</i> | P | | PHOSPHOLINE IODIDE | NP | |
| <i>dorzolamide hcl-timolol maleate</i> | P | | <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i> | P | |
| <i>dorzolamide hcl-timolol maleate</i> | P | | Ophthalmic Adrenergic Agents | | |
| ISTALOL SOLN (<i>timolol maleate (ophth)</i>) | P | | ALPHAGAN P (<i>brimonidine tartrate</i>) | P | |
| <i>levobunolol hcl 0.5 %</i> | P | | <i>apraclonidine hcl</i> | NP | |
| <i>timolol</i> | NP | | <i>brimonidine tartrate 0.1 %, 0.15 %</i> | NP | |
| <i>timolol maleate (ophth) SOLG</i> | NP | | <i>brimonidine tartrate 0.2 %</i> | P | |
| <i>timolol maleate (ophth) SOLN</i> | P | | IOPIDINE | NP | |
| <i>timolol maleate (ophth) SOLN 0.5 %</i> | NP | | LUMIFY | NP | |
| TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>) | NP | | SIMBRINZA | P | |
| TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>) | NP | | Ophthalmic Anti-infectives | | |
| | | | AZASITE | NP | |
| | | | <i>bacitracin (ophthalmic)</i> | NP | |
| | | | <i>bacitracin-polymyxin b (ophth)</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| BESIVANCE | NP | |
| CILOXAN OINT | P | |
| <i>ciprofloxacin hcl (ophth) SOLN</i> | P | |
| <i>erythromycin (ophth)</i> | P | |
| <i>gatifloxacin (ophth)</i> | NP | |
| <i>gentamicin sulfate (ophth) SOLN</i> | NP | |
| <i>gentamicin sulfate (ophth) SOLN</i> | P | |
| <i>moxifloxacin hcl (ophth) SOLN OP</i> | NP | |
| <i>moxifloxacin hcl (ophth) SOLN OP</i> | P | |
| NATACYN | NP | |
| <i>neomycin-bacitracin zn-polymyxin</i> | NP | |
| <i>neomycin-polymyxin-gramicidin</i> | NP | |
| OCUFLOX (<i>ofloxacin (ophth)</i>) | NP | |
| <i>ofloxacin (ophth)</i> | P | |
| <i>polymyxin b-trimethoprim</i> | P | |
| <i>sulfacetamide sodium (ophth) OINT</i> | NP | |
| <i>sulfacetamide sodium (ophth) SOLN</i> | NP | |
| <i>tobramycin (ophth) SOLN</i> | P | |
| TOBEX OINT | NP | |
| <i>trifluridine</i> | P | |
| VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>) | NP | |
| XDEMZY | NP | |
| Ophthalmic Decongestants | | |
| ADVANCED EYE RELIEF MAX RED | P | |
| <i>naphazoline w/ pheniramine 0.3 %-0.025 %</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>naphazoline w/ pheniramine 0.315 %-0.027 %</i> | NP | |
| <i>naphazoline-polyethylene glycol 300</i> | P | |
| NAPHCN-A (<i>naphazoline w/ pheniramine</i>) | P | |
| <i>tetrahydrozoline hcl (ophth) 0.05 %</i> | P | |
| <i>tetrahydrozoline w/ polyethylene glycol</i> | P | |
| <i>tetrahydrozoline w/ zinc sulfate</i> | P | |
| <i>tetrahydrozoline-dextran-polyethylene glycol-povidone</i> | P | |
| Ophthalmic Immunomodulators | | |
| CEQUA SOLN | NP | |
| <i>cyclosporine (ophth) EMUL</i> | NP | |
| RESTASIS MULTIDOSE EMUL | NP | |
| RESTASIS EMUL (<i>cyclosporine (ophth)</i>) | P | |
| VERKAZIA EMUL | NP | |
| VEVYE SOLN | NP | |
| Ophthalmic Integrin Antagonists | | |
| XIIDRA | NP | |
| Ophthalmic Kinase Inhibitors | | |
| RHOPRESSA | NP | |
| ROCKLATAN | NP | |
| Ophthalmic Steroids | | |
| ALREX SUSP (<i>loteprednol etabonate</i>) | NP | |
| <i>bacitracin-poly-neomycin-hc</i> | NP | |
| <i>dexamethasone sodium phosphate (ophth)</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| DEXTENZA INST | NP | SP | <i>prednisolone acetate (ophth)</i> | P | |
| <i>difluprednate</i> | NP | | PREDNISOLONE SODIUM PHOSPHATE | P | |
| DUREZOL (<i>difluprednate</i>) | P | | RETISERT | NP | SP |
| EYSUVIS SUSP | NP | | <i>sulfacetamide sod-prednisolone SOLN</i> | P | |
| FLAREX | P | | TOBRADEX ST SUSP | NP | |
| <i>fluorometholone (ophth) SUSP</i> | P | | TOBRADEX OINT | P | |
| FML FORTE SUSP | P | | <i>tobramycin-dexamethasone SUSP</i> | NP | |
| FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>) | NP | | TRIESENCE | NP | SP |
| ILUVIEN | NP | SP | YUTIQ | NP | |
| INVELTYS SUSP | NP | | YUTIQ | NP | SP |
| LOTEMAX SM GEL | NP | | ZYLET | NP | |
| LOTEMAX GEL (<i>loteprednol etabonate</i>) | P | | Ophthalmics - Misc. | | |
| LOTEMAX OINT | P | | ACULAR (<i>ketorolac tromethamine (ophth)</i>) | NP | |
| LOTEMAX SUSP (<i>loteprednol etabonate</i>) | P | | ACULAR LS (<i>ketorolac tromethamine (ophth)</i>) | NP | |
| <i>loteprednol etabonate GEL</i> | NP | | ACUVAIL | NP | |
| <i>loteprednol etabonate SUSP</i> | NP | | ALOMIDE | NP | |
| MAXIDEX SUSP OP | P | | <i>azelastine hcl (ophth)</i> | P | |
| MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>) | NP | | AZOPT (<i>brinzolamide</i>) | NP | |
| MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>) | NP | | <i>bepotastine besilate</i> | NP | |
| <i>neomycin-polymyx-dexameth OINT</i> | P | | BEPREVE (<i>bepotastine besilate</i>) | NP | |
| <i>neomycin-polymyx-dexameth SUSP</i> | P | | <i>brinzolamide</i> | NP | |
| <i>neomycin-polymyxin-hc (ophth)</i> | P | | <i>bromfenac sodium (ophth)</i> | NP | |
| OZURDEX IMPL | NP | SP | BROMSITE (<i>bromfenac sodium (ophth)</i>) | NP | |
| PRED FORTE (<i>prednisolone acetate (ophth)</i>) | P | | <i>cromolyn sodium (ophth)</i> | P | |
| PRED MILD | P | | <i>diclofenac sodium (ophth)</i> | P | |
| | | | <i>dorzolamide hcl</i> | P | |
| | | | <i>epinastine hcl (ophth)</i> | NP | |
| | | | <i>flurbiprofen sodium</i> | P | |
| | | | ILEVRO | NP | |
| | | | <i>ketorolac tromethamine (ophth)</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>ketotifen fumarate (ophth) 0.035 %</i> | P | |
| LASTACAFT | NP | |
| MIEBO | NP | |
| MURO 128 OINT (<i>sodium chloride hypertonic</i>) | P | |
| MURO 128 SOLN (<i>sodium chloride hypertonic</i>) | P | |
| MURO 128 SOLN | P | |
| NEVANAC | P | |
| <i>olopatadine hcl 0.1 %</i> | NP | RX/OTC |
| <i>olopatadine hcl</i> | P | RX/OTC |
| PATADAY | NP | |
| PATADAY (<i>olopatadine hcl</i>) | NP | RX/OTC |
| PROLENSA (<i>bromfenac sodium (ophth)</i>) | NP | |
| <i>sodium chloride hypertonic OINT</i> | P | |
| <i>sodium chloride hypertonic SOLN</i> | P | |
| ZADITOR 0.035 % (<i>ketotifen fumarate (ophth)</i>) | NP | |
| ZERVIAE | NP | |
| Prostaglandins - Ophthalmic | | |
| <i>bimatoprost SOLN</i> | NP | |
| DURYSTA IMPL | NP | |
| IDOSE TR IMPL | NP | |
| IYUZEH SOLN | NP | |
| <i>latanoprost SOLN</i> | P | |
| LUMIGAN SOLN 0.01 % | NP | |
| <i>tafluprost</i> | NP | |
| TRAVATAN Z SOLN (<i>travoprost</i>) | NP | |
| <i>travoprost SOLN</i> | P | |
| VYZULTA | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| XALATAN SOLN (<i>latanoprost</i>) | NP | |
| XELPROS EMUL | NP | |
| ZIOPTAN (<i>tafluprost</i>) | NP | |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| <i>acetic acid (otic)</i> | NP | |
| <i>acetic acid (otic)</i> | P | |
| <i>carbamide peroxide (otic) 6.5 %</i> | P | |
| Otic Anti-infectives | | |
| <i>ciprofloxacin hcl (otic)</i> | NP | |
| <i>ofloxacin (otic)</i> | P | |
| Otic Combinations | | |
| CIPRO HC | P | |
| <i>ciprofloxacin-dexamethasone</i> | NP | |
| <i>ciprofloxacin-fluocinolone acetonide</i> | NP | |
| CORTISPORIN-TC | P | |
| <i>neomycin-polymyxin-hc (otic) SOLN</i> | P | |
| <i>neomycin-polymyxin-hc (otic) SUSP</i> | P | |
| Otic Steroids | | |
| <i>hydrocortisone w/acetic acid</i> | NP | |
| OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding | | |
| Oxytocics | | |
| <i>methylergonovine maleate TABS</i> | P | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Immune Serums | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ALYGLO | NP | SP |
| ASCENIV | NP | |
| BIVIGAM SOLN 5 GM/50ML | P | |
| BIVIGAM SOLN 10 GM/100ML | P | SP |
| CUTAQUIG | NP | SP |
| CUVITRU SOLN | NP | SP |
| FLEBOGAMMA DIF SOLN 2.5 GM/50ML | NP | SP |
| GAMASTAN | NP | SP |
| GAMMAGARD | P | SP |
| GAMMAGARD S/D LESS IGA SOLR | P | SP |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | NP | SP |
| GAMMAPLEX SOLN 5 GM/50ML | NP | |
| GAMMAPLEX SOLN | NP | SP |
| GAMUNEX-C | P | SP |
| HIZENTRA SOLN | NP | SP |
| HIZENTRA SOSY | NP | SP |
| OCTAGAM SOLN | P | SP |
| OCTAGAM SOLN 5 GM/50ML | P | |
| PANZYGA | NP | SP |
| PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML | P | SP |
| PRIVIGEN SOLN 5 GM/50ML | P | |
| XEMBIFY | P | SP |
| Passive Immunizing Agents - Combinations | | |
| HYQVIA | NP | SP |
| PENICILLINS - Drugs to Treat Bacterial Infections | | |
| Aminopenicillins | | |
| <i>amoxicillin</i> CAPS | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>amoxicillin</i> CHEW 125 MG, 250 MG | P | |
| <i>amoxicillin</i> SUSR | P | |
| AMOXICILLIN SUSR (<i>amoxicillin</i>) | P | |
| <i>amoxicillin</i> TABS | P | |
| <i>ampicillin sodium</i> IJ 1 GM, 2 GM | P | |
| <i>ampicillin</i> CAPS 500 MG | P | |
| Natural Penicillins | | |
| BICILLIN L-A SUSY | P | |
| <i>penicillin v potassium</i> SOLR | P | |
| <i>penicillin v potassium</i> TABS | P | |
| Penicillin Combinations | | |
| <i>amoxicillin & pot clavulanate</i> CHEW | P | |
| <i>amoxicillin & pot clavulanate</i> SUSR 62.5 MG/5ML-250 MG/5ML | NP | |
| <i>amoxicillin & pot clavulanate</i> SUSR 28.5 MG/5ML-200 MG/5ML, 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML | P | |
| <i>amoxicillin & pot clavulanate</i> TABS 125 MG-500 MG, 125 MG-875 MG | P | |
| <i>amoxicillin & pot clavulanate</i> TABS 125 MG-250 MG | NP | |
| <i>amoxicillin & pot clavulanate</i> TB12 | NP | |
| AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>) | NP | |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML | NP | |
| BICILLIN C-R | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---------------------|
| BICILLIN C-R 900/300 | P | |
| Penicillinase-Resistant Penicillins | | |
| <i>dicloxacillin sodium</i> | P | |
| PHARMACEUTICAL ADJUVANTS | | |
| Liquid Vehicles | | |
| <i>bacteriostatic sodium chloride</i> | P | |
| CHERRY | P | RX/OTC |
| CHERRY CONCENTRATE | P | RX/OTC |
| FLAVOR PLUS LIQD | P | RX/OTC |
| FLAVOR SWEET-SF SYRP | P | RX/OTC |
| FLAVOR SWEET SYRP | P | RX/OTC |
| GERBER GOOD START WATER | P | |
| GOOD START STERILE WATER | P | |
| GRAPE SYRUP SYRP | P | RX/OTC |
| MX-SOL SF SYRP | P | RX/OTC |
| MX-SOL SYRP | P | RX/OTC |
| ORAL SUSPEND LIQD | P | RX/OTC |
| ORAL SYRUP SF SYRP | P | RX/OTC |
| ORAL SYRUP SYRP | P | RX/OTC |
| ORAPENN SD ANHYD SWEETENED LIQD | P | RX/OTC |
| ORAPENN SD ANHYD UNSWEETEN LIQD | P | RX/OTC |
| ORA-PLUS LIQD | P | RX/OTC |
| ORA-SWEET SF SYRP 10 %-9 % | P | RX/OTC |
| ORA-SWEET SYRP 4 %-5 %-54 % | P | RX/OTC |
| PCCA SWEET-SF SYRP | P | RX/OTC |
| PCCA SYRUP VEHICLE SYRP | P | RX/OTC |
| SIMILAC STERILIZED WATER | P | |
| SOSWEET SYRP | P | RX/OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| STERILE WATER FOR INJECTION IJ | P | |
| SYRPALTA (RED) SYRP | P | RX/OTC |
| SYRPALTA SYRP | P | RX/OTC |
| SYRSPEND SF LIQD | P | RX/OTC |
| SYRUP VEHICLE SF SYRP | P | RX/OTC |
| SYRUP VEHICLE SYRP | P | RX/OTC |
| VERSAFREE SYRP | P | RX/OTC |
| VERSAPLUS SYRP | P | RX/OTC |
| <i>water for injection, sterile IJ</i> | P | |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | |
| Progestins | | |
| <i>hydroxyprogesterone caproate OIL</i> | NP | SP; PA |
| MAKENA SOAJ | NP | SP; PA |
| <i>medroxyprogesterone acetate 10 MG</i> | P | |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i> | P | QL(1 EA daily) |
| <i>norethindrone acetate TABS</i> | P | |
| <i>progesterone CAPS</i> | P | |
| <i>progesterone OIL</i> | P | |
| PROMETRIUM CAPS (<i>progesterone</i>) | NP | |
| PROVERA 10 MG (<i>medroxyprogesterone acetate</i>) | NP | |
| PROVERA 5 MG (<i>medroxyprogesterone acetate</i>) | NP | QL(1 EA daily) |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| <i>disulfiram</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|---|-----------|---------------------|
| <i>lofexidine hcl</i> | NP | | <i>memantine hcl SOLN 2 MG/ML</i> | NP | PA |
| LUCEMYRA (<i>lofexidine hcl</i>) | NP | | <i>memantine hcl TABS</i> | P | PA |
| Anti-Cataleptic Agents | | | <i>memantine hcl TABS</i> | NP | PA |
| SODIUM OXYBATE SOLN | NP | SP | NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>) | NP | PA |
| XYREM SOLN | NP | SP | NAMENDA XR CP24 21 MG, 28 MG (<i>memantine hcl</i>) | NP | PA |
| XYWAV | NP | SP | NAMENDA XR CP24 7 MG, 14 MG (<i>memantine hcl</i>) | NP | QL(1 EA daily); PA |
| Antidementia Agents | | | NAMZARIC C4PK | NP | PA |
| ADLARITY PTWK | NP | QL(0.143 EA daily); PA | NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>) | NP | PA |
| ADUHELM | NP | SP | NAMZARIC CP24 | NP | PA |
| ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>) | NP | QL(1 EA daily); PA | <i>rivastigmine</i> | P | PA |
| ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>) | NP | PA | <i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i> | NP | PA |
| <i>donepezil hydrochloride TABS 5 MG, 10 MG</i> | P | QL(1 EA daily); PA | <i>rivastigmine tartrate CAPS</i> | NP | PA |
| <i>donepezil hydrochloride TABS 23 MG</i> | NP | PA | Combination Psychotherapeutics | | |
| <i>donepezil hydrochloride TBDP</i> | NP | QL(1 EA daily); PA | <i>chlordiazepoxide-amitriptyline</i> | NP | |
| EXELON (<i>rivastigmine</i>) | NP | PA | LYBALVI | NP | |
| <i>galantamine hydrobromide CP24 8 MG</i> | NP | QL(1 EA daily); PA | <i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i> | NP | |
| <i>galantamine hydrobromide CP24 16 MG, 24 MG</i> | NP | PA | <i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i> | NP | QL(1 EA daily) |
| <i>galantamine hydrobromide SOLN</i> | NP | PA | <i>perphenazine-amitriptyline</i> | P | |
| <i>galantamine hydrobromide TABS</i> | NP | PA | Fibromyalgia Agents | | |
| LEQEMBI | NP | SP | SAVELLA TITRATION PACK MISC | NP | |
| <i>memantine hcl CP24 21 MG, 28 MG</i> | NP | PA | SAVELLA TABS | NP | |
| <i>memantine hcl CP24 7 MG, 14 MG</i> | NP | QL(1 EA daily); PA | Movement Disorder Drug Therapy | | |
| <i>memantine hcl-donepezil hcl CP24</i> | NP | PA | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|--|-----------|------------------------|
| AUSTEDO XR PATIENT TITRATION TEPK | NP | SP | MAVENCLAD (7 TABS) | NP | SP; PA |
| AUSTEDO XR TB24 | NP | SP | MAVENCLAD (8 TABS) | NP | SP; PA |
| AUSTEDO TABS | P | SP; PA | MAVENCLAD (9 TABS) | NP | SP; PA |
| INGREZZA CAPS | P | QL(1 EA daily); SP | MAYZENT STARTER PACK TBPK 0.25 MG | NP | SP; PA |
| INGREZZA CPPK | P | QL(1 EA daily); SP | MAYZENT TABS | NP | SP; PA |
| INGREZZA CPSP | NP | QL(1 EA daily); SP | OCREVUS | NP | SP; PA |
| <i>tetrabenazine</i> | P | SP | OCREVUS ZUNOVO | NP | SP |
| XENAZINE (<i>tetrabenazine</i>) | NP | SP | PLEGRIDY STARTER PACK SOAJ | NP | SP; PA |
| Multiple Sclerosis Agents | | | PLEGRIDY STARTER PACK SOSY SC | NP | SP; PA |
| AMPYRA (<i>dalfampridine</i>) | NP | SP; PA | PLEGRIDY SOAJ | NP | SP; PA |
| AUBAGIO 7 MG (<i>teriflunomide</i>) | NP | QL(1 EA daily); SP; PA | PLEGRIDY SOSY IM | NP | SP; PA |
| AUBAGIO 14 MG (<i>teriflunomide</i>) | NP | SP; PA | PONVORY STARTER PACK TBPK | NP | SP; PA |
| AVONEX PEN AJKT | P | SP; PA | PONVORY TABS | NP | SP; PA |
| AVONEX PREFILLED PSKT | P | SP; PA | REBIF REBIDOSE TITRATION PACK SOAJ | P | SP; PA |
| BAFIERTAM | NP | SP; PA | REBIF REBIDOSE SOAJ | P | SP; PA |
| BETASERON KIT | NP | SP; PA | REBIF TITRATION PACK SOSY | P | SP; PA |
| BRIUMVI | NP | SP | REBIF SOSY | P | SP; PA |
| COPAXONE SOSY (<i>glatiramer acetate</i>) | NP | SP; PA | TASCENSO ODT | NP | SP; PA |
| <i>dalfampridine</i> | P | SP; PA | TECFIDERA CDPK (<i>dimethyl fumarate</i>) | NP | SP; PA |
| <i>dimethyl fumarate CDPK</i> | P | SP; PA | TECFIDERA CPDR (<i>dimethyl fumarate</i>) | NP | SP; PA |
| <i>dimethyl fumarate CPDR</i> | P | SP; PA | <i>teriflunomide 14 MG</i> | P | SP; PA |
| <i> fingolimod hcl</i> | P | SP; PA | <i>teriflunomide 7 MG</i> | P | QL(1 EA daily); SP; PA |
| GILENYA (<i>fingolimod hcl</i>) | NP | SP; PA | TYSABRI | P | SP; PA |
| <i>glatiramer acetate SOSY</i> | P | SP; PA | VUMERITY | NP | SP; PA |
| KESIMPTA | P | SP; PA | ZEPOSIA 7-DAY STARTER PACK CPPK | NP | SP; PA |
| LEMTRADA | NP | SP; PA | ZEPOSIA STARTER KIT CPPK | NP | SP; PA |
| MAVENCLAD (10 TABS) | NP | SP; PA | ZEPOSIA CAPS | NP | SP; PA |
| MAVENCLAD (4 TABS) | NP | SP; PA | Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents | | |
| MAVENCLAD (5 TABS) | NP | SP; PA | | | |
| MAVENCLAD (6 TABS) | NP | SP; PA | | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>gabapentin (once-daily) TABS</i> | NP | |
| GRALISE TABS <i>(gabapentin (once-daily))</i> | NP | |
| GRALISE TABS | NP | |
| LYRICA CR <i>(pregabalin (once-daily))</i> | NP | |
| <i>pregabalin (once-daily)</i> | NP | |
| Premenstrual Dysphoric Disorder (PMDD) Agents | | |
| <i>fluoxetine hcl (pmdd) TABS</i> | NP | |
| Pseudobulbar Affect (PBA) Agents | | |
| NUDEXTA | P | |
| Psychotherapeutic and Neurological Agents - Misc. | | |
| <i>pimozide</i> | P | |
| Restless Leg Syndrome (RLS) Agents | | |
| HORIZANT | NP | |
| Smoking Deterrents | | |
| <i>bupropion hcl (smoking deterrent)</i> | P | |
| CHANTIX STARTING MONTH PAK TBPK <i>(varenicline tartrate)</i> | NP | |
| <i>nicotine polacrilex GUM</i> | P | |
| <i>nicotine polacrilex GUM</i> | P | |
| <i>nicotine polacrilex LOZG</i> | P | |
| <i>nicotine polacrilex LOZG</i> | P | |
| NICOTINE KIT | P | |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | P | |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i> | P | |
| NICOTROL NS SOLN | NP | |
| NICOTROL INHA | P | |
| <i>varenicline tartrate TABS</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>varenicline tartrate TBPK</i> | P | |
| Vasomotor Symptom Agents | | |
| <i>paroxetine mesylate (vasomotor)</i> | NP | |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Cystic Fibrosis Agents | | |
| PULMOZYME | P | SP |
| Respiratory Agents - Misc. | | |
| INFASURF TR | P | |
| SULFONAMIDES - Drugs to Treat Bacterial Infections | | |
| Sulfonamides | | |
| <i>sulfadiazine TABS</i> | P | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Aminomethylcyclines | | |
| NUZYRA TABS | NP | |
| Tetracyclines | | |
| <i>demeclocycline hcl TABS</i> | NP | |
| DORYX MPC TBEC 60 MG | NP | |
| DORYX TBEC 80 MG, 200 MG <i>(doxycycline hyclate)</i> | NP | |
| <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i> | P | |
| <i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i> | NP | |
| <i>doxycycline (monohydrate) SUSR</i> | NP | |
| <i>doxycycline (monohydrate) TABS</i> | P | |
| <i>doxycycline hyclate CAPS</i> | P | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>doxycycline hyclate TABS 20 MG, 100 MG</i> | P | |
| <i>doxycycline hyclate TABS 50 MG, 75 MG, 100 MG, 150 MG</i> | NP | |
| <i>doxycycline hyclate TBEC</i> | NP | |
| <i>minocycline hcl CAPS</i> | P | |
| <i>minocycline hcl TABS</i> | NP | |
| <i>minocycline hcl TB24</i> | NP | |
| MINOLIRA TB24 | NP | |
| SOLODYN TB24 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>) | NP | |
| <i>tetracycline hcl CAPS</i> | NP | |
| TETRACYCLINE HCL TABS | NP | |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| <i>methimazole TABS</i> | P | |
| <i>propylthiouracil</i> | P | |
| Thyroid Hormones | | |
| ADTHYZA TABS | NP | |
| ARMOUR THYROID TABS | P | |
| CYTOMEL TABS (<i>liothyronine sodium</i>) | NP | |
| ERMEZA SOLN PO | P | |
| <i>levothyroxine sodium CAPS</i> | NP | |
| LEVOTHYROXINE SODIUM SOLN IV | NP | |
| LEVOTHYROXINE SODIUM SOLN IV | NP | |
| <i>levothyroxine sodium TABS</i> | P | |
| <i>levothyroxine sodium TABS</i> | NP | |
| <i>liothyronine sodium SOLN</i> | NP | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>liothyronine sodium TABS</i> | P | |
| NIVA THYROID TABS | P | |
| NP THYROID TABS | P | |
| SYNTHROID TABS (<i>levothyroxine sodium</i>) | NP | |
| THYQUIDITY SOLN PO | NP | |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | P | |
| TRIOSTAT SOLN (<i>liothyronine sodium</i>) | NP | |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| BELLADONNA ALKALOIDS-OPIUM 16.2 MG-60 MG | P | |
| <i>dicyclomine hcl CAPS</i> | P | |
| <i>dicyclomine hcl SOLN PO</i> | P | |
| <i>dicyclomine hcl TABS</i> | P | |
| <i>propantheline bromide TABS</i> | P | |
| H-2 Antagonists | | |
| <i>cimetidine hcl PO 300 MG/5ML</i> | NP | |
| <i>cimetidine TABS</i> | NP | RX/OTC |
| <i>famotidine SUSR</i> | P | |
| <i>famotidine TABS</i> | P | RX/OTC |
| <i>nizatidine CAPS</i> | P | |
| PEPCID TABS (<i>famotidine</i>) | NP | RX/OTC |
| Misc. Anti-Ulcer | | |
| <i>sucralfate SUSP</i> | P | |
| <i>sucralfate TABS</i> | P | |
| Proton Pump Inhibitors | | |
| DEXILANT (<i>dexlansoprazole</i>) | NP | QL(1 EA daily) |
| <i>dexlansoprazole</i> | NP | QL(1 EA daily) |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---|
| <i>esomeprazole magnesium CPDR</i> | NP | QL(1 EA daily); RX/OTC | PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>) | NP | QL(1 EA daily) |
| <i>esomeprazole magnesium PACK</i> | NP | QL(1 EA daily); AL(Up to 10 yrs old) | PRILOSEC PACK | NP | QL(1 EA daily); AL(Up to 10 yrs old) |
| <i>esomeprazole magnesium TBEC</i> | NP | QL(1 EA daily) | PROTONIX PACK (<i>pantoprazole sodium</i>) | P | QL(2 EA daily); AL(Up to 10 yrs old) |
| <i>lansoprazole CPDR</i> | NP | QL(1 EA daily); RX/OTC | PROTONIX TBEC (<i>pantoprazole sodium</i>) | NP | QL(2 EA daily) |
| <i>lansoprazole TBDD</i> | NP | QL(2 EA daily); RX/OTC | <i>rabeprazole sodium TBEC</i> | NP | QL(2 EA daily) |
| NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>) | NP | QL(1 EA daily); RX/OTC | VOQUEZNA 10 MG | NP | QL(1 EA daily) |
| NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>) | NP | QL(1 EA daily); RX/OTC | VOQUEZNA 20 MG | NP | |
| NEXIUM CPDR (<i>esomeprazole magnesium</i>) | NP | QL(1 EA daily); RX/OTC | Ulcer Drugs - Prostaglandins | | |
| NEXIUM PACK (<i>esomeprazole magnesium</i>) | NP | QL(1 EA daily); AL(Up to 10 yrs old) | <i>misoprostol</i> | P | |
| <i>omeprazole magnesium CPDR</i> | NP | QL(1 EA daily) | Ulcer Therapy Combinations | | |
| <i>omeprazole magnesium TBEC</i> | NP | QL(1 EA daily) | <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i> | NP | |
| <i>omeprazole CPDR</i> | P | QL(1 EA daily) | <i>bismuth subcitrate potassium-metronidazole-tetracycline</i> | NP | |
| <i>omeprazole TBDD</i> | NP | QL(1 EA daily) | <i>famotidine-calcium carbonate-magnesium hydroxide</i> | NP | |
| <i>omeprazole TBEC</i> | NP | QL(1 EA daily) | KONVOMEPEP SUSR | NP | |
| <i>pantoprazole sodium PACK</i> | NP | QL(2 EA daily); AL(Up to 10 yrs old) | OMECLAMOXP-PAK | NP | |
| <i>pantoprazole sodium SOLR</i> | P | | <i>omeprazole-sodium bicarbonate CAPS 1100 MG-40 MG</i> | NP | |
| <i>pantoprazole sodium TBEC</i> | P | QL(2 EA daily) | <i>omeprazole-sodium bicarbonate CAPS 1100 MG-20 MG</i> | NP | QL(1 EA daily); RX/OTC |
| PREVACID 24HR CPDR (<i>lansoprazole</i>) | NP | QL(1 EA daily); RX/OTC | <i>omeprazole-sodium bicarbonate PACK 1680 MG-20 MG</i> | NP | QL(1 EA daily) |
| PREVACID SOLUTAB TBDD (<i>lansoprazole</i>) | NP | QL(2 EA daily); RX/OTC | <i>omeprazole-sodium bicarbonate PACK 1680 MG-40 MG</i> | NP | |
| PREVACID CPDR 30 MG (<i>lansoprazole</i>) | NP | QL(1 EA daily) | PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>) | P | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|--|-----------|---------------------|
| TALICIA | NP | | <i>oxybutynin chloride TB24 10 MG, 15 MG</i> | P | |
| VOQUEZNA DUAL PAK | NP | | OXYTROL FOR WOMEN PTTW | NP | RX/OTC |
| VOQUEZNA TRIPLE PAK | NP | | OXYTROL PTTW | NP | RX/OTC |
| ZEGERID CAPS 1100 MG-20 MG (<i>omeprazole-sodium bicarbonate</i>) | NP | QL(1 EA daily); RX/OTC | <i>solifenacin succinate TABS 5 MG</i> | P | QL(1 EA daily) |
| ZEGERID CAPS 1100 MG-40 MG (<i>omeprazole-sodium bicarbonate</i>) | NP | | <i>solifenacin succinate TABS 10 MG</i> | P | |
| ZEGERID PACK 1680 MG-20 MG (<i>omeprazole-sodium bicarbonate</i>) | NP | QL(1 EA daily) | <i>tolterodine tartrate CP24 4 MG</i> | NP | |
| ZEGERID PACK 1680 MG-40 MG (<i>omeprazole-sodium bicarbonate</i>) | NP | | <i>tolterodine tartrate CP24 2 MG</i> | NP | QL(1 EA daily) |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | | <i>tolterodine tartrate TABS</i> | NP | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | | TOVIAZ 8 MG (<i>fesoterodine fumarate</i>) | NP | |
| <i>darifenacin hydrobromide 7.5 MG</i> | NP | QL(1 EA daily) | TOVIAZ 4 MG (<i>fesoterodine fumarate</i>) | NP | QL(1 EA daily) |
| <i>darifenacin hydrobromide 15 MG</i> | NP | | <i>tropium chloride CP24</i> | NP | |
| DETROL LA CP24 4 MG (<i>tolterodine tartrate</i>) | NP | | <i>tropium chloride TABS</i> | NP | |
| DETROL LA CP24 2 MG (<i>tolterodine tartrate</i>) | NP | QL(1 EA daily) | VESICARE LS SUSP | NP | |
| DETROL TABS (<i>tolterodine tartrate</i>) | NP | | VESICARE TABS 10 MG (<i>solifenacin succinate</i>) | NP | |
| <i>fesoterodine fumarate 4 MG</i> | NP | QL(1 EA daily) | VESICARE TABS 5 MG (<i>solifenacin succinate</i>) | NP | QL(1 EA daily) |
| <i>fesoterodine fumarate 8 MG</i> | NP | | Urinary Antispasmodics - Beta-3 Adrenergic Agonists | | |
| <i>oxybutynin chloride SOLN</i> | P | | GEMTESA | NP | |
| <i>oxybutynin chloride TABS 2.5 MG</i> | NP | | <i>mirabegron TB24 25 MG</i> | NP | QL(1 EA daily) |
| <i>oxybutynin chloride TABS 5 MG</i> | P | | <i>mirabegron TB24 50 MG</i> | NP | |
| <i>oxybutynin chloride TB24 5 MG</i> | P | QL(1 EA daily) | MYRBETRIQ SRER | NP | |
| | | | MYRBETRIQ TB24 25 MG (<i>mirabegron</i>) | P | QL(1 EA daily) |
| | | | MYRBETRIQ TB24 50 MG (<i>mirabegron</i>) | P | |
| | | | Urinary Antispasmodics - Direct Muscle Relaxants | | |
| | | | <i>flavoxate hcl</i> | P | |
| VACCINES | | | | | |
| Bacterial Vaccines | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|---|--------------------------------|-----------|-------------------------------------|
| ACTHIB SOLR IM | P | | COMIRNATY SUSP | P | |
| BEXSERO | P | | COMIRNATY SUSY | P | |
| BIOTHRAX | P | | DENGVAXIA | P | |
| CAPVAXIVE | P | | ENGERIX-B SUSP 20 MCG/ML | P | 3 max fill(s) per 999 day(s) retail |
| HIBERIX SOLR IJ | P | | ENGERIX-B SUSY | P | 3 max fill(s) per 999 day(s) retail |
| MENACTRA | P | | FLUAD | P | |
| MENQUADFI | P | | FLUAD QUADRIVALENT | P | |
| MENVEO SOLN | P | | FLUARIX QUADRIVALENT SUSY | P | |
| MENVEO SOLR | P | | FLUARIX SUSY | P | |
| PEDVAX HIB SUSP | P | | FLUBLOK QUADRIVALENT | P | |
| PNEUMOVAX 23 SOLN | P | | FLUBLOK SOSY | P | |
| PNEUMOVAX 23 SOSY | P | | FLUCELVAX QUADRIVALENT SUSP | P | |
| PREVNAR 13 | P | | FLUCELVAX QUADRIVALENT SUSY | P | |
| PREVNAR 20 | P | | FLUCELVAX SUSP | P | |
| TRUMENBA | P | | FLUCELVAX SUSY | P | |
| TYPHIM VI SOLN | P | | FLULAVAL QUADRIVALENT SUSY | P | |
| TYPHIM VI SOSY | P | | FLULAVAL SUSY | P | |
| VAXCHORA | P | | FLUMIST | P | |
| VAXNEUVANCE | P | | FLUMIST QUADRIVALENT | P | |
| VIVOTIF | P | | FLUZONE HIGH-DOSE QUADRIVALENT | P | |
| Viral Vaccines | | | FLUZONE HIGH-DOSE SUSY | P | |
| ABRYSVO | P | QL(1 EA per 365 day(s) retail); AL(At least 60 yrs old) | FLUZONE QUADRIVALENT SUSP | P | |
| ACAM2000 | P | | FLUZONE QUADRIVALENT SUSY | P | |
| AFLURIA PRESERVATIVE FREE SUSY | P | | FLUZONE SUSP | P | |
| AFLURIA QUADRIVALENT SUSP | P | | FLUZONE SUSY | P | |
| AFLURIA QUADRIVALENT SUSY 0.5 ML | P | | | | |
| AFLURIA SUSP | P | | | | |
| AREXVY | P | | | | |
| AUDENZ EMUL | P | | | | |
| AUDENZ PRSY | P | | | | |

| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|---|-------------------------------------|-----------|--|
| GARDASIL 9 SUSP | P | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old) | PFIZER COVID-19 VAC BIVALENT | P | |
| GARDASIL 9 SUSY | P | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old) | PFIZER COVID-19 VAC-TRIS 5-11Y SUSP | P | |
| HAVRIX | P | | PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP | P | |
| HEPLISAV-B SOSY | P | 3 max fill(s) per 999 day(s) retail | PFIZER-BIONT COVID-19 VAC-TRIS SUSP | P | |
| IMOVAX RABIES SUSR | P | | PFIZER-BIONTECH COVID-19 VACC SUSP | P | |
| IPOL | P | | PREHEVBRIO | P | 3 max fill(s) per 999 day(s) retail |
| IXCHIQ | P | QL(1 EA per fill retail) | PRIORIX SUSR | P | |
| IXIARO | P | | PROQUAD SUSR | P | |
| JANSSEN COVID-19 VACCINE | P | | RABAVERT | P | |
| JYNNEOS | P | QL(0.5 ML per fill retail) | RECOMBIVAX HB SUSP | P | 3 max fill(s) per 999 day(s) retail |
| M-M-R II SOLR | P | | RECOMBIVAX HB SUSY | P | 3 max fill(s) per 999 day(s) retail |
| MODERNA COVID-19 BIVAL 6M-5Y | P | | ROTARIX SUSP | P | |
| MODERNA COVID-19 BIVALENT | P | | ROTARIX SUSR | P | |
| MODERNA COVID-19 VAC (BOOSTER) SUSP | P | | ROTATEQ SOLN | P | |
| MODERNA COVID-19 VAC 6M-11Y SUSP | P | | SHINGRIX | P | 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old) |
| MODERNA COVID-19 VAC 6M-11Y SUSY | P | | SPIKEVAX COVID-19 VACCINE SUSP | P | |
| MODERNA COVID-19 VACC 6M-5Y SUSP | P | | SPIKEVAX SUSP | P | |
| MODERNA COVID-19 VACCINE SUSP | P | | SPIKEVAX SUSY | P | |
| NOVAVAX COVID-19 VACCINE SUSP | P | | STAMARIL SUSR | P | |
| NOVAVAX COVID-19 VACCINE SUSY | P | | TWINRIX SUSY | P | |
| PFIZER COVID-19 BIVAL 6MO-4YR | P | | VAQTA | P | |
| PFIZER COVID-19 VAC BIVAL 5-11 | P | | VARIVAX SUSR | P | 2 max fill(s) per 999 day(s) retail |
| | | | YF-VAX INJ | P | |
| VAGINAL AND RELATED PRODUCTS | | | | | |

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| Miscellaneous Vaginal Products | | | Anaphylaxis Therapy Agents | | |
| VAGISIL EX | P | | AUVI-Q SOAJ | NP | |
| Vaginal Anti-infectives | | | <i>epinephrine (anaphylaxis) SOAJ</i> | NP | |
| CLEOCIN CREA <i>(clindamycin phosphate vaginal)</i> | NP | | <i>epinephrine (anaphylaxis) SOAJ</i> | P | |
| CLEOCIN SUPP | P | | EPIPEN 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i> | NP | |
| <i>clindamycin phosphate vaginal CREA</i> | P | | EPIPEN JR 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i> | NP | |
| CLINDESSE | NP | | Vasopressors | | |
| <i>clotrimazole vaginal CREA</i> | NP | | <i>epinephrine SOLN IJ</i> | NP | |
| <i>clotrimazole vaginal CREA</i> | P | | VITAMINS | | |
| GYNAZOLE-1 | P | | Oil Soluble Vitamins | | |
| <i>metronidazole vaginal</i> | NP | | <i>beta carotene CAPS 25000 UNIT</i> | P | |
| <i>metronidazole vaginal</i> | P | | <i>cholecalciferol CAPS 10 MCG, 125 MCG, 400 UNIT, 5000 UNIT</i> | P | |
| <i>miconazole nitrate vaginal CREA 2 %</i> | P | | <i>cholecalciferol CAPS 125 MCG, 25 MCG, 50 MCG</i> | NP | |
| <i>miconazole nitrate vaginal KIT</i> | P | | <i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i> | P | |
| <i>miconazole nitrate vaginal SUPP</i> | P | | <i>cholecalciferol TABS 10 MCG, 400 UNIT</i> | P | |
| <i>miconazole nitrate vaginal SUPP</i> | P | | <i>ergocalciferol CAPS</i> | P | |
| MONISTAT 3 CREA | P | | <i>ergocalciferol SOLN PO 200 MCG/ML</i> | P | |
| NUVESSA | P | | <i>phytonadione TABS</i> | P | |
| <i>terconazole vaginal CREA</i> | P | | VITAMIN A PALMITATE TABS | P | |
| <i>tioconazole vaginal 6.5 %</i> | P | | <i>vitamin a CAPS</i> | P | |
| VANAZOLE | NP | | VITAMIN D2 TABS 400 UNIT | P | |
| XACIATO GEL | NP | | <i>vitamin e CAPS 90 MG, 180 MG, 450 MG</i> | NP | |
| Vaginal Estrogens | | | <i>vitamin e CAPS</i> | P | |
| <i>estradiol vaginal CREA</i> | P | | VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| <i>estradiol vaginal TABS</i> | P | | | | |
| Vaginal Progestins | | | | | |
| CRINONE GEL | NP | | | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| VITAMIN E CAPS | P | |
| <i>vitamin e SOLN</i> | P | |
| <i>vitamin e SOLN</i> | P | |
| Water Soluble Vitamins | | |
| ACEROLA C 500 WAFR | P | |
| <i>ascorbic acid CHEW 100 MG, 250 MG, 500 MG</i> | P | |
| <i>ascorbic acid CPCR</i> | P | |
| ASCORBIC ACID POWD PO | P | |
| <i>ascorbic acid TABS 500 MG-10 MG, 500 MG, 1000 MG</i> | NP | |
| <i>ascorbic acid TABS</i> | P | |
| <i>ascorbic acid TBCR 500 MG, 1000 MG, 1500 MG</i> | P | |
| B-1 TABS | P | |
| B-6 TABS | P | |
| <i>biotin CAPS 5 MG, 5000 MCG</i> | P | |
| <i>biotin TABS 10 MG, 800 MCG, 10000 MCG</i> | P | |
| BIOTIN TABS 300 MCG | P | |
| <i>calcium ascorbate TABS</i> | P | |
| CYTO C POWD PO | P | |
| <i>niacinamide TABS</i> | P | |
| <i>niacin CPCR 250 MG</i> | P | |
| <i>niacin TABS</i> | P | |
| <i>niacin TBCR 500 MG, 750 MG</i> | NP | |
| <i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i> | P | |
| <i>riboflavin TABS 100 MG</i> | NP | |
| <i>riboflavin TABS</i> | P | |
| SLO-NIACIN TBCR (<i>niacin</i>) | NP | |
| <i>thiamine hcl TABS</i> | P | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <i>thiamine mononitrate TABS 100 MG</i> | P | |
| <i>thiamine mononitrate TABS 100 MG</i> | NP | |
| TRUE VITAMIN B1 TABS | NP | |
| VITA-C CRYST | P | |
| VITAMIN B-6 ER TBCR | P | |
| VITAMIN C ER TBCR | P | |
| VITAMIN C POWD PO | P | |
| VITAMIN C TABS | P | |

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| LANCETS | 99 | 82 | MG/5ML |
| PERFOROMIST NEBU (formoterol | | phenazopyridine hcl TABS 95 MG, | phenylephrine-brompheniramine-dm |
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| PERTZYE CPEP | 80 | phenelzine sulfate | dextromethorphan LIQD |
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| | | phenobarbital ELIX | phenylephrine-dm-gg w/ apap LIQD |
| PFIZER COVID-19 VAC BIVAL 5-11 | 146 | 89 | 65 |
| | | phenobarbital TABS | phenylephrine-dm-gg w/ apap TABS |
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| | | phentermine hcl CAPS | 65 |
| | | 2 | phenylephrine-doxylamine- |
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| | | phenylephrine hcl (oral) TABS | phenylephrine-doxylamine- |
| | | 132 | dextromethorphan-acetaminophen |
| | | phenylephrine w/ acetaminophen | MISC 5 MG-325 MG-6.25 MG |
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| ZEPATIER | zidovudine CAPS | 55 | zolmitriptan SOLN 5 MG |
| ZEPBOUND SOAJ | zidovudine SYRP | 55 | zolmitriptan TABS |
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| ZEPOSIA CAPS | ZIIHERA | 38 | ZOLOFT TABS 100 MG (sertraline hcl) |
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| | ZIOPTAN (tafluprost) | 136 | zolpidem tartrate TABS |
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| | ziprasidone mesylate | 46 | ZOMACTON SOLR SC |
| | ZIRABEV | 37 | ZOMIG SOLN 2.5 MG (zolmitriptan) . 113 |
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| ZONISADE SUSP | 18 | ZYPREXA TABS 20 MG (olanzapine) | 50 |
| zonisamide CAPS | 18 | ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 20 MG (olanzapine) | 50 |
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| ZYCLARA PUMP | 75 | | |
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| ZYMFENTRA (2 PEN) AJKT | 85 | | |
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| ZYNYZ | 38 | | |
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| ZYPREXA RELPREVV | 50 | | |
| ZYPREXA SOLR (olanzapine) | 50 | | |
| ZYPREXA TABS 10 MG, 15 MG, 20 MG (olanzapine) | 50 | | |