Comprehensive

PREFERRED DRUG LIST

Buckeye Health Plan

envolve™
Pharmacy Solutions

LAST UPDATED 10/01/2017

Buckeye Health Plan Pharmacy Program

Buckeye Health Plan, Inc. (Buckeye) is committed to providing appropriate, high quality, and cost effective drug therapy to all Buckeye members. Buckeye works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. Buckeye covers prescription medications and certain over- the-counter (OTC) medications when ordered by a physician/clinician. The Pharmacy program covers all medically necessary Medicaid covered drugs. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the Buckeye pharmacy program. For more detailed information, please visit our website at www.buckeyehealthplan.com. The following program covers both the Covered Families & Children (CFC) and Aged, Blind or Disabled (ABD) Ohio Medicaid consumers who are enrolled in Buckeye.

Plan Preferred Drug List

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

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

Envolve Pharmacy Solutions

With the exceptions of biopharmaceuticals and specialty drugs, Buckeye works with Envolve Pharmacy Solutions to process all pharmacy claims for prescribed drugs. Some drugs on the Buckeye PDL list require a PA and Envolve Pharmacy Solutions is responsible for administering this process. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager.
Follow these guidelines for efficient processing of your authorization requests:

1. Complete the Buckeye Health Plan/Envolve Pharmacy Solutions form: Medication Prior Authorization Request Form.
2. Fax to Envolve Pharmacy Solutions at 1-866-399-0929.
3. Once approved, Envolve Pharmacy Solutions notifies the prescriber by fax.
4. If the clinical information provided does not explain the medical necessity for the requested PA medication, Envolve Pharmacy Solutions will deny the request and offer PDL alternatives to the prescriber by fax.
5. For urgent or after-hours requests, a pharmacy can provide up to a 72-hour emergency supply of medication by calling 1-800-460-8988.

Prior Authorization Process

The Buckeye PDL includes a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from the Buckeye PDL for their patients who are members of Buckeye. Some drugs will require PA and those are listed on the PDL with "PA" noted in the Requirements/Limits column. In addition, all name brand drugs not listed on the PDL list will require prior authorization. If a request for authorization is needed the information should be submitted by your physician/clinician to Envolve Pharmacy Solutions on the Buckeye Health Plan/Envolve Pharmacy Solutions form: Medication Prior Authorization Request Form. This form should be faxed to Envolve Pharmacy Solutions at 1-866-399-0929. This document is located on the Buckeye website at www.buckeyehealthplan.com.
Buckeye will cover the medication if it is determined that:

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

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Buckeye P&T Committee. Once approved, Envolve Pharmacy Solutions notifies the physician/clinician by fax. If the clinical information provided does not meet the coverage criteria for the requested medication Buckeye will notify you and your physician/clinician of alternatives and provide information regarding the appeal process. The P&T committee has reviewed and approved, with input from its members and in consideration of medical evidence, the list of drugs requiring prior authorization. This PDL attempts to provide appropriate and cost-effective drug therapy to all members covered under the Buckeye pharmacy program. If a patient requires a brand name medication that does not appear on the PDL, the physician/clinician can make a PA request for the brand name medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions.
A phone or fax-in process is available for PA requests.

Envolve Pharmacy Solutions Contact Information: Prior Authorization Fax 1-866-399-0929
Prior Authorization Phone 1-866-399-0928

Mailing Address: 2425 W Shaw Ave, Fresno, CA 93711

When calling, please have patient information, including Medicaid number, complete diagnosis, medication history and current medications readily available. Envolve Pharmacy Solutions will provide a decision to the request by fax or phone within 24 hours. When incomplete information is received to support medical necessity of a drug requiring PA, the request will be denied. If the request is approved, information in the on-line pharmacy claims processing system will be changed to allow the specific member to receive this specific drug. If the request is denied, information about the denial will be provided to the clinician. Clinicians are requested to utilize the PDL when prescribing medication for those patients covered by the Buckeye pharmacy program. If a pharmacist receives a prescription for a drug that requires a PA, the pharmacist should attempt to contact the clinician to request a change to a product included in the PDL.

Phone Numbers for Buckeye Health Plan Member Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Members cannot be assisted if they call the PA toll-free number. Buckeye Member Services may be reached at 1-866-246-4358 (TTY 1-800-750-0750).

Transition Period

Buckeye members new to managed care will be able to receive their prescription drugs with no new PA requirements than traditional Fee-for-Service (FFS) Medicaid for 30 days they are enrolled in our plan if the prescription drug does not require PA by traditional FFS Medicaid. This means that if you needed a PA under traditional FFS Medicaid to get your prescriptions you will most likely still need a PA to get the same medication. If you have not needed PA under traditional FFS Medicaid to get your prescription you will not need PA from Buckeye to get the same medication for the first 30 days you are enrolled. This will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting PA. Buckeye's PDL identify the drugs that will require PA once you have been a managed care member for 30 days. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call member services at 1-866-246-4358 (TTY 1-800-750-0750).

72-Hour Emergency 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 or not the PA request is ultimately approved or denied. The pharmacy must call the Envolve Pharmacy Solutions Pharmacy Help Desk at 1-800-460-8988 for a prescription override to submit the 72-hour medication supply for payment.

Step Therapy

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

Dispensing Limits, Quantity Limits, and Age Limits

Drugs may be dispensed up to a maximum 31 day supply for each new or refill non-controlled substance. For most medications, a total of 75 percent (75%) of the days supplied must have elapsed before the prescription can be refilled. That means a prescription for these medications can be filled after 25 days. For some narcotic pain medications, a total of 90 percent (90%) of the days supplied must have elapsed before the next fill of the narcotic pain medication can be obtained. Dispensing outside the quantity limit (QL) or age limits (AL) requires PA. Buckeye 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 Buckeye does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. Some

medications on the Buckeye PDL may have AL. 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 AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.

Medical Necessity Requests

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

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

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

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

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

Appropriate Use and Safety Edits

Your health and safety is a priority for Buckeye. 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. Additional information about the drugs that are part of the Appropriate Use and Safety Edits can be found in the Appropriate Use and Safety Edits document located on the Buckeye website at www.buckeyehealthplan.com.

DUR (Drug Utilization Review) Programs

Buckeye will monitor ongoing prescribing of medications for clinical appropriateness. Buckeye reviews prescribing retrospectively to review for both safety and efficacy. Buckeye will work with Envolve Pharmacy Solutions to review for such things as disease management, fraud and abuse (i.e. Coordinated Services Program), and prescriber profiling. Prescriber or member outreach may occur based on prescribing/dispensing patterns. Buckeye 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 Buckeye 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 Buckeye does not grant PA we will notify you and your physician/clinician and provide information regarding the appeal process. The provision is waived for the following products due to their narrow therapeutic index (NTI) as recognized by current medical and pharmaceutical literature: Aminophylline, Amiodarone, Carbamazepine, Clozapine, Cyclosporine, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-thyroxine, Lithium, Phenytoin, Procainamide, Propafenone, Theophylline, Thyroid, Valproate Sodium, Valproic Acid, and Warfarin.

Over-The-Counter Medications

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

Filling a Prescription

You can have prescriptions filled at a Buckeye network pharmacy. If you decide to have a prescription filled at a network pharmacy you can locate a pharmacy near you by contacting a Buckeye Member Services Representative. At the pharmacy you will need to provide the pharmacist with your prescription and your Buckeye ID card. Please visit the Buckeye website at www.buckeyehealthplan.com to access the Buckeye PDL, important forms, and provider/member information 24 hours a day, seven days a week.

Mail Order Program

Buckeye Health Plan offers a 90 day supply (3 month supply) of maintenance medications by mail. These drugs are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications in the Maintenance Drug Pharmacy Program document located on the Buckeye website at www.buckeyehealthplan.com. Please contact a Buckeye Member Service Representative if you have any questions. To transfer a current prescription or to have you doctor phone a prescription directly to our mail order pharmacy they may call Homescripts at 1-800-785-4197.

Buckeye Health Plan Pharmacy Program - Additional Information
Working with Our Pharmacy Benefit Managers

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

- Some Buckeye drugs listed on the PDL with "PA" in the Requirements/Limits column
- Most injectables including Procrit, Neulasta and Neupogen.

AcariaHealth – Biopharmaceuticals and Injectables

AcariaHealth is the provider of biopharmaceuticals and injectables for Buckeye. Most injectables require PA to be approved for payment. All reviews are performed by a licensed healthcare professional using the criteria established by the Buckeye P&T Committee.. Buckeye provides a number of biopharmaceutical products through the Biopharmaceutical Program. Most biopharmaceuticals and injectables require a PA to be approved for payment by Buckeye; however, PA requirements are programmed specific to the drug as indicated in the list provided in the Biopharmaceutical Program document located on the Buckeye website at www.buckeyehealthplan.com. Follow these guidelines for the most efficient processing of your authorization requests. Providers can request that AcariaHealth deliver the specialty drug to the office/member. If you want AcariaHealth to deliver the specialty drug to the office/member:

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

Pharmacy and Therapeutics Committee

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

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 Buckeye. Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

The following drug categories are not part of the Buckeye PDL and are not covered by the 72-hour emergency supply policy:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Immunizations and vaccines (except flu vaccine)

- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Infusion therapy and supplies
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence

DESI drugs products and known related drug products are defined as less than effective by the FDA 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. State programs may allow coverage of certain DESI drugs. Any DESI drugs that are covered are listed in the PDL.

Newly Approved Products

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

Medical Benefits

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

1. Members will receive vaccines as a medical benefit under physician reimbursement if listed the vaccine covered under the vaccine for children program.
2. Cosmetic-botox is a medical benefit that is covered for non-cosmetic purposes only- it requires a PA from Buckeye.
3. Blood and blood products.
4. Those specialty injectable drugs available as a medical benefit. Most injectables require PA from Buckeye.

Prescribers who request medical prior authorizations at Envolve Pharmacy Solutions will be redirected to contact Buckeye Health Plan as applicable.

DME/Home Health Benefits

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

1. Enteral products
2. Nebulizers
3. Medical supplies

Injectable Drugs

Injections that are self-administered by the member and/or a family member and appear on the PDL are covered by the Buckeye pharmacy program. Insulin vials, Glucagon Kit, Epi-pen, Ana-Kit,

Imitrex, and Depo-Provera IM are covered by Buckeye and do not require a PA. Pre-filled insulin cartridges and syringes require PA. Most other injectables require PA.

Coordinated Services Program

Consumers eligible for Ohio Medicaid may be selected for enrollment in the Coordinated Services Program, or CSP. CSP members may need to select one pharmacy to get medications filled, select one doctor to write their scripts, or both depending on the CSP enrollment. While in CSP, the member will still be able to get all medically necessary Medicaid-covered health care services. However, the member must use the selected pharmacy or doctor for pharmacy services. Members enrolled in the CSP program will also be offered enrollment in Care Management to help better coordinate the member's needs. Care Managers will work with the CSP members, to help make sure all their needs are met. Except in an emergency, the member should contact their PCP before seeing other doctors. By knowing the complete medical history, the PCP can take better care of the patient.

We help keep you informed

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

Contacts for Pharmacy Appeals/Grievances

Members: In the event that a member disagrees with the decision regarding coverage of a medication, the member may file an appeal with Buckeye by calling Buckeye Member Services at 1-866-246-4358 (TTY 1-800-750-0750).

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

Buckeye Health Plan
4349 Easton Way, Suite 300
Columbus, Ohio 43219

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 Buckeye at 1-866-246-4356 ext. 24084 (TTY 1-800-750-0750). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Abbreviations

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

AL: Age Limit
Drug Tier: Tier F drugs are preferred drugs
DS: Days Supply
PA: Prior Authorization
QL: Quantity Limit
RX/OTC: These drugs are made in both prescription form and Over-the-counter (OTC) form.
ST: Step Therapy

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (*Use Amphetamine-Dextroamphetamine*)	***	QL(2 ea daily); AL; At least 3 yrs old
ADDERALL XR CP24 (*Use Amphetamine-Dextroamphetamine*)	***	QL(1 ea daily); AL; At least 6 yrs old
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 7.5mg-7.5mg-7.5mg-7.5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 6.25mg-6.25mg-6.25mg-6.25mg, 1.25mg-1.25mg-1.25mg-1.25mg	F	QL(1 ea daily); AL; At least 6 yrs old
amphetamine-dextroamphetamine tabs 3.75mg-3.75mg-3.75mg-3.75mg, 3.125mg-3.125mg-3.125mg-3.125mg, 5mg-5mg-5mg-5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 1.875mg-1.875mg-1.875mg-1.875mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg	F	QL(2 ea daily); AL; At least 3 yrs old
DESOXYN TABS (*Use Methamphetamine HCl*)	***	PA
DEXEDRINE CP24 15 MG, 10 MG (*Use Dextroamphetamine Sulfate*)	***	QL(2 ea daily); AL; At least 6 yrs old
DEXEDRINE CP24 5 MG (*Use Dextroamphetamine Sulfate*)	***	QL(1 ea daily); AL; At least 6 yrs old
dextroamphetamine sulfate cp24 15 mg, 10 mg	F	QL(2 ea daily); AL; At least 6 yrs old
dextroamphetamine sulfate cp24 5 mg	F	QL(1 ea daily); AL; At least 6 yrs old
dextroamphetamine sulfate soln 5 mg/5ml	F	PA
dextroamphetamine sulfate tabs 5 mg, 10 mg	F	QL(2 ea daily); AL; At least 3 yrs old
methamphetamine hcl tabs	F	PA
PROCENTRA SOLN (*Use Dextroamphetamine Sulfate*)	***	PA
VYVANSE CAPS	F	PA; QL(1 ea daily)
ZENZEDI TABS	F	PA
Analeptics		
caffeine citrate soln	F	QL(45 ml per fill retail)
CAFFEINE CITRATED POWD	F	QL(45 gm per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	F	ST
clonidine hcl (adhd) tb12	F	PA
guanfacine hcl (adhd) tb24	F	QL(1 ea daily)
INTUNIV TB24 (*Use Guanfacine HCl (ADHD)*)	***	QL(1 ea daily)
KAPVAY TB12 (*Use Clonidine HCl (ADHD)*)	***	PA
STRATTERA CAPS (*Use Atomoxetine HCl*)	***	ST
Stimulants - Misc.		
armodafinil tabs	F	PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG (*Use Methylphenidate HCl*)	***	QL(1 ea daily); AL; At least 6 yrs old
CONCERTA TBCR 36 MG (*Use Methylphenidate HCl*)	***	QL(2 ea daily); AL; At least 6 yrs old
DAYTRANA PTCH	F	PA
dexmethylphenidate hcl cp24 30 mg, 40 mg, 15 mg, 5 mg, 25 mg, 35 mg, 20 mg, 10 mg	F	PA; QL(1 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg	F	QL(2 ea daily); AL; At least 6 yrs old
FOCALIN TABS (*Use Dexmethylphenidate HCl*)	***	QL(2 ea daily); AL; At least 6 yrs old
FOCALIN XR CP24 (*Use Dexmethylphenidate HCl*)	***	PA; QL(1 ea daily)
METADATE CD CPCR (*Use Methylphenidate HCl*)	***	QL(1 ea daily); AL; At least 6 yrs old
METHYLIN CHEW 2.5 MG, 10 MG, 5 MG (*Use Methylphenidate HCl*)	***	PA
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML (*Use Methylphenidate HCl*)	***	
METHYLPHENIDATE HCL CHEW 5 MG, 10 MG, 2.5 MG	F	PA
methylphenidate hcl cp24 40 mg, 20 mg, 30 mg	F	PA
methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 30 mg, 60 mg, 20 mg	F	QL(1 ea daily); AL; At least 6 yrs old
METHYLPHENIDATE HCL ER TB24 18 MG, 54 MG, 27 MG	F	QL(1 ea daily)
METHYLPHENIDATE HCL ER TB24 36 MG	F	QL(2 ea daily)
METHYLPHENIDATE HCL ER TBCR 18 MG	F	QL(1 ea daily); AL; At least 6 yrs old
methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml	F	
methylphenidate hcl tabs 10 mg, 5 mg, 20 mg	F	QL(3 ea daily); AL; At least 3 yrs old
methylphenidate hcl tbcr 18 mg, 27 mg, 54 mg	F	QL(1 ea daily); AL; At least 6 yrs old
methylphenidate hcl tbcr 20 mg, 36 mg, 10 mg	F	QL(2 ea daily); AL; At least 6 yrs old
modafinil tabs	F	PA
NUVIGIL TABS (*Use Armodafinil*)	***	PA
PROVIGIL TABS (*Use Modafinil*)	***	PA
QUILLIVANT XR SUSR	F	PA
RITALIN LA CP24 10 MG	F	PA
RITALIN LA CP24 40 MG, 30 MG, 20 MG (*Use Methylphenidate HCl*)	***	PA
RITALIN TABS (*Use Methylphenidate HCl*)	***	QL(3 ea daily); AL; At least 3 yrs old
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	F	PA
ORALAIR ADULT SAMPLE KIT SUBL	F	PA
ORALAIR ADULT STARTER PACK SUBL	F	PA
ORALAIR SUBL	F	PA
RAGWITEK SUBL	F	PA
ALTERNATIVE MEDICINES		
Alternative Medicine - A's		
ALPHA LIPOIC ACID CAPS	F	
Alternative Medicine - C's		
CHEW Q CHEW	F	
coenzyme q10 (ubidecarenone) caps 100mg-5unit, 30 mg, 100 mg	F	PA
coenzyme q10 (ubidecarenone) caps 50 mg	F	
Alternative Medicine - G's		
ginger (zingiber officinalis) caps	F	QL(4 ea daily)
Alternative Medicine - M's		

***GENERIC or alternate product is required
Ohio Buckeye Medicaid Updated October 16, 2017

Drug Name	Drug Tier	Requirements/ Limits
melatonin caps 5 mg	F	
MELATONIN LIQD 1 MG/4ML, 2.5 MG/10ML	F	
melatonin tabs 3 mg, 5 mg	F	QL(1 ea daily)
melatonin tabs 300 mcg, 1 mg	F	
Alternative Medicine - U		
CYTO-Q MAX LIQD	F	
QH LIQD	F	
Alternative Medicine Combinations		
LIQ-10 SYRP	F	
melatonin-pyridoxine tabs	F	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU	F	PA
KITABIS PAK NEBU	F	PA
neomycin sulfate tabs	F	
paromomycin sulfate caps	F	PA
TOBI NEBU (*Use Tobramycin*)	***	PA
TOBI PODHALER CAPS	F	PA
tobramycin nebu	F	PA
TOBRAMYCIN NEBU	F	PA
TOBRAMYCIN SULFATE POWD XX	F	PA
tobramycin sulfate soln ij 1.2 gm/30ml, 80 mg/2ml, 10 mg/ml, 40 mg/ml	F	PA
TOBRAMYCIN SULFATE SOLN IJ 10 MG/ML, 40 MG/ML	F	PA
tobramycin sulfate solr ij 1.2 gm	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	F	PA
HUMIRA PEN PNKT	F	PA
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	F	PA
HUMIRA PEN-PSORIASIS STARTER PNKT	F	PA
HUMIRA PSKT	F	PA
SIMPONI SOAJ	F	PA
SIMPONI SOSY	F	PA
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	F	PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ	F	PA
RASUVO SOAJ	F	PA
RHEUMATREX TABS	F	
Gold Compounds		
RIDAURA CAPS	F	
Interleukin-1 Blockers		
ARCALYST SOLR	F	PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	F	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY	F	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL CAPS (*Use Ibuprofen*)	***	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ADVIL MIGRAINE CAPS (*Use Ibuprofen*)	***	
ADVIL TABS (*Use Ibuprofen*)	***	
ALEVE ARTHRITIS TABS (*Use Naproxen Sodium*)	***	QL(2 ea daily)
ALEVE TABS (*Use Naproxen Sodium*)	***	QL(2 ea daily)
ANAPROX DS TABS (*Use Naproxen Sodium*)	***	
CELEBREX CAPS 100 MG, 200 MG, 50 MG (*Use Celecoxib*)	***	PA; QL(2 ea daily)
CELEBREX CAPS 400 MG (*Use Celecoxib*)	***	PA
celecoxib caps 400 mg	F	PA
celecoxib caps 50 mg, 200 mg, 100 mg	F	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (*Use Ibuprofen*)	***	RX/OTC
CHILDRENS MOTRIN SUSP (*Use Ibuprofen*)	***	RX/OTC
DAYPRO TABS (*Use Oxaprozin*)	***	
diclofenac potassium tabs	F	
diclofenac sodium tb24	F	
diclofenac sodium tbec	F	
DUEXIS TABS	F	PA
EC-NAPROSYN TBEC (*Use Naproxen*)	***	QL(2 ea daily)
etodolac caps	F	
etodolac tabs	F	
etodolac tb24	F	
FELDENE CAPS (*Use Piroxicam*)	***	
FENOPROFEN CALCIUM CAPS 400 MG	F	PA
fenoprofen calcium tabs 600 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
FENORTHO CAPS	F	PA
flurbiprofen tabs	F	
ibuprofen caps 200 mg	F	
ibuprofen chew 100 mg	F	
ibuprofen susp 100 mg/5ml	F	RX/OTC
ibuprofen susp 50 mg/1.25ml, 40 mg/ml	F	
ibuprofen tabs 100 mg, 400 mg, 200 mg, 800 mg, 600 mg	F	
INDOCIN SUPP	F	
INDOCIN SUSP	F	
indomethacin caps	F	
indomethacin cpcr	F	
INFANTS ADVIL SUSP (*Use Ibuprofen*)	***	
ketoprofen caps	F	
KETOPROFEN ER CP24	F	
ketorolac tromethamine tabs	F	QL(20 ea per 30 days retail); AL; At least 17 yrs old
LODINE TABS (*Use Etodolac*)	***	
MECLOFENAMATE SODIUM CAPS	F	
mefenamic acid caps	F	PA
MELOXICAM SUSP 7.5 MG/5ML	F	
meloxicam tabs 15 mg, 7.5 mg	F	
MOBIC SUSP 7.5 MG/5ML	F	
MOBIC TABS 7.5 MG, 15 MG (*Use Meloxicam*)	***	

***GENERIC or alternate product is required
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Drug Name	Drug Tier	Requirements/ Limits
MOTRIN INFANTS DROPS SUSP (*Use Ibuprofen*)	***	
nabumetone tabs	F	
NALFON CAPS	F	PA
NAPRELAN TB24 500 MG, 375 MG (*Use Naproxen Sodium*)	***	PA
NAPRELAN TB24 750 MG	F	PA
NAPROSYN SUSP (*Use Naproxen*)	***	
NAPROSYN TABS (*Use Naproxen*)	***	
naproxen sodium tabs 220 mg	F	QL(2 ea daily)
naproxen sodium tabs 275 mg, 550 mg	F	
naproxen sodium tb24 500 mg, 375 mg	F	PA
NAPROXEN SUSP 125 MG/5ML	F	
naproxen susp 125 mg/5ml	F	
naproxen tabs 375 mg, 500 mg, 250 mg	F	
naproxen tbec 500 mg, 375 mg	F	QL(2 ea daily)
oxaprozin tabs	F	
piroxicam caps	F	
PONSTEL CAPS (*Use Mefenamic Acid*)	***	PA
sulindac tabs	F	
TOLMETIN SODIUM CAPS 400 MG	F	PA
tolmetin sodium caps 400 mg	F	PA
TOLMETIN SODIUM TABS 200 MG, 600 MG	F	PA
VIMOVO TBEC	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ZIPSOR CAPS	F	PA
ZORVOLEX CAPS	F	PA
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	F	PA
OTEZLA TBPK	F	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (*Use Leflunomide*)	***	QL(1 ea daily)
leflunomide tabs	F	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR	F	PA
ORENCIA SOSY	F	PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	F	PA
ENBREL SOSY	F	PA
ENBREL SURECLICK SOAJ	F	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
acetaminophen-caffeine tabs	F	
aspirin-acetaminophen-caffeine tabs	F	
butalbital-acetaminophen tabs	F	
butalbital-acetaminophen-caffeine caps 300mg-50mg-40mg	F	PA
butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg	F	QL(4 ea daily)
butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg	F	QL(4 ea daily)
butalbital-aspirin-caffeine caps	F	QL(4 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ESGIC TABS (*Use Butalbital-Acetaminophen-Caffeine*)	***	QL(4 ea daily)
EXCEDRIN EXTRA STRENGTH TABS (*Use Aspirin-Acetaminophen-Caffeine*)	***	
EXCEDRIN MENSTRUAL COMPLETE TABS (*Use Aspirin-Acetaminophen-Caffeine*)	***	
EXCEDRIN MIGRAINE TABS (*Use Aspirin-Acetaminophen-Caffeine*)	***	
EXCEDRIN TENSION HEADACHE TABS (*Use Acetaminophen-Caffeine*)	***	
FIORICET CAPS (*Use Butalbital-Acetaminophen-Caffeine*)	***	PA
FIORINAL CAPS (*Use Butalbital-Aspirin-Caffeine*)	***	QL(4 ea daily)
LEVACET TABS	F	
TENCON TABS	F	
Analgesics Other		
acetaminophen caps or 500 mg	F	
acetaminophen chew or 160 mg, 80 mg	F	
acetaminophen elix or 80 mg/2.5ml, 160 mg/5ml	F	
acetaminophen liqd or 160 mg/5ml, 1000 mg/30ml, 500 mg/15ml	F	
acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml	F	
acetaminophen supp re 120 mg, 650 mg, 325 mg	F	QL(12 ea per 30 days retail)
acetaminophen susp or 80 mg/2.5ml, 160 mg/5ml, 80 mg/0.8ml	F	
acetaminophen tabs or 325 mg, 500 mg	F	
acetaminophen tbcr or 650 mg	F	
acetaminophen tbdp or 80 mg	F	
INFANTS SILAPAP SOLN	F	QL(30 ml per 30 days retail)
TRIAMINIC FEVER REDUCERPAIN RELIEVER CHILDRENS SYRP	F	
TRIAMINIC FEVER REDUCERPAIN RELIEVER INFANTS SYRP	F	
TYLENOL 8 HOUR ARTHRITISPAIN TBCR (*Use Acetaminophen*)	***	
TYLENOL 8 HOUR TBCR (*Use Acetaminophen*)	***	
TYLENOL CHILDRENS SUSP (*Use Acetaminophen*)	***	
TYLENOL EXTRA STRENGTH TABS (*Use Acetaminophen*)	***	
TYLENOL INFANTS PAIN+FEVER SUSP (*Use Acetaminophen*)	***	
TYLENOL INFANTS SUSP (*Use Acetaminophen*)	***	
TYLENOL SORE THROAT DAYTIME LIQD (*Use Acetaminophen*)	***	
TYLENOL TABS (*Use Acetaminophen*)	***	
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide) tabs	F	
aspirin chew or 81 mg	F	
ASPIRIN LOW DOSE TABS	F	
ASPIRIN SUPP RE 200 MG, 120 MG	F	QL(12 ea per 30 days retail)
aspirin supp re 300 mg, 600 mg	F	QL(12 ea per 30 days retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
aspirin tabs or 325 mg	F	
aspirin tbec or 500 mg, 325 mg, 324 mg, 81 mg	F	
BUFFERIN TABS (*Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide*))	***	
choline & mag salicylate liqd	F	PA
diflunisal tabs	F	
DISALCID TABS (*Use Salsalate*)	***	
ECOTRIN MAXIMUM STRENGTH TBEC (*Use Aspirin*)	***	
ECOTRIN REGULAR STRENGTH TBEC (*Use Aspirin*)	***	
salsalate tabs	F	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL	F	PA
ACTIQ LPOP (*Use Fentanyl Citrate*)	***	PA
codeine sulfate tabs 15 mg, 60 mg, 30 mg	F	QL(2 ea daily)
CODEINE SULFATE TABS 60 MG, 30 MG, 15 MG (*Use Codeine Sulfate*)	***	QL(2 ea daily)
CONZIP CP24	F	PA
DEMEROL TABS (*Use Meperidine HCl*)	***	QL(6 ea daily)
DILAUDID LIQD 1 MG/ML (*Use Hydromorphone HCl*)	***	QL(80 ml daily)
DILAUDID TABS 8 MG, 4 MG, 2 MG (*Use Hydromorphone HCl*)	***	QL(8 ea daily)
DOLOPHINE TABS 10 MG (*Use Methadone HCl*)	***	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG (*Use Methadone HCl*)	***	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DURAGESIC PT72 (*Use Fentanyl*)	***	QL(0.34 ea daily)
fentanyl citrate lpop	F	PA
fentanyl pt72	F	QL(0.34 ea daily)
FENTORA TABS	F	PA
hydromorphone hcl liqd or 1 mg/ml	F	QL(80 ml daily)
HYDROMORPHONE HCL SUPP RE 3 MG	F	
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	F	QL(8 ea daily)
KADIAN CP24 20 MG, 60 MG, 30 MG, 10 MG, 80 MG, 50 MG, 100 MG (*Use Morphine Sulfate*)	***	PA
KADIAN CP24 200 MG	F	PA
LAZANDA SOLN	F	PA
LEVORPHANOL TARTRATE TABS	F	PA
MEPERIDINE HCL SOLN 50 MG/5ML	F	
meperidine hcl tabs 50 mg, 100 mg	F	QL(6 ea daily)
methadone hcl conc 10 mg/ml	F	QL(10 ml daily)
methadone hcl soln 10 mg/5ml	F	QL(60 ml daily)
METHADONE HCL SOLN 10 MG/5ML (*Use Methadone HCl*)	***	QL(60 ml daily)
methadone hcl soln 5 mg/5ml	F	QL(30 ml daily)
METHADONE HCL SOLN 5 MG/5ML (*Use Methadone HCl*)	***	QL(30 ml daily)
methadone hcl tabs 10 mg	F	PA; QL(10 ea daily)
methadone hcl tabs 5 mg	F	PA; QL(4 ea daily)
METHADOSE CONC (*Use Methadone HCl*)	***	QL(10 ml daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
METHADOSE SUGAR-FREE CONC (*Use Methadone HCl*)	***	QL(10 ml daily)
morphine sulfate cp24 or 20 mg, 10 mg, 80 mg, 50 mg, 60 mg, 100 mg, 30 mg	F	PA
MORPHINE SULFATE ER CP24	F	PA
morphine sulfate soln or 20 mg/5ml, 10 mg/5ml	F	QL(500 ml per 30 days retail)
morphine sulfate soln or 20 mg/ml, 100 mg/5ml	F	QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 20 MG, 5 MG, 10 MG, 30 MG	F	QL(24 ea per fill retail)
MORPHINE SULFATE TABS OR 30 MG, 15 MG	F	QL(6 ea daily)
morphine sulfate tbcr or 200 mg, 15 mg, 60 mg, 100 mg, 30 mg	F	QL(3 ea daily)
MS CONTIN TBCR (*Use Morphine Sulfate*)	***	QL(3 ea daily)
NUCYNTA ER TB12	F	PA
NUCYNTA TABS	F	PA
OPANA TABS (*Use Oxymorphone HCl*)	***	PA
oxycodone hcl caps 5 mg	F	QL(6 ea daily)
oxycodone hcl conc 100 mg/5ml	F	QL(6 ml daily)
OXYCODONE HCL ER T12A	F	PA
oxycodone hcl soln 5 mg/5ml	F	
oxycodone hcl tabs 30 mg, 5 mg, 10 mg, 20 mg, 15 mg	F	QL(6 ea daily)
OXYCONTIN T12A	F	PA
oxymorphone hcl tabs	F	PA
oxymorphone hcl tb12	F	PA
OXYMORPHONE HYDROCHLORIDE ER TB12	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ROXICODONE TABS (*Use Oxycodone HCl*)	***	QL(6 ea daily)
SUBSYS LIQD	F	PA
TRAMADOL HCL ER CP24	F	PA
tramadol hcl tabs 50 mg	F	QL(8 ea daily)
tramadol hcl tb24 200 mg, 100 mg, 300 mg	F	PA
ULTRAM ER TB24 (*Use Tramadol HCl*)	***	PA
ULTRAM TABS (*Use Tramadol HCl*)	***	QL(8 ea daily)
Opioid Combinations		
acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml	F	QL(30 ml daily)
acetaminophen w/ codeine tabs 300mg-15mg, 300mg-60mg, 300mg-30mg	F	QL(6 ea daily)
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAPS	F	PA
butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg	F	PA
butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg	F	QL(4 ea daily)
butalbital-aspirin-caffeine w/cod caps	F	QL(4 ea daily)
CAPITAL/CODEINE SUSP	F	PA
FIORICET/CODEINE CAPS (*Use Butalbital-Acetaminophen-Caffeine w/ Codeine*)	***	PA
FIORINAL/CODEINE #3 CAPS (*Use Butalbital-Aspirin-Caffeine w/Cod*)	***	QL(4 ea daily)
HYCET SOLN (*Use Hydrocodone-Acetaminophen*)	***	QL(180 ml daily)
hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 7.5mg/15ml-325mg/15ml, 5mg/10ml-217mg/10ml	F	QL(180 ml daily)
hydrocodone-acetaminophen tabs 10mg-300mg, 2.5mg-325mg, 7.5mg-300mg, 5mg-300mg	F	PA
hydrocodone-acetaminophen tabs 10mg-325mg	F	QL(6 ea daily)
hydrocodone-acetaminophen tabs 5mg-325mg	F	QL(12 ea daily)
hydrocodone-acetaminophen tabs 7.5mg-325mg	F	QL(8 ea daily)
hydrocodone-ibuprofen tabs	F	PA
IBUDONE TABS (*Use Hydrocodone-Ibuprofen*)	***	PA
LORTAB ELIX	F	PA
NORCO TABS 10MG-325MG (*Use Hydrocodone-Acetaminophen*)	***	QL(6 ea daily)
NORCO TABS 5MG-325MG (*Use Hydrocodone-Acetaminophen*)	***	QL(12 ea daily)
NORCO TABS 7.5MG-325MG (*Use Hydrocodone-Acetaminophen*)	***	QL(8 ea daily)
oxycodone w/ acetaminophen tabs 2.5mg-325mg	F	
oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg	F	QL(6 ea daily)
oxycodone-aspirin tabs	F	
OXYCODONE/ACETAMINOPHEN SOLN	F	QL(30 ml daily)
OXYCODONE/IBUPROFEN TABS	F	PA
PERCOCET TABS 2.5MG-325MG (*Use Oxycodone w/ Acetaminophen*)	***	
PERCOCET TABS 5MG-325MG, 7.5MG-325MG, 10MG-325MG (*Use Oxycodone w/ Acetaminophen*)	***	QL(6 ea daily)
PRIMLEV TABS	F	PA
REPREXAIN TABS (*Use Hydrocodone-Ibuprofen*)	***	PA
SYNALGOS-DC CAPS	F	PA
tramadol-acetaminophen tabs	F	PA
TYLENOL/CODEINE #3 TABS (*Use Acetaminophen w/ Codeine*)	***	QL(6 ea daily)
TYLENOL/CODEINE #4 TABS (*Use Acetaminophen w/ Codeine*)	***	QL(6 ea daily)
ULTRACET TABS (*Use Tramadol-Acetaminophen*)	***	PA
VICOPROFEN TABS (*Use Hydrocodone-Ibuprofen*)	***	PA
XARTEMIS XR TBCR	F	PA
XODOL TABS (*Use Hydrocodone-Acetaminophen*)	***	PA
ZAMICET SOLN	F	PA
Opioid Partial Agonists		
BELBUCA FILM	F	PA; Use Suboxone Film
BUNAVAIL FILM	F	PA; Use Suboxone Film
BUPRENEX SOLN (*Use Buprenorphine HCl*)	***	
buprenorphine hcl soln ij 0.3 mg/ml	F	
buprenorphine hcl subl sl 8 mg, 2 mg	F	PA
buprenorphine hcl-naloxone hcl dihydrate subl	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
BUPRENORPHINE PTWK	F	PA; Use Suboxone Film
butorphanol tartrate soln na 10 mg/ml	F	PA; AL; At least 18 yrs old
BUTRANS PTWK	F	PA; Use Suboxone Film
pentazocine w/ naloxone tabs	F	PA
SUBOXONE FILM 12MG-3MG, 8MG-2MG	F	PA; QL(2 ea daily)
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG	F	PA; QL(1 ea daily)
ZUBSOLV SUBL	F	PA; Use Suboxone Film
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	F	PA
OXANDRIN TABS (*Use Oxandrolone*)	***	PA
oxandrolone tabs	F	PA
Androgens		
ANDRODERM PT24	F	QL(1 ea daily)
ANDROGEL GEL 20.25 MG/1.25GM, 40.5 MG/2.5GM	F	PA
ANDROGEL GEL 50 MG/5GM, 25 MG/2.5GM (*Use Testosterone*)	***	PA
ANDROGEL PUMP GEL	F	PA
ANDROID CAPS (*Use Methyltestosterone*)	***	PA
AXIRON SOLN (*Use Testosterone*)	***	PA
danazol caps	F	
DEPO-TESTOSTERONE SOLN (*Use Testosterone Cypionate*)	***	QL(4 ml per 30 days retail)
FORTESTA GEL	F	PA

Drug Name	Drug Tier	Requirements/ Limits
METHITEST TABS	F	PA
methyltestosterone caps	F	PA
STRIANT MISC	F	PA
TESTIM GEL	F	PA
testosterone cypionate soln	F	QL(4 ml per 30 days retail)
testosterone gel 50 mg/5gm, 1 %, 25 mg/2.5gm	F	PA
TESTOSTERONE GEL 50 MG/5GM, 10 MG/ACT, 1 %, 25 MG/2.5GM	F	PA
TESTOSTERONE PUMP GEL	F	PA
testosterone soln 30 mg/act	F	PA
TESTRED CAPS (*Use Methyltestosterone*)	***	PA
VOGELXO GEL	F	PA
VOGELXO PUMP GEL	F	PA
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (*Use Hydrocortisone (Intrarectal)*)	***	
CORTIFOAM FOAM	F	PA
hydrocortisone (intrarectal) enem	F	
Rectal Combinations		
ANALPRAM-HC LOTN	F	QL(62 ml per 30 days retail)
phenylephrine-shark liver oil-cocoa butter supp	F	QL(12 ea per 30 days retail)
phenylephrine-shark liver oil-glycerin-petrolatum crea	F	QL(54 gm per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum oint	F	QL(31 gm per 30 days retail)
pramoxine-phenylephrine-glycerin-petrolatum crea	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
PREPARATION H CREA (*Use Pramoxine-Phenylephrine-Glycerin-Petrolatum*)	***	
PREPARATION H TOTABLES PAIN RELIEF CREA (*Use Pramoxine-Phenylephrine-Glycerin-Petrolatum*)	***	
Rectal Local Anesthetics		
dibucaine (rectal) oint	F	
NUPERCAINAL OINT (*Use Dibucaine (Rectal)*)	***	
pramoxine hcl (rectal) foam	F	
PROCTOFOAM FOAM (*Use Pramoxine HCl (Rectal)*)	***	
Rectal Steroids		
ANUSOL-HC CREA (*Use Hydrocortisone (Rectal)*)	***	
hydrocortisone (rectal) crea 1 %	F	PA
hydrocortisone (rectal) crea 2.5 %	F	
PROCTOCORT CREA (*Use Hydrocortisone (Rectal)*)	***	PA
Vasodilating Agents		
RECTIV OINT	F	PA
ANTACIDS - Ulcer and Stomach Acid Drugs		
Antacid Combinations		
alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml	F	QL(744 ml per 30 days retail)
alum & mag hydrox-simethicone liqd 400mg/5ml-40mg/5ml-400mg/5ml	F	
alum & mag hydrox-simethicone susp 200mg/5ml-200mg/5ml-20mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml, 200mg/5ml-20mg/5ml-200mg/5ml	F	QL(744 ml per 30 days retail)
alum & mag hydrox-simethicone susp 400mg/5ml-400mg/5ml-40mg/5ml-40mg/5ml-400mg/5ml-400mg/5ml, 400mg/5ml-40mg/5ml-400mg/5ml	F	
aluminum hydroxide-mag carb susp	F	
aluminum hydroxide-mag trisil chew	F	
GAVISCON SUSP (*Use Aluminum Hydroxide-Mag Carb*)	***	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (*Use Alum & Mag Hydrox-Simethicone*)	***	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP OR	F	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) tabs	F	QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
calcium carbonate (antacid) chew	F	
calcium carbonate (antacid) tabs	F	
CALCIUM CARBONATE TABS 648 MG	F	
TUMS CHEW (*Use Calcium Carbonate (Antacid)*)	***	
TUMS LASTING EFFECTS CHEW (*Use Calcium Carbonate (Antacid)*)	***	
Antacids - Magnesium Salts		

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
magnesium oxide tabs	F	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA TABS	F	PA
BILTRICIDE TABS	F	PA
EMVERM CHEW	F	QL(1 ea per 14 days retail)
ivermectin tabs	F	PA
PIN-X CHEW	F	QL(4 ea per fill retail)
pyrantel pamoate susp	F	Limit 1 fill per Month;QL(60 ml per fill retail)
REESES PINWORM MEDICINE TABS	F	QL(16 ea per fill retail)
STROMECTOL TABS (*Use Ivermectin*)	***	PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
CAYSTON SOLR	F	PA
FIRST-VANCOMYCIN 25 SOLN	F	
FIRST-VANCOMYCIN 50 SOLN	F	
FLAGYL CAPS 375 MG (*Use Metronidazole*)	***	PA
FLAGYL TABS 250 MG, 500 MG (*Use Metronidazole*)	***	
metronidazole caps 375 mg	F	PA
metronidazole tabs 250 mg, 500 mg	F	
NEBUPENT SOLR	F	PA
PRIMSOL SOLN	F	PA
TINDAMAX TABS (*Use Tinidazole*)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
tinidazole tabs	F	PA
trimethoprim tabs	F	
TRIMPEX SOLN	F	PA
VANCOCIN HCL CAPS 125 MG (*Use Vancomycin HCl*)	***	QL(4 ea daily)
VANCOCIN HCL CAPS 250 MG (*Use Vancomycin HCl*)	***	QL(8 ea daily)
vancomycin hcl caps or 125 mg	F	QL(4 ea daily)
vancomycin hcl caps or 250 mg	F	QL(8 ea daily)
vancomycin hcl solr iv 1000 mg	F	QL(14 ea per fill retail)
vancomycin hcl solr iv 500 mg	F	QL(14 ea per 30 days retail)
XIFAXAN TABS	F	PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (*Use Sulfamethoxazole-Trimethoprim*)	***	
BACTRIM TABS (*Use Sulfamethoxazole-Trimethoprim*)	***	
sulfamethoxazole-trimethoprim susp	F	
sulfamethoxazole-trimethoprim tabs	F	
Antiprotozoal Agents		
ALINIA SUSR	F	PA
ALINIA TABS	F	PA
atovaquone susp	F	
MEPRON SUSP (*Use Atovaquone*)	***	
Ketolides		
KETEK TABS	F	PA
Leprostatics		

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Drug Name	Drug Tier	Requirements/ Limits
dapsone tabs	F	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (*Use Clindamycin HCl*)	***	
CLEOCIN CAPS OR 75 MG (*Use Clindamycin HCl*)	***	PA
CLEOCIN PEDIATRIC GRANULES SOLR (*Use Clindamycin Palmitate Hydrochloride*)	***	QL(300 ml per fill retail)
clindamycin hcl caps 300 mg, 150 mg	F	
clindamycin hcl caps 75 mg	F	PA
clindamycin palmitate hydrochloride solr	F	QL(300 ml per fill retail)
Oxazolidinones		
linezolid susr	F	PA
linezolid tabs	F	PA
SIVEXTRO TABS	F	PA; QL(6 ea per fill retail)
ZYVOX SUSR (*Use Linezolid*)	***	PA
ZYVOX TABS (*Use Linezolid*)	***	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12	F	PA
Nitrates		
DILATRATE SR CPCR	F	PA
ISORDIL TITRADOSE TABS 40 MG	F	
ISORDIL TITRADOSE TABS 5 MG (*Use Isosorbide Dinitrate*)	***	
ISOSORBIDE DINITRATE ER TBCR	F	
isosorbide dinitrate tabs	F	
isosorbide mononitrate tabs 20 mg, 10 mg	F	QL(2 ea daily)
isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg	F	QL(1 ea daily)
NITRO-BID OINT	F	
NITRO-DUR PT24 0.1 MG/HR, 0.6 MG/HR, 0.4 MG/HR, 0.2 MG/HR (*Use Nitroglycerin*)	***	
NITRO-DUR PT24 0.8 MG/HR, 0.3 MG/HR	F	PA
nitroglycerin cpcr or 6.5 mg, 9 mg, 2.5 mg	F	
nitroglycerin pt24 td 0.2 mg/hr, 0.1 mg/hr, 0.6 mg/hr, 0.4 mg/hr	F	
nitroglycerin soln tl 0.4 mg/spray	F	PA
nitroglycerin subl sl 0.6 mg, 0.3 mg, 0.4 mg	F	
NITROLINGUAL PUMPSPRAY SOLN (*Use Nitroglycerin*)	***	PA
NITROSTAT SUBL (*Use Nitroglycerin*)	***	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl tabs	F	QL(3 ea daily)
hydroxyzine hcl syrp	F	
hydroxyzine hcl tabs	F	
HYDROXYZINE PAMOATE CAPS 100 MG	F	
hydroxyzine pamoate caps 50 mg, 25 mg	F	
meprobamate tabs	F	
VISTARIL CAPS (*Use Hydroxyzine Pamoate*)	***	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
alprazolam tabs 1 mg, 0.25 mg, 2 mg, 0.5 mg	F	QL(4 ea daily)
alprazolam tb24 0.5 mg, 3 mg, 1 mg, 2 mg	F	PA
alprazolam tbdp 1 mg, 0.25 mg, 2 mg, 0.5 mg	F	PA
ATIVAN TABS 1 MG (*Use Lorazepam*)	***	QL(4 ea daily)
ATIVAN TABS 2 MG, 0.5 MG (*Use Lorazepam*)	***	QL(3 ea daily)
chlordiazepoxide hcl caps	F	QL(4 ea daily)
clorazepate dipotassium tabs	F	QL(3 ea daily)
diazepam conc or 5 mg/ml	F	
DIAZEPAM SOLN OR 1 MG/ML	F	
diazepam tabs or 2 mg, 10 mg, 5 mg	F	QL(4 ea daily)
lorazepam conc 2 mg/ml	F	PA
lorazepam tabs 0.5 mg, 2 mg	F	QL(3 ea daily)
lorazepam tabs 1 mg	F	QL(4 ea daily)
oxazepam caps	F	QL(4 ea daily)
TRANXENE T TABS (*Use Clorazepate Dipotassium*)	***	QL(3 ea daily)
VALIUM TABS (*Use Diazepam*)	***	QL(4 ea daily)
XANAX TABS (*Use Alprazolam*)	***	QL(4 ea daily)
XANAX XR TB24 (*Use Alprazolam*)	***	PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	F	
NORPACE CAPS (*Use Disopyramide Phosphate*)	F	
NORPACE CR CP12	F	
quinidine gluconate tbcr	F	
QUINIDINE SULFATE TABS 200 MG, 300 MG	F	
quinidine sulfate tabs 300 mg	F	
Antiarrhythmics Type I-B		
mexiletine hcl caps	F	
Antiarrhythmics Type I-C		
flecainide acetate tabs	F	
propafenone hcl cp12 425 mg, 325 mg, 225 mg	F	PA
propafenone hcl tabs 225 mg, 150 mg, 300 mg	F	
RYTHMOL SR CP12 (*Use Propafenone HCl*)	***	PA
RYTHMOL TABS (*Use Propafenone HCl*)	***	
Antiarrhythmics Type III		
amiodarone hcl tabs 100 mg	F	PA
amiodarone hcl tabs 400 mg, 200 mg	F	
CORDARONE TABS (*Use Amiodarone HCl*)	***	
dofetilide caps	F	
MULTAQ TABS	F	PA; QL(2 ea daily)
TIKOSYN CAPS (*Use Dofetilide*)	***	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
CROMOLYN SODIUM NEBU	F	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	F	
INCRUSE ELLIPTA AEPB	F	QL(7 ea per 30 days retail)
INCRUSE ELLIPTA AEPB	F	QL(30 ea per 30 days retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ipratropium bromide soln	F	QL(375 ml per 25 days retail)
SPIRIVA HANDIHALER CAPS	F	PA; QL(90 ea per fill retail)
TUDORZA PRESSAIR AEPB	F	QL(1 ea per 30 days retail)
Leukotriene Modulators		
ACCOLATE TABS (*Use Zafirlukast*)	***	PA
montelukast sodium chew	F	QL(1 ea daily)
montelukast sodium pack	F	QL(1 ea daily)
montelukast sodium tabs	F	QL(1 ea daily)
SINGULAIR CHEW (*Use Montelukast Sodium*)	***	QL(1 ea daily)
SINGULAIR PACK (*Use Montelukast Sodium*)	***	QL(1 ea daily)
SINGULAIR TABS (*Use Montelukast Sodium*)	***	QL(1 ea daily)
zafirlukast tabs	F	PA
ZYFLO TABS	F	PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	F	PA
Steroid Inhalants		
AEROSPAN AERS	F	PA; QL(8.9 gm per 30 days retail)
ALVESCO AERS	F	PA
ASMANEX TWISTHALER 120 METERED DOSES AEPB	F	PA
ASMANEX TWISTHALER 14 METERED DOSES AEPB	F	PA
ASMANEX TWISTHALER 30 METERED DOSES AEPB	F	PA
ASMANEX TWISTHALER 60 METERED DOSES AEPB	F	PA
ASMANEX TWISTHALER 7 METERED DOSES AEPB	F	PA
budesonide (inhalation) susp	F	QL(120 ml per 30 days retail); AL; At least 1 yrs old - Up to 8 yrs old
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	F	QL(2 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	F	
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	F	QL(12 gm per fill retail)
FLOVENT HFA AERO 44 MCG/ACT	F	QL(10.6 gm per fill retail)
PULMICORT FLEXHALER AEPB	F	PA
PULMICORT SUSP (*Use Budesonide (Inhalation)*)	***	QL(120 ml per 30 days retail); AL; At least 1 yrs old - Up to 8 yrs old
QVAR AERS	F	PA; QL(17.4 gm per fill retail)
Sympathomimetics		
ADVAIR DISKUS AEPB	F	PA; QL(60 ea per fill retail)
ADVAIR HFA AERO	F	PA; QL(12 gm per fill retail)
albuterol sulfate nebu in 0.083 %	F	QL(12.5 ml daily)
albuterol sulfate nebu in 0.5 %	F	
albuterol sulfate nebu in 1.25 mg/3ml, 0.63 mg/3ml	F	QL(375 ml per 30 days retail)
albuterol sulfate syrp or 2 mg/5ml	F	
albuterol sulfate tabs or 4 mg, 2 mg	F	
albuterol sulfate tb12 or 8 mg, 4 mg	F	
ANORO ELLIPTA AEPB	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ARCAPTA NEOHALER CAPS	F	PA
BREO ELLIPTA AEPB	F	PA
BROVANA NEBU	F	PA
COMBIVENT RESPIMAT AERS	F	QL(4 gm per 30 days retail)
DULERA AERO	F	QL(13 gm per 30 days retail)
ipratropium-albuterol soln	F	QL(12 ml daily)
levalbuterol hcl nebu	F	PA
LEVALBUTEROL TARTRATE HFA AERO	F	PA
METAPROTERENOL SULFATE SYRP 10 MG/5ML	F	QL(30 ml daily)
METAPROTERENOL SULFATE TABS 10 MG, 20 MG	F	
PERFOROMIST NEBU	F	PA
PROAIR HFA AERS	***	
PROVENTIL HFA AERS	***	
SEREVENT DISKUS AEPB	F	QL(60 ea per 30 days retail)
STRIVERDI RESPIMAT AERS	F	PA
SYMBICORT AERO	F	QL(11 gm per fill retail)
terbutaline sulfate tabs	F	
VENTOLIN HFA AERS	F	Limit 1 package per Claim, 2 per Month
VOSPIRE ER TB12 (*Use Albuterol Sulfate*)	***	
XOPENEX CONCENTRATE NEBU (*Use Levalbuterol HCl*)	***	PA
XOPENEX HFA AERO	F	PA
XOPENEX NEBU (*Use Levalbuterol HCl*)	***	PA
Xanthines		
ELIXOPHYLLIN ELIX	F	
THEO-24 CP24	F	
theophylline soln 80 mg/15ml	F	QL(475 ml per fill retail)
theophylline tb12 450 mg, 300 mg, 200 mg, 100 mg	F	
theophylline tb24 400 mg, 600 mg	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (*Use Warfarin Sodium*)	F	
warfarin sodium tabs	F	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	F	QL(4 ea daily)
XARELTO TABS 10 MG	F	QL(1 ea daily,35 ea per 180 days retail)
XARELTO TABS 15 MG	F	QL(2 ea daily)
XARELTO TABS 20 MG	F	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN (*Use Fondaparinux Sodium*)	***	PA
enoxaparin sodium soln ij 300 mg/3ml	F	Limit 3 fills per 180 days;QL(42 ml per 7 days retail)
enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml	F	Limit 3 fills per 180 days;QL(12 ml per 7 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
enoxaparin sodium soln sc 150 mg/ml, 100 mg/ml	F	Limit 3 fills per 180 days;QL(14 ml per 7 days retail)
enoxaparin sodium soln sc 30 mg/0.3ml	F	Limit 3 fills per 180 days;QL(5 ml per 7 days retail)
enoxaparin sodium soln sc 40 mg/0.4ml	F	Limit 3 fills per 180 days;QL(6 ml per 7 days retail)
enoxaparin sodium soln sc 60 mg/0.6ml	F	Limit 3 fills per 180 days;QL(9 ml per 7 days retail)
fondaparinux sodium soln	F	PA
heparin sodium (porcine) soln	F	
LOVENOX SOLN IJ 300 MG/3ML (*Use Enoxaparin Sodium*)	***	Limit 3 fills per 180 days;QL(42 ml per 7 days retail)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (*Use Enoxaparin Sodium*)	***	Limit 3 fills per 180 days;QL(14 ml per 7 days retail)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (*Use Enoxaparin Sodium*)	***	Limit 3 fills per 180 days;QL(12 ml per 7 days retail)
LOVENOX SOLN SC 30 MG/0.3ML (*Use Enoxaparin Sodium*)	***	Limit 3 fills per 180 days;QL(5 ml per 7 days retail)
LOVENOX SOLN SC 40 MG/0.4ML (*Use Enoxaparin Sodium*)	***	Limit 3 fills per 180 days;QL(6 ml per 7 days retail)
LOVENOX SOLN SC 60 MG/0.6ML (*Use Enoxaparin Sodium*)	***	Limit 3 fills per 180 days;QL(9 ml per 7 days retail)

Drug Name	Drug Tier	Requirements/ Limits
Thrombin Inhibitors		
PRADAXA CAPS	F	PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS	F	PA
Anticonvulsants - Benzodiazepines		
clonazepam tabs 0.5 mg, 1 mg, 2 mg	F	QL(4 ea daily)
clonazepam tbdp 0.125 mg, 1 mg, 2 mg, 0.25 mg, 0.5 mg	F	PA
DIASTAT ACUDIAL GEL	F	QL(1 ea per fill retail); AL; At least 2 yrs old
DIASTAT PEDIATRIC GEL	F	QL(1 ea per fill retail); AL; At least 2 yrs old
DIAZEPAM GEL RE 2.5 MG, 10 MG, 20 MG	F	QL(1 ea per fill retail); AL; At least 2 yrs old
DIAZEPAM RECTAL GEL GEL	F	QL(1 ea per fill retail); AL; At least 2 yrs old
KLONOPIN TABS (*Use Clonazepam*)	***	QL(4 ea daily)
ONFI SUSP	F	PA
ONFI TABS	F	PA
Anticonvulsants - Misc.		
APTIOM TABS	F	PA
BANZEL SUSP	F	PA
BANZEL TABS	F	PA
carbamazepine chew	F	
carbamazepine cp12	F	
carbamazepine susp	F	
carbamazepine tabs	F	

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Drug Name	Drug Tier	Requirements/ Limits
carbamazepine tb12	F	
CARBATROL CP12 (*Use Carbamazepine*)	F	
gabapentin caps 300 mg, 100 mg, 400 mg	F	QL(4 ea daily)
gabapentin soln 250 mg/5ml, 300 mg/6ml	F	
gabapentin tabs 800 mg, 600 mg	F	QL(4 ea daily)
KEPPRA SOLN 100 MG/ML (*Use Levetiracetam*)	***	QL(16 ml daily)
KEPPRA TABS 750 MG, 250 MG, 1000 MG, 500 MG (*Use Levetiracetam*)	***	QL(4 ea daily)
KEPPRA XR TB24 (*Use Levetiracetam*)	***	PA
LAMICTAL CHEWABLE DISPERSIBLE CHEW (*Use Lamotrigine*)	***	
LAMICTAL ODT KIT (*Use Lamotrigine*)	***	PA
LAMICTAL ODT TBDP (*Use Lamotrigine*)	***	PA
LAMICTAL TABS (*Use Lamotrigine*)	***	
LAMICTAL XR KIT	F	PA
LAMICTAL XR TB24 100 MG, 200 MG, 50 MG, 25 MG, 300 MG, 250 MG (*Use Lamotrigine*)	***	PA; QL(1 ea daily)
lamotrigine chew 25 mg, 5 mg	F	
lamotrigine kit	F	PA
lamotrigine tabs 100 mg, 150 mg, 25 mg, 200 mg	F	
lamotrigine tb24 200 mg, 100 mg, 50 mg, 25 mg, 250 mg, 300 mg	F	PA; QL(1 ea daily)
lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg	F	PA
levetiracetam soln 500 mg/5ml, 100 mg/ml	F	QL(16 ml daily)
levetiracetam tabs 250 mg, 1000 mg, 500 mg, 750 mg	F	QL(4 ea daily)
levetiracetam tb24 750 mg, 500 mg	F	PA
LYRICA CAPS	F	PA
MYSOLINE TABS (*Use Primidone*)	***	
NEURONTIN CAPS 400 MG, 100 MG, 300 MG (*Use Gabapentin*)	***	QL(4 ea daily)
NEURONTIN SOLN 250 MG/5ML (*Use Gabapentin*)	***	
NEURONTIN TABS 800 MG, 600 MG (*Use Gabapentin*)	***	QL(4 ea daily)
oxcarbazepine susp	F	
oxcarbazepine tabs	F	
POTIGA TABS	F	PA
primidone tabs	F	
QUDEXY XR CS24	F	PA
TEGRETOL SUSP (*Use Carbamazepine*)	F	
TEGRETOL TABS (*Use Carbamazepine*)	F	
TEGRETOL-XR TB12 (*Use Carbamazepine*)	F	
TOPAMAX SPRINKLE CPSP 15 MG (*Use Topiramate*)	***	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (*Use Topiramate*)	***	QL(8 ea daily)
TOPAMAX TABS (*Use Topiramate*)	***	QL(3 ea daily)
topiramate cpsp 15 mg	F	QL(6 ea daily)
topiramate cpsp 25 mg	F	QL(8 ea daily)
TOPIRAMATE ER CS24	F	PA
topiramate tabs 100 mg, 200 mg, 25 mg, 50 mg	F	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL SUSP (*Use Oxcarbazepine*)	***	
TRILEPTAL TABS (*Use Oxcarbazepine*)	***	
TROKENDI XR CP24	F	PA
VIMPAT SOLN	F	PA
VIMPAT TABS	F	PA
ZONEGRAN CAPS (*Use Zonisamide*)	***	
zonisamide caps	F	
Carbamates		
felbamate susp	F	
felbamate tabs	F	
FELBATOL SUSP (*Use Felbamate*)	***	
FELBATOL TABS (*Use Felbamate*)	***	
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG	F	
GABITRIL TABS 2 MG, 4 MG (*Use Tiagabine HCl*)	***	
SABRIL PACK (*Use Vigabatrin*)	***	PA
SABRIL TABS	F	PA
tiagabine hcl tabs	F	
vigabatrin pack	F	PA
Hydantoins		
DILANTIN CAPS 100 MG (*Use Phenytoin Sodium Extended*)	F	
DILANTIN CAPS 30 MG	F	
DILANTIN INFATABS CHEW (*Use Phenytoin*)	F	
DILANTIN-125 SUSP (*Use Phenytoin*)	F	
PEGANONE TABS	F	PA
PHENYTEK CAPS (*Use Phenytoin Sodium Extended*)	F	
phenytoin chew	F	
phenytoin sodium extended caps	F	
phenytoin susp	F	
Succinimides		
CELONTIN CAPS	F	PA
ethosuximide caps	F	
ethosuximide soln	F	
ZARONTIN CAPS (*Use Ethosuximide*)	F	
ZARONTIN SOLN (*Use Ethosuximide*)	F	
Valproic Acid		
DEPAKENE CAPS (*Use Valproic Acid*)	F	
DEPAKOTE ER TB24 (*Use Divalproex Sodium*)	***	
DEPAKOTE SPRINKLES CSDR (*Use Divalproex Sodium*)	***	
DEPAKOTE TBEC (*Use Divalproex Sodium*)	***	
divalproex sodium csdr	F	
divalproex sodium tb24	F	
divalproex sodium tbec	F	
valproic acid caps	F	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs	F	QL(1 ea daily)
mirtazapine tbdp	F	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
REMERON SOLTAB TBDP (*Use Mirtazapine*)	***	QL(1 ea daily)
REMERON TABS (*Use Mirtazapine*)	***	QL(1 ea daily)
Antidepressants - Misc.		
APLENZIN TB24	F	PA
bupropion hcl tabs 75 mg, 100 mg	F	QL(3 ea daily)
bupropion hcl tb12 150 mg, 200 mg, 100 mg	F	QL(2 ea daily)
FORFIVO XL TB24	F	PA
MAPROTILINE HCL TABS	F	Limit 2 fills per month
WELLBUTRIN SR TB12 (*Use Bupropion HCl*)	***	QL(2 ea daily)
WELLBUTRIN TABS (*Use Bupropion HCl*)	***	QL(3 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24 9 MG/24HR	F	PA
MARPLAN TABS	F	PA
NARDIL TABS (*Use Phenelzine Sulfate*)	***	
PARNATE TABS (*Use Tranylcypromine Sulfate*)	***	
phenelzine sulfate tabs	F	
tranylcypromine sulfate tabs	F	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG, 20 MG (*Use Citalopram Hydrobromide*)	***	QL(2 ea daily)
CELEXA TABS 40 MG (*Use Citalopram Hydrobromide*)	***	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	F	
citalopram hydrobromide tabs 20 mg, 10 mg	F	QL(2 ea daily)
citalopram hydrobromide tabs 40 mg	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
escitalopram oxalate soln 5 mg/5ml	F	PA
escitalopram oxalate tabs 5 mg, 20 mg, 10 mg	F	QL(1 ea daily)
FLUOXETINE DR CPDR	F	PA
fluoxetine hcl caps 20 mg, 10 mg	F	QL(4 ea daily)
fluoxetine hcl caps 40 mg	F	QL(2 ea daily)
fluoxetine hcl soln 20 mg/5ml	F	QL(120 ml per 30 days retail)
fluoxetine hcl tabs 10 mg	F	QL(1 ea daily); AL; At least 7 yrs old
fluoxetine hcl tabs 20 mg	F	QL(4 ea daily)
FLUOXETINE HCL TABS 60 MG	F	PA
fluvoxamine maleate cp24 150 mg, 100 mg	F	PA
fluvoxamine maleate tabs 100 mg	F	QL(3 ea daily)
fluvoxamine maleate tabs 50 mg, 25 mg	F	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (*Use Escitalopram Oxalate*)	***	PA
LEXAPRO TABS 5 MG, 20 MG, 10 MG (*Use Escitalopram Oxalate*)	***	QL(1 ea daily)
paroxetine hcl tabs 40 mg, 30 mg, 10 mg, 20 mg	F	QL(2 ea daily)
paroxetine hcl tb24 37.5 mg, 25 mg, 12.5 mg	F	PA; QL(40 ea daily)
PAXIL CR TB24 (*Use Paroxetine HCl*)	***	PA; QL(40 ea daily)
PAXIL SUSP 10 MG/5ML	F	QL(40 ml daily)
PAXIL TABS 40 MG, 20 MG, 10 MG, 30 MG (*Use Paroxetine HCl*)	***	QL(2 ea daily)
PEXEVA TABS	F	PA
PROZAC CAPS 10 MG, 20 MG (*Use Fluoxetine HCl*)	***	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PROZAC CAPS 40 MG (*Use Fluoxetine HCl*)	***	QL(2 ea daily)
PROZAC WEEKLY CPDR (*Use Fluoxetine HCl*)	***	PA
sertraline hcl conc 20 mg/ml	F	
sertraline hcl tabs 50 mg, 25 mg, 100 mg	F	QL(2 ea daily)
ZOLOFT CONC 20 MG/ML (*Use Sertraline HCl*)	***	
ZOLOFT TABS 25 MG, 50 MG, 100 MG (*Use Sertraline HCl*)	***	QL(2 ea daily)
Serotonin Modulators		
BRINTELLIX TABS	F	PA; QL(1 ea daily); AL; At least 18 yrs old
NEFAZODONE HCL TABS 200 MG, 150 MG, 100 MG	F	
nefazodone hcl tabs 250 mg, 50 mg	F	
trazodone hcl tabs 150 mg, 50 mg, 100 mg	F	
trazodone hcl tabs 300 mg	F	QL(2 ea daily)
TRINTELLIX TABS	F	PA; QL(1 ea daily); AL; At least 18 yrs old
VIIBRYD TABS	F	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (*Use Duloxetine HCl*)	***	QL(2 ea daily); AL; At least 7 yrs old
DESVENLAFAXINE ER TB24 50 MG, 100 MG	F	PA
desvenlafaxine succinate tb24	F	PA
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	F	QL(2 ea daily); AL; At least 7 yrs old
EFFEXOR XR CP24 37.5 MG (*Use Venlafaxine HCl*)	***	QL(1 ea daily)
EFFEXOR XR CP24 75 MG, 150 MG (*Use Venlafaxine HCl*)	***	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA CP24	F	PA
FETZIMA TITRATION PACK C4PK	F	PA
KHEDEZLA TB24	F	PA
PRISTIQ TB24 (*Use Desvenlafaxine Succinate*)	***	PA
venlafaxine hcl cp24 37.5 mg	F	QL(1 ea daily)
venlafaxine hcl cp24 75 mg, 150 mg	F	QL(2 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	F	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 150 MG, 37.5 MG (*Use Venlafaxine HCl*)	***	QL(1 ea daily)
venlafaxine hcl tabs 100 mg, 50 mg, 25 mg, 75 mg, 37.5 mg	F	
venlafaxine hcl tb24 37.5 mg, 75 mg, 150 mg, 225 mg	F	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	F	
AMOXAPINE TABS	F	
ANAFRANIL CAPS (*Use Clomipramine HCl*)	***	PA
clomipramine hcl caps	F	PA
desipramine hcl tabs 25 mg	F	QL(2 ea daily)
desipramine hcl tabs 75 mg, 10 mg, 150 mg, 100 mg, 50 mg	F	
doxepin hcl caps	F	
doxepin hcl conc	F	
ELAVIL TABS (*Use Amitriptyline HCl*)	***	
imipramine hcl tabs	F	
imipramine pamoate caps 100 mg	F	QL(3 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
imipramine pamoate caps 125 mg, 150 mg	F	QL(2 ea daily)
imipramine pamoate caps 75 mg	F	QL(1 ea daily)
NORPRAMIN TABS 10 MG, 150 MG, 50 MG, 75 MG, 100 MG (*Use Desipramine HCl*)	***	
NORPRAMIN TABS 25 MG (*Use Desipramine HCl*)	***	QL(2 ea daily)
nortriptyline hcl caps 25 mg, 10 mg, 75 mg, 50 mg	F	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	F	QL(20 ml daily)
PAMELOR CAPS (*Use Nortriptyline HCl*)	***	
protriptyline hcl tabs 10 mg	F	
SURMONTIL CAPS (*Use Trimipramine Maleate*)	***	PA
TOFRANIL TABS (*Use Imipramine HCl*)	***	
TOFRANIL-PM CAPS 100 MG (*Use Imipramine Pamoate*)	***	QL(3 ea daily)
TOFRANIL-PM CAPS 125 MG, 150 MG (*Use Imipramine Pamoate*)	***	QL(2 ea daily)
TOFRANIL-PM CAPS 75 MG (*Use Imipramine Pamoate*)	***	QL(1 ea daily)
trimipramine maleate caps	F	PA
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs	F	QL(3 ea daily)
GLYSET TABS (*Use Miglitol*)	***	PA
miglitol tabs	F	PA
PRECOSE TABS (*Use Acarbose*)	***	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	F	PA; QL(10.8 ml per 30 days retail)
SYMLINPEN 60 SOPN	F	PA; QL(6 ml per 30 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS (*Use Pioglitazone HCl-Metformin HCl*)	***	QL(2 ea daily)
ACTOPLUS MET XR TB24	F	PA
ALOGLIPTIN/METFORMIN HCL TABS	F	PA; QL(2 ea daily)
ALOGLIPTIN/PIOGLITAZONE TABS	F	PA; QL(1 ea daily)
DUETACT TABS (*Use Pioglitazone HCl-Glimepiride*)	***	PA
glipizide-metformin hcl tabs	F	
GLUCOVANCE TABS (*Use Glyburide-Metformin*)	***	
glyburide-metformin tabs	F	
INVOKAMET TABS	F	PA
JANUMET TABS	F	PA
JANUMET XR TB24	F	PA
JENTADUETO TABS	F	QL(2 ea daily)
JENTADUETO XR TB24	F	PA; QL(2 ea daily)
KAZANO TABS (*Use Alogliptin-Metformin HCl*)	***	
KOMBIGLYZE XR TB24	F	PA; QL(2 ea daily)
OSENI TABS (*Use Alogliptin-Pioglitazone*)	***	
pioglitazone hcl-glimepiride tabs	F	PA
pioglitazone hcl-metformin hcl tabs	F	QL(2 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
PRANDIMET TABS (*Use Repaglinide-Metformin HCl*)	***	PA
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	F	PA
Biguanides		
FORTAMET TB24 (*Use Metformin HCl*)	***	PA
GLUCOPHAGE TABS 1000 MG, 850 MG (*Use Metformin HCl*)	***	
GLUCOPHAGE TABS 500 MG (*Use Metformin HCl*)	***	QL(4 ea daily)
GLUCOPHAGE XR TB24 500 MG (*Use Metformin HCl*)	***	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (*Use Metformin HCl*)	***	QL(3 ea daily)
GLUMETZA TB24 (*Use Metformin HCl*)	***	PA
metformin hcl tabs 500 mg	F	QL(4 ea daily)
metformin hcl tabs 850 mg, 1000 mg	F	
metformin hcl tb24 500 mg	F	QL(4 ea daily)
metformin hcl tb24 500 mg, 1000 mg	F	PA
metformin hcl tb24 750 mg	F	QL(3 ea daily)
Diabetic Other		
BD GLUCOSE CHEW	F	QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW 4 GM	F	QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW 4GM-6MG	F	
DEX4 CHEW	F	
DEX4 FAST ACTING GLUCOSE CHEW	F	
DEX4 NATURALS CHEW	F	

Drug Name	Drug Tier	Requirements/ Limits
DEX4 POUCH PACK CHEW	F	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	F	QL(50 ea per 30 days retail)
dextrose (diabetic use) gel	F	
GLUCAGEN HYPOKIT SOLR	F	Limit 1 package per claim, 1 claim per month
GLUCAGON EMERGENCY KIT KIT	F	Limit 1 package per claim, 1 claim per month
GLUCOSE CHEW 4 GM	F	QL(50 ea per 30 days retail)
GLUCOSE CHEW 4GM-4GM-6MG, 4GM-6MG	F	
GLUCOSE INSTANT ENERGY CHEW	F	
GNP GLUCOSE CHEW 4 GM	F	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW 4GM-6MG	F	
GNP QUICK DISSOLVE GLUCOSE CHEW	F	QL(50 ea per 30 days retail)
GOODSENSE GLUCOSE CHEW	F	
HM GLUCOSE CHEW	F	
HY-VEE GLUCOSE CHEW	F	
KORLYM TABS	F	PA
KROGER GLUCOSE CHEW	F	
LEADER GLUCOSE CHEW	F	
LEADER QUICK DISSOLVE GLUCOSE CHEW	F	QL(50 ea per 30 days retail)
LONGS GLUCOSE CHEW	F	
MEIJER GLUCOSE CHEW	F	
PREFERRED PLUS GLUCOSE CHEW	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
PROGLYCEM SUSP	F	PA
PX GLUCOSE CHEW	F	
RA GLUCOSE CHEW	F	
RELION GLUCOSE CHEW	F	
SM GLUCOSE CHEW 4 GM	F	QL(50 ea per 30 days retail)
SM GLUCOSE CHEW 4GM-6MG	F	
SMART SENSE GLUCOSE CHEW	F	
SMART SENSE GLUCOSE TABLETS CHEW	F	
TGT GLUCOSE CHEW	F	
UP & UP GLUCOSE CHEW	F	
VALUE PLUS GLUCOSE CHEW	F	
WALGREENS GLUCOSE CHEW 4 GM	F	QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW 4GM-6MG	F	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS	F	PA; QL(1 ea daily)
JANUVIA TABS	F	PA
NESINA TABS (*Use Alogliptin Benzoate*)	***	QL(1 ea daily)
ONGLYZA TABS	F	PA
TRADJENTA TABS	F	PA
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON PEN PEN	F	PA; QL(4 ea per 28 days retail); AL; At least 18 yrs old
BYDUREON SRER	F	PA; QL(4 ea per 28 days retail); AL; At least 18 yrs old
BYETTA SOPN 10 MCG/0.04ML	F	PA; QL(2.4 ml per 30 days retail); AL; At least 18 yrs old
BYETTA SOPN 5 MCG/0.02ML	F	PA; QL(1.2 ml per 30 days retail); AL; At least 18 yrs old
TANZEUM PEN	F	PA
VICTOZA SOPN	F	PA; QL(1.8 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (*Use Pioglitazone HCl*)	***	QL(1 ea daily)
AVANDIA TABS	F	PA; QL(1 ea daily)
pioglitazone hcl tabs	F	QL(1 ea daily)
Insulin		
AFREZZA POWD	F	PA
APIDRA SOLN	F	QL(40 ml per 30 days retail)
APIDRA SOLOSTAR SOPN	F	
BASAGLAR KWIKPEN SOPN	F	QL(30 ml per 30 days retail)
FIASP FLEXTOUCH SOPN	F	QL(30 ml per 30 days retail)
FIASP SOLN	F	QL(40 ml per 30 days retail)
HUMALOG JUNIOR KWIKPEN SOPN	F	QL(30 ml per 30 days retail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	F	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 KWIKPEN SUPN	F	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 SUSP	F	QL(40 ml per 30 days retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	F	QL(30 ml per 30 days retail)
HUMALOG MIX 75/25 SUSP	F	QL(40 ml per 30 days retail)
HUMALOG SOCT	F	QL(30 ml per 30 days retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG SOLN	F	QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN	F	QL(30 ml per 30 days retail)
HUMULIN 70/30 SUSP	F	QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	F	QL(30 ml per 30 days retail)
HUMULIN N SUSP	F	QL(40 ml per 30 days retail)
HUMULIN R SOLN	F	QL(40 ml per 30 days retail)
HUMULIN R U-500 (*CONCENTRATED*) SOLN	F	
HUMULIN R U-500 KWIKPEN SOPN	F	
LANTUS 100 UNIT/ML SOLN	***	Use preferred BASAGLAR
LANTUS SOLOSTAR 100 UNIT/ML SOPN	***	PA; Use preferred BASAGLAR
LEVEMIR FLEXTOUCH SOPN	F	PA; QL(2 ml daily,30 ml per 30 days retail)
LEVEMIR SOLN	F	PA
NOVOLIN 70/30 RELION SUSP	F	QL(40 ml per 30 days retail)
NOVOLIN 70/30 SUSP	F	QL(40 ml per 30 days retail)
NOVOLIN N RELION SUSP	F	QL(40 ml per 30 days retail)
NOVOLIN N SUSP	F	QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN	F	QL(40 ml per 30 days retail)
NOVOLIN R SOLN	F	QL(40 ml per 30 days retail)
NOVOLOG FLEXPEN SOPN	F	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	F	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 SUSP	F	QL(40 ml per 30 days retail)
NOVOLOG PENFILL SOCT	F	QL(30 ml per 30 days retail)
NOVOLOG SOLN	F	QL(40 ml per 30 days retail)
TOUJEO SOLOSTAR SOPN	F	PA
TRESIBA FLEXTOUCH SOPN	F	PA
Meglitinide Analogues		
nateglinide tabs	F	QL(3 ea daily)
PRANDIN TABS (*Use Repaglinide*)	***	PA
repaglinide tabs	F	PA
STARLIX TABS (*Use Nateglinide*)	***	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS	F	PA
JARDIANCE TABS	F	PA; QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 2 MG, 1 MG (*Use Glimepiride*)	***	QL(1 ea daily)
AMARYL TABS 4 MG (*Use Glimepiride*)	***	QL(2 ea daily)
CHLORPROPAMIDE TABS	F	
DIABETA TABS	F	
glimepiride tabs 2 mg, 1 mg	F	QL(1 ea daily)
glimepiride tabs 4 mg	F	QL(2 ea daily)
glipizide tabs	F	
glipizide tb24	F	
GLUCOTROL TABS (*Use Glipizide*)	***	
GLUCOTROL XL TB24 (*Use Glipizide*)	***	
glyburide micronized tabs	F	

***GENERIC or alternate product is required
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Drug Name	Drug Tier	Requirements/ Limits
glyburide tabs	F	
GLYNASE TABS (*Use Glyburide Micronized*)	***	
TOLAZAMIDE TABS	F	
TOLBUTAMIDE TABS	F	
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
FULYZAQ TBEC	F	PA
MYTESI TBEC	F	PA
Antidiarrheal Agents - Misc.		
ACIDOPHILUS CAPS	F	
ACIDOPHILUS HIGH-POTENCY CAPS	F	
ACIDOPHILUS PEARLS CAPS	F	
ACIDOPHILUS PROBIOTIC BLEND CAPS	F	
ACIDOPHILUS SUPER PROBIOTIC CAPS	F	
ACIDOPHILUS/GOAT MILK CAPS	F	
ADVANCED PROBIOTIC 10 CAPS	F	
ADVANCED PROBIOTIC CAPS	F	
ALIGN CAPS	F	
bismuth subsalicylate chew 262 mg	F	
bismuth subsalicylate susp 525 mg/15ml	F	
bismuth subsalicylate tabs 262 mg	F	
CHILDRENS PROBIOTIC PEARLS CAPS	F	
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	F	
CULTURELLE PRO-WELL CAPS	F	
CVS ACIDOPHILUS PROBIOTICFORMULA TABS	F	
CVS ADULT 50+ PROBIOTIC CAPS	F	
CVS ADULT PROBIOTIC CAPS	F	
CVS DIGESTIVE PROBIOTIC CAPS	F	
CVS PROBIOTIC CAPS	F	
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	F	
CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	F	
CVS SENIOR PROBIOTIC CAPS	F	
DAILY PROBIOTIC CAPS	F	
DIFF-STAT CAPS	F	
DIGESTIVE ADVANTAGE CAPS	F	
DIGESTIVE ADVANTAGE LACTOSE DEFENSE FORMULA CAPS	F	
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	F	
EQL ACIDOPHILUS EXTRA STRENGTH CAPS	F	
EQL DAILY PROBIOTIC CAPS	F	
EQL PROBIOTIC COLON SUPPORT CAPS	F	
FLORA VANCE CAPS	F	
FLORA-Q 2 CAPS	F	
FLORA-Q CAPS	F	
FLORAJEN ACIDOPHILUS CAPS	F	
FLORAJEN BIFIDOBLEND CAPS	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
FLORAJEN3 CAPS	F	
FLORAJEN4KIDS CAPS	F	
FORTIFY DAILY PROBIOTIC CAPS	F	
GNP ACIDOPHILUS HIGH POTENCY CAPS	F	
GNP PROBIOTIC COLON SUPPORT CAPS	F	
HM ACIDOPHILUS CAPS	F	
LACTO-PECTIN CAPS	F	
lactobacillus caps	F	
lactobacillus tabs	F	
MEGA PROBIOTIC CAPS	F	
META BIOTIC/BIO-ACTIVE 12 CAPS	F	
NATRUL PROBIOTIC CAPS	F	
PEARLS IC CAPS	F	
PEPTO BISMOL TABS (*Use Bismuth Subsalicylate*)	***	
PEPTO-BISMOL CHEW 262 MG (*Use Bismuth Subsalicylate*)	***	
PEPTO-BISMOL INSTACOOL CHEW (*Use Bismuth Subsalicylate*)	***	
PEPTO-BISMOL MAX STRENGTH SUSP (*Use Bismuth Subsalicylate*)	***	
PEPTO-BISMOL TO-GO CHEW (*Use Bismuth Subsalicylate*)	***	
PHILLIPS COLON HEALTH CAPS	F	
PREORBOTIC CAPS	F	
PRO-BIOTIC BLEND CAPS	F	

Drug Name	Drug Tier	Requirements/ Limits
PRO-FLORA IMMUNE CAPS	F	
PROBIOMAX DAILY DF CAPS	F	
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	F	
PROBIOTIC + OMEGA-3 CAPS	F	
PROBIOTIC ACIDOPHILUS BEADS CAPS	F	
PROBIOTIC ACIDOPHILUS CAPS	F	
PROBIOTIC ADVANCED ULTRAPOTENCY CAPS	F	
PROBIOTIC CAPS	F	
PROBIOTIC COLON SUPPORT CAPS	F	
PROBIOTIC COMPLEX/ACIDOPHILUS CAPS	F	
PROBIOTIC DAILY CAPS	F	
PROBIOTIC GOLD EXTRA STRENGTH CAPS	F	
PROBIOTIC MATURE ADULT CAPS	F	
PROBIOTIC PEARLS ADVANTAGE CAPS	F	
PROBIOTIC PEARLS CAPS	F	
PROBIOTIC-10 CAPS	F	
PROBIOTIC-10 ULTIMATE CAPS	F	
RA PROBIOTIC COLON CARE CAPS	F	
RA PROBIOTIC COMPLEX CAPS	F	
REPHRESH PRO-B CAPS	F	
RESTORA CAPS	F	
RISAQUAD CAPS	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
RISAQUAD-2 CAPS	F	
SM ACIDOPHILUS PEARLS CAPS	F	
SUPER PROBIOTIC CAPS	F	
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	F	
TRUBIOTICS CAPS	F	
TRUNATURE DIGESTIVE PROBIOTIC CAPS	F	
ULTRAFLORA IMMUNE HEALTH CAPS	F	
VISBIOME PROBIOTIC HIGH POTENCY CAPS	F	
VSL#3 CAPS	F	
Antidiarrheal Combinations		
ACIDOPHILUS PLUS PECTIN TABS	F	
ACIDOPHILUS/CITRUS PECTIN TABS	F	
IMODIUM MULTI-SYMPTOM RELIEF TABS	F	
KALA TABS	F	
loperamide-simethicone tabs	F	
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	F	
DIPHENOXYLATE/ATROPINE LIQD	F	
IMODIUM A-D CAPS 2 MG (*Use Loperamide HCl*)	***	RX/OTC
IMODIUM A-D LIQD 1 MG/7.5ML (*Use Loperamide HCl*)	***	
IMODIUM A-D TABS 2 MG (*Use Loperamide HCl*)	***	QL(2 ea daily)
LOMOTIL TABS (*Use Diphenoxylate w/ Atropine*)	***	
loperamide hcl caps 2 mg	F	RX/OTC
loperamide hcl liqd 1 mg/5ml, 1 mg/7.5ml	F	
loperamide hcl susp 1 mg/7.5ml	F	
loperamide hcl tabs 2 mg	F	QL(2 ea daily)
MOTOFEN TABS	F	PA
opium tincture tinc	F	PA
PAREGORIC TINC	F	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	F	
EXJADE TBSO	F	PA
FERRIPROX TABS	F	PA
JADENU TABS	F	PA
Antidotes and Specific Antagonists		
SM IPECAC SYRUP SYRP	F	
VISTOGARD PACK	F	
Opioid Antagonists		
EVZIO SOAJ	F	PA
NALOXONE HCL SOCT 0.4 MG/ML	F	
naloxone hcl soln 4 mg/10ml, 0.4 mg/ml	F	
NALOXONE HCL SOSY 2 MG/2ML	F	QL(4 ml per 90 days retail)
naltrexone hcl tabs	F	
NARCAN LIQD	F	QL(2 ea per 60 days retail)
REVIA TABS (*Use Naltrexone HCl*)	***	
VIVITROL SUSR	F	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
5-HT3 Receptor Antagonists		
ANZEMET TABS	F	PA
granisetron hcl tabs	F	PA
ondansetron hcl soln ij 40 mg/20ml, 4 mg/2ml	F	
ondansetron hcl soln or 4 mg/5ml	F	QL(50 ml per 30 days retail)
ondansetron hcl tabs or 24 mg	F	QL(1 ea per 14 days retail)
ondansetron hcl tabs or 8 mg, 4 mg	F	QL(2 ea daily)
ondansetron tbdp	F	QL(2 ea daily)
SANCUSO PTCH	F	PA
ZOFRAN ODT TBDP (*Use Ondansetron*)	***	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (*Use Ondansetron HCl*)	***	QL(50 ml per 30 days retail)
ZOFRAN TABS 4 MG, 8 MG (*Use Ondansetron HCl*)	***	QL(2 ea daily)
ZUPLENZ FILM	F	PA
Antiemetics - Anticholinergic		
dimenhydrinate tabs	F	QL(24 ea per fill retail)
DRAMAMINE CHEW	F	QL(24 ea per fill retail)
DRAMAMINE TABS (*Use Dimenhydrinate*)	***	QL(24 ea per fill retail)
meclizine hcl chew 25 mg	F	
meclizine hcl tabs 12.5 mg, 25 mg	F	RX/OTC
scopolamine pt72	F	PA
TIGAN CAPS (*Use Trimethobenzamide HCl*)	***	
TRANSDERM-SCOP PT72	F	PA
TRANSDERM-SCOP PT72 (*Use Scopolamine*)	***	PA
trimethobenzamide hcl caps	F	

Drug Name	Drug Tier	Requirements/ Limits
Antiemetics - Miscellaneous		
CESAMET CAPS	F	PA
DICLEGIS TBEC	F	PA
dronabinol caps	F	
EMETROL SOLN (*Use Fructose-Dextrose-Phosphoric Acid*)	***	
fructose-dextrose-phosphoric acid liqd	F	
fructose-dextrose-phosphoric acid soln	F	
MARINOL CAPS (*Use Dronabinol*)	***	
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps	F	PA
EMEND CAPS (*Use Aprepitant*)	***	PA
EMEND TRIPACK CAPS (*Use Aprepitant*)	***	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON CAPS (*Use Flucytosine*)	***	PA
flucytosine caps	F	PA
GRIFULVIN V TABS (*Use Griseofulvin Microsize*)	***	
GRIS-PEG TABS (*Use Griseofulvin Ultramicrosize*)	***	
griseofulvin microsize susp	F	
griseofulvin microsize tabs	F	
griseofulvin ultramicrosize tabs	F	
LAMISIL PACK 187.5 MG, 125 MG	F	PA
LAMISIL TABS 250 MG (*Use Terbinafine HCl*)	***	QL(1 ea daily,90 ea per 120 days retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
nystatin tabs	F	QL(6 ea daily)
terbinafine hcl tabs	F	QL(1 ea daily,90 ea per 120 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR 10 MG/ML (*Use Fluconazole*)	***	QL(70 ml per fill retail)
DIFLUCAN SUSR 40 MG/ML (*Use Fluconazole*)	***	
DIFLUCAN TABS 150 MG (*Use Fluconazole*)	***	QL(2 ea per fill retail)
DIFLUCAN TABS 200 MG, 100 MG (*Use Fluconazole*)	***	
DIFLUCAN TABS 50 MG (*Use Fluconazole*)	***	QL(3 ea per 14 days retail)
fluconazole susr 10 mg/ml	F	QL(70 ml per fill retail)
fluconazole susr 40 mg/ml	F	
fluconazole tabs 100 mg, 200 mg	F	
fluconazole tabs 150 mg	F	QL(2 ea per fill retail)
fluconazole tabs 50 mg	F	QL(3 ea per 14 days retail)
itraconazole caps	F	PA
ketoconazole tabs	F	QL(1 ea daily)
NOXAFIL SUSP	F	PA
NOXAFIL TBEC	F	PA
ONMEL TABS	F	PA
SPORANOX CAPS 100 MG (*Use Itraconazole*)	***	PA
SPORANOX PULSEPAK CAPS (*Use Itraconazole*)	***	PA
SPORANOX SOLN 10 MG/ML	F	PA
VFEND SUSR (*Use Voriconazole*)	***	PA
VFEND TABS (*Use Voriconazole*)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
voriconazole susr	F	PA
voriconazole tabs	F	PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
CHLOR-TRIMETON ALLERGY TBCR (*Use Chlorpheniramine Maleate*)	***	
CHLOR-TRIMETON SYRP 2 MG/5ML (*Use Chlorpheniramine Maleate*)	***	
CHLOR-TRIMETON TABS 4 MG (*Use Chlorpheniramine Maleate*)	***	QL(120 ea per fill retail)
chlorpheniramine maleate syrp 2 mg/5ml	F	
chlorpheniramine maleate tabs 4 mg	F	QL(120 ea per fill retail)
chlorpheniramine maleate tbcr 12 mg	F	
ED CHLORPED LIQD	F	
Antihistamines - Ethanolamines		
ALER-DRYL TABS	F	QL(4 ea daily)
BENADRYL ALLERGY CAPS (*Use Diphenhydramine HCl*)	***	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS CHEW 12.5 MG	F	
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (*Use Diphenhydramine HCl*)	***	QL(240 ml per fill retail)
BENADRYL ALLERGY TABS (*Use Diphenhydramine HCl*)	***	QL(4 ea daily)
BENADRYL DYE-FREE ALLERGYLIQUID-GELS CAPS (*Use Diphenhydramine HCl*)	***	QL(4 ea daily)
carbinoxamine maleate tabs	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	F	PA
clemastine fumarate tabs 1.34 mg	F	QL(2 ea daily)
CLEMASTINE FUMARATE TABS 2.68 MG	F	
clemastine fumarate tabs 2.68 mg	F	
diphenhydramine hcl caps 25 mg	F	QL(4 ea daily)
diphenhydramine hcl caps 50 mg	F	QL(4 ea daily); RX/OTC
diphenhydramine hcl chew 12.5 mg	F	
diphenhydramine hcl elix 12.5 mg/5ml	F	QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl liqd 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml	F	QL(240 ml per fill retail)
diphenhydramine hcl syrp 12.5 mg/5ml	F	QL(240 ml per fill retail)
diphenhydramine hcl tabs 25 mg	F	QL(4 ea daily)
SILPHEN COUGH SYRP	F	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (*Use Clemastine Fumarate*)	***	QL(2 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP (*Use Fexofenadine HCl*)	***	
ALLEGRA ALLERGY TABS (*Use Fexofenadine HCl*)	***	
cetirizine hcl caps 10 mg	F	
cetirizine hcl chew 5 mg, 10 mg	F	QL(1 ea daily)
cetirizine hcl soln 5 mg/5ml, 1 mg/ml	F	QL(240 ml per fill retail); RX/OTC
cetirizine hcl syrp 5 mg/5ml, 1 mg/ml	F	QL(240 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
cetirizine hcl tabs 10 mg, 5 mg	F	QL(1 ea daily)
CLARINEX SYRP 0.5 MG/ML	F	PA
CLARINEX TABS 5 MG (*Use Desloratadine*)	***	PA
CLARITIN CAPS 10 MG (*Use Loratadine*)	***	
CLARITIN CHEW 5 MG	F	
CLARITIN CHILDRENS CHEW	F	
CLARITIN REDITABS TBDP 10 MG (*Use Loratadine*)	***	QL(1 ea daily)
CLARITIN REDITABS TBDP 5 MG	F	PA
CLARITIN SYRP 5 MG/5ML (*Use Loratadine*)	***	QL(240 ml per fill retail)
CLARITIN TABS 10 MG (*Use Loratadine*)	***	QL(1 ea daily)
DESLORATADINE ODT TBDP	F	PA
desloratadine tabs	F	PA
fexofenadine hcl susp	F	
fexofenadine hcl tabs	F	
levocetirizine dihydrochloride tabs	F	PA; RX/OTC
loratadine caps 10 mg	F	
loratadine soln 5 mg/5ml	F	QL(240 ml per fill retail)
loratadine syrp 5 mg/5ml	F	QL(240 ml per fill retail)
loratadine tabs 10 mg	F	QL(1 ea daily)
loratadine tbdp 10 mg	F	QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (*Use Levocetirizine Dihydrochloride*)	***	PA; RX/OTC
XYZAL TABS (*Use Levocetirizine Dihydrochloride*)	***	PA; RX/OTC

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC ALLERGY CAPS (*Use Cetirizine HCl*)	***	
ZYRTEC ALLERGY TABS (*Use Cetirizine HCl*)	***	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SYRP (*Use Cetirizine HCl*)	***	QL(240 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl soln or 6.25 mg/5ml	F	AL; At least 2 yrs old
promethazine hcl supp re 50 mg, 12.5 mg, 25 mg	F	QL(12 ea per fill retail); AL; At least 2 yrs old
promethazine hcl syrp or 6.25 mg/5ml	F	AL; At least 2 yrs old
promethazine hcl tabs or 50 mg, 25 mg, 12.5 mg	F	AL; At least 2 yrs old
Antihistamines - Piperidines		
cyproheptadine hcl syrp	F	
cyproheptadine hcl tabs	F	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	F	PA
VYTORIN TABS (*Use Ezetimibe-Simvastatin*)	***	PA
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	F	PA
LOVAZA CAPS (*Use Omega-3-acid Ethyl Esters*)	***	PA
omega-3-acid ethyl esters caps	F	PA
VASCEPA CAPS	F	PA
Bile Acid Sequestrants		
cholestyramine light pack	F	
cholestyramine light powd	F	
cholestyramine pack	F	
cholestyramine powd	F	
COLESTID FLAVORED GRAN (*Use Colestipol HCl*)	***	PA
COLESTID FLAVORED PACK (*Use Colestipol HCl*)	***	PA
COLESTID GRAN 5 GM (*Use Colestipol HCl*)	***	PA
COLESTID PACK 5 GM (*Use Colestipol HCl*)	***	PA
COLESTID TABS 1 GM (*Use Colestipol HCl*)	***	
colestipol hcl gran 5 gm	F	PA
colestipol hcl pack 5 gm	F	PA
colestipol hcl tabs 1 gm	F	
QUESTRAN LIGHT POWD (*Use Cholestyramine Light*)	***	
QUESTRAN PACK (*Use Cholestyramine*)	***	
QUESTRAN POWD (*Use Cholestyramine*)	***	
WELCHOL PACK	F	PA
WELCHOL TABS	F	PA
Fibric Acid Derivatives		
ANTARA CAPS	F	PA
choline fenofibrate cpdr	F	PA
FENOFIBRATE CAPS 50 MG, 150 MG	F	PA
fenofibrate micronized caps 200 mg, 134 mg	F	QL(1 ea daily)
fenofibrate micronized caps 43 mg, 130 mg	F	PA
fenofibrate micronized caps 67 mg	F	QL(2 ea daily)
fenofibrate tabs 145 mg, 48 mg	F	PA
fenofibrate tabs 160 mg	F	QL(1 ea daily)
fenofibrate tabs 54 mg	F	QL(3 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
FENOFIBRIC ACID TABS	F	PA
FIBRICOR TABS	F	PA
gemfibrozil tabs	F	QL(2 ea daily)
LIPOFEN CAPS	F	PA
LOFIBRA CAPS 134 MG, 200 MG (*Use Fenofibrate Micronized*)	***	QL(1 ea daily)
LOFIBRA CAPS 67 MG (*Use Fenofibrate Micronized*)	***	QL(2 ea daily)
LOFIBRA TABS 160 MG (*Use Fenofibrate*)	***	QL(1 ea daily)
LOFIBRA TABS 54 MG (*Use Fenofibrate*)	***	QL(3 ea daily)
LOPID TABS (*Use Gemfibrozil*)	***	QL(2 ea daily)
TRICOR TABS (*Use Fenofibrate*)	***	PA
TRIGLIDE TABS	F	QL(1 ea daily)
TRILIPIX CPDR (*Use Choline Fenofibrate*)	***	PA
HMG CoA Reductase Inhibitors		
ADVICOR TB24	F	PA
ALTOPREV TB24	F	PA
atorvastatin calcium tabs 10 mg, 20 mg	F	ST
atorvastatin calcium tabs 40 mg, 80 mg	F	ST; QL(1 ea daily)
CRESTOR TABS (*Use Rosuvastatin Calcium*)	***	PA
fluvastatin sodium caps	F	PA
fluvastatin sodium tb24	F	PA
LESCOL XL TB24 (*Use Fluvastatin Sodium*)	***	PA
LIPITOR TABS 10 MG, 20 MG (*Use Atorvastatin Calcium*)	***	ST
LIPITOR TABS 80 MG, 40 MG (*Use Atorvastatin Calcium*)	***	ST; QL(1 ea daily)
LIVALO TABS	F	PA
lovastatin tabs 20 mg, 10 mg	F	QL(1 ea daily)
lovastatin tabs 40 mg	F	QL(2 ea daily)
MEVACOR TABS (*Use Lovastatin*)	***	QL(2 ea daily)
PRAVACHOL TABS (*Use Pravastatin Sodium*)	***	QL(1 ea daily)
pravastatin sodium tabs	F	QL(1 ea daily)
rosuvastatin calcium tabs	F	PA
SIMCOR TB24	F	PA
simvastatin tabs 40 mg, 10 mg, 20 mg, 5 mg	F	QL(1 ea daily)
simvastatin tabs 80 mg	F	PA; QL(1 ea daily)
ZOCOR TABS 5 MG, 40 MG, 20 MG, 10 MG (*Use Simvastatin*)	***	QL(1 ea daily)
ZOCOR TABS 80 MG (*Use Simvastatin*)	***	PA; QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	F	PA
ZETIA TABS (*Use Ezetimibe*)	***	PA
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	F	PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr	F	
NIACOR TABS	F	
NIASPAN TBCR (*Use Niacin (Antihyperlipidemic)*)	***	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ACCUPRIL TABS (*Use Quinapril HCl*)	***	
ACEON TABS (*Use Perindopril Erbumine*)	***	
ALTACE CAPS (*Use Ramipril*)	***	QL(2 ea daily)
benazepril hcl tabs 40 mg	F	QL(2 ea daily)
benazepril hcl tabs 5 mg, 10 mg, 20 mg	F	QL(1 ea daily)
captopril tabs	F	QL(3 ea daily)
enalapril maleate tabs	F	QL(2 ea daily)
EPANED SOLN	F	
EPANED SOLR	F	
fosinopril sodium tabs	F	QL(1 ea daily)
lisinopril tabs 2.5 mg	F	QL(1 ea daily)
lisinopril tabs 30 mg, 40 mg, 10 mg, 5 mg, 20 mg	F	QL(2 ea daily)
LOTENSIN TABS 20 MG (*Use Benazepril HCl*)	***	QL(1 ea daily)
LOTENSIN TABS 40 MG (*Use Benazepril HCl*)	***	QL(2 ea daily)
MAVIK TABS 1 MG, 2 MG (*Use Trandolapril*)	***	QL(1 ea daily)
MAVIK TABS 4 MG (*Use Trandolapril*)	***	QL(2 ea daily)
moexipril hcl tabs	F	
perindopril erbumine tabs	F	
PRINIVIL TABS (*Use Lisinopril*)	***	QL(2 ea daily)
quinapril hcl tabs	F	
ramipril caps	F	QL(2 ea daily)
trandolapril tabs 1 mg, 2 mg	F	QL(1 ea daily)
trandolapril tabs 4 mg	F	QL(2 ea daily)
VASOTEC TABS (*Use Enalapril Maleate*)	***	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZESTRIL TABS 2.5 MG (*Use Lisinopril*)	***	QL(1 ea daily)
ZESTRIL TABS 20 MG, 30 MG, 5 MG, 10 MG, 40 MG (*Use Lisinopril*)	***	QL(2 ea daily)
Agents for Pheochromocytoma		
DEMSER CAPS	F	PA
Angiotensin II Receptor Antagonists		
ATACAND TABS (*Use Candesartan Cilexetil*)	***	PA
AVAPRO TABS (*Use Irbesartan*)	***	QL(1 ea daily)
BENICAR TABS (*Use Olmesartan Medoxomil*)	***	PA
candesartan cilexetil tabs	F	PA
COZAAR TABS (*Use Losartan Potassium*)	***	QL(1 ea daily)
DIOVAN TABS (*Use Valsartan*)	***	QL(1 ea daily)
EPROSARTAN MESYLATE TABS	F	PA
irbesartan tabs	F	QL(1 ea daily)
losartan potassium tabs	F	QL(1 ea daily)
MICARDIS TABS (*Use Telmisartan*)	***	QL(1 ea daily)
olmesartan medoxomil tabs	F	PA
telmisartan tabs	F	QL(1 ea daily)
valsartan tabs	F	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (*Use Doxazosin Mesylate*)	***	
CATAPRES TABS (*Use Clonidine HCl*)	***	
CATAPRES-TTS-1 PTWK (*Use Clonidine HCl*)	***	PA
CATAPRES-TTS-2 PTWK (*Use Clonidine HCl*)	***	PA
CATAPRES-TTS-3 PTWK (*Use Clonidine HCl*)	***	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
clonidine hcl ptwk td 0.2 mg/24hr, 0.3 mg/24hr, 0.1 mg/24hr	F	PA
clonidine hcl tabs or 0.1 mg, 0.3 mg, 0.2 mg	F	
doxazosin mesylate tabs	F	
guanfacine hcl tabs	F	
methyldopa tabs	F	
MINIPRESS CAPS (*Use Prazosin HCl*)	***	
prazosin hcl caps	F	
RESERPINE TABS	F	
TENEX TABS (*Use Guanfacine HCl*)	***	
terazosin hcl caps	F	
Antihypertensive Combinations		
ACCURETIC TABS (*Use Quinapril-Hydrochlorothiazide*)	***	QL(2 ea daily)
amlodipine besylate-benazepril hcl caps	F	QL(1 ea daily)
amlodipine besylate-olmesartan medoxomil tabs	F	PA
amlodipine besylate-valsartan tabs	F	PA
amlodipine-valsartan-hydrochlorothiazide tabs	F	PA
ATACAND HCT TABS (*Use Candesartan Cilexetil-Hydrochlorothiazide*)	***	PA
atenolol & chlorthalidone tabs	F	QL(2 ea daily)
AVALIDE TABS (*Use Irbesartan-Hydrochlorothiazide*)	***	QL(1 ea daily)
AZOR TABS (*Use Amlodipine Besylate-Olmesartan Medoxomil*)	***	PA
benazepril & hydrochlorothiazide tabs	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BENICAR HCT TABS (*Use Olmesartan Medoxomil-Hydrochlorothiazide*)	***	PA
bisoprolol & hydrochlorothiazide tabs	F	QL(1 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	F	PA
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 25MG-15MG, 25MG-25MG, 50MG-15MG	F	QL(2 ea daily)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 50MG-25MG	F	QL(3 ea daily)
CLORPRES TABS	F	PA
CORZIDE TABS (*Use Nadolol & Bendroflumethiazide*)	***	
DIOVAN HCT TABS (*Use Valsartan-Hydrochlorothiazide*)	***	QL(1 ea daily)
DUTOPROL TB24	F	QL(1 ea daily)
EDARBYCLOR TABS	F	PA
enalapril maleate & hydrochlorothiazide tabs	F	QL(2 ea daily)
EXFORGE HCT TABS (*Use Amlodipine-Valsartan-Hydrochlorothiazide*)	***	PA
EXFORGE TABS (*Use Amlodipine Besylate-Valsartan*)	***	PA
fosinopril sodium & hydrochlorothiazide tabs	F	QL(1 ea daily)
HYZAAR TABS (*Use Losartan Potassium & Hydrochlorothiazide*)	***	QL(1 ea daily)
irbesartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
lisinopril & hydrochlorothiazide tabs 20mg-12.5mg, 10mg-12.5mg	F	QL(2 ea daily)
lisinopril & hydrochlorothiazide tabs 20mg-25mg	F	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
LOPRESSOR HCT TABS (*Use Metoprolol & Hydrochlorothiazide*)	***	QL(2 ea daily)
losartan potassium & hydrochlorothiazide tabs	F	QL(1 ea daily)
LOTENSIN HCT TABS (*Use Benazepril & Hydrochlorothiazide*)	***	QL(1 ea daily)
LOTREL CAPS (*Use Amlodipine Besylate-Benazepril HCl*)	***	QL(1 ea daily)
METHYLDOPA/HYDROCHLOROTHIAZIDE TABS	F	
metoprolol & hydrochlorothiazide tabs 100mg-50mg	F	QL(1 ea daily)
metoprolol & hydrochlorothiazide tabs 50mg-25mg, 100mg-25mg	F	QL(2 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	F	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(1 ea daily)
MICARDIS HCT TABS (*Use Telmisartan-Hydrochlorothiazide*)	***	QL(1 ea daily)
moexipril-hydrochlorothiazide tabs	F	QL(2 ea daily)
nadolol & bendroflumethiazide tabs	F	
olmesartan medoxomil-hydrochlorothiazide tabs	F	PA
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(2 ea daily)
quinapril-hydrochlorothiazide tabs	F	QL(2 ea daily)
TARKA TBCR (*Use Trandolapril-Verapamil HCl*)	***	PA
TEKTURNA HCT TABS	F	PA
telmisartan-amlodipine tabs	F	PA
telmisartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
TENORETIC 100 TABS (*Use Atenolol & Chlorthalidone*)	***	QL(2 ea daily)
TENORETIC 50 TABS (*Use Atenolol & Chlorthalidone*)	***	QL(2 ea daily)
trandolapril-verapamil hcl tbcr	F	PA
TWYNSTA TABS (*Use Telmisartan-Amlodipine*)	***	PA
valsartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
VASERETIC TABS (*Use Enalapril Maleate & Hydrochlorothiazide*)	***	QL(2 ea daily)
ZESTORETIC TABS 20MG-12.5MG, 10MG-12.5MG (*Use Lisinopril & Hydrochlorothiazide*)	***	QL(2 ea daily)
ZESTORETIC TABS 20MG-25MG (*Use Lisinopril & Hydrochlorothiazide*)	***	QL(1 ea daily)
ZIAC TABS (*Use Bisoprolol & Hydrochlorothiazide*)	***	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	F	PA
Direct Renin Inhibitors		
TEKTURNA TABS	F	PA
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	F	
INSPRA TABS (*Use Eplerenone*)	***	
Vasodilators		
hydralazine hcl tabs	F	
minoxidil tabs 10 mg	F	QL(10 ea daily)
minoxidil tabs 2.5 mg	F	QL(3 ea daily)
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
atovaquone-proguanil hcl tabs	F	PA
COARTEM TABS	F	QL(24 ea per fill retail)
MALARONE TABS (*Use Atovaquone-Proguanil HCl*)	***	PA
Antimalarials		
chloroquine phosphate tabs 250 mg	F	
CHLOROQUINE PHOSPHATE TABS 250 MG	F	
chloroquine phosphate tabs 500 mg	F	QL(1 ea daily)
DARAPRIM TABS	F	PA
hydroxychloroquine sulfate tabs	F	
mefloquine hcl tabs	F	
PLAQUENIL TABS (*Use Hydroxychloroquine Sulfate*)	***	
PRIMAQUINE PHOSPHATE TABS	F	
QUALAQUIN CAPS (*Use Quinine Sulfate*)	***	
quinine sulfate caps	F	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	F	PA
MESTINON SYRP 60 MG/5ML	F	
MESTINON TABS 60 MG (*Use Pyridostigmine Bromide*)	***	
MESTINON TIMESPAN TBCR (*Use Pyridostigmine Bromide*)	***	
pyridostigmine bromide tabs	F	
pyridostigmine bromide tbcr	F	

Drug Name	Drug Tier	Requirements/ Limits
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	F	PA
RIFATER TABS	F	PA
Antimycobacterial Agents		
CYCLOSERINE CAPS	F	PA
ethambutol hcl tabs	F	
ISONIAZID SYRP 50 MG/5ML	F	
isoniazid tabs 300 mg, 100 mg	F	
MYAMBUTOL TABS (*Use Ethambutol HCl*)	***	
MYCOBUTIN CAPS (*Use Rifabutin*)	***	
PASER PACK	F	PA
PRIFTIN TABS	F	PA
pyrazinamide tabs	F	
rifabutin caps	F	
RIFADIN CAPS (*Use Rifampin*)	***	
rifampin caps	F	
SIRTURO TABS	F	PA
TRECATOR TABS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (*Use Melphalan*)	***	
CYCLOPHOSPHAMIDE CAPS	F	
GLEOSTINE CAPS	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
HEXALEN CAPS	F	PA
LEUKERAN TABS	F	
LOMUSTINE CAPS	F	
melphalan tabs	F	
MYLERAN TABS	F	
TEMODAR CAPS OR 100 MG, 5 MG, 180 MG, 20 MG, 250 MG, 140 MG (*Use Temozolomide*)	***	PA
TEMODAR SOLR IV 100 MG	F	PA
temozolomide caps	F	PA
Antimetabolites		
capecitabine tabs	F	PA
mercaptopurine tabs	F	
methotrexate sodium soln ij 100 mg/4ml, 250 mg/10ml, 1 gm/40ml, 200 mg/8ml, 50 mg/2ml	F	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	F	
methotrexate sodium tabs or 2.5 mg	F	
PURIXAN SUSP	F	
TABLOID TABS	F	PA
TREXALL TABS	F	
XELODA TABS (*Use Capecitabine*)	***	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	F	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	F	PA
Antineoplastic - Hormonal and Related Agents		

Drug Name	Drug Tier	Requirements/ Limits
anastrozole tabs	F	
ARIMIDEX TABS (*Use Anastrozole*)	***	
AROMASIN TABS (*Use Exemestane*)	***	ST
bicalutamide tabs	F	QL(1 ea daily)
CASODEX TABS (*Use Bicalutamide*)	***	QL(1 ea daily)
EMCYT CAPS	F	PA
exemestane tabs	F	ST
FARESTON TABS	F	PA
FEMARA TABS (*Use Letrozole*)	***	PA
flutamide caps	F	
HYDROXYPROGESTERONE CAPROATE SOLN IM	F	PA; QL(41.67 ml daily); AL; At least 16 yrs old
letrozole tabs	F	PA
LYSODREN TABS	F	
MEGACE ORAL SUSP (*Use Megestrol Acetate*)	***	
megestrol acetate susp	F	
megestrol acetate tabs	F	
NILANDRON TABS (*Use Nilutamide*)	***	PA
nilutamide tabs	F	PA
tamoxifen citrate tabs	F	
XTANDI CAPS	F	PA
ZYTIGA TABS	F	PA
Antineoplastic - Immunomodulators		
POMALYST CAPS	F	PA
Antineoplastic Enzyme Inhibitors		

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
AFINITOR DISPERZ TBSO	F	PA
AFINITOR TABS	F	PA
BOSULIF TABS	F	PA
CAPRELSA TABS	F	PA
COMETRIQ KIT	F	PA
COTELLIC TABS	F	PA
GILOTRIF TABS	F	PA
GLEEVEC TABS (*Use Imatinib Mesylate*)	***	PA
IBRANCE CAPS	F	PA
ICLUSIG TABS	F	PA
imatinib mesylate tabs	F	PA
IMBRUVICA CAPS	F	PA
INLYTA TABS	F	PA
JAKAFI TABS	F	PA
MEKINIST TABS	F	PA
NEXAVAR TABS	F	PA
NINLARO CAPS	F	PA
SPRYCEL TABS	F	PA
STIVARGA TABS	F	PA
SUTENT CAPS	F	PA
TAFINLAR CAPS	F	PA
TARCEVA TABS	F	PA
TASIGNA CAPS	F	PA
TYKERB TABS	F	PA
VOTRIENT TABS	F	PA
ZELBORAF TABS	F	PA
ZOLINZA CAPS	F	PA
ZYDELIG TABS	F	PA
Antineoplastics Misc.		
ACTIMMUNE SOLN	F	PA
bexarotene caps	F	PA
HYDREA CAPS (*Use Hydroxyurea*)	***	
hydroxyurea caps	F	
INTRON A SOLN	F	PA
INTRON A SOLR	F	PA
INTRON A W/DILUENT SOLR	F	PA
MATULANE CAPS	F	PA
PROLEUKIN SOLR	F	PA
SYLATRON KIT	F	PA
TARGRETIN CAPS (*Use Bexarotene*)	***	PA
tretinoin (chemotherapy) caps	F	PA
Chemotherapy Rescue/Antidote Agents		
LEUCOVORIN CALCIUM TABS 10 MG, 15 MG	F	
leucovorin calcium tabs 5 mg, 25 mg	F	
Mitotic Inhibitors		
ETOPOSIDE CAPS	F	
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	F	PA
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
carbidopa tabs	F	PA
LODOSYN TABS (*Use Carbidopa*)	***	PA
Antiparkinson Anticholinergics		
benztropine mesylate tabs	F	
trihexyphenidyl hcl elix 0.4 mg/ml	F	QL(16.7 ml daily)
trihexyphenidyl hcl tabs 2 mg, 5 mg	F	
Antiparkinson COMT Inhibitors		
COMTAN TABS (*Use Entacapone*)	***	
entacapone tabs	F	
TASMAR TABS (*Use Tolcapone*)	***	PA
tolcapone tabs	F	PA
Antiparkinson Dopaminergics		
amantadine hcl caps 100 mg	F	
amantadine hcl syrp 50 mg/5ml	F	
amantadine hcl tabs 100 mg	F	PA
bromocriptine mesylate caps	F	
bromocriptine mesylate tabs	F	
carbidopa-levodopa tabs 25mg-100mg, 10mg-100mg, 25mg-250mg	F	
carbidopa-levodopa tbcr 50mg-200mg, 25mg-100mg	F	
carbidopa-levodopa tbdp 25mg-250mg, 25mg-100mg, 10mg-100mg	F	PA
CARBIDOPA/LEVODOPA/ ENTACAPONE TABS	F	PA
MIRAPEX ER TB24 (*Use Pramipexole Dihydrochloride*)	***	PA
MIRAPEX TABS (*Use Pramipexole Dihydrochloride*)	***	QL(3 ea daily); AL; At least 18 yrs old
PARLODEL CAPS (*Use Bromocriptine Mesylate*)	***	
PARLODEL TABS (*Use Bromocriptine Mesylate*)	***	
pramipexole dihydrochloride tabs 1.5 mg, 0.125 mg, 1 mg, 0.75 mg, 0.5 mg, 0.25 mg	F	QL(3 ea daily); AL; At least 18 yrs old
pramipexole dihydrochloride tb24 1.5 mg, 0.75 mg, 3 mg, 4.5 mg, 0.375 mg	F	PA
REQUIP TABS 2 MG, 0.5 MG, 5 MG, 1 MG (*Use Ropinirole Hydrochloride*)	***	QL(3 ea daily)
REQUIP TABS 4 MG, 0.25 MG, 3 MG (*Use Ropinirole Hydrochloride*)	***	QL(6 ea daily)
REQUIP XL TB24 (*Use Ropinirole Hydrochloride*)	***	PA
ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg	F	QL(6 ea daily)
ropinirole hydrochloride tabs 5 mg, 1 mg, 0.5 mg, 2 mg	F	QL(3 ea daily)
ropinirole hydrochloride tb24 4 mg, 2 mg, 12 mg, 6 mg, 8 mg	F	PA
SINEMET CR TBCR (*Use Carbidopa-Levodopa*)	***	
SINEMET TABS (*Use Carbidopa-Levodopa*)	***	
STALEVO 100 TABS	F	PA
STALEVO 125 TABS	F	PA
STALEVO 150 TABS	F	PA
STALEVO 200 TABS	F	PA
STALEVO 50 TABS	F	PA
STALEVO 75 TABS	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (*Use Rasagiline Mesylate*)	***	PA
ELDEPRYL CAPS (*Use Selegiline HCl*)	***	
rasagiline mesylate tabs	F	PA
selegiline hcl caps	F	
selegiline hcl tabs	F	
ZELAPAR TBDP	F	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate caps 300 mg, 150 mg, 600 mg	F	
LITHIUM CARBONATE CAPS 600 MG, 150 MG (*Use Lithium Carbonate*)	F	
lithium carbonate tabs 300 mg	F	
lithium carbonate tbcr 450 mg, 300 mg	F	
LITHIUM SOLN	F	
LITHOBID TBCR (*Use Lithium Carbonate*)	F	
Antipsychotics - Misc.		
EQUETRO CP12	F	PA
GEODON CAPS OR 40 MG, 80 MG, 60 MG, 20 MG (*Use Ziprasidone HCl*)	***	QL(2 ea daily); AL; At least 18 yrs old
LATUDA TABS 120 MG, 40 MG, 60 MG, 20 MG	F	PA; QL(1 ea daily)
LATUDA TABS 80 MG	F	PA; QL(2 ea daily)
NUPLAZID TABS	F	PA; QL(2 ea daily)
VRAYLAR CAPS	F	PA
VRAYLAR CPPK	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ziprasidone hcl caps	F	QL(2 ea daily); AL; At least 18 yrs old
Benzisoxazoles		
FANAPT TABS	F	PA
FANAPT TITRATION PACK TABS	F	PA
INVEGA SUSTENNA SUSP	F	PA
INVEGA TB24 (*Use Paliperidone*)	***	PA
INVEGA TRINZA SUSP	F	PA
paliperidone tb24	F	PA
RISPERDAL M-TAB TBDP (*Use Risperidone*)	***	QL(2 ea daily); AL; At least 5 yrs old
RISPERDAL SOLN 1 MG/ML (*Use Risperidone*)	***	QL(4 ml daily); AL; At least 5 yrs old
RISPERDAL TABS 0.5 MG, 0.25 MG, 3 MG, 4 MG, 1 MG, 2 MG (*Use Risperidone*)	***	QL(2 ea daily); AL; At least 5 yrs old
risperidone soln 1 mg/ml	F	QL(4 ml daily); AL; At least 5 yrs old
risperidone tabs 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 0.25 mg	F	QL(2 ea daily); AL; At least 5 yrs old
risperidone tbdp 0.25 mg	F	
risperidone tbdp 1 mg, 2 mg, 0.5 mg, 4 mg, 3 mg	F	QL(2 ea daily); AL; At least 5 yrs old
Butyrophenones		
HALDOL DECANOATE 100 SOLN (*Use Haloperidol Decanoate*)	***	
HALDOL DECANOATE 50 SOLN (*Use Haloperidol Decanoate*)	***	
haloperidol decanoate soln	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
haloperidol lactate conc	F	
haloperidol tabs 0.5 mg, 1 mg, 10 mg	F	QL(3 ea daily)
haloperidol tabs 5 mg, 2 mg, 20 mg	F	
Dibenzapines		
CLOZAPINE ODT TBDP	F	PA
clozapine tabs 100 mg	F	QL(9 ea daily); AL; At least 18 yrs old
clozapine tabs 200 mg, 25 mg, 50 mg	F	QL(3 ea daily); AL; At least 18 yrs old
clozapine tbdp 100 mg, 25 mg	F	PA
CLOZARIL TABS 100 MG (*Use Clozapine*)	***	QL(9 ea daily); AL; At least 18 yrs old
CLOZARIL TABS 25 MG (*Use Clozapine*)	***	QL(3 ea daily); AL; At least 18 yrs old
FAZACLO TBDP 100 MG, 25 MG (*Use Clozapine*)	***	PA
FAZACLO TBDP 150 MG, 200 MG, 12.5 MG	F	PA
loxapine succinate caps 5 mg	F	
loxapine succinate caps 50 mg, 25 mg, 10 mg	F	QL(4 ea daily)
olanzapine tabs or 7.5 mg, 5 mg, 10 mg, 2.5 mg, 20 mg, 15 mg	F	QL(1 ea daily); AL; At least 10 yrs old
olanzapine tbdp or 10 mg, 20 mg, 15 mg, 5 mg	F	PA; QL(1 ea daily)
quetiapine fumarate tabs 50 mg, 400 mg, 100 mg, 200 mg, 300 mg, 25 mg	F	QL(2 ea daily)
quetiapine fumarate tb24 200 mg, 300 mg, 150 mg, 400 mg, 50 mg	F	PA; QL(1 ea daily)
SAPHRIS SUBL 10 MG, 5 MG	F	PA
SEROQUEL TABS (*Use Quetiapine Fumarate*)	***	QL(2 ea daily)
SEROQUEL XR TB24 (*Use Quetiapine Fumarate*)	***	PA; QL(1 ea daily)
VERSACLOZ SUSP	F	PA
ZYPREXA TABS OR 2.5 MG, 10 MG, 5 MG, 20 MG, 7.5 MG, 15 MG (*Use Olanzapine*)	***	QL(1 ea daily); AL; At least 10 yrs old
ZYPREXA ZYDIS TBDP (*Use Olanzapine*)	***	PA; QL(1 ea daily)
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	F	PA
Phenothiazines		
chlorpromazine hcl tabs	F	QL(3 ea daily)
fluphenazine decanoate soln	F	
FLUPHENAZINE HCL CONC OR 5 MG/ML	F	
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	F	
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	F	
fluphenazine hcl tabs or 2.5 mg, 10 mg, 5 mg, 1 mg	F	
perphenazine tabs	F	QL(4 ea daily)
prochlorperazine maleate tabs	F	
prochlorperazine supp	F	
thioridazine hcl tabs	F	QL(3 ea daily)
trifluoperazine hcl tabs	F	QL(3 ea daily)
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	F	PA
ABILIFY MAINTENA SRER	F	PA
ABILIFY TABS (*Use Aripiprazole*)	***	PA; QL(1 ea daily)
aripiprazole soln 1 mg/ml	F	PA; QL(750 ml per 30 days retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
aripiprazole tabs 30 mg, 2 mg, 10 mg, 20 mg, 5 mg, 15 mg	F	PA; QL(1 ea daily)
aripiprazole tbdp 15 mg, 10 mg	F	PA; AL; At least 6 yrs old
ARISTADA PRSY	F	PA
REXULTI TABS	F	PA
Thioxanthenes		
thiothixene caps	F	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS - Drugs to Prevent Bacterial Skin Infections		
Antiseptics & Disinfectants		
formaldehyde soln	F	QL(90 ml per fill retail)
hydrogen peroxide soln	F	
Chlorine Antiseptics		
chlorhexidine gluconate liqd	F	QL(946 ml per fill retail)
HIBICLENS LIQD (*Use Chlorhexidine Gluconate*)	***	QL(946 ml per fill retail)
Iodine Antiseptics		
BETADINE SKIN CLEANSER SOLN (*Use Povidone-Iodine*)	***	QL(15200 ml per fill retail)
BETADINE SOLN (*Use Povidone-Iodine*)	***	QL(3800 ml per fill retail)
BETADINE SURGICAL SCRUB SOLN (*Use Povidone-Iodine*)	***	QL(15200 ml per fill retail)
povidone-iodine oint 10 %	F	QL(200 gm per fill retail)
povidone-iodine soln 10 %	F	QL(3800 ml per fill retail)
povidone-iodine soln 7.5 %	F	QL(15200 ml per fill retail)
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate soln 20 mg/ml	F	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
abacavir sulfate tabs 300 mg	F	QL(2 ea daily)
abacavir sulfate-lamivudine tabs	F	QL(1 ea daily)
abacavir sulfate-lamivudine-zidovudine tabs	F	QL(2 ea daily)
APTIVUS CAPS 250 MG	F	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	F	QL(10 ml daily)
ATRIPLA TABS	F	
COMBIVIR TABS (*Use Lamivudine-Zidovudine*)	***	QL(2 ea daily)
COMPLERA TABS	F	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	F	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	F	QL(6 ea daily)
DESCOVY TABS	F	PA
didanosine cpdr	F	QL(1 ea daily)
EDURANT TABS	F	QL(1 ea daily)
EMTRIVA CAPS 200 MG	F	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	F	
EPIVIR SOLN 10 MG/ML (*Use Lamivudine*)	***	QL(30 ml daily)
EPIVIR TABS 150 MG (*Use Lamivudine*)	***	QL(2 ea daily)
EPIVIR TABS 300 MG (*Use Lamivudine*)	***	QL(1 ea daily)
EPZICOM TABS (*Use Abacavir Sulfate-Lamivudine*)	***	QL(1 ea daily)
EVOTAZ TABS	F	QL(1 ea daily)
fosamprenavir calcium tabs	F	QL(4 ea daily)
GENVOYA TABS	F	PA; QL(1 ea daily)
INTELENCE TABS 100 MG, 25 MG	F	QL(4 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE TABS 200 MG	F	QL(2 ea daily)
INVIRASE CAPS 200 MG	F	QL(10 ea daily)
INVIRASE TABS 500 MG	F	QL(4 ea daily)
ISENTRESS CHEW 100 MG	F	QL(6 ea daily)
ISENTRESS CHEW 25 MG	F	QL(12 ea daily)
ISENTRESS PACK 100 MG	F	QL(2 ea daily)
ISENTRESS TABS 400 MG	F	QL(2 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (*Use Lopinavir-Ritonavir*)	***	
KALETRA TABS 100MG-25MG	F	QL(4 ea daily)
KALETRA TABS 200MG-50MG	F	QL(6 ea daily)
lamivudine soln 10 mg/ml	F	QL(30 ml daily)
lamivudine tabs 150 mg	F	QL(2 ea daily)
lamivudine tabs 300 mg	F	QL(1 ea daily)
lamivudine-zidovudine tabs	F	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	F	QL(56 ml daily)
LEXIVA TABS 700 MG (*Use Fosamprenavir Calcium*)	***	QL(4 ea daily)
lopinavir-ritonavir soln	F	
NEVIRAPINE SUSP 50 MG/5ML	F	QL(40 ml daily)
nevirapine tabs 200 mg	F	QL(2 ea daily)
nevirapine tb24 100 mg	F	QL(3 ea daily)
nevirapine tb24 400 mg	F	QL(1 ea daily)
NORVIR CAPS 100 MG	F	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	F	QL(15 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
NORVIR TABS 100 MG	F	QL(12 ea daily)
ODEFSEY TABS	F	PA
PREZCOBIX TABS	F	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	F	QL(12 ml daily)
PREZISTA TABS 150 MG	F	QL(3 ea daily)
PREZISTA TABS 75 MG, 600 MG	F	QL(2 ea daily)
PREZISTA TABS 800 MG	F	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	F	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	F	QL(6 ea daily)
RETROVIR CAPS 100 MG (*Use Zidovudine*)	***	QL(6 ea daily)
RETROVIR SYRP 50 MG/5ML (*Use Zidovudine*)	***	QL(60 ml daily)
REYATAZ CAPS 200 MG, 150 MG, 300 MG	F	QL(2 ea daily)
REYATAZ PACK 50 MG	F	QL(6 ea daily)
SELZENTRY TABS 150 MG	F	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	F	QL 2 per day;QL(2 ea daily)
SELZENTRY TABS 300 MG	F	QL(4 ea daily)
stavudine caps 30 mg, 40 mg, 15 mg, 20 mg	F	QL(2 ea daily)
stavudine solr 1 mg/ml	F	QL(80 ml daily)
STRIBILD TABS	F	PA; QL(1 ea daily)
SUSTIVA CAPS 200 MG	F	QL(1 ea daily)
SUSTIVA CAPS 50 MG	F	QL(2 ea daily)
SUSTIVA TABS 600 MG	F	QL(1 ea daily)
TIVICAY TABS 50 MG	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
TRIUMEQ TABS	F	QL(1 ea daily); AL; At least 18 yrs old
TRIZIVIR TABS (*Use Abacavir Sulfate-Lamivudine-Zidovudine*)	***	QL(2 ea daily)
TRUVADA TABS 250MG-167MG, 150MG-100MG, 200MG-133MG	F	PA
TRUVADA TABS 300MG-200MG	F	QL(1 ea daily)
TYBOST TABS	F	QL(1 ea daily); AL; At least 18 yrs old
VIDEX EC CPDR (*Use Didanosine*)	***	QL(1 ea daily)
VIDEXPEDIATRIC SOLR 2 GM	F	QL(20 ml daily)
VIDEXPEDIATRIC SOLR 4 GM	F	
VIRACEPT TABS 250 MG	F	QL(9 ea daily)
VIRACEPT TABS 625 MG	F	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML	F	QL(40 ml daily)
VIRAMUNE TABS 200 MG (*Use Nevirapine*)	***	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (*Use Nevirapine*)	***	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (*Use Nevirapine*)	***	QL(1 ea daily)
VIREAD POWD 40 MG/GM	F	
VIREAD TABS 250 MG, 200 MG, 150 MG, 300 MG	F	QL(1 ea daily)
VITEKTA TABS	F	QL(1 ea daily); AL; At least 18 yrs old
ZERIT CAPS 40 MG, 20 MG, 30 MG, 15 MG (*Use Stavudine*)	***	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	F	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (*Use Abacavir Sulfate*)	***	QL(30 ml daily)
ZIAGEN TABS 300 MG (*Use Abacavir Sulfate*)	***	QL(2 ea daily)
zidovudine caps 100 mg	F	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	F	QL(60 ml daily)
zidovudine tabs 300 mg	F	QL(2 ea daily)
CMV Agents		
VALCYTE TABS (*Use Valganciclovir HCl*)	***	QL(2 ea daily)
valganciclovir hcl tabs	F	QL(2 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	F	PA
BARACLUDE SOLN 0.05 MG/ML	F	PA
BARACLUDE TABS 1 MG, 0.5 MG (*Use Entecavir*)	***	PA
COPEGUS TABS (*Use Ribavirin (Hepatitis C)*)	***	PA
entecavir tabs	F	PA
EPCLUSA TABS	F	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	F	PA
EPIVIR HBV TABS 100 MG (*Use Lamivudine (HBV)*)	***	PA
HARVONI TABS	F	PA; QL(1 ea daily)
HEPSERA TABS (*Use Adefovir Dipivoxil*)	***	PA
lamivudine (hbv) tabs	F	PA
MODERIBA 1200 DOSE PACK TABS	F	PA
MODERIBA 800 DOSE PACK TABS	F	PA
OLYSIO CAPS	F	PA
PEG-INTRON KIT	F	PA
PEG-INTRON REDIPEN KIT	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
PEG-INTRON REDIPEN PAK 4 KIT	F	PA
PEGASYS PROCLICK SOLN	F	PA
PEGASYS SOLN	F	PA
PEGINTRON KIT	F	PA
REBETOL CAPS 200 MG (*Use Ribavirin (Hepatitis C)*)	***	PA
REBETOL SOLN 40 MG/ML	F	PA
RIBASPHERE RIBAPAK TABS	F	PA
RIBASPHERE TABS	F	PA
RIBATAB TABS	F	PA
ribavirin (hepatitis c) caps	F	PA
ribavirin (hepatitis c) tabs	F	PA
SOVALDI TABS	F	PA
TYZEKA TABS	F	PA
ZEPATIER TABS	F	PA; QL(1 ea daily)
Herpes Agents		
acyclovir caps 200 mg	F	QL(50 ea per 30 days retail)
acyclovir susp 200 mg/5ml	F	QL(400 ml per 30 days retail)
acyclovir tabs 400 mg	F	QL(3 ea daily)
acyclovir tabs 800 mg	F	QL(50 ea per 30 days retail)
famciclovir tabs	F	PA
FAMVIR TABS (*Use Famciclovir*)	***	PA
SITAVIG TABS	F	PA
valacyclovir hcl tabs 1000 mg, 1 gm	F	QL(21 ea per 30 days retail)
valacyclovir hcl tabs 500 mg	F	QL(60 ea per 30 days retail)
VALTREX TABS 1 GM (*Use Valacyclovir HCl*)	***	QL(21 ea per 30 days retail)
VALTREX TABS 500 MG (*Use Valacyclovir HCl*)	***	QL(60 ea per 30 days retail)
ZOVIRAX CAPS OR 200 MG (*Use Acyclovir*)	***	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (*Use Acyclovir*)	***	QL(400 ml per 30 days retail)
ZOVIRAX TABS OR 400 MG (*Use Acyclovir*)	***	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (*Use Acyclovir*)	***	QL(50 ea per 30 days retail)
Influenza Agents		
FLUMADINE TABS (*Use Rimantadine Hydrochloride*)	***	QL(20 ea per 10 days retail)
oseltamivir phosphate caps 30 mg	F	Limit 1 Fill per 180 days;QL(20 ea per 30 days retail)
oseltamivir phosphate caps 45 mg, 75 mg	F	Limit 1 Fill per 180 days;QL(10 ea per 30 days retail)
RELENZA DISKHALER AEPB	F	QL(20 ea per fill retail)
rimantadine hydrochloride tabs	F	QL(20 ea per 10 days retail)
TAMIFLU CAPS 30 MG (*Use Oseltamivir Phosphate*)	***	Limit 1 Fill per 180 days;QL(20 ea per 30 days retail)
TAMIFLU CAPS 75 MG, 45 MG (*Use Oseltamivir Phosphate*)	***	Limit 1 Fill per 180 days;QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML	F	Limit 1 Fill per 180 days;QL(120 ml per 30 days retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol tabs 12.5 mg, 3.125 mg, 6.25 mg	F	QL(3 ea daily)
carvedilol tabs 25 mg	F	QL(4 ea daily)
COREG CR CP24	F	PA
COREG TABS 25 MG (*Use Carvedilol*)	***	QL(4 ea daily)
COREG TABS 3.125 MG, 6.25 MG, 12.5 MG (*Use Carvedilol*)	***	QL(3 ea daily)
labetalol hcl tabs 100 mg	F	QL(3 ea daily)
labetalol hcl tabs 200 mg	F	QL(6 ea daily)
labetalol hcl tabs 300 mg	F	QL(8 ea daily)
Beta Blockers Cardio-Selective		
acebutolol hcl caps	F	
atenolol tabs	F	QL(2 ea daily)
betaxolol hcl tabs	F	QL(1 ea daily)
bisoprolol fumarate tabs	F	QL(1 ea daily)
BYSTOLIC TABS	F	PA
LOPRESSOR TABS 100 MG (*Use Metoprolol Tartrate*)	***	QL(2 ea daily)
LOPRESSOR TABS 50 MG (*Use Metoprolol Tartrate*)	***	QL(3 ea daily)
metoprolol succinate tb24 200 mg	F	QL(2 ea daily)
metoprolol succinate tb24 50 mg, 25 mg, 100 mg	F	QL(1 ea daily)
metoprolol tartrate tabs 100 mg, 25 mg	F	QL(2 ea daily)
metoprolol tartrate tabs 50 mg	F	QL(3 ea daily)
SECTRAL CAPS (*Use Acebutolol HCl*)	***	
TENORMIN TABS (*Use Atenolol*)	***	QL(2 ea daily)
TOPROL XL TB24 200 MG (*Use Metoprolol Succinate*)	***	QL(2 ea daily)
TOPROL XL TB24 25 MG, 100 MG, 50 MG (*Use Metoprolol Succinate*)	***	QL(1 ea daily)
ZEBETA TABS (*Use Bisoprolol Fumarate*)	***	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (*Use Sotalol HCl (AFIB/AFL)*)	***	QL(2 ea daily)
BETAPACE TABS (*Use Sotalol HCl*)	***	
CORGARD TABS (*Use Nadolol*)	***	QL(2 ea daily)
HEMANGEOL SOLN	F	PA
INDERAL LA CP24 (*Use Propranolol HCl*)	***	QL(2 ea daily)
INDERAL XL CP24	F	PA
INNOPRAN XL CP24	F	PA
nadolol tabs	F	QL(2 ea daily)
pindolol tabs	F	
propranolol hcl cp24 160 mg, 80 mg, 120 mg, 60 mg	F	QL(2 ea daily)
PROPRANOLOL HCL SOLN 40 MG/5ML, 20 MG/5ML	F	
propranolol hcl tabs 20 mg, 40 mg, 80 mg, 10 mg, 60 mg	F	
sotalol hcl (afib/afl) tabs	F	QL(2 ea daily)
sotalol hcl tabs	F	
TIMOLOL MALEATE TABS	F	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 60 MG (*Use Nifedipine*)	***	QL(2 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ADALAT CC TB24 90 MG, 30 MG (*Use Nifedipine*)	***	QL(1 ea daily)
amlodipine besylate tabs	F	QL(1 ea daily)
CALAN SR TBCR (*Use Verapamil HCl*)	***	QL(2 ea daily)
CALAN TABS (*Use Verapamil HCl*)	***	QL(3 ea daily)
CARDIZEM CD CP24 240 MG (*Use Diltiazem HCl Coated Beads*)	***	QL(2 ea daily)
CARDIZEM CD CP24 300 MG, 120 MG, 180 MG (*Use Diltiazem HCl Coated Beads*)	***	QL(1 ea daily)
CARDIZEM CD CP24 360 MG (*Use Diltiazem HCl Coated Beads*)	***	
CARDIZEM LA TB24 120 MG	F	
CARDIZEM LA TB24 300 MG, 360 MG, 240 MG, 420 MG, 180 MG (*Use Diltiazem HCl Coated Beads*)	***	
CARDIZEM TABS (*Use Diltiazem HCl*)	***	QL(3 ea daily)
diltiazem hcl coated beads cp24 180 mg, 300 mg, 120 mg	F	QL(1 ea daily)
diltiazem hcl coated beads cp24 240 mg	F	QL(2 ea daily)
diltiazem hcl coated beads cp24 360 mg	F	
diltiazem hcl coated beads tb24 420 mg, 240 mg, 360 mg, 300 mg, 180 mg	F	
diltiazem hcl cp12 120 mg, 90 mg, 60 mg	F	QL(2 ea daily)
diltiazem hcl cp24 180 mg, 120 mg	F	QL(1 ea daily)
diltiazem hcl cp24 240 mg	F	QL(2 ea daily)
diltiazem hcl extended release beads cp24 120 mg, 420 mg, 300 mg, 180 mg, 360 mg	F	QL(1 ea daily)
diltiazem hcl extended release beads cp24 240 mg	F	QL(2 ea daily)
diltiazem hcl tabs 120 mg, 30 mg, 60 mg, 90 mg	F	QL(3 ea daily)
felodipine tb24	F	QL(1 ea daily)
isradipine caps	F	PA
nicardipine hcl caps	F	QL(3 ea daily)
nifedipine caps 10 mg, 20 mg	F	QL(4 ea daily)
nifedipine tb24 60 mg	F	QL(2 ea daily)
nifedipine tb24 90 mg, 30 mg	F	QL(1 ea daily)
nimodipine caps	F	PA
NISOLDIPINE ER TB24	F	PA
nisoldipine tb24	F	PA
NORVASC TABS (*Use Amlodipine Besylate*)	***	QL(1 ea daily)
NYMALIZE SOLN	F	PA
PROCARDIA CAPS (*Use Nifedipine*)	***	QL(4 ea daily)
PROCARDIA XL TB24 60 MG (*Use Nifedipine*)	***	QL(2 ea daily)
PROCARDIA XL TB24 90 MG, 30 MG (*Use Nifedipine*)	***	QL(1 ea daily)
SULAR TB24 (*Use Nisoldipine*)	***	PA
TIAZAC CP24 120 MG, 180 MG, 420 MG, 360 MG, 300 MG (*Use Diltiazem HCl Extended Release Beads*)	***	QL(1 ea daily)
TIAZAC CP24 240 MG (*Use Diltiazem HCl Extended Release Beads*)	***	QL(2 ea daily)
verapamil hcl cp24 120 mg, 360 mg, 240 mg, 180 mg, 300 mg	F	QL(1 ea daily)
verapamil hcl cp24 200 mg, 100 mg	F	QL(2 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl tabs 40 mg, 120 mg, 80 mg	F	QL(3 ea daily)
verapamil hcl tbcr 120 mg, 180 mg, 240 mg	F	QL(2 ea daily)
VERELAN CP24 (*Use Verapamil HCl*)	***	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (*Use Verapamil HCl*)	***	QL(2 ea daily)
VERELAN PM CP24 300 MG (*Use Verapamil HCl*)	***	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN 0.05 MG/ML	F	
digoxin tabs 125 mcg, 0.25 mg, 0.125 mg, 250 mcg	F	
LANOXIN TABS 187.5 MCG, 62.5 MCG	F	PA
LANOXIN TABS 250 MCG, 125 MCG (*Use Digoxin*)	F	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium tabs	F	PA
BIDIL TABS	F	PA
CADUET TABS (*Use Amlodipine Besylate-Atorvastatin Calcium*)	***	PA
Peripheral Vasodilators		
inositol niacinate caps	F	
Prostaglandin Vasodilators		
epoprostenol sodium solr	F	PA
FLOLAN SOLR (*Use Epoprostenol Sodium*)	***	PA
ORENITRAM TBCR	F	PA
REMODULIN SOLN	F	PA
TYVASO REFILL SOLN	F	PA
TYVASO SOLN	F	PA
TYVASO STARTER SOLN	F	PA
VELETRI SOLR	F	PA
VENTAVIS SOLN	F	PA
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	F	PA
OPSUMIT TABS	F	PA
TRACLEER TABS	F	PA
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	F	PA
REVATIO SOLN IV 10 MG/12.5ML (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	***	PA
REVATIO SUSR OR 10 MG/ML	F	PA
REVATIO TABS OR 20 MG (*Use Sildenafil Citrate (Pulmonary Hypertension)*)	***	PA
sildenafil citrate (pulmonary hypertension) soln	F	PA
sildenafil citrate (pulmonary hypertension) tabs	F	PA
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	F	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps 500 mg	F	QL(20 ea per fill retail)
cefadroxil susr 500 mg/5ml, 250 mg/5ml	F	QL(100 ml per fill retail)
cefadroxil tabs 1 gm	F	QL(10 ea per fill retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
cephalexin caps 250 mg, 500 mg	F	
cephalexin caps 750 mg	F	PA
cephalexin susr 125 mg/5ml, 250 mg/5ml	F	
CEPHALEXIN TABS 500 MG, 250 MG	F	PA
KEFLEX CAPS 250 MG, 500 MG (*Use Cephalexin*)	***	
KEFLEX CAPS 750 MG (*Use Cephalexin*)	***	PA
Cephalosporins - 2nd Generation		
cefaclor caps 500 mg, 250 mg	F	
CEFACLOR ER TB12	F	PA
CEFACLOR SUSR 375 MG/5ML, 125 MG/5ML, 250 MG/5ML	F	
cefprozil susr 125 mg/5ml	F	QL(200 ml per fill retail)
cefprozil susr 250 mg/5ml	F	QL(100 ml per fill retail)
cefprozil tabs 500 mg, 250 mg	F	QL(20 ea per fill retail)
CEFTIN SUSR 125 MG/5ML, 250 MG/5ML	F	QL(100 ml per fill retail)
CEFTIN TABS 500 MG, 250 MG (*Use Cefuroxime Axetil*)	***	QL(20 ea per fill retail)
cefuroxime axetil tabs	F	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
CEDAX CAPS	F	PA
CEDAX SUSR	F	PA
cefdinir caps 300 mg	F	QL(20 ea per fill retail)
cefdinir susr 250 mg/5ml, 125 mg/5ml	F	QL(100 ml per fill retail)
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	F	PA
cefixime susr	F	PA

Drug Name	Drug Tier	Requirements/ Limits
cefpodoxime proxetil susr	F	PA
cefpodoxime proxetil tabs	F	PA
CEFTIBUTEN CAPS	F	PA
CEFTIBUTEN SUSR	F	PA
ceftriaxone sodium solr	F	Limit 1 fill per Month;QL(3 ea per fill retail)
SPECTRACEF TABS	F	PA
SUPRAX CAPS 400 MG	F	PA
SUPRAX CHEW 200 MG, 100 MG	F	PA
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (*Use Cefixime*)	***	PA
SUPRAX SUSR 500 MG/5ML	F	PA
CHEMICALS		
Bulk Chemicals - H's		
HYDROXYPROGESTERONE CAPROATE POWD XX	F	
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD XX	F	
Liquids		
GLYCERIN LIQD	F	RX/OTC
GLYCERINE LIQD	F	RX/OTC
GLYCEROL FORMAL LIQD	F	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (*Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium*)	***	PA

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Drug Name	Drug Tier	Requirements/ Limits
BREVICON-28 TABS (*Use Norethindrone & Eth Estradiol*)	***	
CYCLESSA TABS (*Use Desogestrel-Ethinyl Estradiol (Triphasic*))	***	
DESOGEN TABS (*Use Desogestrel & Ethinyl Estradiol*)	***	
desogestrel & ethinyl estradiol tabs	F	
desogestrel-ethinyl estradiol (biphasic) tabs	F	
desogestrel-ethinyl estradiol (triphasic) tabs	F	
drospirenone-ethinyl estradiol tabs 3mg-0.02mg	F	QL(1 ea daily)
drospirenone-ethinyl estradiol tabs 3mg-0.03mg	F	
drospirenone-ethinyl estradiol-levomefolate calcium tabs	F	PA
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM TABS	F	PA
ESTROSTEP FE TABS (*Use Norethindrone Acetate-Ethinyl Estradiol-Fe*)	***	PA
ethynodiol diacet & eth estrad tabs	F	
FALESSA KIT	F	PA
FEMCON FE CHEW (*Use Norethindrone & Ethinyl Estradiol-Fe*)	***	PA
levonorgestrel & eth estradiol tabs	F	
LEVONORGESTREL AND ETHINYL ESTRADIOL TABS	F	PA
levonorgestrel-eth estradiol (triphasic) tabs	F	
levonorgestrel-ethinyl estradiol (91-day) tabs	F	QL(4 ea per 91 days retail)

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel-ethinyl estradiol (91-day) tabs	F	PA
levonorgestrel-ethinyl estradiol (91-day) tabs	F	QL(91 ea per 91 days retail)
levonorgestrel-ethinyl estradiol (continuous) tabs	F	PA
LO LOESTRIN FE TABS	F	PA
LOESTRIN 1.5/30-21 TABS (*Use Norethindrone Acet & Eth Estra*)	***	
LOESTRIN 1/20-21 TABS (*Use Norethindrone Acet & Eth Estra*)	***	
LOESTRIN FE 1.5/30 TABS (*Use Norethin Acet & Estrad-Fe*)	***	
LOESTRIN FE 1/20 TABS (*Use Norethin Acet & Estrad-Fe*)	***	
LOSEASONIQUE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day*))	***	PA
MINASTRIN 24 FE CHEW (*Use Norethin Acet & Estrad-Fe*)	***	PA
MIRCETTE TABS (*Use Desogestrel-Ethinyl Estradiol (Biphasic*))	***	
MODICON TABS (*Use Norethindrone & Eth Estradiol*)	***	
NATAZIA TABS	F	PA
NECON 1/50-28 TABS	F	
NECON 10/11-28 TABS	F	
norethin acet & estrad-fe chew 75mg-20mcg-1mg	F	PA
norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg	F	
norethindrone & eth estradiol tabs	F	
norethindrone & ethinyl estradiol-fe chew 0.4mg-35mcg	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
norethindrone acet & eth estra tabs	F	
norethindrone acetate-ethinyl estradiol-fe tabs	F	PA
norethindrone-eth estradiol (triphasic) tabs	F	
norgestimate-ethinyl estradiol (triphasic) tabs	F	
norgestimate-ethinyl estradiol tabs	F	
norgestrel & ethinyl estradiol tabs	F	QL(2 ea daily)
NORINYL 1+35 TABS (*Use Norethindrone & Eth Estradiol*)	***	
NORINYL 1+50 TABS	F	
OGESTREL TABS	F	
ORTHO TRI-CYCLEN LO TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	***	
ORTHO TRI-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol (Triphasic)*)	***	
ORTHO-CYCLEN TABS (*Use Norgestimate-Ethinyl Estradiol*)	***	
ORTHO-NOVUM 1/35 TABS (*Use Norethindrone & Eth Estradiol*)	***	
ORTHO-NOVUM 7/7/7 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	***	
OVCON-35 TABS (*Use Norethindrone & Eth Estradiol*)	***	
QUARTETTE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	***	PA
SAFYRAL TABS	F	PA
SEASONIQUE TABS (*Use Levonorgestrel-Ethinyl Estradiol (91-Day)*)	***	QL(4 ea per 91 days retail)
TRI-NORINYL 28 TABS (*Use Norethindrone-Eth Estradiol (Triphasic)*)	***	
YASMIN 28 TABS (*Use Drospirenone-Ethinyl Estradiol*)	***	
YAZ TABS (*Use Drospirenone-Ethinyl Estradiol*)	***	QL(1 ea daily)
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	1	QL(3 ea per fill retail)
XULANE PTWK	***	QL(3 ea per fill retail)
Combination Contraceptives - Vaginal		
NUVARING RING	F	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA TABS	F	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) tabs	F	Limit 4 per year;QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (*Use Levonorgestrel (Emergency OC)*)	***	Limit 4 per year;QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (*Use Medroxyprogesterone Acetate (Contraceptive)*)	***	QL(1 ml per days mail)
DEPO-PROVERA CONTRACEPTIVE SUSY (*Use Medroxyprogesterone Acetate (Contraceptive)*)	***	QL(1 ml per fill retail); GL
DEPO-SUBQ PROVERA 104 SUSY	F	QL(1 ml per fill retail); GL
medroxyprogesterone acetate (contraceptive) susp	F	QL(1 ml per days mail)
medroxyprogesterone acetate (contraceptive) susy	F	QL(1 ml per fill retail); GL
Progestin Contraceptives - Oral		

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Drug Name	Drug Tier	Requirements/ Limits
NOR-QD TABS (*Use Norethindrone (Contraceptive)*)	***	
norethindrone (contraceptive) tabs	F	
ORTHO MICRONOR TABS (*Use Norethindrone (Contraceptive)*)	***	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (*Use Hydrocortisone*)	***	
CORTISONE ACETATE TABS	F	
dexamethasone elix 0.5 mg/5ml	F	
DEXAMETHASONE INTENSOL CONC	F	
dexamethasone sodium phosphate soln ij 120 mg/30ml, 4 mg/ml, 20 mg/5ml	F	QL(150 ml per 30 days retail)
DEXAMETHASONE SOLN 0.5 MG/5ML	F	
dexamethasone tabs 0.75 mg, 4 mg, 6 mg, 1.5 mg, 0.5 mg	F	
DEXAMETHASONE TABS 1 MG, 2 MG	F	
hydrocortisone tabs	F	
MEDROL DOSEPAK TBPK (*Use Methylprednisolone*)	***	
MEDROL TABS (*Use Methylprednisolone*)	***	
methylprednisolone tabs	F	
methylprednisolone tbpk	F	
MILLIPRED SOLN 10 MG/5ML (*Use Prednisolone Sodium Phosphate*)	***	PA
MILLIPRED TABS 5 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
ORAPRED ODT TBDP (*Use Prednisolone Sodium Phosphate*)	***	PA
PEDIAPRED SOLN (*Use Prednisolone Sodium Phosphate*)	***	
prednisolone sodium phosphate soln or 10 mg/5ml	F	PA
prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml	F	
prednisolone sodium phosphate soln or 20 mg/5ml	F	QL(150 ml per fill retail)
prednisolone sodium phosphate tbdp or 15 mg, 10 mg, 30 mg	F	PA
prednisolone soln	F	
prednisolone syrp	F	
PREDNISONE INTENSOL CONC	F	
PREDNISONE SOLN 5 MG/5ML	F	
prednisone tabs 20 mg, 5 mg, 1 mg, 2.5 mg, 10 mg	F	
PREDNISONE TABS 50 MG	F	
PREDNISONE TBPK 5 MG, 10 MG	F	
VERIPRED 20 SOLN (*Use Prednisolone Sodium Phosphate*)	***	QL(150 ml per fill retail)
Mineralocorticoids		
fludrocortisone acetate tabs	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate caps 100 mg	F	
benzonatate caps 150 mg	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
benzonatate caps 200 mg	F	Limit 1 fill per Month;QL(20 ea per 30 days retail)
DELSYM COUGH CHILDRENS SUER (*Use Dextromethorphan Polistirex*)	***	QL(240 ml per 6 days retail)
DELSYM SUER (*Use Dextromethorphan Polistirex*)	***	QL(240 ml per 6 days retail)
dextromethorphan hbr caps 15 mg	F	
dextromethorphan hbr liqd 15 mg/5ml, 15 mg/15ml	F	
dextromethorphan hbr liqd 7.5 mg/5ml	F	QL(240 ml per 6 days retail)
dextromethorphan hbr syrp 15 mg/5ml, 7.5 mg/5ml	F	
dextromethorphan polistirex suer	F	QL(240 ml per 6 days retail)
hydrocodone w/ homatropine syrp 5mg/5ml-1.5mg/5ml	F	
hydrocodone w/ homatropine tabs 5mg-1.5mg	F	PA
ROBITUSSIN CHILDRENS COUGH LONG-ACTING SYRP	F	
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS (*Use Dextromethorphan HBr*)	***	
TESSALON PERLES CAPS (*Use Benzonatate*)	***	
TRIAMINIC LONG ACTING COUGH LIQD (*Use Dextromethorphan HBr*)	***	QL(240 ml per 6 days retail)
VICKS DAYQUIL COUGH LIQD (*Use Dextromethorphan HBr*)	***	
ZONATUSS CAPS (*Use Benzonatate*)	***	PA
Cough/Cold/Allergy Combinations		
acetaminophen w/ dm liqd	F	

Drug Name	Drug Tier	Requirements/ Limits
ACTICON SOLN	F	PA
ACTINEL LIQD	F	
ACTINEL PEDIATRIC LIQD	F	
ADVIL COLD & SINUS TABS (*Use Pseudoephedrine-Ibuprofen*)	***	
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (*Use Fexofenadine-Pseudoephedrine*)	***	
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (*Use Fexofenadine-Pseudoephedrine*)	***	
BENADRYL-D ALLERGY & SINUS CHILDRENS SOLN	F	
BIONEL LIQD	F	
BIONEL PEDIATRIC LIQD	F	
BIOSPEC DMX LIQD	F	
brompheniramine & phenyleph elix	F	Limit 1 fill per Month;QL(120 ml per 30 days retail)
brompheniramine & pseudoeph elix	F	Limit 1 fill per Month;QL(120 ml per 30 days retail)
brompheniramine & pseudoeph liqd	F	Limit 1 fill per Month;QL(120 ml per 30 days retail)
BROTAPP DM LIQD	F	QL(240 ml per fill retail)
CAPCOF SYRP	F	
CAPMIST DM TABS	F	
CAPRON DM LIQD	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
cetirizine-pseudoephedrine tb12	F	QL(2 ea daily)
CHERACOL PLUS LIQD (*Use Dextromethorphan-Guaifenesin*)	***	QL(240 ml per fill retail)
CHERACOL-D COUGH LIQD (*Use Dextromethorphan-Guaifenesin*)	***	QL(240 ml per fill retail)
CHILDRENS TYLENOL PLUS COUGH & RUNNY NOSE SUSP (*Use Dextromethorphan-Acetaminophen-Chlorpheniramine*)	***	
chlorpheniramine & phenylephrine liqd	F	
chlorpheniramine & phenylephrine tabs	F	
chlorpheniramine & pseudoeph tabs	F	
chlorpheniramine-acetaminophen tabs	F	
chlorpheniramine-phenylephrine-acetaminophen misc 2mg-2mg-325mg-325mg-5mg-5mg, 2mg-325mg-5mg	F	PA
chlorpheniramine-phenylephrine-acetaminophen tabs 2mg-2mg-325mg-325mg-5mg-5mg, 2mg-325mg-5mg	F	
CLARINEX-D 12 HOUR TB12	F	PA
CLARITIN-D 12 HOUR TB12 (*Use Loratadine & Pseudoephedrine*)	***	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (*Use Loratadine & Pseudoephedrine*)	***	QL(1 ea daily)
CLEAR COUGH PM MULTI-SYMPTOM LIQD (*Use Dextromethorphan-Doxylamine-Acetaminophen*)	***	
CODITUSS DM SYRP	F	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
COLD & FLU RELIEF NIGHTTIME D LIQD	F	
COMTREX COLD & COUGH MAXIMUM STRENGTH TABS (*Use Dextromethorphan-Phenylephrine-Acetaminophen*)	***	
COMTREX COLD & COUGH NIGHTTIME MAXIMUM STRENGTH TABS (*Use Phenylephrine-Chlorpheniramine-DM w/ APAP*)	***	
CONEX COLD/ALLERGY SOLN	F	PA
CORICIDIN HBP COLD & FLU TABS (*Use Chlorpheniramine-Acetaminophen*)	***	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (*Use Dextromethorphan-Phenylephrine-Acetaminophen*)	***	
DECON-A ELIX	F	
DECON-A LIQD	F	
dextromethorphan-acetaminophen-chlorpheniramine susp	F	
dextromethorphan-doxylamine-acetaminophen liqd	F	
dextromethorphan-guaifenesin caps 10mg-200mg	F	
dextromethorphan-guaifenesin liqd 10mg/5ml-200mg/5ml, 20mg/10ml-200mg/10ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml, 15mg/7.5ml-150mg/7.5ml	F	QL(240 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-guaifenesin liqd 30mg/5ml-200mg/5ml, 5mg/5ml-100mg/5ml, 10mg/15ml-200mg/15ml, 30mg/5ml-30mg/5ml-200mg/5ml-200mg/5ml, 20mg/20ml-400mg/20ml	F	
dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml	F	QL(240 ml per fill retail)
dextromethorphan-guaifenesin syrp 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml, 10mg/5ml-100mg/5ml	F	QL(240 ml per fill retail)
dextromethorphan-guaifenesin tabs 20mg-400mg, 20mg-20mg-400mg-400mg	F	
dextromethorphan-guaifenesin tb12 30mg-600mg	F	QL(2 ea daily,210 ea per fill retail)
dextromethorphan-guaifenesin tb12 60mg-1200mg	F	
dextromethorphan-phenylephrine-acetaminophen caps	F	
dextromethorphan-phenylephrine-acetaminophen liqd	F	
dextromethorphan-phenylephrine-acetaminophen tabs	F	
DIABETIC TUSSIN COLD/FLU CAPS	F	
DIMETAPP COLD & ALLERGY ELIX (*Use Brompheniramine & Phenyleph*)	***	Limit 1 fill per Month;QL(120 ml per 30 days retail)
DIMETAPP DM COLD & COUGH LIQD (*Use Phenylephrine-Brompheniramine-DM*)	***	

Drug Name	Drug Tier	Requirements/ Limits
DIMETAPP LONG ACTING COUGH PLUS COLD SYRP	F	QL(240 ml per fill retail)
diphenhydramine-phenylephrine liqd	F	
diphenhydramine-phenylephrine soln	F	
diphenhydramine-phenylephrine-acetaminophen liqd 12.5mg/10ml-325mg/10ml-5mg/10ml, 12.5mg/15ml-325mg/15ml-5mg/15ml, 12.5mg/15ml-12.5mg/15ml-325mg/15ml-325mg/15ml-10%-5mg/15ml-5mg/15ml	F	
diphenhydramine-phenylephrine-acetaminophen liqd 6.25mg/5ml-160mg/5ml-2.5mg/5ml	F	QL(237 ml per fill retail)
doxylamine-dm liqd	F	
DURAFLU TABS	F	PA
ED A-HIST LIQD (*Use Chlorpheniramine & Phenylephrine*)	***	
ED BRON GP LIQD	F	QL(240 ml per 6 days retail)
EQL INFANTS DECONGESTANT/COUGH SOLN	F	QL(30 ml per 6 days retail)
fexofenadine-pseudoephedrine tb12	F	
fexofenadine-pseudoephedrine tb24	F	
GLENMAX PEB LIQD	F	
GNP DAY TIME MUCUS RELIEFDM LIQD (*Use Dextromethorphan-Guaifenesin*)	***	
guaifenesin-codeine liqd 100mg/5ml-10mg/5ml	F	
guaifenesin-codeine soln 100mg/5ml-10mg/5ml	F	

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Drug Name	Drug Tier	Requirements/ Limits
guaifenesin-codeine soln 100mg/5ml-6.3mg/5ml	F	PA
guaifenesin-codeine syrp 100mg/5ml-10mg/5ml	F	
LITTLE REMEDIES FOR COLDSMULTI SYMPTOM LIQD	F	
LOHIST-D LIQD	F	QL(240 ml per fill retail)
loratadine & pseudoephedrine tb12 5mg-120mg	F	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg	F	QL(1 ea daily)
M-END PE LIQD	F	PA
MUCINEX CHILDRENS COLD COUGH & SORE THROAT LIQD (*Use Phenylephrine-DM-GG w/ APAP*)	***	PA; QL(266 ml per fill retail)
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & FEVER LIQD (*Use Phenylephrine-DM-GG w/ APAP*)	***	PA; QL(266 ml per fill retail)
MUCINEX CHILDRENS MULTI-SYMPTOM COLD LIQD (*Use Phenylephrine w/ DM-GG*)	***	
MUCINEX CONGESTION & COUGH CHILDRENS LIQD (*Use Phenylephrine w/ DM-GG*)	***	
MUCINEX COUGH FOR KIDS PACK	F	
MUCINEX D MAXIMUM STRENGTH TB12 (*Use Pseudoephedrine-Guaifenesin*)	***	QL(2 ea daily)
MUCINEX D TB12 (*Use Pseudoephedrine-Guaifenesin*)	***	QL(210 ea per fill retail)
MUCINEX DM MAXIMUM STRENGTH TB12 (*Use Dextromethorphan-Guaifenesin*)	***	
MUCINEX DM TB12 (*Use Dextromethorphan-Guaifenesin*)	***	QL(2 ea daily,210 ea per fill retail)
MUCINEX FAST-MAX COLD & SINUS LIQD (*Use Phenylephrine-Acetaminophen-Guaifenesin*)	***	
MUCINEX FAST-MAX COLD FLU& SORE THROAT CLEAR & COOL LIQD (*Use Phenylephrine-DM-GG w/ APAP*)	***	PA; QL(266 ml per fill retail)
MUCINEX FAST-MAX COLD FLU& SORE THROAT LIQD (*Use Phenylephrine-DM-GG w/ APAP*)	***	PA; QL(266 ml per fill retail)
MUCINEX FAST-MAX SEVERE COLD LIQD (*Use Phenylephrine-DM-GG w/ APAP*)	***	PA; QL(266 ml per fill retail)
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL LIQD (*Use Phenylephrine w/ DM-GG*)	***	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH LIQD (*Use Phenylephrine w/ DM-GG*)	***	
MUCINEX STUFFY NOSE & COLD CHILDRENS LIQD (*Use Phenylephrine-Guaifenesin*)	***	
NORTUSS-EX LIQD	F	
phenylephrine w/ acetaminophen tabs	F	
phenylephrine w/ dm-gg liqd	F	
phenylephrine w/ dm-gg syrp	F	

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Drug Name	Drug Tier	Requirements/ Limits
phenylephrine-acetaminophen-guaifenesin liqd 650mg/20ml-400mg/20ml-10mg/20ml	F	
phenylephrine-acetaminophen-guaifenesin tabs 325mg-200mg-5mg, 325mg-325mg-200mg-200mg-5mg-5mg	F	PA
phenylephrine-acetaminophen-guaifenesin tabs 650mg-400mg-10mg	F	
phenylephrine-brompheniramine-dm elix	F	
phenylephrine-brompheniramine-dm liqd	F	
phenylephrine-chlorphen-dm liqd	F	
phenylephrine-chlorpheniramine-dm w/ apap susp	F	
phenylephrine-chlorpheniramine-dm w/ apap tabs	F	
phenylephrine-dm liqd	F	QL(240 ml per fill retail)
phenylephrine-dm soln	F	QL(240 ml per fill retail)
phenylephrine-dm-gg w/ apap liqd 10mg/10ml-325mg/10ml-200mg/10ml-5mg/10ml, 20mg/20ml-650mg/20ml-400mg/20ml-10mg/20ml	F	PA; QL(266 ml per fill retail)
phenylephrine-dm-gg w/ apap liqd 20mg/30ml-650mg/30ml-400mg/30ml-10mg/30ml, 10mg/15ml-325mg/15ml-200mg/15ml-5mg/15ml	F	
phenylephrine-dm-gg w/ apap tabs 10mg-10mg-325mg-325mg-200mg-200mg-5mg-5mg, 10mg-325mg-200mg-5mg	F	

Drug Name	Drug Tier	Requirements/ Limits
phenylephrine-doxylamine-dextromethorphan-acetaminophen liqd	F	
phenylephrine-guaifenesin liqd 100mg/5ml-2.5mg/5ml	F	
phenylephrine-guaifenesin liqd 100mg/5ml-5mg/5ml	F	QL(240 ml per 6 days retail)
PHENYLEPHRINE/GUAIFENESIN LIQD	F	
PHENYLHISTINE DH LIQD	F	
PRO-CLEAR AC SYRP	F	
PRO-RED AC SYRP	F	PA
promethazine & phenylephrine soln	F	QL(240 ml per 5 days retail)
promethazine & phenylephrine syrp	F	QL(240 ml per 5 days retail)
promethazine w/codeine syrp	F	QL(240 ml per fill retail); AL; At least 6 yrs old
promethazine-dm syrp	F	QL(240 ml per fill retail); AL; At least 2 yrs old
promethazine-phenylephrine-codeine syrp	F	QL(240 ml per fill retail); AL; At least 6 yrs old
PROMETHAZINE/PHENYLEPHRINE SYRP	F	QL(240 ml per 5 days retail)
pseudoephed-bromphen-dm elix	F	QL(240 ml per fill retail)
pseudoephed-bromphen-dm syrp	F	QL(240 ml per fill retail)
pseudoephed-doxyl-dm w/apap caps	F	
pseudoephedrine w/ codeine-gg soln	F	QL(240 ml per 6 days retail)
pseudoephedrine w/ dm-gg liqd	F	QL(240 ml per 6 days retail)
pseudoephedrine-acetaminophen-dextromethorphan caps	F	
pseudoephedrine-chlorphen-dm liqd	F	QL(240 ml per fill retail)
pseudoephedrine-dm liqd	F	QL(240 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
pseudoephedrine-guaifenesin syrp 30mg/5ml-100mg/5ml	F	QL(240 ml per fill retail)
pseudoephedrine-guaifenesin tabs 40mg-400mg	F	
pseudoephedrine-guaifenesin tb12 120mg-1200mg	F	QL(2 ea daily)
pseudoephedrine-guaifenesin tb12 60mg-600mg	F	QL(210 ea per fill retail)
pseudoephedrine-ibuprofen susp	F	
pseudoephedrine-ibuprofen tabs	F	
PX DAYTIME MULTI-SYMPTOM CAPS	F	
PX NITETIME MULTI-SYMPTOM CAPS	F	
REFENESEN CHEST CONGESTION & PAIN RELIEF PE TABS	F	
RESCON DM SYRP	F	
RESCON-GG LIQD (*Use Phenylephrine-Guaifenesin*)	***	QL(240 ml per 6 days retail)
RESPAIRE-30 CAPS	F	
ROBITUSSIN CHILDRENS COUGH & COLD CF LIQD	F	
ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING LIQD	F	
ROBITUSSIN DM SYRP (*Use Dextromethorphan-Guaifenesin*)	***	QL(240 ml per fill retail)
ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS LIQD	F	
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (*Use Dextromethorphan-Guaifenesin*)	***	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD DM SYRP (*Use Dextromethorphan-Guaifenesin*)	***	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD LIQD (*Use Phenylephrine w/ DM-GG*)	***	
ROBITUSSIN TO GO COUGH &COLD CF LIQD (*Use Phenylephrine w/ DM-GG*)	***	
SCOT-TUSSIN DM LIQD	F	QL(240 ml per fill retail)
SCOT-TUSSIN LIQD (*Use Pheniramine-PE w/ Sod Salicylate & Caffeine Citrate*)	***	
SCOT-TUSSIN SENIOR LIQD	F	
SEMPREX-D CAPS	F	PA
TGQ 30PSE/150GFN/15DM SYRP	F	
THERAFLU SEVERE COLD NIGHTTIME TABS (*Use Phenylephrine-Chlorpheniramine-DM w/ APAP*)	***	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SOLN	F	QL(240 ml per fill retail)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	F	QL(240 ml per fill retail)
TRIAMINIC FLU COUGH & FEVER SYRP	F	
triprolidine & pseudoephedrine tabs	F	
TUSNEL LIQD	F	
TUSNEL PEDIATRIC LIQD	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL CHILDRENS PLUS FLU SUSP (*Use Phenylephrine-Chlorpheniramine-DM w/ APAP*)	***	
TYLENOL CHILDRENS PLUS MULTI-SYMPTOM COLD SUSP (*Use Phenylephrine-Chlorpheniramine-DM w/ APAP*)	***	
TYLENOL COLD & FLU SEVERE TABS (*Use Phenylephrine-DM-GG w/ APAP*)	***	
TYLENOL COLD & HEAD SEVERE CONGESTION TABS (*Use Phenylephrine-Acetaminophen-Guaifenesin*)	***	PA
TYLENOL COLD MAX LIQD (*Use Dextromethorphan-Phenylephrine-Acetaminophen*)	***	
TYLENOL COLD MULTI-SYMPTOM NIGHTTIME LIQD (*Use Phenylephrine-Doxylamine-Dextromethorphan-Acetaminophen*)	***	
TYLENOL COLD MULTI-SYMPTOM SEVERE DAYTIME LIQD (*Use Phenylephrine-DM-GG w/ APAP*)	***	
TYLENOL COLD/COUGH/RUNNYNOSE CHILDRENS SUSP (*Use Dextromethorphan-Acetaminophen-Chlorpheniramine*)	***	
TYLENOL SINUS SEVERE TABS (*Use Phenylephrine-Acetaminophen-Guaifenesin*)	***	PA
TYLENOL WARMING COUGH & SEVER CONGESTION DAYTIME LIQD (*Use Phenylephrine-DM-GG w/ APAP*)	***	
VICKS NYQUIL COUGH LIQD (*Use Doxylamine-DM*)	***	
ZYRTEC-D ALLERGY/CONGESTION TB12 (*Use Cetirizine-Pseudoephedrine*)	***	QL(2 ea daily)
Expectorants		
guaifenesin liqd 400 mg/20ml, 100 mg/5ml	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
guaifenesin soln 100 mg/5ml, 300 mg/15ml, 200 mg/10ml	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
guaifenesin syrp 200 mg/10ml, 100 mg/5ml	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
guaifenesin tabs 200 mg	F	PA
guaifenesin tabs 400 mg	F	
guaifenesin tb12 1200 mg	F	QL(2 ea daily)
guaifenesin tb12 600 mg	F	Limit 1 fill per Month;QL(40 ea per 30 days retail)
MUCINEX FOR KIDS PACK	F	PA
MUCINEX MAXIMUM STRENGTH TB12 (*Use Guaifenesin*)	***	QL(2 ea daily)
MUCINEX TB12 (*Use Guaifenesin*)	***	Limit 1 fill per Month;QL(40 ea per 30 days retail)
Misc. Respiratory Inhalants		
sodium chloride (inhalant) aers 0.9 %	F	QL(240 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (inhalant) nebu 10 %, 3 %, 0.9 %	F	
Mucolytics		
acetylcysteine soln	F	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS	***	PA; QL(2 ea daily); AL; At least 12 yrs old
ACANYA GEL	F	PA
ACNE MEDICATION 10 LOTN	F	
ACNE MEDICATION 5 LOTN	F	
adapalene crea 0.1 %	F	PA
adapalene gel 0.3 %	F	PA
ADAPALENE LOTN 0.1 %	F	PA
AKTIPAK PACK	F	PA
ATRALIN GEL (*Use Tretinoin*)	***	PA
AVAR LS CLEANSER LIQD (*Use Sulfacetamide Sodium w/ Sulfur*)	***	PA
AVAR LS PADS	F	PA
AVAR PADS	F	PA
AZELEX CREA	F	PA
BENZAC AC WASH LIQD (*Use Benzoyl Peroxide*)	***	RX/OTC
BENZACLIN GEL (*Use Clindamycin Phosphate-Benzoyl Peroxide*)	***	PA
BENZACLIN WITH PUMP GEL (*Use Clindamycin Phosphate-Benzoyl Peroxide*)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
BENZAMYCIN GEL (*Use Benzoyl Peroxide-Erythromycin*)	***	PA; QL(46.6 gm per fill retail)
BENZEFOAM FOAM (*Use Benzoyl Peroxide*)	***	PA; RX/OTC
BENZEFOAM ULTRA FOAM (*Use Benzoyl Peroxide*)	***	PA
BENZEFOAMULTRA FOAM (*Use Benzoyl Peroxide*)	***	PA
benzoyl peroxide bar 10 %	F	
BENZOYL PEROXIDE CLEANSER LOTN	F	QL(340.2 gm per fill retail)
benzoyl peroxide crea 10 %, 2.5 %	F	
benzoyl peroxide foam 5.3 %	F	PA; RX/OTC
benzoyl peroxide foam 9.8 %	F	PA
benzoyl peroxide gel 10 %	F	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	F	
benzoyl peroxide gel 5 %	F	
benzoyl peroxide kit	F	PA
benzoyl peroxide liqd 10 %	F	QL(237 gm per fill retail); RX/OTC
benzoyl peroxide liqd 4 %	F	QL(204 gm per fill retail)
benzoyl peroxide liqd 5 %, 2.5 %	F	RX/OTC
benzoyl peroxide liqd 7 %	F	PA
benzoyl peroxide lotn 6 %	F	QL(340.2 gm per fill retail); RX/OTC
benzoyl peroxide misc 6 %	F	PA
benzoyl peroxide-erythromycin gel	F	PA; QL(46.6 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
BP CLEANSING WASH EMUL	F	PA
BPO CREAMY WASH COMPLETEPACK KIT	F	PA
CLARIFOAM EF FOAM (*Use Sulfacetamide Sodium w/ Sulfur*)	***	PA
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	F	
CLEOCIN-T GEL (*Use Clindamycin Phosphate (Topical)*)	***	
CLEOCIN-T LOTN (*Use Clindamycin Phosphate (Topical)*)	***	
CLEOCIN-T SOLN (*Use Clindamycin Phosphate (Topical)*)	***	
CLEOCIN-T SWAB (*Use Clindamycin Phosphate (Topical)*)	***	PA
CLINDAGEL GEL	***	
clindamycin phosphate (topical) foam	F	PA
clindamycin phosphate (topical) gel	1	
clindamycin phosphate (topical) lotn	F	
clindamycin phosphate (topical) soln	F	
clindamycin phosphate (topical) swab	F	PA
clindamycin phosphate-benzoyl peroxide gel	F	PA
clindamycin phosphate-tretinoin gel	F	PA
DESQUAM-X WASH LIQD 10 % (*Use Benzoyl Peroxide*)	***	QL(237 gm per fill retail); RX/OTC
DESQUAM-X WASH LIQD 5 % (*Use Benzoyl Peroxide*)	***	RX/OTC
DIFFERIN CREA 0.1 % (*Use Adapalene*)	***	PA
DIFFERIN GEL 0.3 % (*Use Adapalene*)	***	PA
DIFFERIN LOTN 0.1 %	F	PA
ERYGEL GEL (*Use Erythromycin (Acne Aid)*)	***	QL(60 gm per fill retail)
erythromycin (acne aid) gel	F	QL(60 gm per fill retail)
erythromycin (acne aid) pads	F	PA
erythromycin (acne aid) soln	F	
EVOCLIN FOAM (*Use Clindamycin Phosphate (Topical)*)	***	PA
FABIOR FOAM	F	PA
INOVA 4/1 ACNE CONTROL THERAPY KIT	F	PA
INOVA 8/2 ACNE CONTROL THERAPY KIT	F	PA
INOVA KIT	F	PA
isotretinoin caps	F	PA; QL(2 ea daily); AL; At least 12 yrs old
KLARON LOTN (*Use Sulfacetamide Sodium (Acne)*)	***	QL(236 ml per fill retail)
NEUAC KIT KIT	F	PA
NEUTROGENA ON-THE-SPOT ACNE TREATMENT CREA (*Use Benzoyl Peroxide*)	***	
PANOXYL LIQD (*Use Benzoyl Peroxide*)	***	RX/OTC
PANOXYL-4 CREAMY WASH LIQD (*Use Benzoyl Peroxide*)	***	QL(204 gm per fill retail)
RETIN-A CREA 0.1 %, 0.05 %, 0.025 % (*Use Tretinoin*)	***	QL(20 gm per fill retail); AL; Up to 35 yrs old
RETIN-A GEL 0.01 % (*Use Tretinoin*)	***	QL(15 gm per fill retail); AL; Up to 35 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
RETIN-A GEL 0.025 % (*Use Tretinoin*)	***	AL; Up to 35 yrs old
RETIN-A MICRO GEL (*Use Tretinoin Microsphere*)	***	PA
RETIN-A MICRO PUMP GEL 0.08 %	F	PA
RETIN-A MICRO PUMP GEL 0.1 %, 0.04 % (*Use Tretinoin Microsphere*)	***	PA
ROSULA PADS	F	PA
SODIUM SULFACETAMIDE/SULFUR LOTN	F	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	F	QL(30 gm per fill retail)
SSS 10-5 FOAM	F	PA
sulfacetamide sodium (acne) lotn	F	QL(236 ml per fill retail)
sulfacetamide sodium (acne) susp	F	QL(236 ml per fill retail)
sulfacetamide sodium w/ sulfur crea 5%-10%	F	PA
sulfacetamide sodium w/ sulfur emul 1%-10%	F	PA
sulfacetamide sodium w/ sulfur emul 5%-10%	F	QL(340.2 gm per fill retail)
sulfacetamide sodium w/ sulfur liqd 2%-2%-10%-10%, 4.5%-9%, 4%-9%, 2%-10%	F	PA
sulfacetamide sodium w/ sulfur lotn 5%-10%	F	QL(60 gm per fill retail)
sulfacetamide sodium w/ sulfur pads 4%-4%-10%-10%, 4%-10%	F	PA
sulfacetamide sodium w/ sulfur susp 4%-8%	F	PA
sulfacetamide sodium-sulfur w/ skin cleanser kit	F	PA
SUMADAN KIT KIT (*Use Sulfacetamide Sodium-Sulfur w/ Skin Cleanser*)	***	PA
SUMADAN WASH LIQD (*Use Sulfacetamide Sodium w/ Sulfur*)	***	PA
SUMAXIN CP KIT KIT	F	PA
SUMAXIN PADS (*Use Sulfacetamide Sodium w/ Sulfur*)	***	PA
SUMAXIN TS SUSP (*Use Sulfacetamide Sodium w/ Sulfur*)	***	PA
SUMAXIN WASH LIQD (*Use Sulfacetamide Sodium w/ Sulfur*)	***	PA
tretinoin crea 0.05 %, 0.025 %, 0.1 %	F	QL(20 gm per fill retail); AL; Up to 35 yrs old
tretinoin gel 0.01 %	F	QL(15 gm per fill retail); AL; Up to 35 yrs old
tretinoin gel 0.025 %	F	AL; Up to 35 yrs old
tretinoin gel 0.05 %	F	PA
tretinoin microsphere gel	F	PA
VELTIN GEL	F	PA
ZIANA GEL (*Use Clindamycin Phosphate-Tretinoin*)	***	PA
Agents for External Genital and Perianal Warts		
VEREGEN OINT	F	PA
Analgesics - Topical		
ICY HOT PAIN RELIEVING GEL GEL (*Use Menthol (Topical Analgesic)*)	***	
menthol (topical analgesic) gel	F	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel 1 %	F	PA; QL(6.68 gm daily)
diclofenac sodium (topical) soln 1.5 %	F	PA
FLECTOR PTCH	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
VOLTAREN GEL (*Use Diclofenac Sodium (Topical)*)	***	PA; QL(6.68 gm daily)
Antibiotics - Topical		
ALTABAX OINT	F	PA
BACIGUENT OINT (*Use Bacitracin (Topical)*)	***	
bacitracin (topical) oint	F	
bacitracin zinc oint	F	QL(30 gm per fill retail)
bacitracin-polymyxin b oint	F	QL(144 gm per fill retail)
BACTROBAN CREA (*Use Mupirocin Calcium (Topical)*)	***	QL(30 gm per fill retail)
BACTROBAN OINT (*Use Mupirocin*)	***	QL(30 gm per fill retail)
CENTANY OINT	F	QL(30 gm per fill retail)
CORTISPORIN CREA	F	PA
CORTISPORIN OINT	F	PA
gentamicin sulfate (topical) crea	F	QL(60 gm per fill retail)
GENTAMICIN SULFATE OINT	F	QL(60 gm per fill retail)
mupirocin calcium (topical) crea	F	QL(30 gm per fill retail)
mupirocin oint	F	QL(30 gm per fill retail)
NEO-SYNALAR CREA	F	PA
neomycin-bacitracin-polymyxin oint	F	QL(907.8 gm per fill retail)
neomycin-bacitracin-polymyxin-pramoxine oint	F	QL(56 gm per fill retail)
neomycin-polymyxin w/ pramoxine crea	F	QL(15 gm per 30 days retail)
NEOSPORIN ORIGINAL OINT (*Use Neomycin-Bacitracin-Polymyxin*)	***	QL(907.8 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (*Use Neomycin-Polymyxin w/ Pramoxine*)	***	QL(15 gm per 30 days retail)
POLYSPORIN OINT (*Use Bacitracin-Polymyxin B*)	***	QL(144 gm per fill retail)
Antifungals - Topical		
ALEVAZOL OINT	F	PA
ALOE VESTA ANTIFUNGAL OINT (*Use Miconazole Nitrate (Topical)*)	***	QL(2712 gm per fill retail)
ALOE VESTA CLEAR ANTIFUNGAL OINT (*Use Miconazole Nitrate (Topical)*)	***	QL(2712 gm per fill retail)
AZOLEN TINCTURE SOLN	F	QL(29.57 ml per fill retail)
ciclopirox gel 0.77 %	F	QL(100 gm per fill retail)
ciclopirox olamine crea	F	
ciclopirox olamine susp	F	QL(60 ml per fill retail)
ciclopirox sham 1 %	F	PA
ciclopirox soln 8 %	F	QL(6.6 ml per fill retail)
clotrimazole (topical) crea	F	QL(113 gm per fill retail); RX/OTC
clotrimazole (topical) soln	F	QL(60 ml per fill retail); RX/OTC
clotrimazole w/ betamethasone crea	F	QL(45 gm per 30 days retail)
clotrimazole w/ betamethasone lotn	F	QL(30 ml per 30 days retail)
econazole nitrate crea	F	QL(30 gm per fill retail)
ERTACZO CREA	F	PA
EXELDERM CREA	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
EXELDERM SOLN	F	PA
EXTINA FOAM (*Use Ketoconazole (Topical)*)	***	PA
FUNGOID TINCTURE SOLN	F	QL(29.57 ml per fill retail)
GENTIAN VIOLET SOLN	F	
GNP GENTIAN VIOLET SOLN	F	
JUBLIA SOLN	F	PA
ketoconazole (topical) crea	F	QL(60 gm per fill retail)
ketoconazole (topical) foam	F	PA
ketoconazole (topical) sham	F	QL(120 ml per fill retail)
LAMISIL ADVANCED GEL	F	QL(12 gm per fill retail)
LAMISIL AT CREA (*Use Terbinafine HCl (Topical)*)	***	QL(42 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (*Use Terbinafine HCl (Topical)*)	***	QL(42 gm per fill retail)
LAMISIL AT SPRAY SOLN	F	QL(125 ml per fill retail)
LOPROX CREA (*Use Ciclopirox Olamine*)	***	
LOPROX SHAMPOO SHAM (*Use Ciclopirox*)	***	PA
LOPROX SUSP (*Use Ciclopirox Olamine*)	***	QL(60 ml per fill retail)
LOTRIMIN AF CREA (*Use Clotrimazole (Topical)*)	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (*Use Clotrimazole (Topical)*)	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (*Use Clotrimazole (Topical)*)	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN ULTRA CREA	F	RX/OTC
LOTRISONE CREA (*Use Clotrimazole w/ Betamethasone*)	***	QL(45 gm per 30 days retail)
MENTAX CREA	F	RX/OTC
MICATIN CREA (*Use Miconazole Nitrate (Topical)*)	***	
miconazole nitrate (topical) crea	F	
miconazole nitrate (topical) oint	F	QL(2712 gm per fill retail)
miconazole nitrate (topical) powd	F	QL(1020 gm per fill retail)
naftifine hcl crea	F	PA
NAFTIN CREA 2 %, 1 % (*Use Naftifine HCl*)	***	PA
NAFTIN GEL 1 %, 2 %	F	PA
NIZORAL A-D SHAM	F	
NIZORAL SHAM (*Use Ketoconazole (Topical)*)	***	QL(120 ml per fill retail)
nystatin (topical) crea	F	QL(30 gm per fill retail)
nystatin (topical) oint	F	QL(30 gm per fill retail)
nystatin-triamcinolone crea	F	QL(60 gm per fill retail)
nystatin-triamcinolone oint	F	QL(60 gm per fill retail)
oxiconazole nitrate crea	F	PA
OXISTAT CREA (*Use Oxiconazole Nitrate*)	***	PA
OXISTAT LOTN	F	PA
PEDIADERM AF COMPLETE KIT KIT	F	PA
PENLAC NAIL LACQUER SOLN (*Use Ciclopirox*)	***	QL(6.6 ml per fill retail)
terbinafine hcl (topical) crea	F	QL(42 gm per fill retail)
TINACTIN AERP (*Use Tolnaftate*)	***	QL(138 gm per fill retail)
TINACTIN CREA (*Use Tolnaftate*)	***	QL(30 gm per fill retail)
TINACTIN DEODORANT AERP (*Use Tolnaftate*)	***	QL(138 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
TINACTIN JOCK ITCH AERP (*Use Tolnaftate*)	***	QL(138 gm per fill retail)
TINACTIN JOCK ITCH CREA (*Use Tolnaftate*)	***	QL(30 gm per fill retail)
TINACTIN POWD (*Use Tolnaftate*)	***	QL(113 gm per fill retail)
tolnaftate aerp ex	F	QL(138 gm per fill retail)
tolnaftate crea ex	F	QL(30 gm per fill retail)
tolnaftate liqd ex	F	QL(151 ml per fill retail)
tolnaftate powd ex	F	QL(113 gm per fill retail)
TOLNAFTATE POWD XX	F	
tolnaftate soln ex	F	QL(151 ml per fill retail)
VUSION OINT	F	PA
XOLEGEL GEL	F	PA
Antihistamines-Topical		
BENADRYL EXTRA STRENGTH CREA (*Use Diphenhydramine-Zinc Acetate*)	***	QL(30 gm per fill retail)
BENADRYL ITCH STOPPING CREA (*Use Diphenhydramine-Zinc Acetate*)	***	
diphenhydramine hcl (topical) crea	F	
diphenhydramine hcl (topical) gel	F	
diphenhydramine hcl (topical) soln	F	
diphenhydramine-zinc acetate crea 0.1%-0.1%-2%-2%, 0.1%-2%	F	QL(30 gm per fill retail)
diphenhydramine-zinc acetate crea 0.1%-1%	F	
diphenhydramine-zinc acetate liqd 0.1%-2%	F	
Antineoplastic or Premalignant Lesion Agents -		

Drug Name	Drug Tier	Requirements/ Limits
CARAC CREA	F	
diclofenac sodium (actinic keratoses) gel	F	PA
EFUDEX CREA (*Use Fluorouracil (Topical)*)	***	QL(40 gm per 30 days retail)
FLUOROPLEX CREA	F	PA
fluorouracil (topical) crea 5 %	F	QL(40 gm per 30 days retail)
fluorouracil (topical) soln 2 %, 5 %	F	QL(10 ml per 30 days retail)
FLUOROURACIL CREA 0.5 %	F	
FLUOROURACIL SOLN 5 %, 2 %	F	QL(10 ml per 30 days retail)
PANRETIN GEL	F	PA
PICATO GEL	F	PA
SOLARAZE GEL (*Use Diclofenac Sodium (Actinic Keratoses)*)	***	PA
VALCHLOR GEL	F	PA
Antipruritics - Topical		
camphor & menthol lotn	F	QL(222 ml per fill retail)
DOXEPIN HYDROCHLORIDE CREA	F	PA
PRUDOXIN CREA	F	PA
SARNA LOTN (*Use Camphor & Menthol*)	***	QL(222 ml per fill retail)
ZONALON CREA	F	PA
Antipsoriatics		
8-MOP CAPS	F	PA
acitretin caps	F	PA
calcipotriene crea	F	QL(120 gm per fill retail)
calcipotriene oint	F	
calcipotriene soln	F	QL(60 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
DOVONEX CREA (*Use Calcipotriene*)	***	QL(120 gm per fill retail)
DRITHO-CREME HP CREA	F	
methoxsalen rapid caps	F	PA
OXSORALEN ULTRA CAPS (*Use Methoxsalen Rapid*)	***	PA
SORIATANE CAPS (*Use Acitretin*)	***	PA
SORILUX FOAM	F	PA
tazarotene crea	F	QL(120 gm per fill retail); AL; Up to 21 yrs old
TAZORAC CREA 0.05 %	F	QL(240 gm per fill retail); AL; Up to 21 yrs old
TAZORAC CREA 0.1 % (*Use Tazarotene*)	***	QL(120 gm per fill retail); AL; Up to 21 yrs old
TAZORAC GEL 0.1 %, 0.05 %	F	QL(200 gm per fill retail); AL; Up to 21 yrs old
Antiseborrheic Products		
HEAD & SHOULDERS 2IN1 CLASSIC CLEAN/NORMAL SHAM (*Use Pyrithione Zinc*)	***	
HEAD & SHOULDERS CLASSICCLEAN/NORMAL SHAM (*Use Pyrithione Zinc*)	***	
HEAD & SHOULDERS DRY SCALP 2 IN 1 SHAM (*Use Pyrithione Zinc*)	***	
OVACE PLUS LOTN	F	PA
OVACE PLUS WASH GEL (*Use Sulfacetamide Sodium*)	***	PA
OVACE PLUS WASH LIQD (*Use Sulfacetamide Sodium*)	***	
OVACE WASH LIQD (*Use Sulfacetamide Sodium*)	***	
pyrithione zinc sham	F	
salicylic acid & sulfur sham	F	QL(355 ml per fill retail)
SEBULEX SHAM (*Use Salicylic Acid & Sulfur*)	***	QL(355 ml per fill retail)
selenium sulfide lotn 1 %	F	QL(420 ml per fill retail)
selenium sulfide lotn 2.5 %	F	QL(120 ml per fill retail)
selenium sulfide sham 1 %	F	QL(420 ml per fill retail)
SELSUN BLUE DAILY LOTN (*Use Selenium Sulfide*)	***	QL(420 ml per fill retail)
SELSUN BLUE LOTN (*Use Selenium Sulfide*)	***	QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (*Use Selenium Sulfide*)	***	QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (*Use Selenium Sulfide*)	***	QL(420 ml per fill retail)
sulfacetamide sodium gel ex	F	PA
sulfacetamide sodium liqd ex	F	
Antivirals - Topical		
acyclovir topical oint	F	QL(30 gm per 30 days retail)
DENAVIR CREA	F	PA
XERESE CREA	F	PA
ZOVIRAX CREA EX 5 %	F	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (*Use Acyclovir Topical*)	***	QL(30 gm per 30 days retail)
Burn Products		
SILVADENE CREA (*Use Silver Sulfadiazine*)	***	
silver sulfadiazine crea	F	
SULFAMYLON CREA 85 MG/GM	F	

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Drug Name	Drug Tier	Requirements/ Limits
SULFAMYLON PACK 5 %	F	PA
Corticosteroids - Topical		
ACLOVATE CREA (*Use Alclometasone Dipropionate*)	***	PA
alclometasone dipropionate crea	F	PA
alclometasone dipropionate oint	F	PA
AMCINONIDE CREA	F	QL(60 gm per fill retail)
AMCINONIDE LOTN	F	PA
AMCINONIDE OINT	F	PA
APEXICON E CREA	F	PA
betamethasone dipropionate (topical) crea	F	
betamethasone dipropionate (topical) lotn	F	QL(60 ml per fill retail)
betamethasone dipropionate (topical) oint	F	
betamethasone dipropionate augmented gel	F	QL(50 gm per fill retail)
betamethasone dipropionate augmented oint	F	QL(50 gm per fill retail)
betamethasone valerate crea 0.1 %	F	
betamethasone valerate foam 0.12 %	F	PA
betamethasone valerate lotn 0.1 %	F	
betamethasone valerate oint 0.1 %	F	
CAPEX SHAM	F	PA
clobetasol propionate crea	F	QL(60 gm per fill retail)
clobetasol propionate emollient base crea	F	QL(60 gm per fill retail)
clobetasol propionate emulsion foam	F	PA

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate foam	F	PA
clobetasol propionate gel	F	QL(60 gm per fill retail)
clobetasol propionate liqd	F	PA
clobetasol propionate lotn	F	PA
clobetasol propionate oint	F	QL(60 gm per fill retail)
clobetasol propionate sham	F	PA
clobetasol propionate soln	F	QL(50 ml per fill retail)
CLOBEX LIQD (*Use Clobetasol Propionate*)	***	PA
CLOBEX LOTN (*Use Clobetasol Propionate*)	***	PA
CLOBEX SHAM (*Use Clobetasol Propionate*)	***	PA
CLOCORTOLONE PIVALATE CREA	F	PA
CLOCORTOLONE PIVALATE PUMP CREA	F	PA
CLODAN KIT KIT	F	PA
CLODERM CREA	F	PA
CLODERM PUMP CREA	F	PA
CORDRAN TAPE	F	PA
CORDRAN TAPE TAPE	F	PA
CUTIVATE CREA (*Use Fluticasone Propionate*)	***	QL(60 gm per fill retail)
CUTIVATE LOTN (*Use Fluticasone Propionate*)	***	PA
DERMATOP CREA (*Use Prednicarbate*)	***	PA
DERMATOP OINT (*Use Prednicarbate*)	***	PA
DESONATE GEL	F	PA
desonide crea	F	PA; QL(60 gm per fill retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
desonide lotn	F	PA; QL(118 ml per fill retail)
desonide oint	F	PA; QL(60 gm per fill retail)
DESOWEN CREA (*Use Desonide*)	***	PA; QL(60 gm per fill retail)
DESOWEN LOTN (*Use Desonide*)	***	PA; QL(118 ml per fill retail)
desoximetasone crea 0.05 %	F	QL(300 gm per fill retail)
desoximetasone crea 0.25 %	F	PA; QL(200 gm per fill retail)
desoximetasone gel 0.05 %	F	PA; QL(60 gm per fill retail)
desoximetasone oint 0.25 %	F	PA; QL(100 gm per fill retail)
DIFLORASONE DIACETATE CREA	F	QL(60 gm per fill retail)
DIFLORASONE DIACETATE OINT	F	QL(60 gm per fill retail)
DIPROLENE OINT (*Use Betamethasone Dipropionate Augmented*)	***	QL(50 gm per fill retail)
ELOCON CREA (*Use Mometasone Furoate*)	***	QL(50 gm per fill retail)
ELOCON LOTN (*Use Mometasone Furoate*)	***	PA
ELOCON OINT (*Use Mometasone Furoate*)	***	QL(45 gm per fill retail)
EPIFOAM FOAM	F	
fluocinolone acetonide crea 0.01 %	F	PA; QL(60 gm per fill retail)
fluocinolone acetonide crea 0.025 %	F	PA; QL(120 gm per fill retail)
fluocinolone acetonide oint 0.025 %	F	PA; QL(120 gm per fill retail)
fluocinolone acetonide soln 0.01 %	F	PA
fluocinonide crea 0.05 %	F	QL(120 gm per fill retail)
fluocinonide crea 0.1 %	F	PA
fluocinonide emulsified base crea	F	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
fluocinonide gel 0.05 %	F	QL(60 gm per fill retail)
fluocinonide oint 0.05 %	F	QL(60 gm per fill retail)
fluocinonide soln 0.05 %	F	QL(60 ml per fill retail)
fluticasone propionate crea 0.05 %	F	QL(60 gm per fill retail)
fluticasone propionate lotn 0.05 %	F	PA
fluticasone propionate oint 0.005 %	F	QL(60 gm per fill retail)
halobetasol propionate crea	F	PA
halobetasol propionate oint	F	PA
HALOG CREA	F	PA
HALOG OINT	F	PA
hydrocortisone (topical) crea 0.5 %	F	
hydrocortisone (topical) crea 1 %, 1%	F	QL(454 gm per fill retail); RX/OTC
hydrocortisone (topical) crea 2.5 %	F	QL(120 gm per 30 days retail)
hydrocortisone (topical) lotn 1 %	F	QL(120 ml per fill retail)
hydrocortisone (topical) lotn 2.5 %	F	QL(118 ml per fill retail)
hydrocortisone (topical) oint 0.5 %	F	QL(56 gm per fill retail)
hydrocortisone (topical) oint 1 %	F	QL(60 gm per 30 days retail); RX/OTC
hydrocortisone (topical) oint 2.5 %	F	
hydrocortisone acetate (topical) crea	F	
hydrocortisone butyrate crea	F	
hydrocortisone butyrate hydrophilic lipo base crea	F	PA
hydrocortisone butyrate oint	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone butyrate soln	F	
hydrocortisone valerate crea	F	QL(60 gm per fill retail)
hydrocortisone valerate oint	F	PA
hydrocortisone-aloe vera crea	F	QL(224 gm per fill retail)
KENALOG AERS (*Use Triamcinolone Acetonide (Topical)*)	***	PA
LOCOID CREA (*Use Hydrocortisone Butyrate*)	***	
LOCOID LIPOCREAM CREA (*Use Hydrocortisone Butyrate Hydrophilic Lipo Base*)	***	PA
LOCOID OINT (*Use Hydrocortisone Butyrate*)	***	
LOCOID SOLN (*Use Hydrocortisone Butyrate*)	***	
LUXIQ FOAM (*Use Betamethasone Valerate*)	***	PA
mometasone furoate crea	F	QL(50 gm per fill retail)
mometasone furoate oint	F	QL(45 gm per fill retail)
mometasone furoate soln	F	PA
MONISTAT SOOTHING CARE ITCH RELIEF CREA (*Use Hydrocortisone (Topical)*)	***	QL(454 gm per fill retail); RX/OTC
OLUX FOAM (*Use Clobetasol Propionate*)	***	PA
OLUX-E FOAM (*Use Clobetasol Propionate Emulsion*)	***	PA
PANDEL CREA	F	PA
PEDIADERM HC KIT	F	PA
prednicarbate crea	F	PA
prednicarbate oint	F	PA

Drug Name	Drug Tier	Requirements/ Limits
PSORCON CREA	F	QL(60 gm per fill retail)
SYNALAR CREA 0.025 % (*Use Fluocinolone Acetonide*)	***	PA; QL(120 gm per fill retail)
SYNALAR OINT 0.025 % (*Use Fluocinolone Acetonide*)	***	PA; QL(120 gm per fill retail)
SYNALAR SOLN 0.01 % (*Use Fluocinolone Acetonide*)	***	PA
TEMOVATE CREA (*Use Clobetasol Propionate*)	***	QL(60 gm per fill retail)
TEMOVATE E CREA (*Use Clobetasol Propionate Emollient Base*)	***	QL(60 gm per fill retail)
TEMOVATE GEL (*Use Clobetasol Propionate*)	***	QL(60 gm per fill retail)
TEMOVATE OINT (*Use Clobetasol Propionate*)	***	QL(60 gm per fill retail)
TEMOVATE SOLN (*Use Clobetasol Propionate*)	***	QL(50 ml per fill retail)
TEXACORT SOLN	F	PA
TOPICORT CREA 0.05 % (*Use Desoximetasone*)	***	QL(300 gm per fill retail)
TOPICORT CREA 0.25 % (*Use Desoximetasone*)	***	PA; QL(200 gm per fill retail)
TOPICORT GEL 0.05 % (*Use Desoximetasone*)	***	PA; QL(60 gm per fill retail)
TOPICORT LIQD 0.25 %	F	PA
TOPICORT OINT 0.25 % (*Use Desoximetasone*)	***	PA; QL(100 gm per fill retail)
triamcinolone acetonide (topical) aers 0.147 mg/gm	F	PA
triamcinolone acetonide (topical) crea 0.025 %	F	QL(120 gm per 30 days retail)
triamcinolone acetonide (topical) crea 0.1 %	F	
triamcinolone acetonide (topical) crea 0.5 %	F	QL(15 gm per fill retail)
triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %	F	QL(60 ml per fill retail)
triamcinolone acetonide (topical) oint 0.025 %	F	QL(454 gm per fill retail)

***GENERIC or alternate product is required
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Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide (topical) oint 0.1 %	F	
triamcinolone acetonide (topical) oint 0.5 %	F	QL(15 gm per fill retail)
TRIDESILON CREA (*Use Desonide*)	***	PA; QL(60 gm per fill retail)
ULTRAVATE CREA (*Use Halobetasol Propionate*)	***	PA
ULTRAVATE OINT (*Use Halobetasol Propionate*)	***	PA
VANOS CREA (*Use Fluocinonide*)	***	PA
WESTCORT OINT (*Use Hydrocortisone Valerate*)	***	PA
Diaper Rash Products		
diaper rash products oint	F	
Emollient/Keratolytic Agents		
ATRAC-TAIN CREA (*Use Urea*)	***	QL(1704 gm per fill retail)
CARMOL 10 LOTN (*Use Urea*)	***	QL(480 ml per fill retail)
CARMOL 20 CREA (*Use Urea*)	***	
urea crea 10 %	F	QL(1704 gm per fill retail)
urea crea 40 %, 20 %	F	
urea crea 50 %	F	PA
urea in zinc undecylenate-lactic acid vehicle emul	F	PA
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE EMUL	F	PA
urea lotn 10 %	F	QL(480 ml per fill retail)
urea lotn 40 %	F	
Emollients		
A + D PERSONAL CARE LOTION LOTN	F	RX/OTC
ALBOLENE CREA	F	RX/OTC
ALOE AFTERSUN LOTION LOTN	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AMLACTIN CERAPEUTIC LOTN	F	RX/OTC
AMLACTIN ULTRA CREA	F	RX/OTC
AQUA GLYCOLIC FACE CREAM CREA	F	RX/OTC
AQUA GLYCOLIC HAND & BODYLOTION LOTN	F	RX/OTC
AQUA LACTEN LOTN	F	RX/OTC
AQUADERM CREA	F	RX/OTC
AQUADERM TREATMENT/MOISTURIZER LOTN	F	RX/OTC
AQUAMED LOTN	F	RX/OTC
AQUAPHILIC OINT	F	QL(10896 gm per fill retail)
AQUAPHOR ADVANCED THERAPY OINT	F	QL(10896 gm per fill retail)
AQUAPHOR OINT	F	QL(10896 gm per fill retail)
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT LOTN	F	RX/OTC
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	F	RX/OTC
AVEENO ACTIVE NATURALS ECZEMA THERAPY CREA (*Use Colloidal Oatmeal*)	***	
AVEENO ACTIVE NATURALS ECZEMA THERAPY HAND CREA (*Use Colloidal Oatmeal*)	***	
AVEENO ACTIVE NATURALS SKIN RELIEF MOISTURE REPAIR CREA	F	RX/OTC
AVEENO BABY ECZEMA THERAPY CREA (*Use Colloidal Oatmeal*)	***	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
AVEENO DAILY MOISTURIZINGSPF 15 LOTN	F	RX/OTC
AVEENO INTENSE RELIEF HAND CREA	F	RX/OTC
AVEENO POSITIVELY AGELESS LIFT & FIRM EYE CREA	F	RX/OTC
AVEENO POSITIVELY AGELESS NIGHT CREA	F	RX/OTC
AVEENO POSITIVELY AGELESSFIRMING BODY LOTN	F	RX/OTC
AVEENO POSITIVELY AGELESSSKIN STRENGTHENING BODY CREAM CREA	F	RX/OTC
AVEENO POSITIVELY AGELESSSKIN STRENGTHENING HAND CREAM CREA	F	RX/OTC
AVEENO POSITIVELY NOURISHING 24-HOUR ULTRA-HYDRATING CREA	F	RX/OTC
AVEENO POSITIVELY NOURISHING ENERGIZING LOTN	F	RX/OTC
AVEENO POSITIVELY RADIANT LOTN	F	RX/OTC
AVEENO POSITIVELY RADIANTINTENSIVE NIGHT CREAM CREA	F	RX/OTC
AVEENO POSITIVELY RADIANTOVERNIGHT HYDRATING FACIAL MOISTURI CREA	F	RX/OTC
AVEENO SMART ESSENTIALS NIGHTTIME MOISTURE INFUSION CREA	F	RX/OTC
AVEENO STRESS RELIEF MOISTURIZING LOTN	F	RX/OTC
BASLE CREA	F	RX/OTC
BETA CARE CREA	F	RX/OTC
BETA CARE LOTN	F	RX/OTC
BETA XMA CREA	F	RX/OTC
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	F	QL(10896 gm per fill retail)
CAM LOTN	F	RX/OTC
CARB-O-LAN 10 CREA	F	RX/OTC
CARB-O-LAN 20 CREA	F	RX/OTC
CARB-O-PHILIC/20 CREA	F	RX/OTC
CARB-O-SAL 5 CREA	F	RX/OTC
CERAVE AM SPF 30 LOTN	F	RX/OTC
CERAVE CREA	F	RX/OTC
CERAVE LOTN	F	RX/OTC
CERAVE PM LOTN	F	RX/OTC
CERAVE RENEWING SA CREA	F	RX/OTC
CERAVE SA RENEWING LOTN	F	RX/OTC
CETAPHIL CREA	F	RX/OTC
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	F	RX/OTC
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	F	RX/OTC
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30 LOTN	F	RX/OTC
CETAPHIL MOISTURIZING CREA (*Use Emollient*)	***	RX/OTC
CETAPHIL MOISTURIZING LOTN	F	RX/OTC
CETAPHIL RESTORADERM LOTN	F	RX/OTC

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL THERAPEUTIC HAND CREA	F	RX/OTC
CLN FACIAL MOISTURIZER NOURISHING LOTN	F	RX/OTC
COCOA BUTTER HAND & BODYLOTION LOTN	F	RX/OTC
COCOA BUTTER LOTN	F	RX/OTC
COCONUT OIL BEAUTY CREA	F	RX/OTC
colloidal oatmeal crea	F	
CVS DAILY ULTRA MOISTURELOTION LOTN	F	RX/OTC
CVS MOISTURIZING CREAM CREA	F	RX/OTC
DAILY CONDITIONING TREATMENT OINT	F	QL(10896 gm per fill retail)
DERMABASEOIL IN WATER CREA	F	RX/OTC
DERMAIDE ALOE CREA	F	RX/OTC
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	F	RX/OTC
DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN	F	RX/OTC
DERMAL THERAPY FOOT MASSAGE LOTN	F	RX/OTC
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	F	RX/OTC
DERMAL THERAPY HEEL CARE LOTN	F	RX/OTC
DERMALUBE DAILY MOISTURIZING LOTION LOTN	F	RX/OTC
DERMEND MOISTURIZING BRUISE FORMULA CREA	F	RX/OTC
DHEA CREA	F	RX/OTC
DIABETIDERM CREA	F	RX/OTC
DIABETIDERM FOOT REJUVENATING CREA	F	RX/OTC
DIABETIDERM HAND & BODY LOTN	F	RX/OTC
DIABETIDERM LOTN	F	RX/OTC
DMAE CREA	F	RX/OTC
DML FORTE CREA	F	RX/OTC
DROXY CREAM CREA	F	RX/OTC
ELON SKIN REPAIR SYSTEM CREA	F	RX/OTC
ELTA CREA	F	RX/OTC
EMOLLIA-CREME CREA	F	RX/OTC
EMOLLIA-LOTION LOTN	F	RX/OTC
emollient crea	F	RX/OTC
emollient lotn 1.25 %,	F	RX/OTC
emollient oint 41 %, 0.16gm/30gm-300mg/30gm-100unit/30gm, 52 %,	F	QL(10896 gm per fill retail)
EPILYT LOTN	F	RX/OTC
EQ THERAPEUTIC MOISTURIZING CREAM CREA	F	RX/OTC
EQL ADVANCED RECOVERY SKIN CARE LOTN	F	RX/OTC
EQL MOISTURIZING CREAM CREA	F	RX/OTC
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	F	RX/OTC
EUCERIN BABY LOTN	F	RX/OTC
EUCERIN CALMING DAILY MOISTURIZER CREA (*Use Emollient*)	***	RX/OTC

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
EUCERIN DAILY PROTECTION/SPF 30 LOTN	F	RX/OTC
EUCERIN INTENSIVE REPAIR LOTN	F	RX/OTC
EUCERIN INTENSIVE REPAIRHAND CREA	F	RX/OTC
EUCERIN LOTN	F	RX/OTC
EUCERIN ORIGINAL HEALINGSOOTHING REPAIR LOTN	F	RX/OTC
EUCERIN PLUS CREA	F	RX/OTC
EUCERIN PLUS INTENSIVE REPAIR CREA (*Use Emollient*)	***	RX/OTC
EUCERIN PLUS LOTN	F	RX/OTC
EUCERIN SKIN CALMING DAILY MOISTURIZING CREA (*Use Emollient*)	***	RX/OTC
EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN	F	RX/OTC
FORMULA 405 ENRICHED EYE CREA	F	RX/OTC
FORMULA 405 FACE CREAM CREA	F	RX/OTC
FORMULA 405 LIGHT TEXTURED MOISTURIZER CREA	F	RX/OTC
FORMULA 405 MOISTURIZING LOTN	F	RX/OTC
GENTLE CREA	F	RX/OTC
GERI-SOFT LOTN	F	RX/OTC
GNP ADVANCED RECOVERY LOTN	F	RX/OTC
GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN	F	RX/OTC
GOLD BOND MEDICATED BODYLOTION LOTN	F	RX/OTC
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	F	RX/OTC
GOLD BOND ULTIMATE HEALING CREA	F	RX/OTC
GOLD BOND ULTIMATE HEALING LOTN	F	RX/OTC
GOLD BOND ULTIMATE HEALING OINT	F	QL(10896 gm per fill retail)
GOLD BOND ULTIMATE LOTN	F	RX/OTC
GOLD BOND ULTIMATE PROTECTION LOTN	F	RX/OTC
GOLD BOND ULTIMATE RESTORING LOTN	F	RX/OTC
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	F	RX/OTC
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	F	RX/OTC
GOLD BOND ULTIMATE SOFTENING LOTN	F	RX/OTC
GOLD BOND ULTIMATE SOOTHING CREA	F	RX/OTC
GOLD BOND ULTIMATE SOOTHING LOTN	F	RX/OTC
GRX VITAMIN E LOTN	F	RX/OTC
HYDRASYN25 CREA	F	RX/OTC
HYDRO-LAN CREA	F	RX/OTC
J & J BURN CREAM CREA	F	RX/OTC
KERADAN CREA	F	RX/OTC
KERI ADVANCED MOISTURE THERAPY LOTN	F	RX/OTC
KERI BASIC ESSENTIALS LOTN	F	RX/OTC
KERI LONG LASTING CREA	F	RX/OTC
KERI NOURISHING SHEA BUTTER LOTN	F	RX/OTC

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
KERI ORIGINAL LOTN	F	RX/OTC
KERI OVERNIGHT LOTN	F	RX/OTC
KERI RENEWAL MILK BODY LOTN	F	RX/OTC
KERI RENEWAL SKIN FIRMING LOTN	F	RX/OTC
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	F	RX/OTC
KERI SENSITIVE SKIN LOTN	F	RX/OTC
LAC-HYDRIN CREA (*Use Lactic Acid (Ammonium Lactate*))	***	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (*Use Lactic Acid (Ammonium Lactate*))	***	QL(1368 ml per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN (*Use Lactic Acid (Ammonium Lactate*))	***	QL(1368 ml per fill retail); RX/OTC
lactic acid (ammonium lactate) crea 12 %	F	QL(385 gm per fill retail); RX/OTC
lactic acid (ammonium lactate) lotn 12 %	F	QL(1368 ml per fill retail); RX/OTC
lactic acid (ammonium lactate) lotn 5 %	F	
LACTINOL HX CREA	F	RX/OTC
LADY ESTHER 4 PURPOSE FACE CREAM CREA	F	RX/OTC
LANAPHILIC OINT	F	QL(10896 gm per fill retail)
LANOLOR CREA	F	RX/OTC
LANTISEPTIC THERAPEUTIC CREA	F	RX/OTC
LEADER FINGER CREAM CREA	F	RX/OTC
LUBRIDERM ADVANCED THERAPY LOTN	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	F	RX/OTC
LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	F	RX/OTC
LUBRIDERM DAILY MOISTUREWITH SPF 15 LOTN	F	RX/OTC
LUBRIDERM INTENSE SKIN REPAIR LOTN	F	RX/OTC
LUBRIDERM LOTN	F	RX/OTC
LUBRIDERM MENS 3-IN-1 LOTN	F	RX/OTC
LUBRIDERM SERIOUSLY SENSITIVE LOTN	F	RX/OTC
LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN	F	RX/OTC
LUBRIDERM SOOTHING RELIEF/COOLING LOTN	F	RX/OTC
LUBRISOFT LOTN	F	RX/OTC
MAXAM LOTN	F	RX/OTC
MEDELA TENDER CARE LANOLIN CREA	F	RX/OTC
MEDERMA AG FACE CREAM CREA	F	RX/OTC
MEDERMA AG HAND & BODY LOTION LOTN	F	RX/OTC
MEDERMA STRETCH MARKS THERAPY CREA	F	RX/OTC
MOISTURIZING CREAM CREA	F	RX/OTC
MOTHERS FRIEND CREA	F	RX/OTC
MOTHERS FRIEND LOTN	F	RX/OTC
MSM SKIN LOTION LOTN	F	RX/OTC
NEOSALUS LOTN	F	RX/OTC

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
NEOSPORIN ECZEMA ESSENTIALS CREA (*Use Colloidal Oatmeal*)	***	
NEUTROGENA BODY LIGHT SESAME FORMULA LOTN	F	RX/OTC
NEUTROGENA HAND CREA	F	RX/OTC
NEUTROGENA HAND/NORWEGIANFORMULA/FAST ABSORBING CREA	F	RX/OTC
NEUTROGENA HEALTHY SKIN CREA	F	RX/OTC
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	F	RX/OTC
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	F	RX/OTC
NISEKO HYDRATING FACIAL MOISTURIZER CREA	F	RX/OTC
NIVEA CREA	F	RX/OTC
NIVEA EXTRA ENRICHED LOTION LOTN	F	RX/OTC
NIVEA EXTRA ENRICHED LOTN	F	RX/OTC
NIVEA GENTLE BODY EXFOLIATOR LOTN	F	RX/OTC
NIVEA LIGHT CREA	F	RX/OTC
NIVEA LIGHT LOTN	F	RX/OTC
NIVEA LOTN	F	RX/OTC
NIVEA ORIGINAL LOTN	F	RX/OTC
NIVEA ORIGINAL MOISTURE LOTN	F	RX/OTC
NIVEA SOFT CREA	F	RX/OTC
NIVEA VISAGE CREA	F	RX/OTC
NIVEA VISAGE INNER BEAUTY NIGHTTIME RENEWAL CREA	F	RX/OTC
NIVEA VISAGE LOTN	F	RX/OTC
NUTRADERM ADVANCED FORMULA LOTN	F	RX/OTC
NUTRADERM CREA	F	RX/OTC
NUTRADERM LOTN	F	RX/OTC
NUTRASEB CREA	F	RX/OTC
OINTMENT BASE OINT	F	QL(10896 gm per fill retail)
PEN-KERA CREA	F	RX/OTC
PENTRAVAN CREA	F	RX/OTC
PENTRAVAN PLUS CREA	F	RX/OTC
PETROLATUM OINT	F	QL(454 gm per fill retail)
PRETTY FEET & HANDS CREA	F	RX/OTC
RA GENTLE SKIN CREAM CREA	F	RX/OTC
RA RENEWAL DRY SKIN THERAPY LOTN	F	RX/OTC
RADIAGUARD ADVANCED LOTN	F	RX/OTC
RESTA CREA	F	RX/OTC
RESTA LITE LOTN	F	RX/OTC
RISABAL-PH CREA	F	RX/OTC
ROC DEEP WRINKLE SERUM LOTN	F	RX/OTC
ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM CREA	F	RX/OTC
ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM CREA	F	RX/OTC
ROC MULTI CORREXION LIFTANTI-GRAVITY NIGHT CREA	F	RX/OTC
ROC RETINOL CORREXION CREA	F	RX/OTC

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ROC RETINOL CORREXION NIGHT CREA	F	RX/OTC
ROC RETINOL CORREXION SENSITIVE EYE CREA	F	RX/OTC
ROC RETINOL CORREXION SENSITIVE NIGHT CREA	F	RX/OTC
ROSE MILK LOTN	F	RX/OTC
SKIN REPAIR LOTN	F	RX/OTC
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	F	RX/OTC
SOOTHE & COOL SKIN CREAMWITH ALOE & VITAMINS A, D & E CREA	F	RX/OTC
SORBOLENE CREA	F	RX/OTC
SPECIAL CARE CREAM CREA	F	RX/OTC
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	F	RX/OTC
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	F	RX/OTC
STUDIO 35 MOISTURIZING SKIN CREA	F	RX/OTC
SWEEN CREAM CREA	F	
THERABETIC SKIN CARE LOTN	F	RX/OTC
THERAPEUTIC MOISTURIZING CREA	F	RX/OTC
THERAPLEX HYDROLOTION LOTN	F	RX/OTC
TRIPLE CREAM CREA	F	RX/OTC
TROPAZONE LOTN	F	RX/OTC
UDDERLY SMOOTH CREA	F	RX/OTC
UDDERLY SMOOTH EXTRA CARE CREA	F	RX/OTC
UDDERLY SMOOTH EXTRA CARE20 CREA	F	RX/OTC
VANICREAM CREA	F	RX/OTC
VANICREAM LITE LOTN	F	RX/OTC
VELVACHOL CREA	F	RX/OTC
VITAMIN E WITH PANTHENOL CREA	F	RX/OTC
vitamins a & d (topical) oint	F	
WIBI LOTN	F	RX/OTC
ZIMS CRACK CREME DAYTIME CREA	F	RX/OTC
Enzymes - Topical		
GRANULEX AERS (*Use Trypsin w/ Castor Oil & Peruvian Balsam*)	***	PA
SANTYL OINT	F	PA
TBC AERS	F	PA
Immunomodulating Agents - Topical		
ALDARA CREA (*Use Imiquimod*)	***	PA
imiquimod crea	F	PA
ZYCLARA CREA	F	PA
ZYCLARA PUMP CREA	F	PA
Immunosuppressive Agents - Topical		
ELIDEL CREA	F	PA; QL(30 gm per 30 days retail)
PROTOPIC OINT 0.03 % (*Use Tacrolimus (Topical)*)	***	PA; QL(30 gm per 30 days retail); AL; At least 2 yrs old
PROTOPIC OINT 0.1 % (*Use Tacrolimus (Topical)*)	***	PA; QL(30 gm per 30 days retail); AL; At least 16 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
tacrolimus (topical) oint 0.03 %	F	PA; QL(30 gm per 30 days retail); AL; At least 2 yrs old
tacrolimus (topical) oint 0.1 %	F	PA; QL(30 gm per 30 days retail); AL; At least 16 yrs old
Keratolytic/Antimitotic Agents		
CLEAR AWAY ONE STEP WARTREMOVER PADS (*Use Salicylic Acid*)	***	
CLEAR AWAY PLANTAR SYSTEM PADS (*Use Salicylic Acid*)	***	
CLEAR AWAY WART REMOVER SYSTEM PADS (*Use Salicylic Acid*)	***	
COMPOUND W FREEZE OFF WART REMOVAL SYSTEM AERO	F	
COMPOUND W LIQD (*Use Salicylic Acid*)	***	
COMPOUND W MAXIMUM STRENGTH GEL (*Use Salicylic Acid*)	***	QL(14 gm per fill retail)
CONDYLOX GEL	F	PA
CONDYLOX SOLN (*Use Podofilox*)	***	
CORN REMOVER ONE STEP PADS (*Use Salicylic Acid*)	***	
CORN REMOVER ULTRA THIN PADS (*Use Salicylic Acid*)	***	
CORN REMOVER WATERPROOF PADS (*Use Salicylic Acid*)	***	
DERMAREST PSORIASIS GEL	F	
KERALYT GEL 3 %	F	
KERALYT GEL 6 % (*Use Salicylic Acid*)	***	
podofilox soln	F	

Drug Name	Drug Tier	Requirements/ Limits
SALEX CREAM KIT (*Use Salicylic Acid w/ Cleanser*)	***	PA
SALEX LOTION KIT (*Use Salicylic Acid w/ Cleanser*)	***	PA
SALEX SHAM (*Use Salicylic Acid*)	***	
salicylic acid gel 17 %	F	QL(14 gm per fill retail)
salicylic acid gel 6 %	F	
salicylic acid liqd 17 %	F	
salicylic acid pads 40 %	F	
salicylic acid sham 6 %	F	
salicylic acid soln 17 %	F	QL(15 ml per fill retail)
salicylic acid w/ cleanser kit	F	PA
Liniments		
ASPERCREME/ALOE CREA (*Use Trolamine Salicylate*)	***	
BENGAY GREASELESS CREA (*Use Menthol-Methyl Salicylate (Liniments)*)	***	
BENGAY ULTRA STRENGTH CREA (*Use Camphor-Menthol-Methyl Salicylate*)	***	
camphor-menthol-methyl salicylate crea	F	
liniments & rubs oint	F	
menthol-methyl salicylate (liniments) crea	F	
menthol-methyl salicylate (liniments) oint	F	
MOBISYL CREA (*Use Trolamine Salicylate*)	***	
MYOFLEX CREA (*Use Trolamine Salicylate*)	***	
SPORTSCREME CREA (*Use Trolamine Salicylate*)	***	
TIGER BALM PAIN RELIEVING PTCH	F	

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Drug Name	Drug Tier	Requirements/ Limits
TRIXAICIN CREA	F	QL(60 gm per fill retail)
trolamine salicylate crea	F	
ZIKS ARTHRITIS PAIN RELIEF CREA	F	QL(56.6 gm per fill retail)
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	F	QL(60 gm per fill retail)
AVEENO ANTI-ITCH LOTN	F	
benzocaine-triclosan aero	F	
CALADRYL LOTN (*Use Pramoxine-Calamine*)	***	
CAPSAGEL EXTRA STRENGTH GEL	F	QL(60 gm per fill retail)
CAPSAGEL GEL	F	QL(60 gm per fill retail)
CAPSAGEL MAXIMUM STRENGTH GEL	F	QL(30 gm per fill retail)
capsaicin crea 0.025 %	F	
capsaicin crea 0.075 %	F	QL(60 gm per fill retail)
capsaicin crea 0.1 %	F	QL(56.6 gm per fill retail)
CAPZASIN QUICK RELIEF GEL	F	
CAPZASIN-HP CREA (*Use Capsaicin*)	***	QL(56.6 gm per fill retail)
CAPZASIN-P CREA	F	QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	F	QL(113 gm per fill retail)
DERMOPLAST AERO	F	
DERMOPLAST PAIN RELIEVINGSPRAY AERO	F	
dibucaine oint	F	QL(31 gm per 30 days retail)
EMLA CREA (*Use Lidocaine-Prilocaine*)	***	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND MULTI-SYMPTOM/ITCH & PAIN RELIEF/MAXIMUM STRENGTH CREA	F	QL(1 ml daily)
ITCH-X GEL	F	
lidocaine crea 4 %	F	QL(1 gm daily,120 gm per fill retail)
lidocaine hcl crea 3 %	F	QL(453.6 gm per fill retail)
lidocaine hcl gel 2 %	F	QL(100 ml per fill retail); RX/OTC
lidocaine ptch 5 %	F	PA; QL(1 ea daily)
lidocaine-prilocaine crea	F	QL(30 gm per fill retail)
lidocaine-prilocaine kit	F	
lidocaine-transparent dressing kit	F	
LIDODERM PTCH (*Use Lidocaine*)	***	PA; QL(1 ea daily)
LMX 4 CREA (*Use Lidocaine*)	***	QL(1 gm daily,120 gm per fill retail)
LMX 4 PLUS KIT (*Use Lidocaine-Transparent Dressing*)	***	
NEUROMED7 CREA	F	QL(1 ml daily)
pramoxine-calamine lotn	F	
pramoxine-zinc acetate lotn	F	
PREDATOR CREA	F	QL(1 ml daily)
RA PAIN RELIEF CREA	F	QL(1 ml daily)
XOLIDO XP CREA	F	QL(1 ml daily)
ZOSTRIX ARTHRITIS PAIN RELIEF CREA (*Use Capsaicin*)	***	
ZOSTRIX DIABETIC FOOT PAIN CREA (*Use Capsaicin*)	***	QL(60 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
Misc. Dermatological Products		
5 DAY LIQD	F	QL(473 ml per fill retail); RX/OTC
ALEVICYN ANTIPRURITIC SG LIQD	F	QL(473 ml per fill retail); RX/OTC
dermatological products, misc. liqd	F	QL(473 ml per fill retail); RX/OTC
DIABETIDERM MASSAGE STIMULATOR LIQD	F	QL(473 ml per fill retail); RX/OTC
GENADUR LIQD	F	QL(473 ml per fill retail); RX/OTC
JOBST IT STAYS/ROLL-ON LIQD	F	QL(473 ml per fill retail); RX/OTC
KERASAL FUNGAL NAIL RENEWAL LIQD	F	QL(473 ml per fill retail); RX/OTC
NAIL SCRUB LIQD	F	QL(473 ml per fill retail); RX/OTC
REMOVE ADHESIVE REMOVER LIQD	F	QL(473 ml per fill retail); RX/OTC
THUM LIQD	F	QL(473 ml per fill retail); RX/OTC
Misc. Topical		
4-N-1 CREA	F	QL(5676 ml per fill retail)
A+D FIRST AID OINT	F	QL(10896 ml per fill retail)
A-MANTLE CREA	F	
ABSORBASE OINT	F	QL(10896 ml per fill retail)
ACUWASH LIQD	F	
ALOE VESTA PROTECTIVE OINT	F	QL(10896 ml per fill retail)
ALOE VESTA SKIN CONDITIONER LOTN (*Use Dimethicone (Topical)*)	***	QL(11328 ml per fill retail)
aluminum hydroxide oint ex	F	QL(2712 gm per fill retail)
aluminum sulfate & calcium acetate pack	F	
AMERIDERM PERISHIELD OINT	F	QL(10896 ml per fill retail)
AQUA GLYCOLIC FACIAL CLEANSER LIQD	F	
AQUA GLYCOLIC SHAMPOO & BODY CLEANSER LIQD	F	
AQUA GLYCOLIC TONER LIQD	F	
AQUAPHOR LIP REPAIR OINT	F	QL(10896 ml per fill retail)
ASC LOTIONIZED ANTIMICROBIAL SKIN CLEANSER LIQD	F	
AVEENO BABY CALMING COMFORT BATH LIQD	F	
AVEENO BABY CLEANSING THERAPY MOISTURIZING WASH LIQD	F	
AVEENO BABY SOOTHING RELIEF DIAPER RASH CREA	F	
AVEENO POSITIVELY NOURISHING ANTIOXIDANT INFUSED BODY WASH LIQD	F	
AVEENO POSITIVELY RADIANT60 SECOND IN-SHOWER FACIAL LIQD	F	
BASIS CLEANSER EXTRA DRY LIQD	F	
BASIS CLEANSER NORMAL/DRY LIQD	F	
BASIS CLEANSER SENSITIVE LIQD	F	
BASIS FACIAL MOISTURIZER CREA	F	QL(10896 gm per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BASIS OVERNIGHT CREA	F	QL(10896 gm per fill retail); RX/OTC
BODI BATH LIQD	F	
BODI BATH SENSITIVE SKINFORMULA LIQD	F	
BODI KLEEN LIQD	F	
BODI PROTECT OINT	F	QL(10896 ml per fill retail)
BOUDREAUXS BUTT BATH BODYWASH & SHAMPOO LIQD	F	
BOUDREAUXS BUTT PASTE OINT	F	
CALAMINE LOTN	F	
CARA-KLENZ SOLN	F	
CARRINGTON MOISTURE BARRIER CREA	F	QL(10896 gm per fill retail); RX/OTC
CARRINGTON MOISTURE BARRIER/ZINC CREA	F	QL(10896 gm per fill retail); RX/OTC
CERAVE FOAMING FACIAL CLEANSER LIQD	F	
CERAVE HYDRATING CLEANSER LIQD	F	
CERAVE OINT	F	QL(10896 ml per fill retail)
CETAKLENZ LIQD	F	
CETAPHIL DERMACONTROL FOAM WASH LIQD	F	
CETAPHIL GENTLE CLEANSER LIQD	F	
CETAPHIL LIQD	F	
CETAPHIL RESTORADERM LIQD	F	
CHAPSTICK OVERNIGHT OINT	F	QL(10896 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CHAPSTICK ULTRA MOISTUREDAYTIME FORMULA OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMOOTH FORTIFY OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMOOTH NOURISH OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMOOTH REJUVENATE OINT	F	QL(10896 ml per fill retail)
CHAPSTICK ULTRASMOOTH SOOTHE OINT	F	QL(10896 ml per fill retail)
CLEAN & CLEAR ESSENTIALSFOAMING FACIAL CLEANSER LIQD	F	
CLEAN & CLEAR FOAMING FACIAL CLEANSER SENSITIVE SKIN LIQD	F	
CLEAN & CLEAR MORNING BURST BODY WASH BOOST LIQD	F	
CLEAN & CLEAR MORNING BURST DETOXIFYING FACIAL CLEANSER LIQD	F	
CLEAN & CLEAR MORNING BURST FACIAL CLEANSER LIQD	F	
CLEAN & CLEAR MORNING BURST HYDRATING FACIAL CLEANSER LIQD	F	
CLEAN & CLEAR NIGHT RELAXING DEEP CLEANING FACE WASH LIQD	F	
CLEANSING EYELID PADS PADS	F	
CLN BODY WASH GENTLE NON-DRYING LIQD	F	
CLN FACIAL CLEANSER MOISTURE BALANCING LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
CLN HAND & FOOT WASH DEEP CLEANSING LIQD	F	
CLN SPORT WASH HIGH PERFORMANCE LIQD	F	
CLN SPORTWASH LIQD	F	
COLEMAN 100 MAX INSECT REPELLENT/CONTINUOUS SPRAY AERO	***	Limit 1 package per Claim, 2 per Month
COLEMAN INSECT REPELLENT/HIGH & DRY AERO	***	Limit 1 package per Claim, 2 per Month
COLEMAN INSECT REPELLENT/SPORTSMEN AERO	***	Limit 1 package per Claim, 2 per Month
COOL BOTTOMS CREA	F	QL(5676 ml per fill retail)
CRITIC-AID CLEAR MOISTUREBARRIER OINT	F	QL(10896 ml per fill retail)
CUTTER AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER ALL FAMILY AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER BACKWOODS AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER BACKWOODS DRY AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER DRY AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER SKINSATIONS AERO	***	Limit 1 package per Claim, 2 per Month
CUTTER SPORT AERO	***	Limit 1 package per Claim, 2 per Month
CVS CLEANSING EYELID WIPES PADS	F	
CVS INSECT REPELLENT AERO	***	Limit 1 package per Claim, 2 per Month
CVS ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
CVS SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
CVS TOTAL HOME INSECT REPELLENT AERO	***	Limit 1 package per Claim, 2 per Month
DERMADROX OINT	F	QL(10896 ml per fill retail)
DERMAGRAN OINT (*Use Aluminum Hydroxide*)	***	QL(2712 gm per fill retail)
DERMAGRAN SKIN PROTECTANT OINT (*Use Aluminum Hydroxide*)	***	QL(2712 gm per fill retail)
DESITIN OINT (*Use Zinc Oxide (Topical*))	***	
dimethicone (topical) lotn	F	QL(11328 ml per fill retail)
DOMEBORO PACK (*Use Aluminum Sulfate & Calcium Acetate*)	***	
DRYSOL SOLN	F	
EQL BODY WASH/SENSITIVE SKIN LIQD	F	
EQL BODY WASH/SHEA BUTTER LIQD	F	
EQL CLEAR HAND SOAP REFILL LIQD	F	
EQL INVIGORATING MAKEUP REMOVER TOWELETTES PADS	F	
EQL LIQUID HAND SOAP LIQD	F	
EQL LIQUID HAND SOAP REFILL LIQD	F	
EQL MAKEUP REMOVER TOWELETTES PADS	F	

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Drug Name	Drug Tier	Requirements/ Limits
EQL SKIN ASTRINGENT LIQD	F	
ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED MISC	F	RX/OTC
EUCERIN CREA (*Use Skin Protectants, Misc.*)	***	QL(10896 gm per fill retail); RX/OTC
EUCERIN SKIN CALMING BODYWASH LIQD	F	
EYE-SCRUB PADS	F	
EYESCRUB LIQD	F	
FREE & CLEAR FOR SENSITIVE SKIN LIQD	F	
GERI PROTECT OINT	F	QL(10896 ml per fill retail)
GERI-WASH LIQD	F	
GNP ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
GNP SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH EXFOLIATING LIQD	F	
GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH HEALING LIQD	F	
GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH SENSITIVE/OATEXT LIQD	F	
GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH SOFTENING/SHEA LIQD	F	
GRX ASC LOTIONIZED ANTIMICROBIAL SKIN CLEANSER LIQD	F	
HM EYELID WIPES PADS	F	
HYDROCERIN CREA	F	QL(10896 gm per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
IONIL LIQD	F	
ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
JOHNSONS BABY OIL BODY WASH LIQD	F	
KP GENTLE SKIN CLEANSER LIQD	F	
lanolin (topical) crea	F	
LANTISEPTIC SKIN PROTECTANT OINT	F	QL(10896 ml per fill retail)
MEDERMA AG BODY CLEANSER LIQD	F	
MEDERMA AG FACIAL CLEANSER LIQD	F	
MEDERMA AG FACIAL TONER LIQD	F	
MEIJER CALAMINE LOTN	F	
NATURES WASH PLUS LIQD	F	
NEOSPORIN LIP HEALTH OVERNIGHT RENEWAL THERAPY OINT	F	QL(10896 ml per fill retail)
NEUTRAPHOR CREA	F	QL(5676 ml per fill retail)
NEUTRAPHORUS REX CREA	F	QL(5676 ml per fill retail)
NEUTROGENA DEEP CLEAN FACIAL CLEANSER LIQD	F	
NEUTROGENA FRESH FOAMINGCLEANSER LIQD	F	
NIVEA VISAGE FOAMING FACIAL LIQD	F	
NIVEA VISAGE MOISTURIZING TONER LIQD	F	
NOBLE MYSTIQUE BODY CLEANSER LIQD	F	
OCUSOFT BABY EYELID & EYELASH CLEANSER PADS	F	
OCUSOFT EYELID CLEANSINGPADS PADS	F	

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Drug Name	Drug Tier	Requirements/ Limits
OCUSOFT LID SCRUB PADS	F	
OCUSOFT LID SCRUB PLUS PADS	F	
OFF ACTIVE AERO	***	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS AERO	***	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS AERO	F	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS DRY AERO	F	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS DRY AERO	***	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS SPORTSMEN AERO	***	Limit 1 package per Claim, 2 per Month
OFF FAMILYCARE SMOOTH & DRY AERO	***	Limit 1 package per Claim, 2 per Month
OFF SMOOTH & DRY AERO	***	Limit 1 package per Claim, 2 per Month
PALOMAR E OINT	F	QL(10896 ml per fill retail)
PELEVERUS CLEAR OINT	F	QL(10896 ml per fill retail)
PELEVERUS GOLD OINT	F	QL(10896 ml per fill retail)
PELEVERUS OINT	F	QL(10896 ml per fill retail)
PERI-WASH LIQD	F	
PETROLEUM JELLY LIP TREATMENT OINT	F	QL(10896 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE ALCOHOL PRED PADS PADS	F	RX/OTC
PROSHIELD PLUS SKIN PROTECTANT CREA	F	QL(5676 ml per fill retail)
PROSHIELD PROTECTIVE HANDCREAM CREA	F	QL(10896 gm per fill retail); RX/OTC
QC CALAMINE LOTN	F	
RA ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
RA MAKEUP REMOVER EYELIDWIPES XL PADS	F	
RA RENEWAL ADVANCED HEALING OINT	F	QL(10896 ml per fill retail)
RA SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
REFRESH CLEANSER LIQD	F	
REHYLA HAIR + BODY CLEANSER LIQD	F	
REHYLA WASH LIQD	F	
REMEDY CLEAR-AID OINT	F	QL(10896 ml per fill retail)
REMEDY FOAMING BODY CLEANER/OLIVAMINE LIQD	F	
REMEDY NUTRASHIELD CREA	F	QL(5676 ml per fill retail)
REMEDY SKIN REPAIR CREA	F	QL(946 ml per fill retail)
REPEL FAMILY AERO	***	Limit 1 package per Claim, 2 per Month
REPEL FAMILY DRY AERO	***	Limit 1 package per Claim, 2 per Month
REPEL HUNTERS FORMULA AERO	***	Limit 1 package per Claim, 2 per Month
REPEL SPORTSMEN AERO	***	Limit 1 package per Claim, 2 per Month

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Drug Name	Drug Tier	Requirements/ Limits
REPEL SPORTSMEN DRY AERO	***	Limit 1 package per Claim, 2 per Month
REPEL SPORTSMEN MAX AERO	***	Limit 1 package per Claim, 2 per Month
REPEL SPORTSMEN MAX LOTN	***	Limit 1 package per Claim, 2 per Month
RISAMINE OINT	F	
ROC MAX RESURFACING FACIAL CLEANSER LIQD	F	
SAFE WASH SOLN	F	QL(7200 ml per fill retail)
SALINE WOUND WASH SOLN	F	QL(7200 ml per fill retail)
SALJET RINSE SOLN	F	QL(7200 ml per fill retail)
SALJET SOLN	F	QL(7200 ml per fill retail)
SAWYER INSECT REPELLENT AERO	***	Limit 1 package per Claim, 2 per Month
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	***	Limit 1 package per Claim, 2 per Month
SENSI-CARE MOISTURIZING CREA	F	QL(10896 gm per fill retail); RX/OTC
SENSI-CARE SEPTI-SOFT CONENTRATE LIQD	F	
skin protectants, misc. crea	F	QL(10896 gm per fill retail); RX/OTC
skin protectants, misc. oint 51.1 %, 0.7%-0.4%-1.7%, 0.5%-6.3%-70%,	F	QL(10896 ml per fill retail)
SM CALAMINE LOTN	F	
soap & cleansers liqd	F	
SOOTHE & COOL FREE MEDSEPTIC OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL FREE MOISTURE BARRIER OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL FREE SKIN PASTE OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL MOISTURE BARRIER OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL PROTECT MOISTURE BARRIER OINT	F	QL(10896 ml per fill retail)
SOOTHE & COOL SHAMPOO ANDBODY WASH WITH ALOE LIQD	F	
SORBIDON HYDRATE CREA	F	QL(10896 gm per fill retail); RX/OTC
STAPHSCRUB LIQD	F	
SUMMERS EVE CLEANSING WASH/SENSITIVE SKIN LIQD	F	
SUMMERS EVE NIGHT-TIME CLEANSING WASH/SENSITIVE SKIN LIQD	F	
SURE COMFORT ALCOHOL PREP PADS PADS	F	RX/OTC
SYSTANE LID WIPES PADS	F	
TENA SKIN-CARING BODY WASH LIQD	F	
TENA SKIN-CARING WASH CREAM LIQD	F	
TRIPLE PASTE OINT	F	
ULTRATHON INSECT REPELLENT 8 AERO	F	Limit 1 package per Claim, 2 per Month
ULTRATHON INSECT REPELLENT LOTN	F	Limit 1 package per Claim, 2 per Month
witch hazel-glycerin pads	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
WOUND WASH SALINE SOLN	F	QL(7200 ml per fill retail)
zinc oxide (topical) crea 13 %	F	
zinc oxide (topical) oint 20 %	F	QL(500 gm per fill retail)
zinc oxide (topical) oint 40 %	F	
Pigmenting-Depigmenting Agents		
hydroquinone crea	F	PA
OXSORALEN LOTN	F	PA
TRI-LUMA CREA	F	PA
Poison Ivy Products		
poison ivy treatments misc	F	
ZANFEL MISC (*Use Poison Ivy Treatments*)	***	
Rosacea Agents		
DOXYCYCLINE CPDR	F	PA
FINACEA GEL	F	PA
METROCREAM CREA (*Use Metronidazole (Topical)*)	***	QL(45 gm per 30 days retail)
METROGEL GEL (*Use Metronidazole (Topical)*)	***	PA
METROLOTION LOTN (*Use Metronidazole (Topical)*)	***	
metronidazole (topical) crea 0.75 %	F	QL(45 gm per 30 days retail)
metronidazole (topical) gel 0.75 %	F	PA; QL(45 gm per 31 days retail)
metronidazole (topical) gel 1 %	F	PA
metronidazole (topical) lotn 0.75 %	F	
MIRVASO GEL	F	PA
NORITATE CREA	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ORACEA CPDR	F	PA
Scabicides & Pediculicides		
A-200 GEL EX 0.33%-4%	F	
A-200 KIT CO 0.5%-0.33%-4% (*Use Permethrin & Pyrethrins-Piperonyl Butoxide*)	***	
ELIMITE CREA (*Use Permethrin*)	***	QL(360 gm per fill retail)
EURAX CREA	F	QL(60 gm per fill retail)
EURAX LOTN	F	QL(454 gm per fill retail)
KLOUT SHAM	F	QL(1 ml per 14 days retail)
LICEMD GEL	F	
LICIDE TREATMENT KIT KIT	F	
LINDANE LOTN	F	PA
lindane lotn	F	PA
lindane sham	F	PA
LINDANE SHAM	F	PA
malathion lotn	F	Limit 2 fills per month;QL(59 ml per fill retail)
NATROBA SUSP	F	
NIX CREME RINSE LIQD (*Use Permethrin*)	***	
OVIDE LOTN (*Use Malathion*)	***	Limit 2 fills per month;QL(59 ml per fill retail)
permethrin & pyrethrins-piperonyl butoxide kit	F	
permethrin aero xx 0.5 %	F	
permethrin crea ex 5 %	F	QL(360 gm per fill retail)
permethrin liqd ex 1 %	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
permethrin lotn ex 1 %	F	QL(240 ml per fill retail)
pyrethrins-piperonyl butoxide liqd	F	
pyrethrins-piperonyl butoxide sham	F	
pyrethrins-piperonyl butoxide-permethrin-nit remover kit	F	
RID AERO (*Use Permethrin*)	***	
RID COMPLETE LICE ELIMINATION KIT (*Use Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover*)	***	
RID ESSENTIAL LICE ELIMINATION KIT KIT	F	
RID LIQD (*Use Pyrethrins-Piperonyl Butoxide*)	***	
SCHOOLTIME SHAMPOO SHAM	F	QL(1 ml per 14 days retail)
SPINOSAD SUSP	F	
ULESFIA LOTN	F	PA
Tar Products		
coal tar extract sham 0.5 %	F	
coal tar extract sham 1 %	F	QL(473 ml per fill retail)
coal tar extract sham 2.5 %	F	QL(480 ml per fill retail)
DENOREX THERAPEUTIC 2-IN-1 SHAM (*Use Coal Tar Extract*)	***	QL(480 ml per fill retail)
DHS TAR GEL SHAM (*Use Coal Tar Extract*)	***	
DHS TAR SHAM (*Use Coal Tar Extract*)	***	
NEUTROGENA T/GEL SHAM (*Use Coal Tar Extract*)	***	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (*Use Coal Tar Extract*)	***	
THERAPLEX T SHAM (*Use Coal Tar Extract*)	***	QL(473 ml per fill retail)
Wound Care Products		
ACTIMARIS WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
ALEVICYN ANTIPRURITIC GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
AMERIGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
ATRAPRO ANTIPRURITIC HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
ATRAPRO DERMAL SPRAY LIQD	F	QL(4260 ml per fill retail); RX/OTC
CARRASMART GEL	F	QL(3000 ml per fill retail); RX/OTC
CARRASYN HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
CARRASYN V HYDROGEL WOUNDDRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
COMFEEL PASTE PSTE	F	QL(2040 ml per fill retail)
CURAFIL GEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
CVS MANUKA HONEY WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
CVS SILVER GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
DERMAGRAN HYDROGEL WOUNDDRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
DERMAGRAN-B HYDROPHILIC WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
DERMASYN GEL	F	QL(3000 ml per fill retail); RX/OTC

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
DIAB DAILY CARE GEL	F	QL(3000 ml per fill retail); RX/OTC
DIAB F.D.G. FREEZE-DRIED GEL	F	QL(3000 ml per fill retail); RX/OTC
DIAB GEL	F	QL(3000 ml per fill retail); RX/OTC
ELTA DERMAL GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
ELTA DERMAL WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
ELTA DERMAL WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
EXCEL-GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
GRX WOUND GEL	F	QL(3000 ml per fill retail); RX/OTC
HYDROGEL AG GEL	F	QL(3000 ml per fill retail); RX/OTC
HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
INTRASITE GEL APPLIPAK GEL	F	QL(3000 ml per fill retail); RX/OTC
KENDALL AMORPHOUS HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
KERAGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
KERAGELT GEL	F	QL(3000 ml per fill retail); RX/OTC
MEDIHONEY WOUND/BURNDRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
MEDIHONEY WOUND/BURNDRESSING PSTE	F	QL(2040 ml per fill retail)
MICROCYN LIQD	F	QL(4260 ml per fill retail); RX/OTC
MICROKLENZ ANTISEPTIC WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
NEXCARE WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
NU-GEL COLLAGEN WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
PELEVERUS LIQD	F	QL(4260 ml per fill retail); RX/OTC
PURACYN PLUS DUO-CARE LIQD	F	QL(4260 ml per fill retail); RX/OTC
PURILON GEL	F	QL(3000 ml per fill retail); RX/OTC
RADIAGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
RADIAPLEXRX GEL	F	QL(3000 ml per fill retail); RX/OTC
REGENECARE GEL	F	PA
REGRANEX GEL	F	PA
REMEDY 4-IN-1 BODY CLEANSER/FOAMER LIQD	F	QL(4260 ml per fill retail); RX/OTC
RESTA WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
RESTORE HYDROGEL DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
REVITADERM WOUND CARE GEL	F	QL(3000 ml per fill retail); RX/OTC
SAF-CLENS AF LIQD	F	QL(4260 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SAF-GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
SEA-CLENS WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
SHUR-CLENS LIQD	F	QL(4260 ml per fill retail); RX/OTC
SILVASORB GEL	F	QL(3000 ml per fill retail); RX/OTC
SILVERMED GEL	F	QL(3000 ml per fill retail); RX/OTC
SILVERMED LIQD	F	QL(4260 ml per fill retail); RX/OTC
SKINTEGRITY HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
SKINTEGRITY WOUND LIQD	F	QL(4260 ml per fill retail); RX/OTC
SOLOSITE GEL	F	QL(3000 ml per fill retail); RX/OTC
SP ANTIPRURITIC GEL	F	QL(3000 ml per fill retail); RX/OTC
SPECTRAGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
STIMULEN GEL	F	QL(3000 ml per fill retail); RX/OTC
TEGADERM HYDROGEL WOUND FILLER GEL	F	QL(3000 ml per fill retail); RX/OTC
THERAHONEY GEL	F	QL(3000 ml per fill retail); RX/OTC
TRIAD HYDROPHILIC WOUND DRESSING PSTE	F	QL(2040 ml per fill retail)
VASCUDERM HYDROGEL WOUNDDRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUN'DRES COLLAGEN HYDROGEL WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUND CLEANSER LIQD	F	QL(4260 ml per fill retail); RX/OTC
wound cleansers liqd	F	QL(4260 ml per fill retail); RX/OTC
WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUND GEL SPRAY GEL	F	QL(3000 ml per fill retail); RX/OTC
WOUND WASH LIQD	F	QL(4260 ml per fill retail); RX/OTC
ZANABIN ANTIPRURITIC HYDROGEL GEL	F	QL(3000 ml per fill retail); RX/OTC
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	F	Limit 1 fill per Month
Diagnostic Tests		
ALBUSTIX STRP	F	QL(100 ea per 30 days retail)
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	F	QL(100 ea per fill retail)
CHEK-STIX CONTROL STRP	F	QL(100 ea per fill retail)
CHEMSTRIP -10 WITH SG STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CHEMSTRIP 10 MD STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CHEMSTRIP 2 GP STRIPS STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CHEMSTRIP 5 OB STRP	F	QL(1 ea daily,30 ea per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
CHEMSTRIP 7 STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CHEMSTRIP 9 STRIPS STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CHEMSTRIP UGK STRP	F	QL(100 ea per 30 days retail)
CHEMSTRIP-K STRP	F	QL(100 ea per fill retail)
CHEMSTRIP-MICRAL STRP	F	QL(100 ea per 30 days retail)
CLINITEST REAGENT TABS	F	
CLINITEST TABS	F	
COMBISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CVS KETONE CARE STRP	F	QL(100 ea per 30 days retail)
DIASTIX STRP	F	QL(30 ea per 30 days retail)
HEMA-COMBISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
KETO-DIASTIX STRP	F	QL(100 ea per 30 days retail)
KETOCARE STRP	F	QL(100 ea per fill retail)
KETONE TEST STRIPS STRP	***	
KETOSTIX STRP	F	QL(100 ea per fill retail)
LABSTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 10 SG STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 5 STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 7 STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 8 SG STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 9 SG STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX 9 STRP	F	QL(1 ea daily,30 ea per 30 days retail)
MULTISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
NOVA MAX PLUS KETONE TESTSTRIPS STRP	F	QL(1 ea daily)
PRECISION XTRA STRP VI	F	QL(1 ea daily)
PTS PANELS KETONE TEST STRP	F	QL(1 ea daily)
PTS PANELS KETONE TEST STRP	***	QL(1 ea daily)
RELION KETONE STRP	***	
RELION KETONE TEST STRIPS STRP	***	
TRUE METRIX BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC
URISTIX 4 STRP	F	QL(1 ea daily,30 ea per 30 days retail)
URISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
UTI HOME TEST TEST	F	QL(30 ea per 30 days retail)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
L-METHYL-MC NAC TABS	F	PA
METAFOLBIC PLUS TABS	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
NEOKE BCAA4 POWD	F	RX/OTC
SULFZIX POWD	F	RX/OTC
XIZFLUS POWD	F	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 114000UNIT-36000UNIT-180000UNIT	F	PA
CREON CPEP 9500UNIT-3000UNIT-15000UNIT, 38000UNIT-12000UNIT-60000UNIT, 19000UNIT-6000UNIT-30000UNIT, 76000UNIT-24000UNIT-120000UNIT	F	
LACTAID FAST ACT TABS (*Use Lactase*)	***	
LACTAID TABS (*Use Lactase*)	***	
lactase tabs	F	
PANCREAZE CPEP	F	
PANCRELIPASE CPEP	F	
SUCRAID SOLN	F	PA
ULTRESA CPEP	F	PA
ZENPEP CPEP	F	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12	F	
acetazolamide tabs	F	
DIAMOX CP12 (*Use Acetazolamide*)	***	
methazolamide tabs	F	
NEPTAZANE TABS (*Use Methazolamide*)	***	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (*Use Spironolactone & Hydrochlorothiazide*)	***	
ALDACTAZIDE TABS 50MG-50MG	F	PA
amiloride & hydrochlorothiazide tabs	F	QL(1 ea daily)
DYAZIDE CAPS (*Use Triamterene & Hydrochlorothiazide*)	***	
MAXZIDE TABS (*Use Triamterene & Hydrochlorothiazide*)	***	
MAXZIDE-25 TABS (*Use Triamterene & Hydrochlorothiazide*)	***	
spironolactone & hydrochlorothiazide tabs	F	
triamterene & hydrochlorothiazide caps	F	
triamterene & hydrochlorothiazide tabs	F	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	F	
Loop Diuretics		
bumetanide tabs	F	
BUMEX TABS (*Use Bumetanide*)	***	
DEMADEX TABS (*Use Torsemide*)	***	QL(1 ea daily)
EDECRIN TABS (*Use Ethacrynic Acid*)	***	PA
ethacrynic acid tabs	F	PA
furosemide soln 10 mg/ml	F	
FUROSEMIDE SOLN 8 MG/ML	F	
furosemide tabs 80 mg, 40 mg, 20 mg	F	

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Drug Name	Drug Tier	Requirements/ Limits
LASIX TABS (*Use Furosemide*)	***	
torsemide tabs	F	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (*Use Spironolactone*)	***	
amiloride hcl tabs	F	QL(4 ea daily)
spironolactone tabs	F	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	F	QL(2 ea daily)
chlorothiazide tabs 500 mg	F	QL(4 ea daily)
chlorthalidone tabs	F	
DIURIL SUSP	F	PA
hydrochlorothiazide caps	F	
hydrochlorothiazide tabs	F	
indapamide tabs	F	
METHYCLOTHIAZIDE TABS	F	PA
metolazone tabs	F	
MICROZIDE CAPS (*Use Hydrochlorothiazide*)	***	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS (*Use Risedronate Sodium*)	***	PA
ALENDRONATE SODIUM SOLN 70 MG/75ML	F	QL(10.8 ml daily)
alendronate sodium tabs 10 mg, 5 mg	F	QL(1 ea daily)
alendronate sodium tabs 35 mg, 70 mg	F	QL(0.15 ea daily)
ALENDRONATE SODIUM TABS 40 MG	F	QL(1 ea daily)
ATELVIA TBEC (*Use Risedronate Sodium*)	***	PA
BONIVA TABS (*Use Ibandronate Sodium*)	***	PA
calcitonin (salmon) soln	F	QL(3.7 ml per fill retail)
ETIDRONATE DISODIUM TABS	F	PA
FORTEO SOLN	F	PA
FORTICAL SOLN	F	QL(3.7 ml per fill retail)
FOSAMAX PLUS D TABS	F	PA
FOSAMAX TABS (*Use Alendronate Sodium*)	***	QL(0.15 ea daily)
ibandronate sodium tabs	F	PA
MIACALCIN SOLN IJ 200 UNIT/ML	F	QL(2 ml per fill retail)
MIACALCIN SOLN NA 200 UNIT/ACT (*Use Calcitonin (Salmon)*)	***	QL(3.7 ml per fill retail)
risedronate sodium tabs	F	PA
risedronate sodium tbec	F	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	F	PA
NOVAREL SOLR	F	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	F	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	F	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	F	PA
GENOTROPIN SOLR	F	PA
HUMATROPE COMBO PACK SOLR	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
HUMATROPE SOLR	F	PA
NORDITROPIN FLEXPRO SOLN	F	PA
NUTROPIN AQ NUSPIN 10 SOLN	F	PA
NUTROPIN AQ NUSPIN 20 SOLN	F	PA
NUTROPIN AQ NUSPIN 5 SOLN	F	PA
NUTROPIN AQ PEN SOLN	F	PA
OMNITROPE SOLN	F	PA
OMNITROPE SOLR	F	PA
SAIZEN CLICK.EASY SOLR	F	PA
SAIZEN SOLR	F	PA
SAIZENPREP RECONSTITUTIONKIT SOLR	F	PA
SEROSTIM SOLR	F	PA
ZOMACTON SOLR	F	PA
ZORBTIVE SOLR	F	PA
Hormone Receptor Modulators		
EVISTA TABS (*Use Raloxifene HCl*)	***	QL(1 ea daily)
raloxifene hcl tabs	F	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	F	PA
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	F	PA
Metabolic Modifiers		
BUPHENYL TABS	F	PA
BUPHENYL TABS (*Use Sodium Phenylbutyrate*)	***	PA
calcitriol caps	F	
calcitriol soln	F	
CARBAGLU TABS	F	PA
CARNITOR SF SOLN (*Use Levocarnitine (Metabolic Modifiers*))	***	QL(30 ml daily)
CARNITOR SOLN 1 GM/10ML (*Use Levocarnitine (Metabolic Modifiers*))	***	QL(30 ml daily)
CARNITOR TABS 330 MG (*Use Levocarnitine (Metabolic Modifiers*))	***	QL(3 ea daily); RX/OTC
doxercalciferol caps	F	PA
HECTOROL CAPS (*Use Doxercalciferol*)	***	PA
KUVAN TBSO	F	PA
levocarnitine (metabolic modifiers) soln 1 gm/10ml	F	QL(30 ml daily)
levocarnitine (metabolic modifiers) tabs 330 mg	F	QL(3 ea daily); RX/OTC
ORFADIN CAPS	F	PA
paricalcitol caps	F	PA
ROCALTROL CAPS (*Use Calcitriol*)	***	
ROCALTROL SOLN (*Use Calcitriol*)	***	
SENSIPAR TABS	F	PA
sodium phenylbutyrate tabs	F	PA
ZEMPLAR CAPS (*Use Paricalcitol*)	***	PA
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 % (*Use Desmopressin Acetate Refrigerated*)	***	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (*Use Desmopressin Acetate Spray*)	***	QL(5 ml per fill retail)
DDAVP TABS OR 0.2 MG, 0.1 MG (*Use Desmopressin Acetate*)	***	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
desmopressin acetate refrigerated soln	F	QL(5 ml per fill retail)
desmopressin acetate spray refrigerated soln	F	QL(5 ml per fill retail)
desmopressin acetate spray soln	F	QL(5 ml per fill retail)
desmopressin acetate tabs	F	QL(6 ea daily)
STIMATE SOLN	F	PA
Prolactin Inhibitors		
cabergoline tabs	F	PA
Somatostatic Agents		
octreotide acetate soln	F	PA
SANDOSTATIN SOLN (*Use Octreotide Acetate*)	***	PA
SIGNIFOR SOLN	F	PA
Vasopressin Receptor Antagonists		
SAMSCA TABS	F	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 0.1MG-0.5MG (*Use Estradiol & Norethindrone Acetate*)	***	PA; QL(1 ea daily)
ACTIVELLA TABS 0.5MG-1MG (*Use Estradiol & Norethindrone Acetate*)	***	PA
ANGELIQ TABS	F	PA
CLIMARA PRO PTWK	F	PA
COMBIPATCH PTTW	F	
DUAVEE TABS	F	PA
esterified estrogens & methyltestosterone tabs	F	QL(1 ea daily)
estradiol & norethindrone acetate tabs 0.1mg-0.5mg	F	PA; QL(1 ea daily)
estradiol & norethindrone acetate tabs 0.5mg-1mg	F	PA
FEMHRT LOW DOSE TABS (*Use Norethindrone Acetate-Ethinyl Estradiol*)	***	PA
norethindrone acetate-ethinyl estradiol tabs	F	PA
PREMPHASE TABS	F	PA
PREMPRO TABS	F	
Estrogens		
ALORA PTTW	F	Limit 8 patches per month;QL(0.3 ea daily)
CLIMARA PTWK (*Use Estradiol*)	***	Limit 4 patches per month;QL(0.15 ea daily)
DIVIGEL GEL	F	PA
ENJUVIA TABS	F	PA
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (*Use Estradiol*)	***	
estradiol pttw td 0.0375 mg/24hr, 0.1 mg/24hr, 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr	F	Limit 8 patches per month;QL(0.3 ea daily)
estradiol ptwk td 0.06 mg/24hr, 0.075 mg/24hr, 0.025 mg/24hr, 37.5 mcg/24hr, 0.1 mg/24hr, 0.05 mg/24hr	F	Limit 4 patches per month;QL(0.15 ea daily)
estradiol tabs or 0.5 mg, 1 mg, 2 mg	F	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	F	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	F	QL(2 ea daily)
EVAMIST SOLN	F	PA
MENEST TABS	F	PA
MINIVELLE PTTW	F	Limit 8 patches per month;QL(0.3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	F	QL(1 ea daily)
VIVELLE-DOT PTTW (*Use Estradiol*)	***	Limit 8 patches per month;QL(0.3 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (*Use Moxifloxacin HCl*)	***	PA
AVELOX TABS (*Use Moxifloxacin HCl*)	***	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML (*Use Ciprofloxacin*)	***	PA
CIPRO TABS 500 MG, 250 MG (*Use Ciprofloxacin HCl*)	***	
CIPRO XR TB24 (*Use Ciprofloxacin-Ciprofloxacin HCl*)	***	PA
CIPROFLOXACIN HCL TABS 100 MG	F	QL(6 ea per fill retail)
ciprofloxacin hcl tabs 250 mg, 750 mg, 500 mg	F	
ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml	F	PA
ciprofloxacin-ciprofloxacin hcl tb24	F	PA
FACTIVE TABS	F	PA
LEVAQUIN TABS (*Use Levofloxacin*)	***	QL(1 ea daily,14 ea per fill retail)
levofloxacin soln iv 25 mg/ml	F	PA
LEVOFLOXACIN SOLN OR 25 MG/ML	F	PA
levofloxacin soln or 25 mg/ml	F	PA
levofloxacin tabs or 500 mg, 250 mg, 750 mg	F	QL(1 ea daily,14 ea per fill retail)
moxifloxacin hcl tabs	F	PA
ofloxacin tabs	F	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X CHEW (*Use Simethicone*)	***	
GAS-X EXTRA STRENGTH CHEW (*Use Simethicone*)	***	
MYLICON INFANTS GAS RELIEF SUSP (*Use Simethicone*)	***	QL(31 ml per 30 days retail)
MYLICON SUSP (*Use Simethicone*)	***	QL(31 ml per 30 days retail)
simethicone chew 80 mg, 125 mg	F	
simethicone liqd 40 mg/0.6ml, 20 mg/0.3ml	F	QL(31 ml per 30 days retail)
simethicone susp 20 mg/0.3ml, 40 mg/0.6ml	F	QL(31 ml per 30 days retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	F	PA; QL(5 ea daily)
Gallstone Solubilizing Agents		
ACTIGALL CAPS (*Use Ursodiol*)	***	
CHENODAL TABS	F	PA
URSO 250 TABS (*Use Ursodiol*)	***	QL(7 ea daily)
URSO FORTE TABS (*Use Ursodiol*)	***	
ursodiol caps 300 mg	F	
ursodiol tabs 250 mg	F	QL(7 ea daily)
ursodiol tabs 500 mg	F	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis) conc	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
GASTROCROM CONC (*Use Cromolyn Sodium (Mastocytosis)*)	***	PA
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	F	PA
Gastrointestinal Stimulants		
metoclopramide hcl soln	F	
metoclopramide hcl tabs	F	
METOCLOPRAMIDE ODT TBDP	F	PA
METOZOLV ODT TBDP (*Use Metoclopramide HCl*)	***	PA
REGLAN TABS (*Use Metoclopramide HCl*)	***	
Inflammatory Bowel Agents		
APRISO CP24	F	PA
ASACOL HD TBEC	F	QL(3 ea daily)
AZULFIDINE EN-TABS TBEC (*Use Sulfasalazine*)	***	
AZULFIDINE TABS (*Use Sulfasalazine*)	***	
balsalazide disodium caps	F	QL(9 ea daily)
CANASA SUPP	F	PA
CIMZIA KIT	F	PA
COLAZAL CAPS (*Use Balsalazide Disodium*)	***	QL(9 ea daily)
DELZICOL CPDR	F	QL(6 ea daily)
DIPENTUM CAPS	F	PA
GIAZO TABS	F	PA
LIALDA TBEC (*Use Mesalamine*)	***	PA
MESALAMINE DR TBEC	F	QL(3 ea daily)
mesalamine enem re 4 gm	F	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
mesalamine tbec or 1.2 gm	F	PA
mesalamine w/ cleanser kit	F	PA
REMICADE SOLR	F	PA
ROWASA KIT (*Use Mesalamine w/ Cleanser*)	***	PA
SFROWASA ENEM	F	
sulfasalazine tabs	F	
sulfasalazine tbec	F	
Intestinal Acidifiers		
lactulose (encephalopathy) soln	F	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl tabs	F	PA
LINZESS CAPS 145 MCG, 290 MCG	F	PA
LOTRONEX TABS (*Use Alosetron HCl*)	***	PA
Phosphate Binder Agents		
calcium acetate (phosphate binder) caps	F	
calcium acetate (phosphate binder) tabs	F	RX/OTC
ELIPHOS TABS (*Use Calcium Acetate (Phosphate Binder)*)	***	RX/OTC
FOSRENOL CHEW (*Use Lanthanum Carbonate*)	***	PA
lanthanum carbonate chew	F	PA
PHOSLYRA SOLN	F	PA
RENAGEL TABS	F	PA
RENVELA PACK (*Use Sevelamer Carbonate*)	***	PA
RENVELA TABS (*Use Sevelamer Carbonate*)	***	PA
sevelamer carbonate pack	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
sevelamer carbonate tabs	F	PA
VELPHORO CHEW	F	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	F	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 TABS	F	PA
Alkalinizers		
CYTRA-3 SYRP	F	PA
pot & sod citrates w/citric ac soln	F	PA
potassium citrate (alkalinizer) tbcr 1080 mg, 540 mg	F	
potassium citrate (alkalinizer) tbcr 15 meq	F	PA
potassium citrate-citric acid pack 3300mg-1002mg	F	PA
potassium citrate-citric acid soln 1100mg/5ml-334mg/5ml, 1100mg/5ml-1100mg/5ml-334mg/5ml-334mg/5ml	F	PA; RX/OTC
SHOHLS SOLUTION MODIFIED SOLN (*Use Sodium Citrate & Citric Acid*)	***	QL(500 ml per 30 days retail); RX/OTC
sodium citrate & citric acid soln	F	QL(500 ml per 30 days retail); RX/OTC
UROCIT-K 10 TBCR (*Use Potassium Citrate (Alkalinizer)*)	***	
UROCIT-K 15 TBCR (*Use Potassium Citrate (Alkalinizer)*)	***	PA
UROCIT-K 5 TBCR (*Use Potassium Citrate (Alkalinizer)*)	***	

Drug Name	Drug Tier	Requirements/ Limits
Cystinosis Agents		
CYSTAGON CAPS	F	PA
Genitourinary Irrigants		
acetic acid soln	F	PA
glycine (gu irrigant) soln	F	PA
neomycin/polymyxin b gu soln	F	PA
NEOSPORIN GU IRRIGANT SOLN (*Use Neomycin/Polymyxin B GU*)	***	PA
RENACIDIN SOLN	F	PA
sodium chloride (gu irrigant) soln	F	
SORBITOL SOLN IR 3 %, 3.3 %	F	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	F	PA
Prostatic Hypertrophy Agents		
alfuzosin hcl tb24	F	PA
AVODART CAPS (*Use Dutasteride*)	***	PA
CARDURA XL TB24	F	PA
dutasteride caps	F	PA
dutasteride-tamsulosin hcl caps	F	PA
finasteride tabs	F	QL(1 ea daily)
FLOMAX CAPS (*Use Tamsulosin HCl*)	***	QL(2 ea daily)
JALYN CAPS (*Use Dutasteride-Tamsulosin HCl*)	***	PA
PROSCAR TABS (*Use Finasteride*)	***	QL(1 ea daily)
RAPAFLO CAPS	F	PA
tamsulosin hcl caps	F	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
UROXATRAL TB24 (*Use Alfuzosin HCl*)	***	PA
Urinary Analgesics		
phenazopyridine hcl tabs	F	
PYRIDIUM TABS (*Use Phenazopyridine HCl*)	***	
Urinary Stone Agents		
LITHOSTAT TABS	F	PA
THIOLA TABS	F	PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	F	
Gout Agents		
allopurinol tabs	F	
COLCHICINE TABS	F	QL(6 ea per fill retail); AL; At least 16 yrs old
COLCRYS TABS	F	QL(6 ea per fill retail); AL; At least 16 yrs old
ULORIC TABS	F	PA
ZYLOPRIM TABS (*Use Allopurinol*)	***	
Uricosurics		
probenecid tabs	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR 250 UNIT, 3000 UNIT, 500 UNIT, 2000 UNIT, 1000 UNIT, 1500 UNIT	F	PA
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	F	PA
ALPHANINE SD SOLR	F	PA
ALPROLIX SOLR	F	PA
BENEFIX KIT 3000 UNIT	F	PA
ELOCTATE SOLR	F	PA
FEIBA NF SOLR	F	PA
FEIBA SOLR	F	PA
HELIXATE FS KIT	F	PA
HEMOFIL M SOLR 801 - 1500 UNIT, 1501 -2000 UNIT	F	PA
HUMATE-P SOLR	F	PA
IXINITY SOLR 3000 UNIT, 250 UNIT, 1000 UNIT, 500 UNIT, 2000 UNIT	F	PA
KOGENATE FS BIO-SET KIT	F	PA
KOGENATE FS KIT	F	PA
MONOCLATE-P KIT	F	PA
MONONINE SOLR	F	PA
RECOMBINATE SOLR	F	PA
RIXUBIS SOLR	F	PA
TRETTEN SOLR	F	PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	F	PA
Hematorheologic Agents		
pentoxifylline tbcr	F	
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	F	PA
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (*Use Aspirin-Dipyridamole*)	***	PA

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Drug Name	Drug Tier	Requirements/ Limits
AGRYLIN CAPS (*Use Anagrelide HCl*)	***	
anagrelide hcl caps	F	
aspirin-dipyridamole cp12	F	PA
BRILINTA TABS	F	QL(2 ea daily)
cilostazol tabs	F	QL(2 ea daily)
clopidogrel bisulfate tabs	F	
dipyridamole tabs	F	
EFFIENT TABS (*Use Prasugrel HCl*)	***	PA
PERSANTINE TABS (*Use Dipyridamole*)	***	
PLAVIX TABS (*Use Clopidogrel Bisulfate*)	***	
PLETAL TABS (*Use Cilostazol*)	***	QL(2 ea daily)
prasugrel hcl tabs	F	PA
ZONTIVITY TABS	F	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	F	PA
ZAVESCA CAPS	F	PA
Agents for Sickle Cell Anemia		
DROXIA CAPS	F	
Cobalamins		
B-12 LOZG	F	
cyanocobalamin soln ij 1000 mcg/ml	F	QL(10 ml per 270 days retail)
cyanocobalamin subl sl 1000 mcg	F	
cyanocobalamin tabs or 500 mcg, 250 mcg, 100 mcg, 1000 mcg, 2000 mcg	F	
cyanocobalamin tbcr or 1000 mcg	F	
NASCOBAL SOLN	F	PA
Folic Acid/Folates		
folic acid tabs 1 mg	F	RX/OTC
folic acid tabs 400 mcg, 800 mcg	F	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	F	PA
ARANESP ALBUMIN FREE SOSY	F	PA
EPOGEN SOLN	F	PA
GRANIX SOSY	F	PA
LEUKINE SOLR	F	PA
NEULASTA ONPRO KIT PSKT	F	PA
NEULASTA SOSY	F	PA
NEUPOGEN SOLN	F	PA
NEUPOGEN SOSY	F	PA
PROCRIT SOLN 2000 UNIT/ML, 40000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	F	PA
PROMACTA TABS	F	PA
ZARXIO SOSY	F	PA
Hematopoietic Mixtures		
B-12 1000 SUBL	F	
B-12 SUBL	F	
BIFERA TABS	F	
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu caps	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
fe fumarate-vitamin c-vitamin b12-folic acid caps	F	PA
FEOSOL BIFERA TABS	F	
FERRALET 90 TABS	F	PA
FERRAPLUS 90 TABS	F	PA
ferrous fumarate w/ b12-vit c-fa-ifc caps	F	PA
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs	F	QL(1 ea daily)
ferrous fumarate-folic acid tabs	F	PA
FOCALGIN DSS TABS	F	PA
FOLGARD TABS	F	
folic acid-vitamin b6-vitamin b12 tabs	F	
HEMATOGEN FA CAPS	F	PA
iron polysaccharide complex-vit b12-folic acid caps	F	
MULTIGEN FOLIC TABS	F	PA
MULTIGEN PLUS TABS	F	PA
MULTIGEN TABS	F	PA
NEPHRON FA TABS	F	PA
NOVAFERRUM 125 LIQD	F	
TANDEM PLUS CAPS (*Use Fe Fum-Iron Polysacch Complex-FA-B Complex-C-Zn-Mn-Cu*)	***	PA
TARON FORTE CAPS	F	PA
Iron		
carbonyl iron tabs	F	
FEOSOL TABS (*Use Carbonyl Iron*)	***	

Drug Name	Drug Tier	Requirements/ Limits
FEOSOL TABS (*Use Ferrous Sulfate Dried*)	***	
FER-IN-SOL SOLN (*Use Ferrous Sulfate*)	***	QL(3.4 ml daily)
FERGON TABS (*Use Ferrous Gluconate*)	***	
FERRETTS TABS	F	QL(2 ea daily)
ferrous fumarate tabs	F	QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG, 225 MG	F	
ferrous gluconate tabs 324 mg, 27 mg, 240 mg	F	
ferrous sulfate dried tabs	F	
ferrous sulfate dried tbcr	F	
ferrous sulfate elix 220 mg/5ml	F	
FERROUS SULFATE LIQD 220 MG/5ML	F	
ferrous sulfate soln 15 mg/ml	F	QL(3.4 ml daily)
FERROUS SULFATE SYRP 300 MG/5ML	F	
ferrous sulfate tabs 65 mg, 325 mg	F	
FERROUS SULFATE TBCR 140 MG	F	
ferrous sulfate tbcr 142 mg, 45 mg, 47.5 mg, 50 mg	F	
FERROUS SULFATE TBEC 324 MG	F	
ferrous sulfate tbec 325 mg	F	
HEMOCYTE TABS (*Use Ferrous Fumarate*)	***	QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	F	
IRON TABS	F	
MYKIDZ IRON 10 SUSP	F	
NOVAFERRUM 50 CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits
polysaccharide iron complex caps	F	QL(1 ea daily)
PROFE CAPS	F	
SLOW FE TBCR (*Use Ferrous Sulfate*)	***	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG	F	PA
AMICAR TABS 500 MG	F	QL(24 ea per fill retail)
LYSTEDA TABS (*Use Tranexamic Acid*)	***	Limit 1 fill per Month;QL(30 ea per 5 days retail); AL; At least 12 yrs old
tranexamic acid tabs	F	Limit 1 fill per Month;QL(30 ea per 5 days retail); AL; At least 12 yrs old
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) caps 50 mg	F	
diphenhydramine hcl (sleep) tabs 25 mg	F	QL(1 ea daily)
diphenhydramine hcl (sleep) tabs 50 mg	F	
doxylamine succinate (sleep) tabs	F	
NYTOL MAXIMUM STRENGTH TABS (*Use Diphenhydramine HCl (Sleep)*)	***	
UNISOM SLEEPGELS CAPS (*Use Diphenhydramine HCl (Sleep)*)	***	
UNISOM TABS (*Use Doxylamine Succinate (Sleep)*)	***	
Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
BUTISOL SODIUM TABS	F	PA
phenobarbital elix 20 mg/5ml	F	
phenobarbital soln 20 mg/5ml	F	
PHENOBARBITAL TABS 15 MG, 30 MG, 100 MG, 60 MG	F	
phenobarbital tabs 64.8 mg, 32.4 mg, 97.2 mg, 16.2 mg	F	
SECONAL CAPS	F	PA
SECONAL SODIUM CAPS	F	PA
Hypnotics - Tricyclic Agents		
SILENOR TABS	F	PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (*Use Zolpidem Tartrate*)	***	PA
AMBIEN TABS (*Use Zolpidem Tartrate*)	***	QL(1 ea daily)
DORAL TABS	F	PA
EDLUAR SUBL	F	PA
estazolam tabs	F	
eszopiclone tabs	F	PA
FLURAZEPAM HCL CAPS	F	QL(1 ea daily)
HALCION TABS (*Use Triazolam*)	***	QL(1 ea daily)
INTERMEZZO SUBL (*Use Zolpidem Tartrate*)	***	PA
LUNESTA TABS (*Use Eszopiclone*)	***	PA
midazolam hcl soln ij 5 mg/5ml, 25 mg/5ml	F	QL(10 ml per 30 days retail)
midazolam hcl soln ij 5 mg/ml	F	QL(6 ml per 84 days retail)
midazolam hcl soln ij 5 mg/ml, 10 mg/10ml, 50 mg/10ml	F	QL(20 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
midazolam hcl soln ij 5 mg/ml, 10 mg/2ml, 2 mg/2ml	F	QL(4 ml per 30 days retail)
midazolam hcl syrp or 2 mg/ml	F	PA
QUAZEPAM TABS	F	PA
RESTORIL CAPS 22.5 MG, 7.5 MG (*Use Temazepam*)	***	PA
RESTORIL CAPS 30 MG, 15 MG (*Use Temazepam*)	***	QL(1 ea daily); AL; At least 18 yrs old
SONATA CAPS 10 MG (*Use Zaleplon*)	***	ST; QL(2 ea daily)
SONATA CAPS 5 MG (*Use Zaleplon*)	***	ST; QL(1 ea daily)
temazepam caps 30 mg, 15 mg	F	QL(1 ea daily); AL; At least 18 yrs old
temazepam caps 7.5 mg, 22.5 mg	F	PA
TRIAZOLAM TABS 0.125 MG	F	QL(1 ea daily)
triazolam tabs 0.25 mg	F	QL(1 ea daily)
zaleplon caps 10 mg	F	ST; QL(2 ea daily)
zaleplon caps 5 mg	F	ST; QL(1 ea daily)
zolpidem tartrate subl sl 1.75 mg, 3.5 mg	F	PA
zolpidem tartrate tabs or 5 mg, 10 mg	F	QL(1 ea daily)
zolpidem tartrate tbcr or 6.25 mg, 12.5 mg	F	PA
ZOLPIMIST SOLN	F	PA
Orexin Receptor Antagonists		
BELSOMRA TABS 20 MG, 10 MG, 5 MG	F	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	F	PA
ROZEREM TABS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
BENEFIBER FOR CHILDREN POWD (*Use Wheat Dextrin*)	***	
BENEFIBER POWD (*Use Wheat Dextrin*)	***	
calcium polycarbophil tabs	F	QL(10 ea daily)
CITRUCEL FIBER LAXATIVE POWD (*Use Methylcellulose (Laxative*))	***	
CITRUCEL TABS (*Use Methylcellulose (Laxative*))	***	
CVS NATURAL FIBER SUPPLEMENT PACK	F	
EVAC POWD (*Use Psyllium*)	***	
FIBERCON TABS (*Use Calcium Polycarbophil*)	***	QL(10 ea daily)
HYDROCIL INSTANT PACK	F	
HYDROCIL INSTANT POWD (*Use Psyllium*)	***	
KONSYL PACK 100 %	F	
KONSYL POWD 100 % (*Use Psyllium*)	***	
KONSYL POWD 60.3 %, 71.67 %	F	
KONSYL-D POWD	F	
METAMUCIL CAPS (*Use Psyllium*)	***	
METAMUCIL MULTIHEALTH FIBER SINGLES PACK	F	
METAMUCIL ORIGINAL TEXTURE POWD (*Use Psyllium*)	***	
METAMUCIL POWD (*Use Psyllium*)	***	
METAMUCIL SMOOTH TEXTUREFIBER SINGLES PACK	F	

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Drug Name	Drug Tier	Requirements/ Limits
methylcellulose (laxative) powd	F	
methylcellulose (laxative) tabs	F	
psyllium caps	F	
psyllium powd	F	
wheat dextrin powd	F	
Laxative Combinations		
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit	F	
COLYTE-FLAVOR PACKS SOLR (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	***	QL(4000 ml per fill retail)
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	F	
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (*Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate*)	***	QL(4000 ml per fill retail)
MOVIPREP SOLR	F	PA
NULYTELY/FLAVOR PACKS SOLR (*Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride*)	***	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	F	QL(4000 ml per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	F	
PREPOPIK PACK	F	PA
sennosides-docusate sodium tabs	F	QL(4 ea daily)
SENOKOT S TABS (*Use Sennosides-Docusate Sodium*)	***	QL(4 ea daily)
SUPREP BOWEL PREP KIT SOLN	F	PA

Drug Name	Drug Tier	Requirements/ Limits
Laxatives - Miscellaneous		
glycerin (laxative) supp	F	
GLYCERIN ADULT SUPP (*Use Glycerin (Laxative*))	***	
KRISTALOSE PACK	F	PA
lactulose soln	F	
MIRALAX PACK (*Use Polyethylene Glycol 3350*)	***	RX/OTC
MIRALAX POWD (*Use Polyethylene Glycol 3350*)	***	QL(34 gm daily); RX/OTC
PEDIA-LAX SUPP RE 1 GM (*Use Glycerin (Laxative*))	***	
PEDIA-LAX SUPP RE 2.8 GM	F	
polyethylene glycol 3350 pack	F	RX/OTC
polyethylene glycol 3350 powd	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	F	
Lubricant Laxatives		
FLEET OIL ENEM (*Use Mineral Oil*)	***	
KONDREMUL EMUL	F	
mineral oil enem re 100 %	F	
mineral oil oil or 100 %, 99.9 %,	F	RX/OTC
MINERAL OIL OIL OR 55 %	F	RX/OTC
Saline Laxatives		
FLEET ENEMA ENEM (*Use Sodium Phosphates*)	***	
FLEET ENEMA SIX PACK ENEM (*Use Sodium Phosphates*)	***	
FLEET PEDIATRIC ENEM (*Use Sodium Phosphates*)	***	
magnesium citrate soln	F	

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Drug Name	Drug Tier	Requirements/ Limits
magnesium hydroxide susp	F	QL(992 ml per 30 days retail)
MILK OF MAGNESIA CONCENTRATE SUSP	F	
OSMOPREP TABS	F	PA
PEDIA-LAX CHEW OR 400 MG	F	
sodium phosphates enem	F	
sodium phosphates soln	F	
Stimulant Laxatives		
bisacodyl supp re 10 mg	F	QL(12 ea per fill retail)
bisacodyl tbec or 5 mg	F	QL(1 ea daily)
DULCOLAX SUPP RE 10 MG (*Use Bisacodyl*)	***	QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (*Use Bisacodyl*)	***	QL(1 ea daily)
EX-LAX CHEW (*Use Sennosides*)	***	
EX-LAX TABS (*Use Sennosides*)	***	
FLEET BISACODYL ENEM	F	
SENNA SYRP	F	
sennosides chew	F	
sennosides liqd	F	
sennosides syrp	F	
sennosides tabs	F	
SENOKOT TABS (*Use Sennosides*)	***	
Surfactant Laxatives		
COLACE CAPS (*Use Docusate Sodium*)	***	QL(3 ea daily)
COLACE CLEAR CAPS (*Use Docusate Sodium*)	***	
docusate calcium caps	F	
docusate sodium caps 100 mg, 250 mg	F	QL(3 ea daily)
docusate sodium caps 50 mg	F	
docusate sodium liqd 50 mg/5ml, 150 mg/15ml	F	
docusate sodium syrp 60 mg/15ml	F	
docusate sodium tabs 100 mg	F	
DOCUSOL MINI ENEM	F	
DOCUSOL PLUS MINI-ENEMA ENEM	F	
ENEMEEZ MINI ENEM	F	
ENEMEEZ PLUS ENEM	F	
PEDIA-LAX LIQD OR 50 MG/15ML	F	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK 1 GM	F	QL(2 ea per fill retail)
azithromycin susr 100 mg/5ml	F	QL(15 ml per fill retail)
azithromycin susr 200 mg/5ml	F	QL(60 ml per fill retail)
azithromycin tabs 250 mg	F	QL(6 ea per fill retail)
azithromycin tabs 500 mg	F	QL(4 ea daily)
azithromycin tabs 600 mg	F	QL(8 ea per 28 days retail)
ZITHROMAX PACK 1 GM	F	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML (*Use Azithromycin*)	***	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (*Use Azithromycin*)	***	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG (*Use Azithromycin*)	***	QL(6 ea per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX TABS 500 MG (*Use Azithromycin*)	***	QL(4 ea daily)
ZITHROMAX TABS 600 MG (*Use Azithromycin*)	***	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (*Use Azithromycin*)	***	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (*Use Azithromycin*)	***	QL(6 ea per fill retail)
ZMAX SUSR	F	PA
Clarithromycin		
BIAXIN SUSR 250 MG/5ML (*Use Clarithromycin*)	***	
BIAXIN TABS 250 MG, 500 MG (*Use Clarithromycin*)	***	QL(28 ea per fill retail)
CLARITHROMYCIN SUSR 125 MG/5ML	F	QL(100 ml per fill retail)
clarithromycin susr 125 mg/5ml	F	QL(100 ml per fill retail)
clarithromycin susr 250 mg/5ml	F	
CLARITHROMYCIN SUSR 250 MG/5ML	F	
clarithromycin tabs 500 mg, 250 mg	F	QL(28 ea per fill retail)
clarithromycin tb24 500 mg	F	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	F	
E.E.S. GRANULES SUSR (*Use Erythromycin Ethylsuccinate*)	***	
ERY-TAB TBEC	F	
ERYPED 200 SUSR (*Use Erythromycin Ethylsuccinate*)	***	
ERYPED 400 SUSR	F	
ERYTHROCIN STEARATE TABS	F	
erythromycin base cpep 250 mg	F	

Drug Name	Drug Tier	Requirements/ Limits
ERYTHROMYCIN BASE TABS 500 MG, 250 MG	F	
erythromycin ethylsuccinate susr 200 mg/5ml	F	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	F	
PCE TBEC	F	
Fidaxomicin		
DIFICID TABS	F	PA
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
Adhesive Tape	F	
Gauze Bandages	F	
Gauze Pads	F	
Gauze Pads - Misc	F	
Transparent Dressings - Misc	F	
Contraceptives		
Condoms - Female	F	QL (36 ea per 30 days)
Condoms Latex Lubricated - Male	F	QL (36 ea per 30 days)
Condoms Latex Non-Lubricated - Male	F	QL (36 ea per 30 days)
Condoms Non-Latex Non-Lubricated - Male	F	QL (36 ea per 30 days)
Diabetic Supplies		
Blood Glucose Calibration - Liquid	F	QL (1 ea per 90 days)
Blood Glucose Calibration - Liquid - High	F	QL (1 ea per 90 days)
Blood Glucose Calibration - Liquid - Low	F	QL (1 ea per 90 days)
Blood Glucose Calibration - Liquid - Normal	F	QL (1 ea per 90 days)
Lancets - Misc	F	QL (200 ea per 30 days)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
Lancets Devices - Misc	F	QL (1 ea per 180 days)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	F	QL(3 ea per 270 days retail)
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	F	QL(3 ea per 270 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 1 LIQD	F	QL(3 ea per 270 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	F	QL(3 ea per 270 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	F	QL(3 ea per 270 days retail)
Misc. Devices		
Alcohol Swabs - Misc	F	QL (400 ea per 30 days)
Parenteral Therapy Supplies		
Allergy Tray Kit 1 ML 26 x 1/2"	F	
Allergy Tray Kit 1/2 ML 27 x 1/2"	F	
Insulin Pen Needle 29 G X 10 MM	F	QL (5 ea daily)
Insulin Pen Needle 29 G X 12 MM (*1/2"*)	F	QL (5ea daily)
Insulin Pen Needle 29 G X 12.7 MM	F	QL (5 ea daily)
Insulin Pen Needle 29 G X 13 MM (*1/2"*)	F	QL (5ea daily)
Insulin Pen Needle 30 G X 8 MM (*1/3" or 5/16"*)	F	QL (5ea daily)
Insulin Pen Needle 31 G X 4 MM (*1/6"*)	F	QL (5ea daily)
Insulin Pen Needle 31 G X 5 MM (*3/16"*)	F	QL (5ea daily)
Insulin Pen Needle 31 G X 6 MM (*1/4"*)	F	QL (5ea daily)
Insulin Pen Needle 31 G X 8 MM (*1/3" or 5/16"*)	F	QL (5ea daily)
Insulin Pen Needle 32 G X 4 MM (*5/32"*)	F	QL (5ea daily)
Insulin Pen Needle 32 G X 5 MM (*1/5" or 3/16"*)	F	QL (5ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Insulin Pen Needle 32 G X 6 MM (*1/4"*)	F	QL (5ea daily)
Insulin Pen Needle 32 G X 8 MM	F	QL (5 ea daily)
Insulin Pen Needle 33 G X 4 MM (*5/32"*)	F	QL (5ea daily)
Insulin Syringe (*Disp*) U-100 1 ML	F	QL (5 ea daily)
Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 29 x 1"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 30 x 3/8"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 25 x 1"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 25 x 5/8"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 26 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 27 x 5/8"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	F	QL (5ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	F	QL (5ea daily)
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	F	QL (5ea daily)
Needle (*Disp*) 25 x 5/8"	F	
Syringe (*Disposable*) 3 ML	F	
Syringe/Needle (*Disp*) 1 ML 20 x 1"	F	
Syringe/Needle (*Disp*) 3 ML 20 x 1"	F	
Syringe/Needle (*Disp*) 3 ML 20 x 1-1/2"	F	
Syringe/Needle (*Disp*) 3 ML 22 x 1"	F	
Syringe/Needle (*Disp*) 3 ML 22 x 1-1/2"	F	
Syringe/Needle (*Disp*) 3 ML 22 x 3/4"	F	
Syringe/Needle (*Disp*) 3 ML 23 x 1"	F	
Syringe/Needle (*Disp*) 3 ML 23 x 1-1/2"	F	
Syringe/Needle (*Disp*) 3 ML 25 x 1"	F	
Syringe/Needle (*Disp*) 3 ML 25 x 1-1/2"	F	
Syringe/Needle (*Disp*) 3 ML 25 x 5/8"	F	
Syringe/Needle (*Disp*) 3 ML 26 x 5/8"	F	
Tuberculin/Allergy Syringe/Needle (*Disp*) 1 ML 21 x 1"	F	
Tuberculin/Allergy Syringe/Needle (*Disp*) 1 ML 25 x 5/8"	F	
Tuberculin/Allergy Syringe/Needle (*Disp*) 1 ML 26 x 3/8"	F	
Tuberculin/Allergy Syringe/Needle (*Disp*) 1 ML 28 x 1/2"	F	
Respiratory Therapy Supplies		
*Respiratory Therapy Supplies - Misc**	F	QL (1 ea per year)
*Respiratory Therapy Supplies - Mouthpieces**	F	QL (1 ea per year)
*Spacer/Aerosol-Holding Chamber Supplies - Bags***	F	QL (3 ea per year)
*Spacer/Aerosol-Holding Chambers - Device***	F	QL (2 ea per year)
Peak Flow Meter	F	QL (2 ea per year)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (*Use Ergotamine w/ Caffeine*)	***	
ergotamine w/ caffeine tabs	F	
MIGERGOT SUPP	F	PA
TREXIMET TABS 85MG-500MG	F	PA
Migraine Products		
D.H.E. 45 SOLN (*Use Dihydroergotamine Mesylate*)	***	
dihydroergotamine mesylate soln ij 1 mg/ml	F	
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	F	
MIGRANAL SOLN	F	
Serotonin Agonists		
almotriptan malate tabs	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
AMERGE TABS (*Use Naratriptan HCl*)	***	QL(9 ea per 30 days retail); AL; At least 18 yrs old
AXERT TABS (*Use Almotriptan Malate*)	***	PA
eletriptan hydrobromide tabs	F	PA
FROVA TABS (*Use Frovatriptan Succinate*)	***	PA
frovatriptan succinate tabs	F	PA
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (*Use Sumatriptan*)	***	QL(6 ea per 30 days retail); AL; At least 12 yrs old
IMITREX SOLN SC 6 MG/0.5ML (*Use Sumatriptan Succinate*)	***	QL(3 ml per 30 days retail); AL; At least 12 yrs old
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (*Use Sumatriptan Succinate*)	***	QL(3 ml per 30 days retail); AL; At least 12 yrs old
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (*Use Sumatriptan Succinate*)	***	QL(2 ml per 30 days retail); AL; At least 12 yrs old
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (*Use Sumatriptan Succinate*)	***	QL(3 ml per 30 days retail); AL; At least 12 yrs old
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (*Use Sumatriptan Succinate*)	***	QL(2 ml per 30 days retail); AL; At least 12 yrs old
IMITREX TABS OR 100 MG, 50 MG, 25 MG (*Use Sumatriptan Succinate*)	***	QL(9 ea per 30 days retail); AL; At least 12 yrs old
MAXALT TABS (*Use Rizatriptan Benzoate*)	***	QL(12 ea per 30 days retail); AL; At least 6 yrs old
MAXALT-MLT TBDP (*Use Rizatriptan Benzoate*)	***	PA
naratriptan hcl tabs	F	QL(9 ea per 30 days retail); AL; At least 18 yrs old
RELPAX TABS (*Use Eletriptan Hydrobromide*)	***	PA
rizatriptan benzoate tabs 10 mg, 5 mg	F	QL(12 ea per 30 days retail); AL; At least 6 yrs old
rizatriptan benzoate tbdp 10 mg, 5 mg	F	PA
sumatriptan soln	F	QL(6 ea per 30 days retail); AL; At least 12 yrs old
sumatriptan succinate soaj sc 4 mg/0.5ml	F	QL(3 ml per 30 days retail); AL; At least 12 yrs old
sumatriptan succinate soaj sc 6 mg/0.5ml	F	QL(2 ml per 30 days retail); AL; At least 12 yrs old
sumatriptan succinate soct sc 4 mg/0.5ml	F	QL(3 ml per 30 days retail); AL; At least 12 yrs old
sumatriptan succinate soct sc 6 mg/0.5ml	F	QL(2 ml per 30 days retail); AL; At least 12 yrs old
sumatriptan succinate soln sc 6 mg/0.5ml	F	QL(3 ml per 30 days retail); AL; At least 12 yrs old
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	F	QL(3 ml per 30 days retail); AL; At least 12 yrs old
sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg	F	QL(9 ea per 30 days retail); AL; At least 12 yrs old
zolmitriptan tabs	F	PA
zolmitriptan tbdp	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN NA 2.5 MG	F	PA
ZOMIG SOLN NA 5 MG	F	AL; At least 12 yrs old
ZOMIG TABS OR 5 MG, 2.5 MG (*Use Zolmitriptan*)	***	PA
ZOMIG ZMT TBDP (*Use Zolmitriptan*)	***	PA
MINERALS & ELECTROLYTES		
Calcium		
CALCI-CHEW CHEW	F	
CALCIONATE SYRP	F	
calcium & phosphorus w/ vitamin d tabs	F	
calcium carbonate tabs 500 mg, 1250 mg, 1500 mg, 600mg, 600 mg	F	
calcium carbonate-cholecalciferol chew	F	
calcium carbonate-cholecalciferol tabs	F	
calcium carbonate-ergocalciferol tabs	F	
calcium carbonate-vitamin d caps 600mg-200unit	F	
calcium carbonate-vitamin d chew 600mg-400unit	F	
calcium carbonate-vitamin d tabs 200unit-500mg, 600mg-125unit, 125unit-500mg, 500mg-200unit, 125unit-250mg, 125unit-600mg, 500mg-400unit, 500mg-500mg-200unit-200unit, 500mg-125unit, 250mg-125unit	F	
calcium carbonate-vitamin d tabs 600mg-400unit, 200unit-600mg, 600mg-200unit, 400unit-600mg	F	QL(62 ea per 31 days retail)
calcium carbonate-vitamin d w/ minerals chew	F	
calcium citrate tabs	F	
calcium citrate-vitamin d tabs	F	
CALCIUM GLUCONATE TABS	F	
CALCIUM LACTATE TABS	F	
CALCIUM TABS	F	
calcium w/ vitamin d tabs	F	
calcium w/ vitamins d & k chew	F	
CALTRATE 600+D PLUS MINERALS CHEW (*Use Calcium Carbonate-Vitamin D w/ Minerals*)	***	
CITRACAL + D3 MAXIMUM TABS (*Use Calcium Citrate-Vitamin D*)	***	
CITRACAL MAXIMUM TABS (*Use Calcium Citrate-Vitamin D*)	***	
CITRACAL PETITES/VITAMIND TABS (*Use Calcium Citrate-Vitamin D*)	***	
MAGNEBIND 300 TABS	F	
OS-CAL ULTRA TABS	F	
oyster shell tabs	F	
RA OYSTER SHELL CALCIUM/VITAMIN D TABS	F	
RISACAL-D TABS	F	
VIACTIV CHEW (*Use Calcium w/ Vitamins D & K*)	***	
Electrolyte Mixtures		
CERALYTE 70 SOLN	F	
CERASPORT EX1 SOLN	F	
CERASPORT SOLN	F	
ENFAMIL ENFALYTE SOLN	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
EQUALYTE SOLN (*Use Oral Electrolytes*)	***	
lactated ringer's soln	F	PA
oral electrolytes soln	F	
PEDIALYTE ADVANCED CARE SOLN (*Use Oral Electrolytes*)	***	
PEDIALYTE FREEZER POPS SOLN (*Use Oral Electrolytes*)	***	
PEDIALYTE SINGLES SOLN (*Use Oral Electrolytes*)	***	
PEDIALYTE SOLN (*Use Oral Electrolytes*)	***	
Fluoride		
FLUOR-A-DAY CHEW	F	PA
FLURA-DROPS SOLN	F	
LURIDE SOLN (*Use Sodium Fluoride*)	***	
sodium fluoride chew 1 mg, 0.25 mg, 2.2 mg, 1.1 mg, 0.5 mg	F	
sodium fluoride soln 0.5 mg/ml, 0.125 mg/drop	F	
SODIUM FLUORIDE TABS 1 MG	F	
Iodine Products		
SSKI SOLN	F	
Magnesium		
MAG-TAB SR TBCR	F	
MAG64 TBCR	F	
MAGNEBIND 400 TABS	F	PA
MAGNESIUM CAPS 400 MG	F	
MAGNESIUM GLUCONATE TABS 500 MG	F	

Drug Name	Drug Tier	Requirements/ Limits
magnesium gluconate tabs 500 mg, 27.5 mg	F	
magnesium oxide (mg supplement) tabs 250 mg, 241.3 mg, 500 mg	F	
magnesium oxide (mg supplement) tabs 400 mg	F	QL(2 ea daily)
MAGNESIUM OXIDE CAPS	F	
MAGNESIUM TABS 200 MG	F	
magnesium tabs 200 mg	F	
MAGONATE LIQD	F	
MAGOX 400 TABS (*Use Magnesium Oxide (Mg Supplement)*)	***	
NU-MAG TBEC	F	
SLOW-MAG TBEC	F	
Mineral Combinations		
ADVANCED CALCIUM/VITAMIND/MAGNESIUM TABS	F	
BONE DENSITY BUILDER TABS	F	
CAL MAG ZINC +D3 TABS	F	
CAL-MAG-ZINC-D TABS	F	
CAL-MAG-ZINC-D3 TABS	F	
CALCIUM/MAGNESIUM/ZINC TABS	F	
CALCIUM/MAGNESIUM/ZINC/VITAMIN D3 TABS	F	
CITRACAL PLUS TABS	F	
FEM-CAL CITRATE TABS	F	
MULTI MEGA MINERALS TABS	F	
multiple minerals w/ vitamins tabs	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
MULTISOURCE CALCIUM MAGNESIUM & D FORMULA TABS	F	
NATRUL-CAL TABS	F	
PROSTEON TABS	F	
THERACAL D2000 TABS	F	
THERACAL D4000 TABS	F	
THERACAL RAPID REPLETION TABS	F	
Phosphate		
K-PHOS NEUTRAL TABS (*Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic*)	***	QL(8 ea daily)
K-PHOS TABS	F	PA
PHOS-NAK POWDER CONCENTRATE PACK	F	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	F	QL(8 ea daily)
Potassium		
EFFER-K TBEF	F	PA
K-TAB TBCR 10 MEQ (*Use Potassium Chloride*)	***	
K-TAB TBCR 8 MEQ	F	
KLOR-CON M15 TBCR	F	
KLOR-CON/25 PACK	F	
MICRO-K CPCR 10 MEQ (*Use Potassium Chloride*)	***	
MICRO-K CPCR 8 MEQ (*Use Potassium Chloride*)	***	QL(1 ea daily)
potassium bicarb & chloride tbef	F	PA
potassium bicarbonate tbef	F	
potassium chloride cpcr 10 meq	F	
potassium chloride cpcr 8 meq	F	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR	F	
potassium chloride microencapsulated crystals er tbcr	F	
potassium chloride pack 20 meq	F	
POTASSIUM CHLORIDE SOLN 20 %	F	
potassium chloride soln 20 %, 10 %	F	
potassium chloride tbcr 10 meq, 8 meq	F	
Zinc		
GALZIN CAPS	F	PA
zinc sulfate caps or	F	
ZINC SULFATE HEPTAHYDRATE POWD	F	RX/OTC
ZINC SULFATE MONOHYDRATE POWD	F	RX/OTC
ZINC SULFATE POWD XX	F	RX/OTC
zinc tabs	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	F	PA
DEPEN TITRATABS TABS	F	
Immunomodulators		
REVLIMID CAPS	F	PA
THALOMID CAPS	F	PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	F	PA
ATGAM INJ	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
AZASAN TABS	F	PA; QL(3 ea daily)
azathioprine tabs	F	QL(3 ea daily)
CELLCEPT CAPS 250 MG (*Use Mycophenolate Mofetil*)	***	QL(6 ea daily)
CELLCEPT SUSR 200 MG/ML (*Use Mycophenolate Mofetil*)	***	
CELLCEPT TABS 500 MG (*Use Mycophenolate Mofetil*)	***	PA; QL(6 ea daily)
cyclosporine caps or 25 mg, 100 mg	F	
cyclosporine modified (for microemulsion) caps	F	
cyclosporine modified (for microemulsion) soln	F	
CYCLOSPORINE MODIFIED CAPS (*Use Cyclosporine Modified (For Microemulsion)*)	***	
ENVARSUS XR TB24	F	PA
IMURAN TABS (*Use Azathioprine*)	***	QL(3 ea daily)
mycophenolate mofetil caps 250 mg	F	QL(6 ea daily)
mycophenolate mofetil susr 200 mg/ml	F	
mycophenolate mofetil tabs 500 mg	F	PA; QL(6 ea daily)
mycophenolate sodium tbec 180 mg	F	QL(3 ea daily)
mycophenolate sodium tbec 360 mg	F	QL(4 ea daily)
MYFORTIC TBEC 180 MG (*Use Mycophenolate Sodium*)	***	QL(3 ea daily)
MYFORTIC TBEC 360 MG (*Use Mycophenolate Sodium*)	***	QL(4 ea daily)
NEORAL CAPS (*Use Cyclosporine Modified (For Microemulsion)*)	***	
NEORAL SOLN (*Use Cyclosporine Modified (For Microemulsion)*)	***	
PROGRAF CAPS OR 0.5 MG, 5 MG, 1 MG (*Use Tacrolimus*)	***	PA
RAPAMUNE SOLN 1 MG/ML	F	
RAPAMUNE TABS 1 MG, 2 MG, 0.5 MG (*Use Sirolimus*)	***	
SANDIMMUNE CAPS OR 100 MG, 25 MG (*Use Cyclosporine*)	F	
SANDIMMUNE SOLN OR 100 MG/ML	F	PA
sirolimus tabs	F	
tacrolimus caps	F	PA
ZORTRESS TABS	F	PA
Irrigation Solutions		
lactated ringer's (irrigation) soln	F	PA
water for irrigation, sterile soln	F	
Lymphatic Agents		
SYLVANT SOLR	F	PA
Potassium Removing Agents		
KAYEXALATE POWD (*Use Sodium Polystyrene Sulfonate*)	***	QL(454 gm per fill retail)
sodium polystyrene sulfonate powd	F	QL(454 gm per fill retail)
sodium polystyrene sulfonate susp	F	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
ANBESOL MAXIMUM STRENGTH GEL (*Use Benzocaine (Dental)*)	***	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ANBESOL MAXIMUM STRENGTH LIQD (*Use Benzocaine (Dental)*)	***	
BABY ANBESOL GEL (*Use Benzocaine (Dental)*)	***	
benzocaine (dental) gel	F	
benzocaine (dental) liqd	F	
benzocaine (dental) pste	F	
benzocaine (dental) soln	F	
benzocaine-menthol (mouth-throat) lozg	F	
CEPACOL DUAL RELIEF SORETHROAT SPRAY LIQD	F	
CEPACOL SORE THROAT EXTRA STRENGTH LOZG (*Use Benzocaine-Menthol (Mouth-Throat)*)	***	
CEPACOL SORE THROAT LOZG 2.1MG-10MG	F	
CEPACOL SORE THROAT LOZG 3.6MG-15MG (*Use Benzocaine-Menthol (Mouth-Throat)*)	***	
CEPACOL SORE THROAT MAXIMUM NUMBING LOZG	F	
CHLORASEPTIC LOZG (*Use Benzocaine-Menthol (Mouth-Throat)*)	***	
CHLORASEPTIC SORE THROAT/LIQUID CENTER LOZG (*Use Benzocaine-Menthol (Mouth-Throat)*)	***	
HURRICAINE ONE SOLN (*Use Benzocaine (Dental)*)	***	
HURRICAINE SOLN (*Use Benzocaine (Dental)*)	***	
lidocaine hcl (mouth-throat) soln	F	QL(100 ml per fill retail)
ORABASE PSTE (*Use Benzocaine (Dental)*)	***	
ORABASE-B PSTE (*Use Benzocaine (Dental)*)	***	

Drug Name	Drug Tier	Requirements/ Limits
ORAMAGIC PLUS SUSR	F	
Anti-infectives - Throat		
clotrimazole lozg	F	
clotrimazole troc	F	
nystatin (mouth-throat) susp	F	
ORAVIG TABS	F	PA
Antiseptics - Mouth/Throat		
CHERACOL SORE THROAT LIQD (*Use Phenol (Antiseptic)*)	***	
chlorhexidine gluconate (mouth-throat) soln	F	
PAIN-A-LAY LIQD (*Use Phenol (Antiseptic)*)	***	
PERIDEX SOLN (*Use Chlorhexidine Gluconate (Mouth-Throat)*)	***	
phenol (antiseptic) liqd	F	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (*Use Stannous Fluoride*)	***	RX/OTC
PREVIDENT 5000 BOOSTER PLUS PSTE (*Use Sodium Fluoride (Dental)*)	***	
PREVIDENT 5000 BOOSTER PSTE (*Use Sodium Fluoride (Dental)*)	***	
PREVIDENT 5000 DRY MOUTH GEL (*Use Sodium Fluoride (Dental)*)	***	QL(60 ml per 30 days retail)
PREVIDENT 5000 PLUS CREA (*Use Sodium Fluoride (Dental)*)	***	
PREVIDENT FLUORIDE GEL (*Use Sodium Fluoride (Dental)*)	***	QL(60 ml per 30 days retail)
PREVIDENT SOLN (*Use Sodium Fluoride (Dental)*)	***	

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Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride (dental) crea dt 1.1 %	F	
sodium fluoride (dental) gel dt 1.1 %	F	QL(60 ml per 30 days retail)
sodium fluoride (dental) pste dt 1.1 %	F	
sodium fluoride (dental) soln mt 0.2 %	F	
stannous fluoride conc	F	RX/OTC
THERA-FLUR-N GEL (*Use Sodium Fluoride (Dental)*)	***	QL(60 ml per 30 days retail)
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth) pste	F	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	F	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	F	QL(900 ml per fill retail); RX/OTC
cevimeline hcl caps	F	PA
CVS DRY MOUTH SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
DRY MOUTH SPRAY SOLN	F	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	F	QL(900 ml per fill retail); RX/OTC
EVOXAC CAPS (*Use Cevimeline HCl*)	***	PA
MOI-STIR SOLN	F	QL(900 ml per fill retail); RX/OTC
MOUTHKOTE SOLN	F	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	F	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	F	QL(900 ml per fill retail); RX/OTC
pilocarpine hcl (oral) tabs 5 mg	F	QL(6 ea daily)
pilocarpine hcl (oral) tabs 7.5 mg	F	
RA DRY MOUTH SOLN	F	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (*Use Pilocarpine HCl (Oral)*)	***	QL(6 ea daily)
SALAGEN TABS 7.5 MG (*Use Pilocarpine HCl (Oral)*)	***	
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamin caps/tabs	F	QL (1 ea daily)
b-complex w/ c caps	F	QL (1 ea daily)
b-complex w/ c tabs/tabcr	F	
B-Complex w/ Folic Acid		
b-complex w/ biotin	F	
b-complex w/ c	F	QL (1 ea daily)
b-complex w/ folic acid tabs	F	
Iron w/ Vitamins		
iron w/ vitamins liqd	F	
iron w/ vitamins tabs	F	RX/OTC
Multiple Vitamins w/ Calcium		
multiple vitamins w/ calcium tabs	F	
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron tabs	F	QL (1 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
Multiple Vitamins w/ Minerals		
multiple vitamins w/ minerals caps	F	RX/OTC
multiple vitamins w/ minerals chew	F	
multiple vitamins w/ minerals liqd	F	RX/OTC
multiple vitamins w/ minerals tabs	F	QL (1 ea daily); RX/OTC
Multivitamins		
multiple vitamin caps	F	
multiple vitamin tabs	F	QL (1 ea daily)
Ped MV w/ Fluoride		
pediatric multivitamins w/ fl	F	QL (50 ml per fill)
pediatric multivitamins w/ fl chew	F	QL (1 ea daily)
pediatric multivitamins w/ fl soln	F	QL (50 ml per fill)
Ped MV w/ Iron		
pediatric multiple vitamins w/ iron chew	F	
pediatric multiple vitamins w/ iron soln	F	QL (60 ml per fill)
Ped Multiple Vitamins w/ Minerals		
pediatric multiple vitamin w/ minerals liqd/soln	F	RX/OTC
pediatric multiple vitamin w/ c	F	QL (1 ea daily)
pediatric multiple vitamin w/ minerals	F	
Pediatric Multiple Vitamins		
pediatric multiple vitamin w/ c soln	F	QL (50 ml per fill)
pediatric multiple vitamins liqd	F	
Prenatal Vitamins		
ACTIVE OB CAPS	F	PA
BAL-CARE DHA MISC	F	PA
CALCIUM PNV CAPS	F	PA
CALNA TABS	F	
CITRANATAL 90 DHA MISC	F	PA
CITRANATAL ASSURE MISC	F	PA
CITRANATAL DHA MISC	F	PA
CITRANATAL HARMONY CAPS	F	PA
CITRANATAL RX TABS	F	PA
CLASSIC PRENATAL TABS	F	QL(1 ea daily); GL
CO-NATAL FA TABS	F	QL(1 ea daily); GL
COMPLETE NATAL DHA MISC	F	PA
COMPLETE PRENATAL MULTIVITAMIN/PRENATAL DHA MISC	F	
COMPLETENATE CHEW	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
CONCEPT DHA CAPS	F	PA
CONCEPT OB CAPS	F	PA
CVS PRENATAL TABS	F	QL(1 ea daily); GL
CVS WOMENS PRENATAL+DHA MISC	F	
DOTHELLE DHA CAPS	F	PA
ENFAMIL EXPECTA MISC	F	
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily); GL
EXTRA-VIRT PLUS DHA CAPS	F	PA
EZFE FORTE CAPS	F	

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Drug Name	Drug Tier	Requirements/ Limits
FOCALGIN 90 DHA MISC	F	PA
FOCALGIN CA MISC	F	PA
FOLCAL DHA CAPS	F	PA
FOLCAPS OMEGA 3 CAPS	F	PA
FOLIVANE-OB CAPS	F	PA
GNP DAILY PRENATAL MISC	F	
GNP PRENATAL TABS	F	QL(1 ea daily); GL
GOODSENSE PRENATAL VITAMINS TABS	F	QL(1 ea daily); GL
HEMENATAL OB + DHA MISC	F	PA
HEMENATAL OB TABS	F	PA
HM ONE DAILY PRENATAL COMBO MISC	F	
HM PRENATAL TABS	F	QL(1 ea daily); GL
INATAL ADVANCE TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
INATAL GT TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
INATAL ULTRA TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
INFANATE BALANCE CAPS	F	PA
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); GL
KPN PRENATAL TABS	F	

Drug Name	Drug Tier	Requirements/ Limits
LEVOMEFOLATE DHA CAPS	F	PA
M-VIT TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
MACNATAL CN DHA CAPS	F	PA
MARNATAL-F CAPS	F	PA
MULTI PRENATAL TABS	F	QL(1 ea daily); GL
MYNATAL ADVANCE TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
MYNATAL CAPS	F	
MYNATAL PLUS TABS	F	QL(1 ea daily); GL
MYNATAL ULTRACAPLET TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
MYNATAL-Z TABS	F	QL(1 ea daily); GL
MYNATE 90 PLUS TBCR	F	QL(1 ea daily); GL
NAT-RUL PRENATAL VITAMINS TABS	F	QL(1 ea daily); GL
NATALVIT TABS	F	QL(1 ea daily); GL
NATELLE ONE CAPS	F	PA
NEEVO DHA CAPS	F	PA
NESTABS ABC MISC	F	PA
NESTABS DHA MISC	F	PA
NEXA PLUS CAPS	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
NIVA-PLUS TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
NUTRICION PORVIDA TABS	F	
O-CAL FA TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
O-CAL PRENATAL TABS	F	
OB COMPLETE ONE CAPS	F	PA
OB COMPLETE PETITE CAPS	F	PA
OB COMPLETE PREMIER TABS	F	PA
OBSTETRIX DHA MISC	F	RX/OTC
OBTREX DHA MISC	F	RX/OTC
ONE-A-DAY WOMENS PRENATAL MISC	F	
PA PRENATAL FORMULA TABS	F	
PERRY PRENATAL CAPS	F	
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID TABS	F	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
PNV OB+DHA MISC	F	PA
PNV PRENATAL PLUS MULTIVITAMIN TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
PNV TABS 29-1 TABS	F	
PNV-DHA CAPS	F	PA
PNV-DHA+DOCUSATE CAPS	F	PA
PNV-OMEGA CAPS	F	PA
PNV-SELECT TABS	F	PA
PNV-TOTAL CAPS	F	PA
PNV-VP-U CAPS	F	QL(1 ea daily); GL
PR NATAL 400 EC MISC	F	PA
PR NATAL 400 MISC	F	PA
PR NATAL 430 EC MISC	F	PA
PR NATAL 430 MISC	F	PA
PRE-NATAL FORMULA TABS	F	
PREFERA OB TABS 6MG-65MCG-28MG-0.8MG-250MCG-10UNIT-4.5MG-1.5MG-10MG-17MG-1.6MG-12MCG-400UNIT-1MG-30MCG-50MG	F	PA
PREFERAOB ONE CAPS	F	PA
PRENAISSANCE CAPS	F	PA
PRENAISSANCE PLUS CAPS	F	PA
PRENATABS FA TABS	F	QL(1 ea daily); GL
PRENATABS RX TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG, 1000UNIT-400UNIT-20MG-25MG-3MG-200MG-29MG-7MG-6MG-3MG-12MCG-1MG-30UNIT-20MG-100MG	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
PRENATAL 19 TABS 30UNIT-1000UNIT-20MG-25MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG, 1000UNIT-30UNIT-20MG-25MG-3MG-200MG-29MG-15MG-3MG-7MG-12MCG-400UNIT-20MG-1MG-100MG	F	
PRENATAL AND IRON TABS	F	
PRENATAL COMPLETE TABS	F	
PRENATAL FORMULA A-FREE TABS	F	
PRENATAL FORMULA TABS	F	QL(1 ea daily); GL
PRENATAL FORTE TABS	F	
PRENATAL LOW IRON TABS	F	QL(1 ea daily); GL
PRENATAL MULTI +DHA CAPS	F	
PRENATAL MULTIVITAMIN + DHA MISC	F	
PRENATAL MULTIVITAMIN TABS	F	QL(1 ea daily); GL
PRENATAL ONE DAILY TABS	F	QL(1 ea daily); GL
PRENATAL PLUS IRON TABS	F	
PRENATAL PLUS TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
PRENATAL TABS 4000UNIT-200MG-11UNIT-27MG-25MG-1.84MG-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG	F	
PRENATAL TABS 4000UNIT-30UNIT-200MG-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 4000UNIT-30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-0.8MG-2.6MG-120MG, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG, 30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-4000UNIT-8MCG-400UNIT-800MCG-2.6MG-120MG	F	QL(1 ea daily); GL

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN & MINERAL TABS	F	QL(1 ea daily); GL
PRENATAL VITAMIN TABS	F	QL(1 ea daily); GL
PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily); GL
PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
PRENATAL VITAMINS TABS 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG	F	QL(1 ea daily); GL
PRENATAL VITAMINS TABS 4000UNIT-4000UNIT-200MG-200MG-25MG-25MG-27MG-27MG-11UNIT-11UNIT-400UNIT-400UNIT-1.7MG-1.7MG-4MCG-4MCG-18MG-18MG-1.84MG-1.84MG-800MCG-800MCG-2.6MG-2.6MG-100MG-100MG	F	
PRENATAL+DHA MISC	F	
PRENATAL-U CAPS	F	QL(1 ea daily); GL
PRENATE DHA CAPS 18MG-600MCG-40UNIT-300MG-50MG-155MG-25MCG-400UNIT-400MCG-26MG-90MG	F	PA
PRENATE ENHANCE CAPS	F	PA
PRENATE ESSENTIAL CAPS	F	PA
PRENATE PIXIE CAPS	F	PA
PRENATE RESTORE CAPS	F	PA

Drug Name	Drug Tier	Requirements/ Limits
PREPLUS TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
PRETAB TABS	F	QL(1 ea daily); GL
PROFE FORTE CAPS	F	
PROVIDA OB CAPS	F	PA
PUREFE OB PLUS CAPS	F	PA
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); GL
QC PRENATAL TABS	F	QL(1 ea daily); GL
R-NATAL OB CAPS	F	PA
RA ONE DAILY MISC	F	
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily); GL
RA PRENATAL TABS	F	QL(1 ea daily); GL
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily); GL
RULAVITE DHA CAPS	F	PA
SE-NATAL 19 CHEW 30UNIT-1000UNIT-100MG-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
SE-NATAL 19 TABS 30UNIT-1000UNIT-20MG-25MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-3MG-20MG-1MG-100MG	F	
SE-TAN DHA CAPS	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
SELECT-OB CHEW 1700UNIT-29MG-30UNIT-15MG-25MG-1.6MG-15MG-1.8MG-5MCG-400UNIT-1MG-2.5MG-60MG	F	PA
SELECT-OB+DHA MISC	F	PA
SM ONE DAILY PRENATAL MISC	F	
SM PRENATAL VITAMINS TABS	F	QL(1 ea daily); GL
TARON-C DHA CAPS	F	PA
TARON-PREX CAPS	F	PA
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
THRIVITE 19 TABS	F	
THRIVITE RX TABS	F	
TL-CARE DHA CAPS	F	PA
TL-SELECT CAPS	F	PA
TRI-TABS DHA MISC	F	PA
TRIADVANCE TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
TRICARE PRENATAL DHA ONE CAPS	F	PA
TRICARE TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
TRINATAL GT TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
TRINATAL RX 1 TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
TRINATE TABS	F	PA
TRIVEEN-DUO DHA MISC	F	PA
ULTIMATECARE ONE CAPS	F	PA
VEMAVITE-PRX 2 CAPS	F	PA
VENA-BAL DHA MISC	F	PA
VINATE DHA RF CAPS	F	PA
VINATE II TABS	F	PA
VINATE M TABS	F	QL(1 ea daily); GL
VINATE ONE TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
VIRT NATE TABS	F	PA
VIRT-ADVANCE TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
VIRT-C DHA CAPS	F	PA
VIRT-PN DHA CAPS	F	PA
VIRT-PN PLUS CAPS	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
VIRT-PN TABS	F	PA
VIRT-SELECT CAPS	F	PA
VIRT-VITE GT TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL
VITAFOL ULTRA CAPS	F	PA
VITAFOL-NANO TABS	F	PA
VITAFOL-OB TABS	F	QL(1 ea daily); GL
VOL-NATE TABS	F	PA
VOL-PLUS TABS	F	QL(1 ea daily,100 ea per 100 days retail,100 ea per days mail); GL; RX/OTC
VOL-TAB RX TABS	F	
VP-CH PLUS CAPS	F	PA
VP-HEME OB + DHA MISC	F	PA
VP-HEME OB TABS	F	PA
VP-HEME ONE CAPS	F	PA
WEGMANS COMPLETE PRENATAL+DHA MISC	F	
ZATEAN-CH CAPS	F	PA
ZATEAN-PN DHA CAPS	F	PA
ZATEAN-PN PLUS CAPS	F	PA
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24	F	PA

Drug Name	Drug Tier	Requirements/ Limits
baclofen tabs	F	
carisoprodol tabs 250 mg	F	PA
carisoprodol tabs 350 mg	F	PA; QL(4 ea daily)
chlorzoxazone tabs	F	
cyclobenzaprine hcl tabs 10 mg	F	QL(3 ea daily)
cyclobenzaprine hcl tabs 5 mg	F	
cyclobenzaprine hcl tabs 7.5 mg	F	PA
FEXMID TABS (*Use Cyclobenzaprine HCl*)	***	PA
LIORESAL INTRATHECAL SOLN	F	PA
LORZONE TABS	F	PA
metaxalone tabs	F	PA
methocarbamol tabs	F	
orphenadrine citrate tb12	F	QL(2 ea daily)
PARAFON FORTE DSC TABS (*Use Chlorzoxazone*)	***	
ROBAXIN TABS (*Use Methocarbamol*)	***	
ROBAXIN-750 TABS (*Use Methocarbamol*)	***	
SKELAXIN TABS (*Use Metaxalone*)	***	PA
SOMA TABS 250 MG (*Use Carisoprodol*)	***	PA
SOMA TABS 350 MG (*Use Carisoprodol*)	***	PA; QL(4 ea daily)
tizanidine hcl caps 6 mg, 4 mg, 2 mg	F	PA
tizanidine hcl tabs 4 mg, 2 mg	F	
ZANAFLEX CAPS 2 MG, 6 MG, 4 MG (*Use Tizanidine HCl*)	***	PA
ZANAFLEX TABS 4 MG (*Use Tizanidine HCl*)	***	

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Drug Name	Drug Tier	Requirements/ Limits
Direct Muscle Relaxants		
DANTRIUM CAPS (*Use Dantrolene Sodium*)	***	
dantrolene sodium caps	F	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine tabs	F	PA
carisoprodol w/ aspirin tabs	F	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	F	PA
Nasal Agents - Misc.		
AYR NASAL DROPS SOLN	F	
AYR NASAL MIST ALLERGY &SINUS HYPERTONIC SALINE SOLN	F	
OCEAN NASAL SPRAY SOLN (*Use Saline*)	***	QL(480 ml per fill retail)
RHINARIS GEL	F	PA
saline gel	F	
saline soln 0.65%, 0.65 %, 0.65%-0.002%	F	QL(480 ml per fill retail)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	F	
Nasal Antiallergy		
ASTEPRO SOLN (*Use Azelastine HCl*)	***	QL(30 ml per fill retail)
azelastine hcl soln	F	QL(30 ml per fill retail)
cromolyn sodium (nasal) aers	F	QL(26 ml per 30 days retail)
NASALCROM AERS (*Use Cromolyn Sodium (Nasal)*)	***	QL(26 ml per 30 days retail)
olopatadine hcl (nasal) soln	F	PA
PATANASE SOLN (*Use Olopatadine HCl (Nasal)*)	***	PA
Nasal Anticholinergics		
ATROVENT SOLN 0.03 % (*Use Ipratropium Bromide (Nasal)*)	***	QL(31 ml per 30 days retail)
ATROVENT SOLN 0.06 % (*Use Ipratropium Bromide (Nasal)*)	***	QL(15 ml per 30 days retail)
ipratropium bromide (nasal) soln 0.03 %	F	QL(31 ml per 30 days retail)
ipratropium bromide (nasal) soln 0.06 %	F	QL(15 ml per 30 days retail)
Nasal Steroids		
BECONASE AQ SUSP	F	PA
budesonide (nasal) susp	F	PA; RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (*Use Fluticasone Propionate (Nasal)*)	***	QL(16 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (*Use Fluticasone Propionate (Nasal)*)	***	QL(16 ml per 30 days retail); RX/OTC
FLONASE SENSIMIST SUSP	F	PA; RX/OTC
FLUNISOLIDE SOLN	F	QL(25 ml per 30 days retail)
fluticasone propionate (nasal) susp	F	QL(16 ml per 30 days retail); RX/OTC
mometasone furoate (nasal) susp	F	PA; QL(17 gm per 30 days retail)
NASACORT ALLERGY 24HR AERO	F	QL(17 ml per 30 days retail); RX/OTC
NASACORT ALLERGY 24HR AERO (*Use Triamcinolone Acetonide (Nasal)*)	***	QL(17 ml per 30 days retail); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (*Use Triamcinolone Acetonide (Nasal)*)	***	QL(17 ml per 30 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NASONEX SUSP (*Use Mometasone Furoate (Nasal)*)	***	PA; QL(17 gm per 30 days retail)
OMNARIS SUSP	F	PA
QNASL AERS	F	PA
RHINOCORT AQUA SUSP (*Use Budesonide (Nasal)*)	***	PA; RX/OTC
triamcinolone acetonide (nasal) aero	F	QL(17 ml per 30 days retail); RX/OTC
VERAMYST SUSP	F	PA; RX/OTC
ZETONNA AERS	F	PA
Sympathomimetic Decongestants		
ADRENALIN SOLN	F	
AFRIN 12 HOUR SOLN (*Use Oxymetazoline HCl*)	***	
AFRIN ALL NIGHT NODRIP SOLN (*Use Oxymetazoline HCl*)	***	
AFRIN NASAL SPRAY SOLN (*Use Oxymetazoline HCl*)	***	
AFRIN NODRIP EXTRA MOISTURIZING SOLN (*Use Oxymetazoline HCl*)	***	
AFRIN NODRIP ORIGINAL SOLN (*Use Oxymetazoline HCl*)	***	
AFRIN NODRIP SEVERE CONGESTION SOLN (*Use Oxymetazoline HCl*)	***	
AFRIN NODRIP SINUS SOLN (*Use Oxymetazoline HCl*)	***	
AFRIN SINUS SOLN (*Use Oxymetazoline HCl*)	***	
AFRIN SOLN (*Use Oxymetazoline HCl*)	***	
DRISTAN SPRAY SOLN (*Use Oxymetazoline HCl*)	***	
DURATION 12 HOUR SOLN (*Use Oxymetazoline HCl*)	***	
DURATION SPRAY SOLN (*Use Oxymetazoline HCl*)	***	
LITTLE NOSES DECONGESTANTNOSE DROPS SOLN	F	
NASAL DECONGESTANT LIQD	F	
NASAL DECONGESTANT SYRP	F	
NEO-SYNEPHRINE 12 HOUR EXTRA MOISTURIZING SOLN (*Use Oxymetazoline HCl*)	***	
NEO-SYNEPHRINE COLD & SINUS EXTRA SOLN (*Use Phenylephrine HCl*)	***	
NEO-SYNEPHRINE COLD & SINUS MILD SOLN (*Use Phenylephrine HCl*)	***	
NEO-SYNEPHRINE COLD & SINUS REGULAR SOLN	F	
NEO-SYNEPHRINE SOLN (*Use Phenylephrine HCl*)	***	
oxymetazoline hcl soln	F	
phenylephrine hcl (oral) tabs	F	QL(24 ea per fill retail)
phenylephrine hcl soln	F	
pseudoephedrine hcl liqd 15 mg/5ml	F	
pseudoephedrine hcl tabs 60 mg, 30 mg	F	
pseudoephedrine hcl tb12 120 mg	F	QL(62 ea per 30 days retail)
SUDAFED 24 HOUR TB24	F	
SUDAFED CHILDRENS LIQD (*Use Pseudoephedrine HCl*)	***	
SUDAFED CONGESTION TABS (*Use Pseudoephedrine HCl*)	***	

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Drug Name	Drug Tier	Requirements/ Limits
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (*Use Pseudoephedrine HCl*)	***	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	F	QL(120 ml per fill retail)
SUDAFED PE CONGESTION TABS (*Use Phenylephrine HCl (Oral)*)	***	QL(24 ea per fill retail)
SUDAFED TABS (*Use Pseudoephedrine HCl*)	***	
TYZINE PEDIATRIC NASAL DROPS SOLN	F	PA
VICKS SINEX 12 HOUR DECONGESTANT SOLN (*Use Oxymetazoline HCl*)	***	
VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST SOLN (*Use Oxymetazoline HCl*)	***	
VICKS SINEX 12 HOUR DECONGESTANT ULTRA FINE MIST/MOISTURIZNG SOLN (*Use Oxymetazoline HCl*)	***	
VICKS SINEX MOISTURIZING SOLN (*Use Oxymetazoline HCl*)	***	
VICKS SINEX SEVERE NASALDECONGESTANT SOLN (*Use Oxymetazoline HCl*)	***	
VICKS SINEX SOLN (*Use Oxymetazoline HCl*)	***	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (*Use Riluzole*)	***	PA
riluzole tabs	F	PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	F	
POLYCOSE POWD	F	
Misc. Nutritional Substances		
docosahexaenoic acid caps	F	
EXPECTA LIPIL CAPS (*Use Docosahexaenoic Acid*)	***	
omega-3 fatty acids caps	F	
omega-3 fatty acids cpdr	F	
Proteins		
arginine tabs	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear ointment oint	F	QL(4 gm per fill retail)
artificial tear solution soln	F	
ARTIFICIAL TEARS SOLN	F	QL(15 ml per fill retail)
carboxymethylcellulose sodium (ophth) soln	F	
carboxymethylcellulose-glycerin soln	F	
GENTEAL MILD SOLN	F	
GENTEAL MILD TO MODERATE SOLN (*Use Hypromellose (Ophth)*)	***	
GENTEAL SEVERE GEL	F	
GENTEAL TEARS MODERATEPF SOLN	F	
glycerin-hypromellose-polyethylene glycol 400 soln	F	
HYPOTEARS SOLN	F	QL(31 ml per 30 days retail)
hypromellose (ophth) soln 0.3 %, 3 mg/ml	F	

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Drug Name	Drug Tier	Requirements/ Limits
hypromellose (ophth) soln 0.4 %	F	QL(15 ml per fill retail)
ISOPTO TEARS SOLN	F	
LACRISERT INST	F	PA
MOISTURE EYES SOLN (*Use Propylene Glycol-Glycerin*)	***	
polyethylene glycol-propylene glycol (ophth) soln	F	
polyvinyl alcohol soln	F	QL(31 ml per 30 days retail)
polyvinyl alcohol-povidone (ophth) soln	F	
propylene glycol (ophth) soln	F	
propylene glycol-glycerin soln	F	
REFRESH LIQUIGEL SOLN	F	
REFRESH OPTIVE SENSITIVE SOLN	F	
REFRESH OPTIVE SOLN (*Use Carboxymethylcellulose-Glycerin*)	***	
REFRESH SOLN (*Use Polyvinyl Alcohol-Povidone (Ophth)*)	***	
REFRESH TEARS SOLN (*Use Carboxymethylcellulose Sodium (Ophth)*)	***	
SYSTANE BALANCE RESTORATIVE FORMULA SOLN (*Use Propylene Glycol (Ophth)*)	***	
SYSTANE OVERNIGHT THERAPY LUBRICANT EYE GEL	F	
SYSTANE SOLN (*Use Polyethylene Glycol-Propylene Glycol (Ophth)*)	***	
SYSTANE ULTRA HOME & AWAY PACK SOLN (*Use Polyethylene Glycol-Propylene Glycol (Ophth)*)	***	
SYSTANE ULTRA SOLN (*Use Polyethylene Glycol-Propylene Glycol (Ophth)*)	***	
TEARS NATURALE PM OINT (*Use White Petrolatum-Mineral Oil*)	***	QL(42 gm per fill retail)
VISINE TEARS SOLN (*Use Glycerin-Hypromellose-Polyethylene Glycol 400*)	***	
white petrolatum-mineral oil oint	F	QL(42 gm per fill retail)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (*Use Levobunolol HCl*)	***	QL(15 ml per 30 days retail)
betaxolol hcl (ophth) soln	F	QL(15 ml per fill retail)
BETIMOL SOLN	F	QL(15 ml per 30 days retail)
BETOPTIC-S SUSP	F	PA
carteolol hcl (ophth) soln	F	Limit 1 fill per Month
COMBIGAN SOLN	F	PA
COSOPT PF SOLN	F	PA
COSOPT SOLN (*Use Dorzolamide HCl-Timolol Maleate*)	***	QL(10 ml per 30 days retail)
dorzolamide hcl-timolol maleate soln	F	QL(10 ml per 30 days retail)
ISTALOL SOLN	F	PA
levobunolol hcl soln	F	QL(15 ml per 30 days retail)
METIPRANOLOL SOLN	F	PA
timolol maleate (ophth) solg 0.25 %, 0.5 %	F	QL(5 ml per fill retail)
timolol maleate (ophth) soln 0.5 %, 0.25 %	F	QL(15 ml per fill retail)
TIMOPTIC OCUDOSE SOLN	F	QL(60 ea per fill retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC SOLN (*Use Timolol Maleate (Ophth)*)	***	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG (*Use Timolol Maleate (Ophth)*)	***	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT	F	
ATROPINE SULFATE SOLN	F	
CYCLOGYL SOLN 0.5 % (*Use Cyclopentolate HCl*)	***	QL(15 ml per 30 days retail)
CYCLOGYL SOLN 1 % (*Use Cyclopentolate HCl*)	***	
CYCLOGYL SOLN 2 % (*Use Cyclopentolate HCl*)	***	QL(15 ml per fill retail)
CYCLOMYDRIL SOLN	F	PA
cyclopentolate hcl soln 0.5 %	F	QL(15 ml per 30 days retail)
cyclopentolate hcl soln 1 %	F	
cyclopentolate hcl soln 2 %	F	QL(15 ml per fill retail)
homatropine hbr soln	F	
MYDRIACYL SOLN (*Use Tropicamide*)	***	
tropicamide soln	F	
Miotics		
ISOPTO CARPINE SOLN (*Use Pilocarpine HCl*)	***	
PHOSPHOLINE IODIDE SOLR	F	PA
pilocarpine hcl soln	F	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	F	PA
ALPHAGAN P SOLN 0.15 % (*Use Brimonidine Tartrate*)	***	PA
apraclonidine hcl soln	F	PA
brimonidine tartrate soln 0.15 %	F	PA
brimonidine tartrate soln 0.2 %	F	QL(15 ml per fill retail)
IOPIDINE SOLN 0.5 % (*Use Apraclonidine HCl*)	***	PA
IOPIDINE SOLN 1 %	F	
SIMBRINZA SUSP	F	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	F	PA
BACITRACIN OINT	F	QL(4 gm per 30 days retail)
bacitracin-polymyxin b (ophth) oint	F	QL(4 gm per 30 days retail)
BESIVANCE SUSP	F	PA
BLEPH-10 SOLN (*Use Sulfacetamide Sodium (Ophth)*)	***	QL(15 ml per 30 days retail)
CILOXAN OINT	F	QL(3.5 gm per fill retail)
CILOXAN SOLN (*Use Ciprofloxacin HCl (Ophth)*)	***	QL(10 ml per fill retail)
ciprofloxacin hcl (ophth) soln	F	QL(10 ml per fill retail)
erythromycin (ophth) oint	F	
gatifloxacin (ophth) soln	F	PA
GENTAK OINT	F	QL(4 gm per 30 days retail)
gentamicin sulfate (ophth) oint	F	QL(4 gm per 30 days retail)
gentamicin sulfate (ophth) soln	F	QL(30 ml per fill retail)
levofloxacin (ophth) soln	F	PA
MOXEZA SOLN	F	PA
moxifloxacin hcl (ophth) soln	F	QL(3 ml per fill retail)
NATACYN SUSP	F	PA
neomycin-bacitracin zn-polymyxin oint	F	QL(4 gm per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
neomycin-polymyxin-gramicidin soln	F	QL(10 ml per 30 days retail)
NEOSPORIN SOLN (*Use Neomycin-Polymyxin-Gramicidin*)	***	QL(10 ml per 30 days retail)
OCUFLOX SOLN (*Use Ofloxacin (Ophth)*)	***	QL(10 ml per 30 days retail)
ofloxacin (ophth) soln	F	QL(10 ml per 30 days retail)
polymyxin b-trimethoprim soln	F	QL(10 ml per fill retail)
POLYTRIM SOLN (*Use Polymyxin B-Trimethoprim*)	***	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) soln	F	QL(15 ml per 30 days retail)
SULFACETAMIDE SODIUM OINT OP	F	QL(4 gm per 30 days retail)
tobramycin (ophth) soln	F	QL(5 ml per 30 days retail)
TOBREX OINT	F	
TOBREX SOLN (*Use Tobramycin (Ophth)*)	***	QL(5 ml per 30 days retail)
trifluridine soln	F	QL(8 ml per 30 days retail)
VIGAMOX SOLN (*Use Moxifloxacin HCl (Ophth)*)	***	QL(3 ml per fill retail)
VIROPTIC SOLN (*Use Trifluridine*)	***	QL(8 ml per 30 days retail)
ZIRGAN GEL	F	PA
ZYMAXID SOLN (*Use Gatifloxacin (Ophth)*)	***	PA
Ophthalmic Decongestants		
NAPHAZOLINE HCL SOLN	F	
naphazoline w/ pheniramine soln 0.025%-0.3%	F	
naphazoline w/ pheniramine soln 0.027%-0.315%	F	QL(15 ml per 30 days retail)
NAPHCON-A SOLN (*Use Naphazoline w/ Pheniramine*)	***	
OPCON-A SOLN (*Use Naphazoline w/ Pheniramine*)	***	QL(15 ml per 30 days retail)
phenylephrine hcl (ophth) soln 10 %	F	PA
phenylephrine hcl (ophth) soln 2.5 %	F	QL(5 ml per 30 days retail)
tetrahydrozoline hcl (ophth) soln	F	QL(30 ml per fill retail)
tetrahydrozoline w/ zinc sulfate soln	F	
VISINE EXTRA SOLN (*Use Tetrahydrozoline HCl (Ophth)*)	***	QL(30 ml per fill retail)
VISINE SOLN (*Use Tetrahydrozoline HCl (Ophth)*)	***	QL(30 ml per fill retail)
Ophthalmic Immunomodulators		
RESTASIS EMUL	F	PA
RESTASIS MULTIDOSE EMUL	F	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (*Use Proparacaine HCl*)	***	PA
proparacaine hcl soln	F	PA
tetracaine hcl (ophth) soln	F	PA
Ophthalmic Steroids		
ALREX SUSP	F	PA
bacitracin-poly-neomycin-hc oint	F	
BLEPHAMIDE S.O.P. OINT	F	
BLEPHAMIDE SUSP	F	QL(10 ml per fill retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	F	
DUREZOL EMUL	F	PA
fluorometholone (ophth) susp	F	QL(15 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
FML FORTE SUSP	F	PA
FML LIQUIFILM SUSP (*Use Fluorometholone (Ophth)*)	***	QL(15 ml per fill retail)
FML OINT	F	QL(4 gm per 30 days retail)
LOTEMAX GEL	F	PA
LOTEMAX SUSP	F	PA
MAXIDEX SUSP	F	PA
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (*Use Neomycin-Polymy-Dexameth*)	***	QL(4 gm per 30 days retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (*Use Neomycin-Polymy-Dexameth*)	***	QL(10 ml per 30 days retail)
neomycin-polymy-dexameth oint 10000unit/gm-3.5mg/gm-0.1%	F	QL(4 gm per 30 days retail)
neomycin-polymy-dexameth susp 10000unit/ml-3.5mg/ml-0.1%	F	QL(10 ml per 30 days retail)
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE SUSP	F	QL(15 ml per 30 days retail)
OMNIPRED SUSP (*Use Prednisolone Acetate (Ophth)*)	***	QL(15 ml per fill retail)
PRED FORTE SUSP (*Use Prednisolone Acetate (Ophth)*)	***	QL(15 ml per fill retail)
PRED MILD SUSP	F	QL(10 ml per 30 days retail)
PRED-G S.O.P. OINT	F	PA
PRED-G SUSP	F	QL(5 ml per fill retail)
prednisolone acetate (ophth) susp	F	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	F	QL(15 ml per 30 days retail)
sulfacetamide sod-prednisolone soln	F	QL(10 ml per 30 days retail)
TOBRADEX OINT	F	QL(4 gm per 30 days retail)
TOBRADEX ST SUSP	F	PA
TOBRADEX SUSP (*Use Tobramycin-Dexamethasone*)	***	QL(10 ml per fill retail)
tobramycin-dexamethasone susp	F	QL(10 ml per fill retail)
VEXOL SUSP	F	
ZYLET SUSP	F	PA
Ophthalmics - Misc.		
ACULAR LS SOLN (*Use Ketorolac Tromethamine (Ophth)*)	***	
ACULAR SOLN (*Use Ketorolac Tromethamine (Ophth)*)	***	QL(10 ml per fill retail)
ACUVAIL SOLN	F	PA
ALOCRIL SOLN	F	ST; QL(5 ml per 30 days retail)
ALOMIDE SOLN	F	ST; QL(10 ml per 30 days retail)
azelastine hcl (ophth) soln	F	QL(6 ml per 30 days retail)
AZOPT SUSP	F	QL(15 ml per fill retail)
bromfenac sodium (ophth) soln	F	PA
BROMFENAC SOLN	F	PA
cromolyn sodium (ophth) soln	F	QL(10 ml per fill retail)
diclofenac sodium (ophth) soln	F	QL(3 ml per 30 days retail)
dorzolamide hcl soln	F	QL(10 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
ELESTAT SOLN (*Use Epinastine HCl (Ophth)*)	***	PA
EMADINE SOLN	F	PA
epinastine hcl (ophth) soln	F	PA
FLURBIPROFEN SODIUM SOLN	F	QL(5 ml per 30 days retail)
flurbiprofen sodium soln	F	QL(5 ml per 30 days retail)
ILEVRO SUSP	F	PA
ketorolac tromethamine (ophth) soln 0.4 %	F	
ketorolac tromethamine (ophth) soln 0.5 %	F	QL(10 ml per fill retail)
ketotifen fumarate (ophth) soln	F	QL(240 ml per fill retail)
LASTACAFT SOLN	F	PA
MURO 128 OINT (*Use Sodium Chloride Hypertonic*)	***	QL(7 gm per fill retail)
MURO 128 SOLN (*Use Sodium Chloride Hypertonic*)	***	QL(30 ml per fill retail)
OCUFEN SOLN (*Use Flurbiprofen Sodium*)	***	QL(5 ml per 30 days retail)
olopatadine hcl soln	F	PA
PATADAY SOLN (*Use Olopatadine HCl*)	***	PA
PROLENSA SOLN	F	PA
sodium chloride hypertonic oint	F	QL(7 gm per fill retail)
sodium chloride hypertonic soln	F	QL(30 ml per fill retail)
TRUSOPT SOLN (*Use Dorzolamide HCl*)	***	QL(10 ml per 30 days retail)
ZADITOR SOLN (*Use Ketotifen Fumarate (Ophth)*)	***	QL(240 ml per fill retail)
Prostaglandins - Ophthalmic		
latanoprost soln	F	QL(5 ml per 30 days retail)
LUMIGAN SOLN	F	PA
RESCULA SOLN	F	PA
TRAVOPROST SOLN	F	PA
XALATAN SOLN (*Use Latanoprost*)	***	QL(5 ml per 30 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic) soln	F	QL(15 ml per 30 days retail)
ACETIC ACID/ALUMINUM ACETATE SOLN	F	
carbamide peroxide (otic) soln	F	QL(15 ml per 30 days retail)
DEBROX SOLN (*Use Carbamide Peroxide (Otic)*)	***	QL(15 ml per 30 days retail)
Otic Anti-infectives		
CETRAXAL SOLN	F	PA
CIPROFLOXACIN SOLN OT 0.2 %	F	PA
FLOXIN OTIC SOLN (*Use Ofloxacin (Otic)*)	***	QL(10 ml per fill retail)
ofloxacin (otic) soln	F	QL(10 ml per fill retail)
Otic Combinations		
CIPRO HC SUSP	F	PA
CIPRODEX SUSP	F	PA
COLY-MYCIN S SUSP	F	PA
CORTANE-B AQUEOUS SOLN	F	QL(10 ml per fill retail)
CORTANE-B-OTIC SOLN (*Use Pramoxine-HC-Chloroxylenol*)	***	QL(15 ml per fill retail)
CORTISPORIN-TC SUSP	F	PA
neomycin-polymyxin-hc (otic) soln	F	QL(10 ml per fill retail)
neomycin-polymyxin-hc (otic) susp	F	QL(20 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
OTICIN HC NR SOLN (*Use Pramoxine-HC-Chloroxylenol*)	***	QL(15 ml per fill retail)
pramoxine-hc-chloroxylenol soln	F	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC OIL (*Use Fluocinolone Acetonide (Otic)*)	***	QL(20 ml per fill retail); AL; At least 2 yrs old
fluocinolone acetonide (otic) oil	F	QL(20 ml per fill retail); AL; At least 2 yrs old
hydrocortisone w/acetic acid soln	F	QL(20 ml per 30 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
METHERGINE TABS	F	
methylergonovine maleate tabs	F	
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	F	PA
CARIMUNE NANOFILTERED SOLR	F	PA
CUVITRU SOLN	F	PA
CYTOGAM INJ	F	PA
FLEBOGAMMA DIF SOLN	F	PA
GAMASTAN S/D INJ	F	PA
GAMMAGARD LIQUID SOLN	F	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	F	PA
GAMMAKED SOLN	F	PA
GAMMAPLEX SOLN	F	PA
GAMUNEX-C SOLN	F	PA
HEPAGAM B SOLN	F	PA
HIZENTRA SOLN	F	PA
HYPERRAB S/D INJ	F	PA
HYPERRHO S/D MINI-DOSE SOSY	F	PA
HYPERRHO S/D SOSY	F	PA
IMOGAM RABIES-HT INJ	F	PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY	F	PA
OCTAGAM SOLN	F	PA
PRIVIGEN SOLN	F	PA
RHOGAM ULTRA-FILTERED PLUS SOSY	F	PA
RHOPHYLAC SOSY	F	PA
WINRHO SDF SOLN	F	PA
Monoclonal Antibodies		
SYNAGIS SOLN	F	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin caps 500 mg, 250 mg	F	
AMOXICILLIN CHEW 125 MG, 250 MG	F	
AMOXICILLIN ER TB24	F	PA
amoxicillin susr 400 mg/5ml, 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	F	
amoxicillin tabs 500 mg	F	PA
amoxicillin tabs 875 mg	F	
AMPICILLIN CAPS 500 MG	F	

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Drug Name	Drug Tier	Requirements/ Limits
ampicillin caps 500 mg, 250 mg	F	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	F	
MOXATAG TB24	F	PA
Natural Penicillins		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	F	
penicillin v potassium solr 250 mg/5ml, 125 mg/5ml	F	
penicillin v potassium tabs 250 mg, 500 mg	F	
Penicillin Combinations		
amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml	F	QL(100 ml per fill retail)
amoxicillin & pot clavulanate susr 250mg/5ml-62.5mg/5ml	F	QL(150 ml per fill retail)
amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml	F	QL(200 ml per fill retail)
amoxicillin & pot clavulanate susr 600mg/5ml-42.9mg/5ml	F	QL(400 ml per fill retail)
amoxicillin & pot clavulanate tabs 250mg-125mg, 500mg-125mg	F	QL(30 ea per fill retail)
amoxicillin & pot clavulanate tabs 875mg-125mg	F	QL(20 ea per fill retail)
amoxicillin & pot clavulanate tb12 1000mg-62.5mg	F	QL(40 ea per 30 days retail)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	F	QL(20 ea per fill retail)
AUGMENTIN ES-600 SUSR (*Use Amoxicillin & Pot Clavulanate*)	***	QL(400 ml per fill retail)
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	F	QL(150 ml per fill retail)
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (*Use Amoxicillin & Pot Clavulanate*)	***	QL(150 ml per fill retail)
AUGMENTIN TABS 500MG-125MG (*Use Amoxicillin & Pot Clavulanate*)	***	QL(30 ea per fill retail)
AUGMENTIN TABS 875MG-125MG (*Use Amoxicillin & Pot Clavulanate*)	***	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (*Use Amoxicillin & Pot Clavulanate*)	***	QL(40 ea per 30 days retail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	F	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK GEL	F	QL(6000 gm per fill retail)
starch-maltodextrin (thickening) powd	F	
THICK-IT ORIGINAL POWD (*Use Starch-Maltodextrin (Thickening)*)	***	
Liquid Vehicles		
CVS DISTILLED WATER LIQD	F	RX/OTC
CVS PURIFIED WATER LIQD	F	RX/OTC
DISTILLED WATER LIQD	F	RX/OTC
FLAVOR BLEND SUSP	F	RX/OTC
FLAVOR PLUS LIQD	F	RX/OTC
FLAVOR SWEET SYRP	F	RX/OTC
FLAVOR SWEET-SF SYRP	F	RX/OTC
GRAPE SYRUP SYRP	F	RX/OTC
MX-SOL BLEND SF SUSP	F	RX/OTC
MX-SOL BLEND SUSP	F	RX/OTC
MX-SOL SF SYRP	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MX-SOL SUSPEND SUSP	F	RX/OTC
MX-SOL SYRP	F	RX/OTC
NICE DISTILLED WATER LIQD	F	RX/OTC
ORA-BLEND SF SUSP	F	RX/OTC
ORA-BLEND SUSP	F	RX/OTC
ORA-PLUS LIQD	F	RX/OTC
ORA-SWEET SF SYRP	F	RX/OTC
ORA-SWEET SYRP	F	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	F	RX/OTC
ORAL MIX SF SUSP	F	RX/OTC
ORAL SUSPEND LIQD	F	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	F	RX/OTC
ORAL SYRUP SF SYRP	F	RX/OTC
PCCA SWEET-SF SYRP	F	RX/OTC
PCCA SYRUP VEHICLE SYRP	F	RX/OTC
PCCA-PLUS SUSP	F	RX/OTC
PH 12 STERILE DILUENT FORFLOLAN SOLN	F	PA
PURIFIED WATER LIQD	F	RX/OTC
PX PURIFIED WATER LIQD	F	RX/OTC
RA CRYSTAL LAKE DISTILLEDWATER LIQD	F	RX/OTC
SOLVATECH PLUS SUSP	F	RX/OTC
SOLVATECH SWEET SF SYRP	F	RX/OTC
SORBITOL SOLN XX 70 %,	F	RX/OTC
STERILE DILUENT FOR EPOPROSTENOL SODIUM SOLN	F	PA
STERILE DILUENT FOR REMODOULIN SOLN	F	PA
SUSPENSION VEHICLE SUSP	F	RX/OTC
SYRPALTA SYRP	F	RX/OTC
SYRSPEND SF LIQD	F	RX/OTC
SYRUP VEHICLE SF SYRP	F	RX/OTC
SYRUP VEHICLE SYRP	F	RX/OTC
VERSAFREE SYRP	F	RX/OTC
VERSAPLUS SYRP	F	RX/OTC
Semi Solid Vehicles		
DELBASE COMPOUNDING OINT	F	RX/OTC
HYDROPHILIC OINT	F	RX/OTC
HYDROPHILIC PETROLATUM OINT	F	
LANOLIN ANHYDROUS OINT	F	RX/OTC
LANOLIN ANHYDROUS-GRX OINT	F	RX/OTC
lanolin oint	F	RX/OTC
OCCLUVAN OINT	F	RX/OTC
white petrolatum gel	F	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (*Use Norethindrone Acetate*)	***	
MAKENA OIL	F	
MAKENA OIL	F	QL(4 ml per 28 days retail)
medroxyprogesterone acetate tabs	F	

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Drug Name	Drug Tier	Requirements/ Limits
MEGACE ES SUSP (*Use Megestrol Acetate (Appetite)*)	***	PA
megestrol acetate (appetite) susp	F	PA
norethindrone acetate tabs	F	
progesterone micronized caps	F	QL(30 ea per 30 days retail)
PROMETRIUM CAPS (*Use Progesterone Micronized*)	***	QL(30 ea per 30 days retail)
PROVERA TABS (*Use Medroxyprogesterone Acetate*)	***	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium tbec	F	PA
ANTABUSE TABS (*Use Disulfiram*)	***	
disulfiram tabs	F	
Anti-Cataplectic Agents		
XYREM SOLN	F	PA
Antidementia Agents		
ARICEPT TABS 10 MG, 5 MG (*Use Donepezil Hydrochloride*)	***	QL(31 ea per 31 days retail)
ARICEPT TABS 23 MG (*Use Donepezil Hydrochloride*)	***	PA
donepezil hydrochloride tabs 23 mg	F	PA
donepezil hydrochloride tabs 5 mg, 10 mg	F	QL(31 ea per 31 days retail)
donepezil hydrochloride tbdp 10 mg, 5 mg	F	QL(31 ea per 31 days retail)
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (*Use Rivastigmine Tartrate*)	***	QL(2 ea daily)
EXELON PT24 TD 4.6 MG/24HR, 9.5 MG/24HR (*Use Rivastigmine*)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg	F	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	F	QL(6 ml daily)
galantamine hydrobromide tabs 8 mg, 4 mg, 12 mg	F	QL(2 ea daily)
memantine hcl soln 2 mg/ml	F	PA; QL(2 ml daily)
memantine hcl tabs	F	PA
memantine hcl tabs 10 mg, 5 mg	F	
NAMENDA SOLN 10 MG/5ML (*Use Memantine HCl*)	***	PA; QL(2 ml daily)
NAMENDA TABS 10 MG, 5 MG (*Use Memantine HCl*)	***	
NAMENDA TITRATION PAK TABS (*Use Memantine HCl*)	***	PA
NAMENDA XR CP24 21 MG, 14 MG, 28 MG	F	PA; QL(2 ea daily)
NAMENDA XR CP24 7 MG	F	PA
NAMENDA XR TITRATION PACK CP24	F	PA
RAZADYNE ER CP24 (*Use Galantamine Hydrobromide*)	***	QL(1 ea daily)
RAZADYNE TABS (*Use Galantamine Hydrobromide*)	***	QL(2 ea daily)
rivastigmine pt24	F	PA
rivastigmine tartrate caps	F	QL(2 ea daily)
Combination Psychotherapeutics		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	F	
olanzapine-fluoxetine hcl caps	F	PA
PERPHENAZINE/AMITRIPTYLINE TABS	F	
SYMBYAX CAPS (*Use Olanzapine-Fluoxetine HCl*)	***	PA

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Drug Name	Drug Tier	Requirements/ Limits
Fibromyalgia Agents		
SAVELLA TABS	F	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	F	PA; QL(55 ea per 365 days retail)
Movement Disorder Drug Therapy		
tetrabenazine tabs	F	PA
XENAZINE TABS (*Use Tetrabenazine*)	***	PA
Multiple Sclerosis Agents		
AMPYRA TB12	F	PA
AUBAGIO TABS	F	PA
AVONEX KIT	F	PA
AVONEX PEN AJKT	F	PA
AVONEX PSKT	F	PA
BETASERON KIT	F	PA
COPAXONE SOSY (*Use Glatiramer Acetate*)	***	PA
EXTAVIA KIT	F	PA
GILENYA CAPS	F	PA
glatiramer acetate sosy	F	PA
PLEGRIDY SOPN	F	PA
PLEGRIDY SOSY	F	PA
PLEGRIDY STARTER PACK SOPN	F	PA
PLEGRIDY STARTER PACK SOSY	F	PA
REBIF REBIDOSE SOAJ	F	PA
REBIF REBIDOSE TITRATIONPACK SOAJ	F	PA
REBIF SOSY	F	PA
REBIF TITRATION PACK SOSY	F	PA
TECFIDERA CPDR	F	PA
TECFIDERA STARTER PACK MISC	F	PA
Postherpetic Neuralgia (PHN) Agents		
GRALISE STARTER MISC	F	PA
GRALISE TABS	F	PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS	F	QL(124 ea per 30 days retail)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	F	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	F	PA
ORAP TABS (*Use Pimozide*)	***	
pimozide tabs	F	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	F	PA
Smoking Deterrents		
bupropion hcl (smoking deterrent) tb12	F	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	F	Limit 180 days supply per 365 days
CHANTIX STARTING MONTH PAK TABS	F	Limit 180 days supply per 365 days;QL(53 ea per fill retail)
CHANTIX TABS	F	Limit 180 days supply per 365 days
NICODERM CQ PT24 14 MG/24HR, 21 MG/24HR (*Use Nicotine*)	***	QL(1 ea daily)
NICODERM CQ PT24 7 MG/24HR (*Use Nicotine*)	***	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE GUM 4 MG, 2 MG (*Use Nicotine Polacrilex*)	***	QL(24 ea daily)
NICORETTE LOZG 4 MG, 2 MG (*Use Nicotine Polacrilex*)	***	QL(20 ea daily)
NICORETTE MINI LOZG (*Use Nicotine Polacrilex*)	***	QL(20 ea daily)
NICORETTE STARTER KIT GUM (*Use Nicotine Polacrilex*)	***	QL(24 ea daily)
nicotine polacrilex gum 2 mg, 4 mg	F	QL(24 ea daily)
nicotine polacrilex lozg 2 mg, 4 mg	F	QL(20 ea daily)
nicotine pt24 21 mg/24hr, 14 mg/24hr	F	QL(1 ea daily)
nicotine pt24 7 mg/24hr	F	
NICOTINE TRANSDERMAL SYSTEM KIT	F	QL(56 ea per fill retail)
NICOTROL INHALER INHA	F	QL(504 ea per fill retail)
NICOTROL NS SOLN	F	QL(120 ml per 30 days retail)
ZYBAN TB12 (*Use Bupropion HCl (Smoking Deterrent)*)	***	QL(2 ea daily)
Vasomotor Symptom Agents		
BRISDELLE CAPS (*Use Paroxetine Mesylate (Vasomotor)*)	***	PA
paroxetine mesylate (vasomotor) caps	F	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	F	PA
KALYDECO TABS	F	PA
ORKAMBI TABS	F	PA
PULMOZYME SOLN	F	PA

Drug Name	Drug Tier	Requirements/ Limits
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	F	PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA CAPS (*Use Doxycycline (Monohydrate)*)	***	PA
ADOXA PAK 1/100 TABS (*Use Doxycycline (Monohydrate)*)	***	PA
ADOXA PAK 1/150 TABS (*Use Doxycycline (Monohydrate)*)	***	PA
ADOXA PAK 2/100 TABS (*Use Doxycycline (Monohydrate)*)	***	PA
ADOXA TABS (*Use Doxycycline (Monohydrate)*)	***	PA
demeclocycline hcl tabs	F	PA
doxycycline (monohydrate) caps	F	PA
doxycycline (monohydrate) susr	F	PA
doxycycline (monohydrate) tabs	F	PA
doxycycline hyclate caps 100 mg, 50 mg	F	
doxycycline hyclate tabs 100 mg, 20 mg	F	
doxycycline hyclate tbec 100 mg, 150 mg, 75 mg	F	PA
MINOCIN CAPS (*Use Minocycline HCl*)	***	
minocycline hcl caps 100 mg, 75 mg, 50 mg	F	
MINOCYCLINE HCL ER TB24	F	PA
minocycline hcl tb24 135 mg, 45 mg, 90 mg	F	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
MONODOX CAPS (*Use Doxycycline (Monohydrate)*)	***	PA
SOLODYN TB24	F	PA
tetracycline hcl caps 250 mg, 500 mg	F	
TETRACYCLINE HCL CAPS 500 MG, 250 MG (*Use Tetracycline HCl*)	***	
VIBRAMYCIN CAPS 100 MG (*Use Doxycycline Hyclate*)	***	
VIBRAMYCIN SUSR 25 MG/5ML (*Use Doxycycline (Monohydrate)*)	***	PA
VIBRAMYCIN SYRP 50 MG/5ML	F	PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	F	
propylthiouracil tabs	F	
TAPAZOLE TABS (*Use Methimazole*)	***	
Thyroid Hormones		
ARMOUR THYROID TABS 30 MG, 90 MG, 15 MG, 60 MG, 120 MG (*Use Thyroid*)	F	
ARMOUR THYROID TABS 300 MG, 180 MG, 240 MG	F	
CYTOMEL TABS (*Use Liothyronine Sodium*)	***	
levothyroxine sodium tabs	F	
liothyronine sodium tabs	F	
NATURE-THROID TABS	F	
SYNTHROID TABS (*Use Levothyroxine Sodium*)	F	
thyroid tabs	F	
THYROLAR-1 TABS	F	
THYROLAR-1/2 TABS	F	
THYROLAR-1/4 TABS	F	
THYROLAR-2 TABS	F	
THYROLAR-3 TABS	F	
TIROSINT CAPS	F	PA
WESTHROID TABS	F	
WP THYROID TABS	F	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (*Use Hyoscyamine Sulfate*)	***	
BELLADONNA & OPIUM SUPP	F	PA
BELLADONNA ALKALOIDS & OPIUM SUPP	F	PA
BENTYL CAPS (*Use Dicyclomine HCl*)	***	
BENTYL TABS (*Use Dicyclomine HCl*)	***	
CANTIL TABS	F	PA
CUVPOSA SOLN	F	PA
dicyclomine hcl caps 10 mg	F	
dicyclomine hcl soln 10 mg/5ml	F	QL(496 ml per 30 days retail)
dicyclomine hcl tabs 20 mg	F	
DONNATAL ELIX 0.1037MG/5ML-0.0065MG/5ML-0.0194MG/5ML-16.2MG/5ML	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
DONNATAL TABS 0.1037MG-0.0065MG-0.0194MG-16.2MG (*Use Phenobarbital-Hyoscyamine-Atropine-Scopolamine*)	***	
glycopyrrolate tabs	F	QL(4 ea daily)
hyoscyamine sulfate elix or 0.125 mg/5ml	F	
HYOSCYAMINE SULFATE POWD XX	F	
hyoscyamine sulfate soln or 0.125 mg/ml	F	
hyoscyamine sulfate subl sl 0.125 mg	F	
hyoscyamine sulfate tabs or 0.125 mg	F	
hyoscyamine sulfate tb12 or 0.375 mg	F	QL(4 ea daily)
hyoscyamine sulfate tbdp or 0.125 mg	F	
LEVBID TB12 (*Use Hyoscyamine Sulfate*)	***	QL(4 ea daily)
LEVSIN SOLN IJ 0.5 MG/ML	F	
LEVSIN TABS OR 0.125 MG (*Use Hyoscyamine Sulfate*)	***	
LEVSIN/SL SUBL (*Use Hyoscyamine Sulfate*)	***	
methscopolamine bromide tabs	F	PA
PAMINE FORTE TABS (*Use Methscopolamine Bromide*)	***	PA
PAMINE TABS (*Use Methscopolamine Bromide*)	***	PA
phenobarbital-hyoscyamine-atropine-scopolamine tabs	F	
PROPANTHELINE BROMIDE TABS	F	QL(4 ea daily)
ROBINUL FORTE TABS (*Use Glycopyrrolate*)	***	QL(4 ea daily)
ROBINUL TABS (*Use Glycopyrrolate*)	***	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SYMAX DUOTAB TBCR	F	
H-2 Antagonists		
cimetidine hcl soln	F	
cimetidine tabs 200 mg	F	RX/OTC
cimetidine tabs 300 mg, 800 mg, 400 mg	F	
famotidine susr 40 mg/5ml	F	
famotidine tabs 10 mg, 40 mg	F	
famotidine tabs 20 mg	F	RX/OTC
nizatidine caps 150 mg, 300 mg	F	PA
NIZATIDINE SOLN 15 MG/ML	F	PA
PEPCID AC MAXIMUM STRENGTH TABS (*Use Famotidine*)	***	RX/OTC
PEPCID AC TABS (*Use Famotidine*)	***	
PEPCID SUSR 40 MG/5ML (*Use Famotidine*)	***	
PEPCID TABS 20 MG (*Use Famotidine*)	***	RX/OTC
PEPCID TABS 40 MG (*Use Famotidine*)	***	
ranitidine hcl caps 150 mg	F	QL(2 ea daily)
ranitidine hcl caps 300 mg	F	QL(1 ea daily)
ranitidine hcl syrp 15 mg/ml, 75 mg/5ml, 150 mg/10ml	F	QL(20 ml daily)
ranitidine hcl tabs 150 mg	F	RX/OTC
ranitidine hcl tabs 300 mg	F	
ranitidine hcl tabs 75 mg	F	QL(2 ea daily)
TAGAMET HB TABS (*Use Cimetidine*)	***	RX/OTC

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
ZANTAC 150 MAXIMUM STRENGTH TABS (*Use Ranitidine HCl*)	***	RX/OTC
ZANTAC 75 TABS (*Use Ranitidine HCl*)	***	QL(2 ea daily)
ZANTAC TABS 150 MG (*Use Ranitidine HCl*)	***	RX/OTC
ZANTAC TABS 300 MG (*Use Ranitidine HCl*)	***	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	F	QL(420 ml per fill retail)
CARAFATE TABS 1 GM (*Use Sucralfate*)	***	
sucralfate tabs	F	
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP	F	PA
ACIPHEX TBEC (*Use Rabeprazole Sodium*)	***	PA
CVS OMEPRAZOLE TBEC	F	QL(1 ea daily)
DEXILANT CPDR	F	PA; ST
EQ OMEPRAZOLE TBEC	F	QL(1 ea daily)
EQL OMEPRAZOLE TBEC	F	QL(1 ea daily)
esomeprazole magnesium cpdr 20 mg	F	QL(2 ea daily); RX/OTC
esomeprazole magnesium cpdr 40 mg	F	PA
FIRST-OMEPRAZOLE SUSP	F	QL(300 ml per 30 days retail,900 ml per days mail)
GNP OMEPRAZOLE TBEC	F	QL(1 ea daily)
HM OMEPRAZOLE TBEC	F	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	F	QL(1 ea daily)
lansoprazole cpdr 15 mg	F	QL(4 ea daily); RX/OTC
lansoprazole cpdr 30 mg	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NEXIUM 24HR CLEAR MINIS CPDR	F	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR	F	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (*Use Esomeprazole Magnesium*)	***	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (*Use Esomeprazole Magnesium*)	***	PA
NEXIUM PACK 40 MG, 10 MG, 20 MG	F	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	F	QL(300 ml per 30 days retail,900 ml per days mail)
omeprazole cpdr 20 mg, 10 mg, 40 mg	F	QL(1 ea daily)
omeprazole magnesium cpdr	F	
OMEPRAZOLE TBEC 20 MG	F	QL(1 ea daily)
pantoprazole sodium tbec 20 mg	F	QL(1 ea daily)
pantoprazole sodium tbec 40 mg	F	QL(2 ea daily)
PREVACID 24HR CPDR (*Use Lansoprazole*)	***	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (*Use Lansoprazole*)	***	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (*Use Lansoprazole*)	***	QL(2 ea daily)
PREVACID SOLUTAB TBDP	F	QL(1 ea daily)
PRILOSEC CPDR 10 MG, 20 MG, 40 MG (*Use Omeprazole*)	***	QL(1 ea daily)
PRILOSEC OTC TBEC	F	QL(1 ea daily)
PRILOSEC PACK 2.5 MG, 10 MG	F	PA
PROTONIX PACK 40 MG	F	PA
PROTONIX TBEC 20 MG (*Use Pantoprazole Sodium*)	***	QL(1 ea daily)
PROTONIX TBEC 40 MG (*Use Pantoprazole Sodium*)	***	QL(2 ea daily)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
PX OMEPRAZOLE TBEC	F	QL(1 ea daily)
RA OMEPRAZOLE TBEC	F	QL(1 ea daily)
rabeprazole sodium tbec	F	PA
SB OMEPRAZOLE TBEC	F	QL(1 ea daily)
SM OMEPRAZOLE TBEC	F	QL(1 ea daily)
SW OMEPRAZOLE TBEC	F	QL(1 ea daily)
TGT OMEPRAZOLE TBEC	F	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (*Use Misoprostol*)	***	
misoprostol tabs	F	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole misc	F	PA
famotidine-calcium carbonate-magnesium hydroxide chew	F	
OMECLAMOX-PAK MISC	F	PA
omeprazole-sodium bicarbonate caps 20mg-1100mg	F	QL(2 ea daily); RX/OTC
omeprazole-sodium bicarbonate caps 40mg-1100mg	F	PA
omeprazole-sodium bicarbonate pack 20mg-1680mg, 40mg-1680mg	F	
PEPCID COMPLETE CHEW (*Use Famotidine-Calcium Carbonate-Magnesium Hydroxide*)	***	
PREVPAC MISC (*Use Amoxicillin-Clarithromycin w/ Lansoprazole*)	***	PA
PYLERA CAPS	F	PA
ZEGERID CAPS 20MG-1100MG (*Use Omeprazole-Sodium Bicarbonate*)	***	QL(2 ea daily); RX/OTC
ZEGERID CAPS 40MG-1100MG (*Use Omeprazole-Sodium Bicarbonate*)	***	PA
ZEGERID OTC CAPS (*Use Omeprazole-Sodium Bicarbonate*)	***	QL(2 ea daily); RX/OTC
ZEGERID PACK 40MG-1680MG, 20MG-1680MG (*Use Omeprazole-Sodium Bicarbonate*)	***	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal tabs	F	PA
methenamine-hyosc-methylene blue-sod phos-phenyl sal caps 40.8mg-0.12mg-36mg-120mg-10mg	F	PA
methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8mg-0.12mg-32.4mg-81mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg, 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg	F	
methenamine-hyoscamine-methylene blue-sodium phosphate caps	F	PA
methenamine-hyoscamine-methylene blue-sodium phosphate tabs	F	PA
UROGESIC-BLUE TABS (*Use Methenamine-Hyoscamine-Methylene Blue-Sodium Phosphate*)	***	PA
Urinary Anti-infectives		
FURADANTIN SUSP (*Use Nitrofurantoin*)	***	QL(40 ml daily)
HIPREX TABS (*Use Methenamine Hippurate*)	***	PA

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
MACROBID CAPS (*Use Nitrofurantoin Monohyd Macro*)	***	
MACRODANTIN CAPS (*Use Nitrofurantoin Macrocrystal*)	***	
methenamine hippurate tabs	F	PA
METHENAMINE MANDELATE TABS 0.5 GM	F	
methenamine mandelate tabs 1 gm	F	
nitrofurantoin macrocrystal caps	F	
nitrofurantoin monohyd macro caps	F	
nitrofurantoin susp	F	QL(40 ml daily)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	F	PA
DETROL LA CP24 (*Use Tolterodine Tartrate*)	***	
DETROL TABS (*Use Tolterodine Tartrate*)	***	PA
DITROPAN XL TB24 (*Use Oxybutynin Chloride*)	***	QL(2 ea daily)
ENABLEX TB24 (*Use Darifenacin Hydrobromide*)	***	PA
GELNIQUE GEL	F	PA
GELNIQUE PUMP GEL	F	PA
oxybutynin chloride syrp 5 mg/5ml	F	QL(16.6 ml daily)
oxybutynin chloride tabs 5 mg	F	QL(3 ea daily)
oxybutynin chloride tb24 15 mg, 5 mg, 10 mg	F	QL(2 ea daily)
OXYTROL FOR WOMEN PTTW	F	PA; RX/OTC
OXYTROL PTTW	F	PA; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
tolterodine tartrate cp24 2 mg, 4 mg	F	
tolterodine tartrate tabs 2 mg, 1 mg	F	PA
TOVIAZ TB24	F	PA
trospium chloride cp24 60 mg	F	PA
trospium chloride tabs 20 mg	F	QL(2 ea daily)
VESICARE TABS	F	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	F	
URECHOLINE TABS (*Use Bethanechol Chloride*)	***	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	F	
VACCINES		
Bacterial Vaccines		
PNEUMOVAX 23 INJ	F	
PNEUMOVAX 23/1 DOSE INJ	F	
PREVNAR 13 SUSP	F	
Viral Vaccines		
AFLURIA 2015-2016 SUSP	F	
AFLURIA 2016-2017 SUSP	F	
AFLURIA 2017-2018 SUSP	F	
AFLURIA PF 2015-2016 SUSY	F	
AFLURIA PF 2016-2017 SUSY	F	
AFLURIA PF 2017-2018 SUSY	F	
AFLURIA QUADRIVALENT 2016-2017 SUSY	F	
AFLURIA QUADRIVALENT 2017-2018 SUSP	F	

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Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2017-2018 SUSY	F	
CERVARIX SUSP	F	
ENGERIX-B INJ	F	
ENGERIX-B SUSP	F	
FLUAD 2016-2017 SUSY	F	
FLUAD 2017-2018 SUSY	F	
FLUARIX QUADRIVALENT 2015-2016 SUSY	F	
FLUARIX QUADRIVALENT 2016-2017 SUSY	F	
FLUARIX QUADRIVALENT 2017-2018 SUSY	F	
FLUBLOK 2015-2016 SOLN	F	
FLUBLOK 2016-2017 SOLN	F	
FLUBLOK 2017-2018 SOLN	F	
FLUCELVAX 2015-2016 SUSY	F	
FLUCELVAX QUADRIVALENT 2016-2017 SUSY	F	
FLUCELVAX QUADRIVALENT 2017-2018 SUSP	F	QL(1 ml per 180 days retail); AL; At least 9 yrs old
FLUCELVAX QUADRIVALENT 2017-2018 SUSY	F	
FLULAVAL QUADRIVALENT 2014-2015 SUSY	F	
FLULAVAL QUADRIVALENT 2015-2016 SUSP	F	
FLULAVAL QUADRIVALENT 2016-2017 SUSP	F	

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL QUADRIVALENT 2016-2017 SUSY	F	
FLULAVAL QUADRIVALENT 2017-2018 SUSP	F	
FLULAVAL QUADRIVALENT 2017-2018 SUSY	F	
FLUVIRIN 2015-2016 SUSP	F	
FLUVIRIN 2015-2016 SUSY	F	
FLUVIRIN 2016-2017 SUSP	F	
FLUVIRIN 2016-2017 SUSY	F	
FLUVIRIN 2017-2018 SUSP	F	
FLUVIRIN 2017-2018 SUSY	F	
FLUZONE HIGH-DOSE PF 2015-2016 SUSY	F	
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	F	
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	F	
FLUZONE INTRADERMAL QUADRIVALENT 2015-2016 SUPN	F	
FLUZONE INTRADERMAL QUADRIVALENT 2016-2017 SUPN	F	
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018 SUPN	F	
FLUZONE QUADRIVALENT 2015-2016 SUSP	F	
FLUZONE QUADRIVALENT 2015-2016 SUSY	F	
FLUZONE QUADRIVALENT 2016-2017 SUSP	F	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2016-2017 SUSY	F	
FLUZONE QUADRIVALENT 2017-2018 SUSP	F	
FLUZONE QUADRIVALENT 2017-2018 SUSY	F	
FLUZONE SPLIT 2015-2016 SUSP	F	
GARDASIL 9 SUSP	F	
GARDASIL 9 SUSY	F	
GARDASIL SUSP	F	
HAVRIX SUSP	F	
M-M-R II INJ	F	
MEDICAL PROVIDER EZ FLU SHOT 2015-2016 PSKT	F	
MEDICAL PROVIDER SINGLE USE EZ FLU SHOT PSKT	F	
RECOMBIVAX HB SUSP	F	
VAQTA SUSP	F	
VARIVAX INJ	F	
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
ENCARE SUPP	F	QL(12 ea per fill retail)
nonoxynol-9 gel	F	QL(25.5 gm per fill retail)
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (*Use Nonoxynol-9*)	***	QL(25.5 gm per fill retail)
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	F	QL(81 gm per fill retail)
SHUR-SEAL GEL	F	QL(24 gm per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM FILM	F	
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	F	QL(17 gm per fill retail)
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (*Use Clindamycin Phosphate Vaginal*)	***	
CLEOCIN SUPP VA 100 MG	F	PA
clindamycin phosphate vaginal crea	F	
CLINDESSE CREA	F	
clotrimazole vaginal crea 1 %	F	QL(45 gm per 30 days retail)
clotrimazole vaginal crea 2 %	F	QL(31 gm per 30 days retail)
GYNAZOLE-1 CREA	F	
GYNE-LOTRIMIN 3 CREA (*Use Clotrimazole Vaginal*)	***	QL(31 gm per 30 days retail)
GYNE-LOTRIMIN CREA (*Use Clotrimazole Vaginal*)	***	QL(45 gm per 30 days retail)
METROGEL-VAGINAL GEL (*Use Metronidazole Vaginal*)	***	QL(70 gm per 30 days retail)
metronidazole vaginal gel	F	QL(70 gm per 30 days retail)
MICONAZOLE 3 SUPP	F	QL(3 ea per 30 days retail)
miconazole nitrate vaginal crea 4 %, 2 %	F	QL(45 gm per 30 days retail)
miconazole nitrate vaginal kit	F	QL(24 gm per fill retail)
miconazole nitrate vaginal kit	F	QL(1 ea per fill retail)
miconazole nitrate vaginal supp 100 mg	F	QL(7 ea per 30 days retail)
MONISTAT 1 COMBO PACK KIT (*Use Miconazole Nitrate Vaginal*)	***	QL(1 ea per fill retail)

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (*Use Miconazole Nitrate Vaginal*)	***	QL(1 ea per fill retail)
MONISTAT 3 COMBINATION PACK KIT (*Use Miconazole Nitrate Vaginal*)	***	QL(24 gm per fill retail)
MONISTAT 3 CREA (*Use Miconazole Nitrate Vaginal*)	***	QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (*Use Miconazole Nitrate Vaginal*)	***	QL(45 gm per 30 days retail)
TERAZOL 3 CREA (*Use Terconazole Vaginal*)	***	
TERAZOL 7 CREA (*Use Terconazole Vaginal*)	***	
terconazole vaginal crea	F	
terconazole vaginal supp	F	
tioconazole vaginal oint	F	
VAGISTAT-1 OINT (*Use Tioconazole Vaginal*)	***	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM	F	QL(43 gm per 30 days retail)
estradiol vaginal tabs	F	PA
ESTRING RING	F	PA
FEMRING RING	F	PA
PREMARIN CREA VA 0.625 MG/GM	F	QL(43 gm per 30 days retail)
VAGIFEM TABS (*Use Estradiol Vaginal*)	***	PA
Vaginal Progestins		
CRINONE GEL	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 25 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 400 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
FIRST-PROGESTERONE VGS 50 COMPOUNDING KIT SUPP	F	AL; At least 14 yrs old
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENACLICK SOAJ 0.15 MG/0.15ML	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;QL(4 ea per 365 days retail)
ADRENACLICK SOAJ 0.3 MG/0.3ML	F	Limit 1 fill (2 pens) per month; 4 pens per year;QL(4 ea per 365 days retail)
AUVI-Q SOAJ 0.15 MG/0.15ML	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;QL(4 ea per 365 days retail)
AUVI-Q SOAJ 0.3 MG/0.3ML	***	
EPINEPHRINE SOAJ 0.15 MG/0.15ML	F	PA; Limit 1 fill (2 pens) per month; 4 pens per year;QL(4 ea per 365 days retail)
EPINEPHRINE SOAJ 0.3 MG/0.3ML	***	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
EPINEPHRINE SOAJ 0.3 MG/0.3ML, 0.15 MG/0.3ML	F	Limit 1 fill (2 pens) per month; 4 pens per year;QL(4 ea per 365 days retail)
EPIPEN 2-PAK SOAJ	***	
EPIPEN-JR 2-PAK SOAJ	***	
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS 200 MG, 100 MG	F	PA; QL(3 ea daily)
NORTHERA CAPS 300 MG	F	PA; QL(6 ea daily)
Vasopressors		
midodrine hcl tabs	F	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 2000 unit, 1000 unit	F	QL(100 ea per fill retail)
cholecalciferol caps 400 unit, 10000 unit	F	
cholecalciferol caps 5000 unit	F	QL(2 ea daily)
cholecalciferol caps 50000 unit	F	QL(8 ea per 30 days retail)
cholecalciferol chew 400 unit, 1000 unit	F	
cholecalciferol liqd 5000 unit/ml, 400 unit/ml	F	
cholecalciferol tabs 2000 unit, 1000 unit, 400 unit, 5000 unit	F	
D-VI-SOL LIQD (*Use Cholecalciferol*)	***	
DRISDOL CAPS (*Use Ergocalciferol*)	***	
DRISDOL SOLN (*Use Ergocalciferol*)	***	
ergocalciferol caps	F	
ergocalciferol soln	F	

Drug Name	Drug Tier	Requirements/ Limits
KEY-E CHEW	F	QL(62 ea per 30 days retail)
MEPHYTON TABS	F	
REPLESTA WAFR	F	
VITAMIN D3 LIQD	F	
vitamin e caps 200 unit, 400 unit, 100 unit	F	QL(62 ea per 30 days retail)
VITAMIN E CHEW 400 UNIT	F	QL(62 ea per 30 days retail)
vitamin e soln 15 unit/0.3ml	F	
Water Soluble Vitamins		
ascorbic acid chew 500mg, 250 mg, 500 mg, 7.5mg-500mg, 250mg	F	
ascorbic acid tabs 10mg-500mg, 500mg, 37mg-1000mg, 500 mg, 250 mg, 1000 mg, 37mg-500mg, 1000mg, 14mg-25mg-500mg	F	QL(100 ea per 30 days retail)
ascorbic acid tbcr 500mg, 500 mg	F	
B-1 TABS	F	QL(100 ea per 30 days retail)
biotin caps	F	
BIOTIN FORTE TABS	F	
biotin tabs	F	
niacin cpcr	F	
niacin tabs	F	
niacin tbcr	F	
NIACIN TR TBCR	F	
pyridoxine hcl tabs	F	
riboflavin tabs	F	QL(100 ea per 30 days retail)
SLO-NIACIN TBCR (*Use Niacin*)	***	

***GENERIC or alternate product is required

Drug Name	Drug Tier	Requirements/ Limits
thiamine hcl tabs	F	QL(100 ea per 30 days retail)
thiamine mononitrate tabs	F	QL(100 ea per 30 days retail)

***GENERIC or alternate product is required

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