

Comprehensive
PREFERRED DRUG LIST

Buckeye Health Plan



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

Involve Pharmacy Solutions

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

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the Buckeye Health Plan/Involve Pharmacy Solutions form: Medication Prior Authorization Request Form.
2. Fax to Involve Pharmacy Solutions at 1-866-399-0929.
3. Once approved, Involve Pharmacy Solutions notifies the prescriber by fax.
4. If the clinical information provided does not explain the medical necessity for the requested PA medication, Involve 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 your doctor phone a prescription directly to our mail order pharmacy they may call Homescrrips 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

MP: Maintenance Product

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

SP: Specialty Medication

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, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	F	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	F	QL(2 ea daily); AL(At least 3 yrs old)
DESOXYN TABS (Use Methamphetamine HCl)	***	PA
DEXEDRINE CP24 10 MG, 15 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 10 mg, 15 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)

Drug Name	Drug Tier	Requirements/ Limits
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	ST; QL(1 ea daily)
ZENZEDI TABS	F	PA
Analeptics		
caffeine citrate soln	F	
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps	F	ST; AL(At least 6 yrs old)
clonidine hcl (adhd) tb12	F	
guanfacine hcl (adhd) tb24	F	PA; QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	***	PA; QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	***	
STRATTERA CAPS (Use Atomoxetine HCl)	***	ST; AL(At least 6 yrs old)
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 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	F	PA; QL(1 ea daily)

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated October 1, 2018

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use <i>Dexmethylphenidate HCl</i>)	***	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use <i>Dexmethylphenidate HCl</i>)	***	PA; QL(1 ea daily)
METADATE CD CPCR (Use <i>Methylphenidate HCl</i>)	***	QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN CHEW 5 MG, 10 MG, 2.5 MG (Use <i>Methylphenidate HCl</i>)	***	PA
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML (Use <i>Methylphenidate HCl</i>)	***	
<i>methylphenidate hcl chew 5 mg, 10 mg, 2.5 mg</i>	F	PA
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	F	PA
<i>methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HCL ER TBCR	F	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	F	
<i>methylphenidate hcl tabs 10 mg, 20 mg</i>	F	QL(3 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	F	QL(6 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl tbcr 10 mg, 20 mg, 36 mg</i>	F	QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcr 18 mg, 27 mg, 54 mg</i>	F	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18 MG, 27 MG, 54 MG	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36 MG	F	QL(2 ea daily)
<i>modafinil tabs</i>	F	PA
NUVIGIL TABS (Use <i>Armodafinil</i>)	***	PA
PROVIGIL TABS (Use <i>Modafinil</i>)	***	PA
QUILLIVANT XR SUSR	F	PA
RITALIN LA CP24 (Use <i>Methylphenidate HCl</i>)	***	PA
RITALIN TABS 10 MG, 20 MG (Use <i>Methylphenidate HCl</i>)	***	QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG (Use <i>Methylphenidate HCl</i>)	***	QL(6 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; SP
ORALAIR ADULT STARTER PACK SUBL	F	PA; SP
ORALAIR SUBL	F	PA; SP
RAGWITEK SUBL	F	PA
ALTERNATIVE MEDICINES		
Alternative Medicine - A's		
ALPHA LIPOIC ACID CAPS	F	
Alternative Medicine - C's		
CHEW Q CHEW	F	
CO Q-10 CHEW	F	
<i>coenzyme q10 (ubidecarenone) caps 30 mg, 100 mg, 100mg-5unit</i>	F	PA

***GENERIC or alternate product is required Ohio Buckeye Medicaid Updated October 1, 2018

Drug Name	Drug Tier	Requirements/ Limits
<i>coenzyme q10 (ubidecarenone) caps 50 mg</i>	F	
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) caps</i>	F	QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin caps 5 mg</i>	F	
MELATONIN LIQD 1 MG/4ML, 2.5 MG/10ML	F	
<i>melatonin tabs 1 mg, 300 mcg</i>	F	
<i>melatonin tabs 3 mg, 5 mg</i>	F	QL(1 ea daily)
Alternative Medicine - U		
CYTO-Q MAX LIQD	F	
QH LIQD	F	
Alternative Medicine Combinations		
LIQ-10 SYRP	F	
<i>melatonin-pyridoxine tabs</i>	F	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU	F	PA; SP
KITABIS PAK NEBU	F	PA; SP
<i>neomycin sulfate tabs</i>	F	
<i>paromomycin sulfate caps</i>	F	PA
TOBI NEBU (<i>Use Tobramycin</i>)	***	PA; SP
TOBI PODHALER CAPS	F	PA; SP
TOBRAMYCIN NEBU	F	PA; SP
<i>tobramycin nebu</i>	F	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TOBRAMYCIN SULFATE SOLN IJ 10 MG/ML, 40 MG/ML	F	PA
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	F	PA
<i>tobramycin sulfate solr ij 1.2 gm</i>	F	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	F	PA; SP
HUMIRA PEN PNKT 40 MG/0.8ML	F	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	F	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	F	PA; SP
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	F	PA; SP
SIMPONI SOAJ	F	PA; SP
SIMPONI SOSY	F	PA; SP
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS 5 MG	F	PA; SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ	F	PA; SP
RASUVO SOAJ	F	PA; SP
Gold Compounds		
RIDAURA CAPS	F	
Interleukin-1 Blockers		
ARCALYST SOLR	F	PA; SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		

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Drug Name	Drug Tier	Requirements/ Limits
KINERET SOSY	F	PA; SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY	F	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL CAPS (Use Ibuprofen)	***	MP
ADVIL MIGRAINE CAPS (Use Ibuprofen)	***	MP
ADVIL TABS (Use Ibuprofen)	***	MP
ALEVE ARTHRITIS TABS (Use Naproxen Sodium)	***	QL(2 ea daily); MP
ALEVE TABS (Use Naproxen Sodium)	***	QL(2 ea daily); MP
ANAPROX DS TABS (Use Naproxen Sodium)	***	MP
CELEBREX CAPS 400 MG (Use Celecoxib)	***	PA
CELEBREX CAPS 50 MG, 100 MG, 200 MG (Use Celecoxib)	***	PA; QL(2 ea daily)
<i>celecoxib caps 400 mg</i>	F	PA
<i>celecoxib caps 50 mg, 100 mg, 200 mg</i>	F	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use Ibuprofen)	***	RX/OTC; MP
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	***	RX/OTC; MP
DAYPRO TABS (Use Oxaprozin)	***	MP
<i>diclofenac potassium tabs</i>	F	MP
<i>diclofenac sodium tb24</i>	F	MP
<i>diclofenac sodium tbec</i>	F	MP
DUEXIS TABS	F	PA
EC-NAPROSYN TBEC (Use Naproxen)	***	QL(2 ea daily); MP
<i>etodolac caps</i>	F	MP
<i>etodolac tabs</i>	F	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>etodolac tb24</i>	F	MP
FELDENE CAPS (Use Piroxicam)	***	MP
FENOPROFEN CALCIUM CAPS 400 MG	F	PA
<i>fenopropfen calcium tabs 600 mg</i>	F	
FENORTHO CAPS	F	PA
<i>flurbiprofen tabs</i>	F	MP
<i>ibuprofen caps 200 mg</i>	F	MP
<i>ibuprofen chew 100 mg</i>	F	MP
<i>ibuprofen susp 100 mg/5ml</i>	F	RX/OTC; MP
<i>ibuprofen susp 40 mg/ml, 50 mg/1.25ml</i>	F	MP
<i>ibuprofen tabs 100 mg, 200 mg, 400 mg, 600 mg, 800 mg</i>	F	MP
INDOCIN SUPP	F	
INDOCIN SUSP	F	
<i>indomethacin caps</i>	F	MP
<i>indomethacin cpcr</i>	F	MP
INFANTS ADVIL SUSP (Use Ibuprofen)	***	MP
<i>ketoprofen caps 50 mg, 75 mg</i>	F	MP
KETOPROFEN CAPS 50 MG, 75 MG	F	MP
KETOPROFEN ER CP24	F	
<i>ketorolac tromethamine tabs</i>	F	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
LODINE TABS (Use Etodolac)	***	MP
MECLOFENAMATE SODIUM CAPS	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid caps</i>	F	PA
<i>meloxicam tabs</i>	F	MP
MOBIC TABS (<i>Use Meloxicam</i>)	***	MP
MOTRIN INFANTS DROPS SUSP (<i>Use Ibuprofen</i>)	***	MP
<i>nabumetone tabs</i>	F	MP
NALFON CAPS 400 MG	F	PA
NALFON TABS 600 MG (<i>Use Fenoprofen Calcium</i>)	***	
NAPRELAN TB24 375 MG, 500 MG (<i>Use Naproxen Sodium</i>)	***	PA
NAPRELAN TB24 750 MG	F	PA
NAPROSYN SUSP (<i>Use Naproxen</i>)	***	MP
NAPROSYN TABS (<i>Use Naproxen</i>)	***	MP
<i>naproxen sodium tabs 220 mg</i>	F	QL(2 ea daily); MP
<i>naproxen sodium tabs 275 mg, 550 mg</i>	F	MP
<i>naproxen sodium tb24 375 mg, 500 mg</i>	F	PA
<i>naproxen susp 125 mg/5ml</i>	F	MP
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	F	MP
<i>naproxen tbec 375 mg, 500 mg</i>	F	QL(2 ea daily); MP
<i>oxaprozin tabs</i>	F	MP
<i>piroxicam caps</i>	F	MP
PONSTEL CAPS (<i>Use Mefenamic Acid</i>)	***	PA
<i>sulindac tabs</i>	F	MP
TOLMETIN SODIUM CAPS 400 MG	F	PA; MP

Drug Name	Drug Tier	Requirements/Limits
TOLMETIN SODIUM TABS 200 MG	F	PA; MP
TOLMETIN SODIUM TABS 600 MG	F	PA
VIMOVO TBEC	F	PA
ZIPSOR CAPS	F	PA
ZORVOLEX CAPS	F	PA
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	F	PA; SP
OTEZLA TBPK	F	PA; SP
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use Leflunomide</i>)	***	QL(1 ea daily); MP
<i>leflunomide tabs</i>	F	QL(1 ea daily); MP
Selective Costimulation Modulators		
ORENCIA SOLR	F	PA; SP
ORENCIA SOSY	F	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	F	PA; SP
ENBREL SOSY	F	PA; SP
ENBREL SURECLICK SOAJ	F	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>acetaminophen-caffeine tabs</i>	F	
<i>aspirin-acetaminophen-caffeine tabs</i>	F	
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	F	
<i>butalbital-acetaminophen-caffeine caps 300mg-50mg-40mg</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	F	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	F	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps</i>	F	QL(4 ea daily)
ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	***	QL(4 ea daily)
EXCEDRIN EXTRA STRENGTH TABS (<i>Use Aspirin-Acetaminophen-Caffeine</i>)	***	
EXCEDRIN MENSTRUAL COMPLETE TABS (<i>Use Aspirin-Acetaminophen-Caffeine</i>)	***	
EXCEDRIN MIGRAINE TABS (<i>Use Aspirin-Acetaminophen-Caffeine</i>)	***	
EXCEDRIN TENSION HEADACHE TABS (<i>Use Acetaminophen-Caffeine</i>)	***	
FIORICET CAPS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	***	PA
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	***	QL(4 ea daily)
TENCON TABS 325MG-50MG	F	
Analgesics Other		
<i>acetaminophen caps or 500 mg</i>	F	
<i>acetaminophen chew or 80 mg, 160 mg</i>	F	
<i>acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml</i>	F	
<i>acetaminophen liqd or 160 mg/5ml, 500 mg/15ml, 1000 mg/30ml</i>	F	
<i>acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml</i>	F	
<i>acetaminophen supp re 120 mg, 325 mg, 650 mg</i>	F	QL(12 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml</i>	F	
<i>acetaminophen tabs or 325 mg, 500 mg</i>	F	
<i>acetaminophen tbcr or 650 mg</i>	F	
<i>acetaminophen tbdp or 80 mg</i>	F	
NORTEMP INFANTS SUSP	F	
TRIAMINIC FEVER REDUCERPAIN RELIEVER CHILDRENS SYRP	F	
TRIAMINIC FEVER REDUCERPAIN RELIEVER INFANTS SYRP	F	
TYLENOL 8 HOUR ARTHRITISPAIN TBCR (<i>Use Acetaminophen</i>)	***	
TYLENOL 8 HOUR TBCR (<i>Use Acetaminophen</i>)	***	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>Use Acetaminophen</i>)	***	
TYLENOL CHILDRENS SUSP (<i>Use Acetaminophen</i>)	***	
TYLENOL EXTRA STRENGTH TABS (<i>Use Acetaminophen</i>)	***	
TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use Acetaminophen</i>)	***	
TYLENOL INFANTS SUSP (<i>Use Acetaminophen</i>)	***	
TYLENOL SORE THROAT DAYTIME LIQD (<i>Use Acetaminophen</i>)	***	
TYLENOL TABS (<i>Use Acetaminophen</i>)	***	
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin chew or 81 mg</i>	F	
ASPIRIN SUPP RE 120 MG, 200 MG, 300 MG, 600 MG	F	QL(12 ea per 30 days retail)
<i>aspirin supp re 300 mg, 600 mg</i>	F	QL(12 ea per 30 days retail)
<i>aspirin tabs or 325 mg</i>	F	
<i>aspirin tbec or 81 mg, 324 mg, 325 mg, 500 mg</i>	F	
BUFFERIN TABS (Use Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide))	***	
<i>choline & mag salicylate liqd</i>	F	PA
<i>diflunisal tabs</i>	F	MP
DISALCID TABS (Use Salsalate)	***	
ECOTRIN MAXIMUM STRENGTH TBEC (Use Aspirin)	***	
ECOTRIN REGULAR STRENGTH TBEC (Use Aspirin)	***	
<i>salsalate tabs</i>	F	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL	F	PA
ACTIQ LPOP (Use Fentanyl Citrate)	***	PA
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(2 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (Use Codeine Sulfate)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(2 ea daily); AL(At least 12 yrs old)
CONZIP CP24	F	PA; AL(At least 18 yrs old)
DEMEROL TABS (Use Meperidine HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
DILAUDID LIQD 1 MG/ML (Use Hydromorphone HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 0 ml daily)
DILAUDID TABS 2 MG, 4 MG, 8 MG (Use Hydromorphone HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;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)
DURAGESIC PT72 (Use Fentanyl)	***	QL(0.34 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	F	PA
<i>fentanyl pt72</i>	F	QL(0.34 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
FENTORA TABS	F	PA
<i>hydromorphone hcl liqd or 1 mg/ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 0 ml daily)
HYDROMORPHONE HCL SUPP RE 3 MG	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 ea daily)
KADIAN CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (<i>Use Morphine Sulfate</i>)	***	PA
KADIAN CP24 200 MG	F	PA
LAZANDA SOLN	F	PA
LEVORPHANOL TARTRATE TABS	F	PA
MEPERIDINE HCL SOLN 50 MG/5ML	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>meperidine hcl tabs 50 mg, 100 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl conc 10 mg/ml</i>	F	QL(10 ml daily)
<i>methadone hcl soln 10 mg/5ml</i>	F	QL(60 ml daily)
METHADONE HCL SOLN 10 MG/5ML (<i>Use Methadone HCl</i>)	***	QL(60 ml daily)
<i>methadone hcl soln 5 mg/5ml</i>	F	QL(30 ml daily)
METHADONE HCL SOLN 5 MG/5ML (<i>Use Methadone HCl</i>)	***	QL(30 ml daily)
<i>methadone hcl tabs 10 mg</i>	F	PA; QL(10 ea daily)
<i>methadone hcl tabs 5 mg</i>	F	PA; QL(4 ea daily)
METHADOSE CONC (<i>Use Methadone HCl</i>)	***	QL(10 ml daily)
METHADOSE SUGAR- FREE CONC (<i>Use Methadone HCl</i>)	***	QL(10 ml daily)
<i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	F	PA
MORPHINE SULFATE ER CP24	F	PA
<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(5 00 ml per 30 days retail)
<i>morphine sulfate soln or 20 mg/ml, 100 mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(2 40 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(2 4 ea per fill retail)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	F	QL(3 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	***	QL(3 ea daily)
NUCYNTA ER TB12	F	PA
NUCYNTA TABS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
OPANA TABS (Use Oxymorphone HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>oxycodone hcl caps 5 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl conc 100 mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ml daily)
OXYCODONE HCL ER T12A	F	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
OXYCONTIN T12A	F	PA
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>oxymorphone hcl tb12 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 7.5 mg</i>	F	PA
OXYMORPHONE HYDROCHLORIDE ER TB12	F	PA
ROXICODONE TABS (Use Oxycodone HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
SUBSYS LIQD	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
TRAMADOL HCL ER CP24	F	PA; AL(At least 18 yrs old)
<i>tramadol hcl tabs 50 mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx; QL(8 ea daily); AL(At least 18 yrs old)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	F	PA; AL(At least 18 yrs old)
ULTRAM ER TB24 (Use Tramadol HCl)	***	PA; AL(At least 18 yrs old)
ULTRAM TABS (Use Tramadol HCl)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx; QL(8 ea daily); AL(At least 18 yrs old)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx; QL(30 ml daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx; QL(6 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAPS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	F	PA; Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx; AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx; QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod caps</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx; QL(4 ea daily); AL(At least 12 yrs old)
CAPITAL/CODEINE SUSP	F	PA; Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx; AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/ Codeine)	***	PA; Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;AL(At least 12 yrs old)
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(4 ea daily); AL(At least 12 yrs old)
hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(1 80 ml daily)
hydrocodone-acetaminophen tabs 10mg-325mg	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 2.5mg-325mg, 7.5mg-300mg	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen tabs 5mg-325mg	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(1 2 ea daily)
hydrocodone-acetaminophen tabs 7.5mg-325mg	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 ea daily)
hydrocodone-ibuprofen tabs	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
IBUDONE TABS (Use Hydrocodone-Ibuprofen)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
LORTAB ELIX	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
NORCO TABS 10MG-325MG (Use Hydrocodone-Acetaminophen)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
NORCO TABS 5MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(1 2 ea daily)
NORCO TABS 7.5MG-325MG (<i>Use Hydrocodone-Acetaminophen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(8 ea daily)
<i>oxycodone w/ acetaminophen tabs 2.5mg-325mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
<i>oxycodone w/ acetaminophen tabs 5mg- 325mg, 10mg-325mg, 7.5mg-325mg</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
OXYCODONE/ACETAMINOPHEN SOLN	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(3 0 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
OXYCODONE/IBUPROFEN TABS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
PERCOCET TABS 2.5MG-325MG (<i>Use Oxycodone w/ Acetaminophen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (<i>Use Oxycodone w/ Acetaminophen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily)
PRIMLEV TABS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
REPREXAIN TABS (<i>Use Hydrocodone-Ibuprofen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
SYNALGOS-DC CAPS	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx

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Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol-acetaminophen tabs</i>	F	PA; Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS (<i>Use Acetaminophen w/ Codeine</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS (<i>Use Acetaminophen w/ Codeine</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;QL(6 ea daily); AL(At least 12 yrs old)
ULTRACET TABS (<i>Use Tramadol-Acetaminophen</i>)	***	PA; Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx;AL(At least 18 yrs old)
XARTEMIS XR TBCR	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx

Drug Name	Drug Tier	Requirements/ Limits
XODOL TABS (<i>Use Hydrocodone-Acetaminophen</i>)	***	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
ZAMICET SOLN	F	Smart PA: Opioid Naive MED=30mg/ Subacute MED=60mg and Max 7 day supply/Rx
Opioid Partial Agonists		
BELBUCA FILM	F	PA; Use Suboxone Film
BUNAVAIL FILM	F	Smart PA: Max 7-DS buprenorphine naive; PA req. previous tx. ds not met (>7-DS & Rx in past 180-days)
BUPRENEX SOLN (<i>Use Buprenorphine HCl</i>)	***	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	F	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	F	Smart PA: Max 7-DS buprenorphine naive; PA req. previous tx. ds not met (>7-DS & Rx in past 180-days)
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg</i>	F	Smart PA: Max 7-DS buprenorphine naive; PA req. previous tx. ds not met (>7-DS & Rx in past 180-days);QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate sub/ 8mg-2mg, 2mg-0.5mg</i>	F	Smart PA: Max 7-DS buprenorphine naive; PA req. previous tx. ds not met (>7-DS & Rx in past 180-days)
BUPRENORPHINE PTWK	F	PA; Use Suboxone Film
<i>butorphanol tartrate soln na 10 mg/ml</i>	F	PA; AL(At least 18 yrs old)
BUTRANS PTWK	F	PA; Use Suboxone Film
<i>pentazocine w/ naloxone tabs</i>	F	PA
PROBUPHINE IMPLANT KIT IMPL	F	PA; Limit 5 fills per 30 days.;5 rtl MAX fill,30 rtl day(s) supply,; SP
SUBLOCADE SOSY	F	PA; 1 rtl MAX fill,30 rtl day(s) supply,; SP
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG	F	Smart PA: Max 7-DS buprenorphine naive; PA req. previous tx. ds not met (>7-DS & Rx in past 180-days);QL(1 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG	F	Smart PA: Max 7-DS buprenorphine naive; PA req. previous tx. ds not met (>7-DS & Rx in past 180-days);QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZUBSOLV SUBL	F	Smart PA: Max 7-DS buprenorphine naive; PA req. previous tx. ds not met (>7-DS & Rx in past 180-days)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	F	PA
OXANDRIN TABS (<i>Use Oxandrolone</i>)	***	PA
<i>oxandrolone tabs</i>	F	PA
Androgens		
ANDRODERM PT24	F	QL(1 ea daily)
ANDROGEL GEL 40.5 MG/2.5GM, 20.25 MG/1.25GM	F	PA
ANDROGEL GEL 50 MG/5GM, 25 MG/2.5GM (<i>Use Testosterone</i>)	***	PA
ANDROGEL PUMP GEL	F	PA
ANDROID CAPS (<i>Use Methyltestosterone</i>)	***	PA
AXIRON SOLN (<i>Use Testosterone</i>)	***	PA
<i>danazol caps</i>	F	
DEPO-TESTOSTERONE SOLN (<i>Use Testosterone Cypionate</i>)	***	QL(4 ml per 30 days retail)
FORTESTA GEL	F	PA
METHITEST TABS	F	PA
METHYLTESTOSTERONE CAPS	F	PA
STRIANT MISC	F	PA
TESTIM GEL (<i>Use Testosterone</i>)	***	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate soln</i>	F	QL(4 ml per 30 days retail)
TESTOSTERONE GEL 1 %, 10 MG/ACT, 50 MG/5GM, 25 MG/2.5GM	F	PA
<i>testosterone gel 1 %, 50 mg/5gm, 25 mg/2.5gm</i>	F	PA
TESTOSTERONE PUMP GEL	F	PA
<i>testosterone soln 30 mg/act</i>	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
<i>hydrocortisone (intrarectal) enem</i>	F	
Rectal Combinations		
ANALPRAM-HC LOTN	F	QL(62 ml per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter supp</i>	F	QL(12 ea per 30 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	F	QL(31 gm per 30 days retail)
<i>pramoxine-phenylephrine-glycerin-petrolatum crea</i>	F	
PREPARATION H CREA (Use Pramoxine-Phenylephrine-Glycerin-Petrolatum)	***	
PREPARATION H TOTABLES PAIN RELIEF CREA (Use Pramoxine-Phenylephrine-Glycerin-Petrolatum)	***	

Drug Name	Drug Tier	Requirements/Limits
Rectal Local Anesthetics		
<i>dibucaine (rectal) oint</i>	F	
NUPERCAINAL OINT (Use Dibucaine (Rectal))	***	
<i>pramoxine hcl (rectal) foam</i>	F	
PROCTOFOAM FOAM (Use Pramoxine HCl (Rectal))	***	
Rectal Steroids		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	***	
<i>hydrocortisone (rectal) crea 1 %</i>	F	PA
<i>hydrocortisone (rectal) crea 2.5 %</i>	F	
PROCTOCORT CREA (Use Hydrocortisone (Rectal))	***	PA
Vasodilating Agents		
RECTIV OINT	F	PA
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml</i>	F	QL(744 ml per 30 days retail)
<i>alum & mag hydrox-simethicone liqd 400mg/5ml-40mg/5ml-400mg/5ml</i>	F	
<i>alum & mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml</i>	F	QL(744 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>alum & mag hydrox-simethicone susp</i> 400mg/5ml-40mg/5ml-400mg/5ml, 400mg/5ml-400mg/5ml-40mg/5ml-400mg/5ml-400mg/5ml	F	
<i>aluminum hydroxide-mag carb susp</i>	F	
<i>aluminum hydroxide-mag trisil chew</i>	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		
<i>sodium bicarbonate (antacid) tabs</i>	F	QL(100 ea per 30 days retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) chew</i>	F	
<i>calcium carbonate (antacid) tabs</i>	F	
CALCIUM CARBONATE TABS 648 MG	F	
TUMS CHEW (Use Calcium Carbonate (Antacid))	***	
TUMS LASTING EFFECTS CHEW (Use Calcium Carbonate (Antacid))	***	
Antacids - Magnesium Salts		
<i>magnesium oxide tabs</i>	F	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
ALBENZA TABS (Use Albendazole)	***	PA
BILTRICIDE TABS (Use Praziquantel)	***	PA
EMVERM CHEW	F	QL(1 ea per 14 days retail)
<i>ivermectin tabs</i>	F	PA
<i>praziquantel tabs</i>	F	PA
<i>pyrantel pamoate susp</i>	F	Limit 1 fill per Month;QL(60 ml per fill retail)
REESES PINWORM MEDICINE TABS	F	QL(16 ea per fill retail)
STROMEKTOL TABS (Use Ivermectin)	***	PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS 375 MG (Use Metronidazole)	***	PA
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	***	
<i>metronidazole caps 375 mg</i>	F	PA
<i>metronidazole tabs 250 mg, 500 mg</i>	F	
NEBUPENT SOLR	F	PA
PRIMSOL SOLN	F	PA
TINDAMAX TABS (Use Tinidazole)	***	PA
<i>tinidazole tabs</i>	F	PA
<i>trimethoprim tabs</i>	F	
TRIMPEX SOLN	F	PA
XIFAXAN TABS	F	PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	***	

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Drug Name	Drug Tier	Requirements/Limits
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	***	
<i>sulfamethoxazole-trimethoprim susp</i>	F	
<i>sulfamethoxazole-trimethoprim tabs</i>	F	
Antiprotozoal Agents		
ALINIA SUSR	F	PA
ALINIA TABS	F	PA
<i>atovaquone susp</i>	F	
MEPRON SUSP (<i>Use Atovaquone</i>)	***	
Ketolides		
KETEK TABS	F	PA
Leprostatics		
<i>dapsone tabs</i>	F	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (<i>Use Clindamycin HCl</i>)	***	
CLEOCIN CAPS OR 75 MG (<i>Use Clindamycin HCl</i>)	***	PA
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use Clindamycin Palmitate Hydrochloride</i>)	***	QL(300 ml per fill retail)
<i>clindamycin hcl caps 150 mg, 300 mg</i>	F	
<i>clindamycin hcl caps 75 mg</i>	F	PA
<i>clindamycin palmitate hydrochloride solr</i>	F	QL(300 ml per fill retail)
Oxazolidinones		
<i>linezolid susr</i>	F	PA
<i>linezolid tabs</i>	F	PA
SIVEXTRO TABS	F	PA; QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ZYVOX SUSR (<i>Use Linezolid</i>)	***	PA
ZYVOX TABS (<i>Use Linezolid</i>)	***	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12	F	PA
Nitrates		
DILATRATE SR CPR	F	PA
ISORDIL TITRADOSE TABS 40 MG	F	
ISORDIL TITRADOSE TABS 5 MG (<i>Use Isosorbide Dinitrate</i>)	***	MP
ISOSORBIDE DINITRATE ER TBCR	F	MP
<i>isosorbide dinitrate tabs</i>	F	MP
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	F	QL(2 ea daily); MP
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	F	QL(1 ea daily); MP
NITRO-BID OINT	F	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>Use Nitroglycerin</i>)	***	MP
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	F	PA
<i>nitroglycerin cpr or 9 mg, 2.5 mg, 6.5 mg</i>	F	MP
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	F	MP
<i>nitroglycerin soln tl 0.4 mg/spray</i>	F	PA; MP
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	F	MP
NITROLINGUAL PUMPSPRAY SOLN (<i>Use Nitroglycerin</i>)	***	PA; MP

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Drug Name	Drug Tier	Requirements/Limits
NITROSTAT SUBL (<i>Use Nitroglycerin</i>)	***	MP
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs 15 mg</i>	F	QL(4 ea daily); MP
<i>buspirone hcl tabs 30 mg, 7.5 mg</i>	F	QL(3 ea daily); MP
<i>buspirone hcl tabs 5 mg, 10 mg</i>	F	QL(6 ea daily); MP
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	F	
<i>hydroxyzine hcl tabs 10 mg, 25 mg, 50 mg</i>	F	MP
HYDROXYZINE PAMOATE CAPS 100 MG	F	
<i>hydroxyzine pamoate caps 25 mg</i>	F	
<i>hydroxyzine pamoate caps 50 mg</i>	F	MP
<i>meprobamate tabs</i>	F	
VISTARIL CAPS 25 MG (<i>Use Hydroxyzine Pamoate</i>)	***	
VISTARIL CAPS 50 MG (<i>Use Hydroxyzine Pamoate</i>)	***	MP
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
ATIVAN TABS 0.5 MG, 2 MG (<i>Use Lorazepam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(3 ea daily)
ATIVAN TABS 1 MG (<i>Use Lorazepam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
<i>clorazepate dipotassium tabs</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(3 ea daily)
<i>diazepam conc or 5 mg/ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed

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Drug Name	Drug Tier	Requirements/Limits
DIAZEPAM SOLN OR 5 MG/5ML	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
<i>lorazepam conc 2 mg/ml</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>lorazepam tabs 0.5 mg, 2 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(3 ea daily)
<i>lorazepam tabs 1 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OXAZEPAM CAPS 30 MG	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
TRANXENE T TABS (Use <i>Clorazepate Dipotassium</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(3 ea daily)
VALIUM TABS (Use <i>Diazepam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
XANAX TABS (Use <i>Alprazolam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
XANAX XR TB24 (Use <i>Alprazolam</i>)	***	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed

ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms

Antiarrhythmics Type I-A

<i>disopyramide phosphate caps</i>	F	MP
NORPACE CAPS (Use <i>Disopyramide Phosphate</i>)	F	MP
NORPACE CR CP12	F	
<i>quinidine gluconate tbc</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
QUINIDINE SULFATE TABS	F	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	F	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	F	MP
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	F	PA; MP
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	F	MP
RYTHMOL SR CP12 (<i>Use Propafenone HCl</i>)	***	PA; MP
RYTHMOL TABS (<i>Use Propafenone HCl</i>)	***	MP
Antiarrhythmics Type III		
<i>amiodarone hcl tabs 100 mg</i>	F	PA; MP
<i>amiodarone hcl tabs 200 mg, 400 mg</i>	F	MP
<i>dofetilide caps</i>	F	
MULTAQ TABS	F	PA; QL(2 ea daily)
TIKOSYN CAPS (<i>Use Dofetilide</i>)	***	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	F	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY	F	PA; SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	F	
INCRUSE ELLIPTA AEPB	F	QL(30 ea per 30 days retail)
INCRUSE ELLIPTA AEPB	F	QL(7 ea per 30 days retail)
<i>ipratropium bromide soln</i>	F	QL(375 ml per 25 days retail)

Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA HANDIHALER CAPS	F	ST; QL(30 ea per fill retail)
TUDORZA PRESSAIR AEPB	F	QL(1 ea per 30 days retail)
Leukotriene Modulators		
ACCOLATE TABS (<i>Use Zafirlukast</i>)	***	PA
<i>montelukast sodium chew 4 mg, 5 mg</i>	F	QL(1 ea daily); MP
<i>montelukast sodium pack 4 mg</i>	F	QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	F	QL(1 ea daily); MP
SINGULAIR CHEW 4 MG, 5 MG (<i>Use Montelukast Sodium</i>)	***	QL(1 ea daily); MP
SINGULAIR PACK 4 MG (<i>Use Montelukast Sodium</i>)	***	QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use Montelukast Sodium</i>)	***	QL(1 ea daily); MP
<i>zafirlukast tabs</i>	F	PA
ZYFLO TABS	F	PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 500 MCG	F	PA
Steroid Inhalants		
AEROSPAN AERS	F	PA; QL(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

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Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER 7 METERED DOSES AEPB	F	PA
<i>budesonide (inhalation) susp</i>	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 (<i>Use Budesonide (Inhalation)</i>)	***	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)
QVAR REDIHALER AERB	F	PA; QL(21.6 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 ER TB12	F	
<i>albuterol sulfate nebu in 0.083 %</i>	F	QL(12.5 ml daily)
<i>albuterol sulfate nebu in 0.5 %</i>	F	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml</i>	F	QL(375 ml per 30 days retail)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	F	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	F	
ANORO ELLIPTA AEPB	F	PA
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)
<i>ipratropium-albuterol soln</i>	F	QL(12 ml daily)
<i>levalbuterol hcl nebu</i>	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)
<i>terbutaline sulfate tabs</i>	F	MP
TRELEGY ELLIPTA AEPB	F	PA
VENTOLIN HFA AERS	F	Limit 1 package per Claim, 2 per Month
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	***	

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Drug Name	Drug Tier	Requirements/Limits
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); MP
theophylline tb12 100 mg, 200 mg, 300 mg	F	MP
theophylline tb12 450 mg	F	
theophylline tb24 400 mg, 600 mg	F	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (Use Warfarin Sodium)	F	MP
warfarin sodium tabs	F	MP
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	F	QL(4 ea daily)
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; SP

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(42 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	F	Limit 3 fills at RETAIL per 180 days;QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
<i>fondaparinux sodium soln</i>	F	PA; SP
FRAGMIN SOLN	F	PA; SP
<i>heparin sodium (porcine) soln</i>	F	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	***	Limit 3 fills at RETAIL per 180 days;QL(42 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	***	Limit 3 fills at RETAIL per 180 days;QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use Enoxaparin Sodium</i>)	***	Limit 3 fills at RETAIL per 180 days;QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use Enoxaparin Sodium</i>)	***	Limit 3 fills at RETAIL per 180 days;QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use Enoxaparin Sodium</i>)	***	Limit 3 fills at RETAIL per 180 days;QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	***	Limit 3 fills at RETAIL per 180 days;QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,; SP
Thrombin Inhibitors		
PRADAXA CAPS	F	PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS	F	PA
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(4 ea daily)
<i>clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam (anticonvulsant) gel</i>	F	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIAZEPAM GEL RE 20 MG, 2.5 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 (<i>Use Clonazepam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(4 ea daily)
ONFI SUSP	F	PA
ONFI TABS	F	PA
Anticonvulsants - Misc.		
APTIOM TABS	F	PA
BANZEL SUSP	F	PA; SP
BANZEL TABS	F	PA; SP
<i>carbamazepine chew</i>	F	MP
<i>carbamazepine cp12</i>	F	MP
<i>carbamazepine susp</i>	F	MP
<i>carbamazepine tabs</i>	F	MP
<i>carbamazepine tb12</i>	F	MP
CARBATROL CP12 (<i>Use Carbamazepine</i>)	F	MP
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	F	QL(9 ea daily); MP
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	F	MP
<i>gabapentin tabs 600 mg</i>	F	QL(6 ea daily); MP
<i>gabapentin tabs 800 mg</i>	F	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA SOLN 100 MG/ML (<i>Use Levetiracetam</i>)	***	QL(16 ml daily); MP
KEPPRA TABS 250 MG, 750 MG, 1000 MG (<i>Use Levetiracetam</i>)	***	QL(4 ea daily); MP
KEPPRA TABS 500 MG (<i>Use Levetiracetam</i>)	***	QL(6 ea daily); MP
KEPPRA XR TB24 (<i>Use Levetiracetam</i>)	***	ST; MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use Lamotrigine</i>)	***	MP
LAMICTAL ODT KIT	F	PA
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (<i>Use Lamotrigine</i>)	***	PA
LAMICTAL TABS (<i>Use Lamotrigine</i>)	***	MP
LAMICTAL XR KIT	F	PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (<i>Use Lamotrigine</i>)	***	ST; QL(1 ea daily)
<i>lamotrigine chew 5 mg, 25 mg</i>	F	MP
<i>lamotrigine kit</i>	F	PA
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	F	MP
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	F	ST; QL(1 ea daily)
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	F	PA
<i>levetiracetam soln 100 mg/ml, 500 mg/5ml</i>	F	QL(16 ml daily); MP
<i>levetiracetam tabs 250 mg, 750 mg, 1000 mg</i>	F	QL(4 ea daily); MP
<i>levetiracetam tabs 500 mg</i>	F	QL(6 ea daily); MP
<i>levetiracetam tb24 500 mg, 750 mg</i>	F	ST; MP
LYRICA CAPS	F	PA

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Drug Name	Drug Tier	Requirements/Limits
MYSOLINE TABS (<i>Use Primidone</i>)	***	MP
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (<i>Use Gabapentin</i>)	***	QL(9 ea daily); MP
NEURONTIN SOLN 250 MG/5ML (<i>Use Gabapentin</i>)	***	MP
NEURONTIN TABS 600 MG (<i>Use Gabapentin</i>)	***	QL(6 ea daily); MP
NEURONTIN TABS 800 MG (<i>Use Gabapentin</i>)	***	QL(4 ea daily); MP
<i>oxcarbazepine susp</i>	F	MP
<i>oxcarbazepine tabs</i>	F	MP
POTIGA TABS	F	PA
<i>primidone tabs</i>	F	MP
QUDEXY XR CS24	F	PA
TEGRETOL SUSP (<i>Use Carbamazepine</i>)	F	MP
TEGRETOL TABS (<i>Use Carbamazepine</i>)	F	MP
TEGRETOL-XR TB12 (<i>Use Carbamazepine</i>)	F	MP
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use Topiramate</i>)	***	QL(6 ea daily); MP
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use Topiramate</i>)	***	QL(8 ea daily); MP
TOPAMAX TABS 100 MG (<i>Use Topiramate</i>)	***	QL(4 ea daily); MP
TOPAMAX TABS 200 MG (<i>Use Topiramate</i>)	***	QL(3 ea daily); MP
TOPAMAX TABS 25 MG, 50 MG (<i>Use Topiramate</i>)	***	QL(6 ea daily); MP
<i>topiramate csp 15 mg</i>	F	QL(6 ea daily); MP
<i>topiramate csp 25 mg</i>	F	QL(8 ea daily); MP
TOPIRAMATE ER CS24	F	PA
<i>topiramate tabs 100 mg</i>	F	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs 200 mg</i>	F	QL(3 ea daily); MP
<i>topiramate tabs 25 mg, 50 mg</i>	F	QL(6 ea daily); MP
TRILEPTAL SUSP (<i>Use Oxcarbazepine</i>)	***	MP
TRILEPTAL TABS (<i>Use Oxcarbazepine</i>)	***	MP
TROKENDI XR CP24	F	PA
VIMPAT SOLN	F	PA
VIMPAT TABS	F	PA
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	***	MP
<i>zonisamide caps</i>	F	MP
Carbamates		
<i>felbamate susp</i>	F	
<i>felbamate tabs</i>	F	
FELBATOL SUSP (<i>Use Felbamate</i>)	***	
FELBATOL TABS (<i>Use Felbamate</i>)	***	
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG (<i>Use Tiagabine HCl</i>)	***	
GABITRIL TABS 2 MG, 4 MG (<i>Use Tiagabine HCl</i>)	***	MP
SABRIL PACK (<i>Use Vigabatrin</i>)	***	PA; SP
SABRIL TABS	F	PA; SP
<i>tiagabine hcl tabs 12 mg, 16 mg</i>	F	
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	F	MP
<i>vigabatrin pack</i>	F	PA; SP
Hydantoins		

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	F	MP
DILANTIN CAPS 30 MG	F	
DILANTIN INFATABS CHEW (Use Phenytoin)	F	MP
DILANTIN-125 SUSP (Use Phenytoin)	F	MP
PEGANONE TABS	F	PA
PHENYTEK CAPS (Use Phenytoin Sodium Extended)	F	MP
<i>phenytoin chew</i>	F	MP
<i>phenytoin sodium extended caps</i>	F	MP
<i>phenytoin susp</i>	F	MP
Succinimides		
CELONTIN CAPS	F	PA
<i>ethosuximide caps</i>	F	MP
<i>ethosuximide soln</i>	F	MP
ZARONTIN CAPS (Use Ethosuximide)	F	MP
ZARONTIN SOLN (Use Ethosuximide)	F	MP
Valproic Acid		
DEPAKENE CAPS (Use Valproic Acid)	F	MP
DEPAKOTE ER TB24 (Use Divalproex Sodium)	***	MP
DEPAKOTE SPRINKLES CSDR (Use Divalproex Sodium)	***	MP
DEPAKOTE TBEC (Use Divalproex Sodium)	***	MP
<i>divalproex sodium csdr</i>	F	MP
<i>divalproex sodium tb24</i>	F	MP
<i>divalproex sodium tbec</i>	F	MP

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid caps</i>	F	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 mg</i>	F	QL(3 ea daily); MP
<i>mirtazapine tabs 30 mg</i>	F	QL(1.5 ea daily); MP
<i>mirtazapine tabs 45 mg</i>	F	QL(1 ea daily); MP
<i>mirtazapine tabs 7.5 mg</i>	F	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	F	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	F	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	F	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (Use Mirtazapine)	***	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (Use Mirtazapine)	***	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (Use Mirtazapine)	***	QL(1 ea daily)
REMERON TABS 15 MG (Use Mirtazapine)	***	QL(3 ea daily); MP
REMERON TABS 30 MG (Use Mirtazapine)	***	QL(1.5 ea daily); MP
REMERON TABS 45 MG (Use Mirtazapine)	***	QL(1 ea daily); MP
Antidepressants - Misc.		
APLENZIN TB24	F	PA
<i>bupropion hcl tabs 75 mg, 100 mg</i>	F	QL(3 ea daily); MP
<i>bupropion hcl tb12 100 mg</i>	F	QL(4 ea daily); MP
<i>bupropion hcl tb12 150 mg</i>	F	QL(3 ea daily); MP
<i>bupropion hcl tb12 200 mg</i>	F	QL(2 ea daily); MP
<i>bupropion hcl tb24 150 mg</i>	F	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BUPROPION HYDROCHLORIDE ER TB24	F	PA
FORFIVO XL TB24	F	PA
MAPROTILINE HCL TABS	F	Limit 2 fills per month
WELLBUTRIN SR TB12 100 MG (Use Bupropion HCl)	***	QL(4 ea daily); MP
WELLBUTRIN SR TB12 150 MG (Use Bupropion HCl)	***	QL(3 ea daily); MP
WELLBUTRIN SR TB12 200 MG (Use Bupropion HCl)	***	QL(2 ea daily); MP
WELLBUTRIN XL TB24 (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 (Use Citalopram Hydrobromide)	***	QL(4 ea daily); AL(At least 6 yrs old); MP
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	***	QL(2 ea daily); MP
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	***	QL(1 ea daily); MP
citalopram hydrobromide soln 10 mg/5ml	F	
citalopram hydrobromide tabs 10 mg	F	QL(4 ea daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
citalopram hydrobromide tabs 20 mg	F	QL(2 ea daily); MP
citalopram hydrobromide tabs 40 mg	F	QL(1 ea daily); MP
escitalopram oxalate soln 5 mg/5ml	F	ST
escitalopram oxalate tabs 10 mg	F	QL(2 ea daily); MP
escitalopram oxalate tabs 20 mg	F	QL(1 ea daily); MP
escitalopram oxalate tabs 5 mg	F	QL(4 ea daily); MP
FLUOXETINE DR CPDR	F	PA
fluoxetine hcl caps 10 mg, 20 mg	F	QL(4 ea daily); MP
fluoxetine hcl caps 40 mg	F	QL(2 ea daily); AL(At least 7 yrs old); MP
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); MP
fluoxetine hcl tabs 20 mg	F	QL(4 ea daily)
fluoxetine hcl tabs 60 mg	F	PA
FLUOXETINE HYDROCHLORIDE TABS	F	PA
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	***	PA
fluvoxamine maleate cp24 100 mg, 150 mg	F	PA
fluvoxamine maleate tabs 100 mg	F	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	F	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (Use Escitalopram Oxalate)	***	ST
LEXAPRO TABS 10 MG (Use Escitalopram Oxalate)	***	QL(2 ea daily); MP
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	***	QL(1 ea daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)	***	QL(4 ea daily); MP
<i>paroxetine hcl tabs 10 mg, 20 mg, 30 mg, 40 mg</i>	F	
<i>paroxetine hcl tb24 12.5 mg, 37.5 mg</i>	F	1 rtl MAX fill,30 rtl day(s) supply,
<i>paroxetine hcl tb24 25 mg</i>	F	
PAXIL CR TB24 12.5 MG, 37.5 MG (Use Paroxetine HCl)	***	1 rtl MAX fill,30 rtl day(s) supply,
PAXIL CR TB24 25 MG (Use Paroxetine HCl)	***	
PAXIL SUSP 10 MG/5ML	F	QL(40 ml daily)
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use Paroxetine HCl)	***	
PEXEVA TABS	F	PA
PROZAC CAPS 10 MG, 20 MG (Use Fluoxetine HCl)	***	QL(4 ea daily); MP
PROZAC CAPS 40 MG (Use Fluoxetine HCl)	***	QL(2 ea daily); AL(At least 7 yrs old); MP
PROZAC WEEKLY CPDR (Use Fluoxetine HCl)	***	PA
<i>sertraline hcl conc 20 mg/ml</i>	F	
<i>sertraline hcl tabs 100 mg</i>	F	QL(2 ea daily); MP
<i>sertraline hcl tabs 25 mg, 50 mg</i>	F	QL(4 ea daily); MP
ZOLOFT CONC 20 MG/ML (Use Sertraline HCl)	***	
ZOLOFT TABS 100 MG (Use Sertraline HCl)	***	QL(2 ea daily); MP
ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl)	***	QL(4 ea daily); MP
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	F	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
NEFAZODONE HYDROCHLORIDE TABS	F	
<i>trazodone hcl tabs 300 mg</i>	F	QL(2 ea daily)
<i>trazodone hcl tabs 50 mg, 100 mg, 150 mg</i>	F	MP
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); MP
DESVENLAFAXINE ER TB24 50 MG, 100 MG	F	PA
<i>desvenlafaxine succinate tb24</i>	F	PA
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	F	QL(2 ea daily); AL(At least 7 yrs old); MP
EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)	***	QL(2 ea daily); MP
EFFEXOR XR CP24 37.5 MG (Use Venlafaxine HCl)	***	QL(4 ea daily); MP
EFFEXOR XR CP24 75 MG (Use Venlafaxine HCl)	***	QL(5 ea daily); MP
FETZIMA CP24	F	PA
FETZIMA TITRATION PACK C4PK	F	PA
KHEDEZLA TB24	F	PA
PRISTIQ TB24 (Use Desvenlafaxine Succinate)	***	PA
<i>venlafaxine hcl cp24 150 mg</i>	F	QL(2 ea daily); MP
<i>venlafaxine hcl cp24 37.5 mg</i>	F	QL(4 ea daily); MP
<i>venlafaxine hcl cp24 75 mg</i>	F	QL(5 ea daily); MP
VENLAFAXINE HCL ER TB24 225 MG	F	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE HCL ER TB24 75 MG, 150 MG, 37.5 MG (Use Venlafaxine HCl)	***	QL(1 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 100 mg</i>	F	
<i>venlafaxine hcl tabs 75 mg, 37.5 mg</i>	F	MP
<i>venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg</i>	F	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	F	
AMOXAPINE TABS	F	
ANAFRANIL CAPS (Use Clomipramine HCl)	***	PA
<i>clomipramine hcl caps</i>	F	PA
<i>desipramine hcl tabs 10 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	F	
<i>desipramine hcl tabs 25 mg</i>	F	QL(2 ea daily)
<i>doxepin hcl caps</i>	F	
<i>doxepin hcl conc</i>	F	
ELAVIL TABS (Use Amitriptyline HCl)	***	
<i>imipramine hcl tabs</i>	F	
<i>imipramine pamoate caps 100 mg</i>	F	QL(3 ea daily)
<i>imipramine pamoate caps 125 mg, 150 mg</i>	F	QL(2 ea daily)
<i>imipramine pamoate caps 75 mg</i>	F	QL(1 ea daily)
NORPRAMIN TABS 10 MG (Use Desipramine HCl)	***	
NORPRAMIN TABS 25 MG (Use Desipramine HCl)	***	QL(2 ea daily)
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	F	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	F	QL(20 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl soln 10 mg/5ml</i>	F	QL(20 ml daily)
PAMELOR CAPS (Use Nortriptyline HCl)	***	
<i>protriptyline hcl tabs 10 mg</i>	F	
SURMONTIL CAPS (Use Trimipramine Maleate)	***	PA
TOFRANIL TABS (Use Imipramine HCl)	***	
<i>trimipramine maleate caps</i>	F	PA
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	F	QL(3 ea daily)
GLYSET TABS (Use Miglitol)	***	PA
<i>miglitol tabs</i>	F	PA
PRECOSE TABS (Use Acarbose)	***	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	F	PA; QL(11 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); MP
ACTOPLUS MET XR TB24	F	PA
ALOGLIPTIN/METFORMIN HCL TABS	F	PA; QL(2 ea daily); MP
ALOGLIPTIN/PIOGLITAZONE TABS	F	PA; QL(1 ea daily); MP
DUETACT TABS (Use Pioglitazone HCl-Glimepiride)	***	PA
<i>glipizide-metformin hcl tabs</i>	F	MP

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Drug Name	Drug Tier	Requirements/ Limits
GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>)	***	MP
<i>glyburide-metformin tabs</i>	F	MP
INVOKAMET TABS	F	PA
JANUMET TABS	F	PA
JANUMET XR TB24	F	PA
JENTADUETO TABS	F	PA; QL(2 ea daily); AL(At least 18 yrs old); AGE QL(0 to 90, 90 ea)
JENTADUETO XR TB24	F	PA; QL(2 ea daily)
KAZANO TABS	***	PA; QL(2 ea daily); MP
KOMBIGLYZE XR TB24	F	PA; QL(2 ea daily)
OSENI TABS	***	QL(1 ea daily); MP
<i>pioglitazone hcl-glimepiride tabs</i>	F	PA
<i>pioglitazone hcl-metformin hcl tabs</i>	F	QL(2 ea daily); MP
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	F	PA
Biguanides		
FORTAMET TB24 (<i>Use Metformin HCl</i>)	***	PA
GLUCOPHAGE TABS 500 MG (<i>Use Metformin HCl</i>)	***	QL(4 ea daily); MP
GLUCOPHAGE TABS 850 MG, 1000 MG (<i>Use Metformin HCl</i>)	***	MP
GLUCOPHAGE XR TB24 500 MG (<i>Use Metformin HCl</i>)	***	QL(4 ea daily); MP
GLUCOPHAGE XR TB24 750 MG (<i>Use Metformin HCl</i>)	***	QL(3 ea daily); MP
GLUMETZA TB24 (<i>Use Metformin HCl</i>)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl tabs 500 mg</i>	F	QL(4 ea daily); MP
<i>metformin hcl tabs 850 mg, 1000 mg</i>	F	MP
<i>metformin hcl tb24 500 mg</i>	F	QL(4 ea daily); MP
<i>metformin hcl tb24 500 mg, 1000 mg</i>	F	PA
<i>metformin hcl tb24 750 mg</i>	F	QL(3 ea daily); MP
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	
DEX4 POUCH PACK CHEW	F	
DEX4 QUICK DISSOLVE GLUCOSE CHEW	F	QL(50 ea per 30 days retail)
<i>dextrose (diabetic use) gel</i>	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-6MG, 4GM-4GM-6MG	F	
GLUCOSE INSTANT ENERGY CHEW	F	
GNP GLUCOSE CHEW 4 GM	F	QL(50 ea per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
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; SP
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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); MP
JANUVIA TABS	F	PA
NESINA TABS (<i>Use Alogliptin Benzoate</i>)	***	
ONGLYZA TABS	F	PA
TRADJENTA TABS	F	PA; MP
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 ml per 30 days retail); AL(At least 18 yrs old)
BYETTA SOPN 5 MCG/0.02ML	F	PA; QL(1 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 (<i>Use Pioglitazone HCl</i>)	***	QL(1 ea daily); MP
AVANDIA TABS	F	PA; QL(1 ea daily); MP
<i>pioglitazone hcl tabs</i>	F	QL(1 ea daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
Insulin		
ADMELOG SOLN	F	QL(40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	F	QL(30 ml per 30 days retail)
AFREZZA POWD	F	PA
APIDRA SOLN	F	
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 KWIKPEN SOPN 200 UNIT/ML	F	
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 (CONCENTRATED) SOLN	F	
HUMULIN R U-500 KWIKPEN SOPN	F	
LANTUS 100 UNIT/ML SOLN	***	PA; Use preferred BASAGLAR
LANTUS SOLOSTAR 100 UNIT/ML SOPN	***	PA; Use preferred BASAGLAR
LEVEMIR FLEXTOUCH SOPN	F	PA; QL(2 ml daily)
LEVEMIR SOLN	F	PA
NOVOLIN 70/30 FLEXPEN SUPN	F	QL(30 ml per 30 days retail)
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 MAX SOLOSTAR SOPN	F	PA
TOUJEO SOLOSTAR SOPN	F	PA
TRESIBA FLEXTOUCH SOPN	F	PA
Meglitinide Analogues		

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Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide tabs</i>	F	QL(3 ea daily); MP
PRANDIN TABS (<i>Use Repaglinide</i>)	***	PA
<i>repaglinide tabs</i>	F	PA
STARLIX TABS (<i>Use Nateglinide</i>)	***	QL(3 ea daily); MP
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS	F	PA; MP
JARDIANCE TABS	F	PA; QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (<i>Use Glimepiride</i>)	***	QL(4 ea daily); MP
AMARYL TABS 4 MG (<i>Use Glimepiride</i>)	***	QL(2 ea daily); MP
CHLORPROPAMIDE TABS	F	
<i>glimepiride tabs 1 mg, 2 mg</i>	F	QL(4 ea daily); MP
<i>glimepiride tabs 4 mg</i>	F	QL(2 ea daily); MP
<i>glipizide tabs</i>	F	MP
<i>glipizide tb24</i>	F	MP
GLUCOTROL TABS (<i>Use Glipizide</i>)	***	MP
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	***	MP
<i>glyburide micronized tabs</i>	F	MP
<i>glyburide tabs</i>	F	MP
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	***	MP
TOLAZAMIDE TABS	F	
TOLBUTAMIDE TABS	F	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		

Drug Name	Drug Tier	Requirements/Limits
MYTESI TBEC	F	PA
Antidiarrheal/Probiotic Agents - Misc.		
ACIDOPHILUS CAPS	F	RX/OTC
ACIDOPHILUS HIGH-POTENCY CAPS	F	RX/OTC
ACIDOPHILUS PEARLS CAPS	F	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	F	RX/OTC
ACIDOPHILUS SUPER PROBIOTIC CAPS	F	RX/OTC
ACIDOPHILUS/GOAT MILK CAPS	F	RX/OTC
ADVANCED PROBIOTIC 10 CAPS	F	RX/OTC
ADVANCED PROBIOTIC CAPS	F	RX/OTC
ALIGN CAPS	F	RX/OTC
ALIGN EXTRA STRENGTH CAPS	F	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	F	RX/OTC
BACID CAPS	F	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	F	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	F	RX/OTC
<i>bismuth subsalicylate chew 262 mg</i>	F	
<i>bismuth subsalicylate susp 525 mg/15ml</i>	F	
<i>bismuth subsalicylate tabs 262 mg</i>	F	
CHILDRENS PROBIOTIC PEARLS CAPS	F	RX/OTC
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	F	RX/OTC
CULTURELLE PRO-WELL CAPS	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CVS ADULT 50+ PROBIOTIC CAPS	F	RX/OTC
CVS ADULT PROBIOTIC CAPS	F	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	F	RX/OTC
CVS MOOD SUPPORT PROBIOTIC CAPS	F	RX/OTC
CVS PROBIOTIC CAPS	F	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	F	RX/OTC
CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	F	RX/OTC
CVS SENIOR PROBIOTIC CAPS	F	RX/OTC
DAILY PROBIOTIC CAPS	F	RX/OTC
DIFF-STAT CAPS	F	RX/OTC
DIGESTIVE ADVANTAGE CAPS	F	RX/OTC
DIGESTIVE ADVANTAGE LACTOSE DEFENSE FORMULA CAPS	F	RX/OTC
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	F	RX/OTC
EQL DAILY PROBIOTIC CAPS	F	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC
FLORA VANCE CAPS	F	RX/OTC
FLORAJEN ACIDOPHILUS CAPS	F	
FLORAJEN BIFIDOBLEND CAPS	F	RX/OTC
FLORAJEN3 CAPS	F	RX/OTC
FLORAJEN4KIDS CAPS	F	RX/OTC
FORTIFY DAILY PROBIOTIC CAPS	F	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC
HM ACIDOPHILUS CAPS	F	RX/OTC
LACTO-PECTIN CAPS	F	RX/OTC
<i>lactobacillus caps</i>	F	
<i>lactobacillus tabs</i>	F	
MEGA PROBIOTIC CAPS	F	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	F	RX/OTC
NATRUL PROBIOTIC CAPS	F	RX/OTC
PEARLS IC CAPS	F	RX/OTC
PEPTO BISMOL TABS (Use Bismuth Subsalicylate)	***	
PEPTO-BISMOL CHEW 262 MG (Use Bismuth Subsalicylate)	***	
PEPTO-BISMOL INSTACOOOL 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	RX/OTC
PREORBOTIC CAPS	F	RX/OTC
PRO-BIOTIC BLEND CAPS	F	RX/OTC
PRO-FLORA IMMUNE CAPS	F	RX/OTC
PROBIOMAX DAILY DF CAPS	F	RX/OTC
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	F	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PROBIOTIC ACIDOPHILUS BEADS CAPS	F	RX/OTC
PROBIOTIC ACIDOPHILUS CAPS	F	RX/OTC
PROBIOTIC ADVANCED ULTRAPOTENCY CAPS	F	RX/OTC
PROBIOTIC CAPS	F	
PROBIOTIC CAPS	F	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	F	RX/OTC
PROBIOTIC COMPLEX/ACIDOPHILUS CAPS	F	RX/OTC
PROBIOTIC DAILY CAPS	F	RX/OTC
PROBIOTIC GOLD EXTRA STRENGTH CAPS	F	
PROBIOTIC MATURE ADULT CAPS	F	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	F	RX/OTC
PROBIOTIC PEARLS CAPS	F	RX/OTC
PROBIOTIC-10 CAPS	F	RX/OTC
PROBIOTIC-10 ULTIMATE CAPS	F	RX/OTC
PRODIGEN CAPS	F	RX/OTC
RA PROBIOTIC COLON CARE CAPS	F	RX/OTC
RA PROBIOTIC COMPLEX CAPS	F	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	F	RX/OTC
RA PROBIOTIC MAXIMUM STRENGTH CAPS	F	RX/OTC
REPHRESH PRO-B CAPS	F	
RESTORA CAPS	F	RX/OTC
RISAQUAD CAPS	F	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RISAQUAD-2 CAPS	F	RX/OTC
SM ACIDOPHILUS PEARLS CAPS	F	RX/OTC
SUPER PROBIOTIC CAPS	F	RX/OTC
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	F	RX/OTC
TRUBIOTICS CAPS	F	RX/OTC
TRUNATURE DIGESTIVE PROBIOTIC CAPS	F	RX/OTC
ULTRAFLOA IMMUNE HEALTH CAPS	F	RX/OTC
VISBIOME PROBIOTIC HIGH POTENCY CAPS	F	RX/OTC
VSL#3 CAPS	F	RX/OTC
Antidiarrheal/Probiotic Combinations		
ACIDOPHILUS/CITRUS PECTIN TABS	F	
IMODIUM MULTI-SYMPTOM RELIEF TABS	F	
KALA TABS	F	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	F	
DIPHENOXYLATE/ATROPINE LIQD	F	
IMODIUM A-D CAPS 2 MG (Use Loperamide HCl)	***	QL(8 ea daily); RX/OTC
IMODIUM A-D LIQD 1 MG/7.5ML (Use Loperamide HCl)	***	
IMODIUM A-D TABS 2 MG (Use Loperamide HCl)	***	QL(8 ea daily)
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	***	
<i>loperamide hcl caps 2 mg</i>	F	QL(8 ea daily); RX/OTC
<i>loperamide hcl liqd 1 mg/5ml</i>	F	QL(40 ml daily)
<i>loperamide hcl liqd 1 mg/7.5ml</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl susp 1 mg/7.5ml</i>	F	
<i>loperamide hcl tabs 2 mg</i>	F	QL(8 ea daily)
MOTOFEN TABS	F	PA
<i>opium tincture tinc</i>	F	PA
PAREGORIC TINC	F	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	F	
EXJADE TBSO	F	PA; SP
FERRIPROX TABS	F	PA; SP
JADENU TABS	F	PA; SP
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	
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	F	
NALOXONE HCL SOSY 2 MG/2ML	F	QL(4 ml per 90 days retail)
<i>naltrexone hcl tabs</i>	F	
NARCAN LIQD	F	QL(2 ea per 60 days retail)
VIVITROL SUSR	F	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS	F	PA

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

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Drug Name	Drug Tier	Requirements/Limits
Antiemetics - Miscellaneous		
CESAMET CAPS	F	PA
DICLEGIS TBEC 10MG-10MG	F	PA
<i>dronabinol caps</i>	F	
EMETROL SOLN (<i>Use Fructose-Dextrose-Phosphoric Acid</i>)	***	
<i>fructose-dextrose-phosphoric acid liqd</i>	F	
<i>fructose-dextrose-phosphoric acid soln</i>	F	
MARINOL CAPS (<i>Use Dronabinol</i>)	***	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	F	PA
EMEND CAPS (<i>Use Aprepitant</i>)	***	PA
EMEND TRIPACK CAPS (<i>Use Aprepitant</i>)	***	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON CAPS (<i>Use Flucytosine</i>)	***	PA
<i>flucytosine caps</i>	F	PA
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	***	
<i>griseofulvin microsize susp</i>	F	
<i>griseofulvin microsize tabs</i>	F	
<i>griseofulvin ultramicrosize tabs</i>	F	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	***	QL(1 ea daily,90 ea per 120 days retail)
<i>nystatin tabs</i>	F	QL(6 ea daily)
<i>terbinafine hcl tabs</i>	F	QL(1 ea daily,90 ea per 120 days retail)

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

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Drug Name	Drug Tier	Requirements/ Limits
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 syrup 2 mg/5ml	F	
chlorpheniramine maleate tabs 4 mg	F	QL(120 ea per fill retail)
chlorpheniramine maleate tbc 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 (Use Diphenhydramine HCl)	***	
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)
carbinoxamine maleate tabs	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)

Drug Name	Drug Tier	Requirements/ Limits
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 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 1 mg/ml, 5 mg/5ml	F	QL(240 ml per fill retail); RX/OTC
cetirizine hcl syrup 1 mg/ml, 5 mg/5ml	F	QL(240 ml per fill retail); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	F	QL(1 ea daily)
CLARINEX SYRP 0.5 MG/ML	F	PA
CLARINEX TABS 5 MG (Use Desloratadine)	***	PA
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	***	QL(240 ml per fill retail)
CLARITIN CAPS 10 MG (Use Loratadine)	***	
CLARITIN CHEW 5 MG	***	

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Drug Name	Drug Tier	Requirements/ Limits
CLARITIN CHEW 5 MG (Use Loratadine)	***	
CLARITIN CHILDRENS CHEW (Use Loratadine)	***	
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
<i>desloratadine tabs</i>	F	PA
<i>fexofenadine hcl susp</i>	F	
<i>fexofenadine hcl tabs</i>	F	
<i>levocetirizine dihydrochloride tabs</i>	F	ST; RX/OTC
<i>loratadine caps 10 mg</i>	F	
<i>loratadine chew 5 mg</i>	F	
<i>loratadine soln 5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>loratadine syrp 5 mg/5ml</i>	F	QL(240 ml per fill retail)
<i>loratadine tabs 10 mg</i>	F	QL(1 ea daily)
<i>loratadine tbdp 10 mg</i>	F	QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	***	ST; RX/OTC
XYZAL TABS (Use Levocetirizine Dihydrochloride)	***	ST; RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	***	
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	***	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	***	QL(240 ml per fill retail); RX/OTC
Antihistamines - Phenothiazines		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	F	AL(At least 2 yrs old)
<i>promethazine hcl supp re 25 mg, 50 mg, 12.5 mg</i>	F	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	F	AL(At least 2 yrs old)
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	F	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	F	
<i>cyproheptadine hcl tabs</i>	F	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	F	PA
VYTORIN TABS (Use Ezetimibe-Simvastatin)	***	PA
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	F	PA; SP
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	***	PA
<i>omega-3-acid ethyl esters caps</i>	F	PA
VASCEPA CAPS	F	PA
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	F	MP
<i>cholestyramine light powd</i>	F	MP
<i>cholestyramine pack</i>	F	MP
<i>cholestyramine powd</i>	F	MP
<i>colesevelam hcl pack</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam hcl tabs</i>	F	PA
COLESTID FLAVORED GRAN (Use <i>Colestipol HCl</i>)	***	PA; MP
COLESTID FLAVORED PACK (Use <i>Colestipol HCl</i>)	***	PA; MP
COLESTID GRAN 5 GM (Use <i>Colestipol HCl</i>)	***	PA; MP
COLESTID PACK 5 GM (Use <i>Colestipol HCl</i>)	***	PA; MP
COLESTID TABS 1 GM (Use <i>Colestipol HCl</i>)	***	MP
<i>colestipol hcl gran 5 gm</i>	F	PA; MP
<i>colestipol hcl pack 5 gm</i>	F	PA; MP
<i>colestipol hcl tabs 1 gm</i>	F	MP
QUESTRAN LIGHT POWD (Use <i>Cholestyramine Light</i>)	***	MP
QUESTRAN PACK (Use <i>Cholestyramine</i>)	***	MP
QUESTRAN POWD (Use <i>Cholestyramine</i>)	***	MP
WELCHOL PACK (Use <i>Colesevelam HCl</i>)	***	PA
WELCHOL TABS (Use <i>Colesevelam HCl</i>)	***	PA
Fibric Acid Derivatives		
ANTARA CAPS	F	PA
<i>choline fenofibrate cpdr</i>	F	PA
FENOFIBRATE CAPS 50 MG, 150 MG	F	PA; MP
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	F	QL(1 ea daily); MP
<i>fenofibrate micronized caps 43 mg, 130 mg</i>	F	PA
<i>fenofibrate micronized caps 67 mg</i>	F	QL(2 ea daily); MP
<i>fenofibrate tabs 160 mg</i>	F	QL(1 ea daily); MP
<i>fenofibrate tabs 48 mg, 145 mg</i>	F	PA; MP

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 54 mg</i>	F	QL(3 ea daily); MP
FENOFIBRIC ACID TABS	F	PA
FIBRICOR TABS	F	PA
<i>gemfibrozil tabs</i>	F	QL(2 ea daily); MP
LIPOFEN CAPS	F	PA; MP
LOFIBRA CAPS 134 MG, 200 MG (Use <i>Fenofibrate Micronized</i>)	***	QL(1 ea daily); MP
LOFIBRA CAPS 67 MG (Use <i>Fenofibrate Micronized</i>)	***	QL(2 ea daily); MP
LOFIBRA TABS 160 MG (Use <i>Fenofibrate</i>)	***	QL(1 ea daily); MP
LOFIBRA TABS 54 MG (Use <i>Fenofibrate</i>)	***	QL(3 ea daily); MP
LOPID TABS (Use <i>Gemfibrozil</i>)	***	QL(2 ea daily); MP
TRICOR TABS (Use <i>Fenofibrate</i>)	***	PA; MP
TRIGLIDE TABS	F	QL(1 ea daily); MP
TRILIPIX CPDR (Use <i>Choline Fenofibrate</i>)	***	PA
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	F	PA
<i>atorvastatin calcium tabs 10 mg, 20 mg</i>	F	MP
<i>atorvastatin calcium tabs 40 mg, 80 mg</i>	F	QL(1 ea daily); MP
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i>)	***	ST; QL(1 ea daily)
<i>fluvastatin sodium caps</i>	F	PA
<i>fluvastatin sodium tb24</i>	F	PA
LESCOL XL TB24 (Use <i>Fluvastatin Sodium</i>)	***	PA
LIPITOR TABS 10 MG, 20 MG (Use <i>Atorvastatin Calcium</i>)	***	MP

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Drug Name	Drug Tier	Requirements/ Limits
LIPITOR TABS 40 MG, 80 MG (Use Atorvastatin Calcium)	***	QL(1 ea daily); MP
LIVALO TABS	F	PA
lovastatin tabs 10 mg, 20 mg	F	QL(1 ea daily); MP
lovastatin tabs 40 mg	F	QL(2 ea daily); MP
MEVACOR TABS (Use Lovastatin)	***	QL(2 ea daily); MP
PRAVACHOL TABS (Use Pravastatin Sodium)	***	QL(1 ea daily); MP
pravastatin sodium tabs	F	QL(1 ea daily); MP
rosuvastatin calcium tabs	F	ST; QL(1 ea daily)
simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg	F	QL(1 ea daily); MP
simvastatin tabs 80 mg	F	PA; QL(1 ea daily); MP
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (Use Simvastatin)	***	QL(1 ea daily); MP
ZOCOR TABS 80 MG (Use Simvastatin)	***	PA; QL(1 ea daily); MP
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	F	PA
ZETIA TABS (Use Ezetimibe)	***	PA
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	F	PA; SP
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbcr	F	
NIACOR TABS	F	MP
NIASPAN TBCR (Use Niacin (Antihyperlipidemic))	***	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		

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

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Drug Name	Drug Tier	Requirements/ Limits
Agents for Pheochromocytoma		
DEMSEER CAPS	F	PA; SP
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use Candesartan Cilexetil</i>)	***	
AVAPRO TABS (<i>Use Irbesartan</i>)	***	QL(1 ea daily); MP
BENICAR TABS (<i>Use Olmesartan Medoxomil</i>)	***	ST
<i>candesartan cilexetil tabs</i>	F	
COZAAR TABS (<i>Use Losartan Potassium</i>)	***	QL(1 ea daily); MP
DIOVAN TABS (<i>Use Valsartan</i>)	***	QL(1 ea daily); MP
EPROSARTAN MESYLATE TABS	F	PA
<i>irbesartan tabs</i>	F	QL(1 ea daily); MP
<i>losartan potassium tabs</i>	F	QL(1 ea daily); MP
MICARDIS TABS (<i>Use Telmisartan</i>)	***	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	F	ST
<i>telmisartan tabs</i>	F	QL(1 ea daily)
<i>valsartan tabs</i>	F	QL(1 ea daily); MP
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use Doxazosin Mesylate</i>)	***	MP
CATAPRES TABS (<i>Use Clonidine HCl</i>)	***	MP
<i>clonidine hcl tabs</i>	F	MP
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	F	MP
<i>guanfacine hcl tabs</i>	F	MP
<i>methyldopa tabs</i>	F	MP
MINIPRESS CAPS (<i>Use Prazosin HCl</i>)	***	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>prazosin hcl caps</i>	F	MP
TENEX TABS (<i>Use Guanfacine HCl</i>)	***	MP
<i>terazosin hcl caps</i>	F	MP
Antihypertensive Combinations		
ACCURETIC TABS (<i>Use Quinapril-Hydrochlorothiazide</i>)	***	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	F	QL(1 ea daily); MP
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	F	ST
<i>amlodipine besylate-valsartan tabs</i>	F	ST
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	F	ST
ATACAND HCT TABS (<i>Use Candesartan Cilexetil-Hydrochlorothiazide</i>)	***	
<i>atenolol & chlorthalidone tabs</i>	F	QL(2 ea daily); MP
AVALIDE TABS (<i>Use Irbesartan-Hydrochlorothiazide</i>)	***	QL(1 ea daily); MP
AZOR TABS (<i>Use Amlodipine Besylate-Olmesartan Medoxomil</i>)	***	ST
<i>benazepril & hydrochlorothiazide tabs</i>	F	QL(1 ea daily); MP
BENICAR HCT TABS (<i>Use Olmesartan Medoxomil-Hydrochlorothiazide</i>)	***	ST
<i>bisoprolol & hydrochlorothiazide tabs</i>	F	QL(1 ea daily); MP
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	F	
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 25MG-15MG, 25MG-25MG, 50MG-15MG	F	QL(2 ea daily); MP
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 50MG-25MG	F	QL(3 ea daily); MP
CLOPRES TABS	F	PA

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Drug Name	Drug Tier	Requirements/Limits
CORZIDE TABS 40MG-5MG (Use Nadolol & Bendroflumethiazide)	***	
CORZIDE TABS 80MG-5MG	F	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	***	QL(1 ea daily); MP
DUTOPROL TB24 25MG-12.5MG	F	QL(1 ea daily); MP
DUTOPROL TB24 50MG-12.5MG, 100MG-12.5MG	F	QL(1 ea daily)
EDARBYCLOR TABS	F	PA
enalapril maleate & hydrochlorothiazide tabs	F	QL(2 ea daily); MP
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	***	ST
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	***	ST
fosinopril sodium & hydrochlorothiazide tabs	F	QL(1 ea daily); MP
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	***	QL(1 ea daily); MP
irbesartan-hydrochlorothiazide tabs	F	QL(1 ea daily); MP
lisinopril & hydrochlorothiazide tabs	F	MP
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	***	QL(2 ea daily); MP
losartan potassium & hydrochlorothiazide tabs	F	QL(1 ea daily); MP
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	***	QL(1 ea daily); MP
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	***	QL(1 ea daily); MP
METHYLDOPA/HYDROCHLOROTHIAZIDE TABS	F	
metoprolol & hydrochlorothiazide tabs 100mg-50mg	F	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tabs 50mg-25mg, 100mg-25mg	F	QL(2 ea daily); MP
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 25MG-12.5MG	F	QL(1 ea daily); MP
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 50MG-12.5MG, 100MG-12.5MG	F	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(1 ea daily); MP
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	***	QL(1 ea daily)
moexipril-hydrochlorothiazide tabs	F	QL(2 ea daily)
nadolol & bendroflumethiazide tabs	F	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	F	ST
olmesartan medoxomil-hydrochlorothiazide tabs	F	ST
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	F	QL(2 ea daily); MP
quinapril-hydrochlorothiazide tabs	F	QL(2 ea daily)
TARKA TBCR (Use Trandolapril-Verapamil HCl)	***	
TEKTURNA HCT TABS	F	PA
telmisartan-amlodipine tabs	F	
telmisartan-hydrochlorothiazide tabs	F	QL(1 ea daily)
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	***	QL(2 ea daily); MP
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	***	QL(2 ea daily); MP
trandolapril-verapamil hcl tbc	F	

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Drug Name	Drug Tier	Requirements/Limits
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	F	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	***	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	***	
valsartan-hydrochlorothiazide tabs	F	QL(1 ea daily); MP
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	***	QL(2 ea daily); MP
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	***	MP
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	***	QL(1 ea daily); MP
Antihypertensives - Misc.		
VECAMYL TABS	F	PA; SP
Direct Renin Inhibitors		
TEKTURNA TABS	F	PA
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	F	
INSPRA TABS (Use Eplerenone)	***	
Vasodilators		
hydralazine hcl tabs	F	MP
minoxidil tabs 10 mg	F	QL(10 ea daily); MP
minoxidil tabs 2.5 mg	F	QL(3 ea daily); MP
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	F	PA
COARTEM TABS	F	QL(24 ea per fill retail)
MALARONE TABS (Use Atovaquone-Proguanil HCl)	***	PA

Drug Name	Drug Tier	Requirements/Limits
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	F	
chloroquine phosphate tabs 500 mg	F	QL(1 ea daily)
DARAPRIM TABS	F	PA; SP
hydroxychloroquine sulfate tabs	F	MP
mefloquine hcl tabs	F	
MEFLOQUINE HCL TABS	F	
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	***	MP
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 tbc	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	F	PA

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Drug Name	Drug Tier	Requirements/Limits
RIFATER TABS	F	PA
Antimycobacterial Agents		
CYCLOSERINE CAPS	F	PA
<i>ethambutol hcl tabs</i>	F	MP
ISONIAZID SYRP 50 MG/5ML	F	MP
<i>isoniazid tabs 100 mg, 300 mg</i>	F	MP
MYAMBUTOL TABS (Use <i>Ethambutol HCl</i>)	***	MP
MYCOBUTIN CAPS (Use <i>Rifabutin</i>)	***	
PASER PACK	F	PA
PRIFTIN TABS	F	PA
<i>pyrazinamide tabs</i>	F	
<i>rifabutin caps</i>	F	
RIFADIN CAPS (Use <i>Rifampin</i>)	***	
<i>rifampin caps</i>	F	
SIRTURO TABS	F	PA
TRECTOR TABS	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (Use <i>Melphalan</i>)	***	
<i>cyclophosphamide caps 25 mg, 50 mg</i>	F	
CYCLOPHOSPHAMIDE CAPS 25 MG, 50 MG (Use <i>Cyclophosphamide</i>)	***	
GLEOSTINE CAPS	F	
HEXALEN CAPS	F	PA
LEUKERAN TABS	F	

Drug Name	Drug Tier	Requirements/Limits
<i>melphalan tabs</i>	F	
MUSTARGEN SOLR	F	PA; SP
MYLERAN TABS	F	
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use <i>Temozolomide</i>)	***	PA; SP
TEMODAR SOLR IV 100 MG	F	PA; SP
<i>temozolomide caps</i>	F	PA; SP
Antimetabolites		
<i>capecitabine tabs</i>	F	PA; SP
<i>mercaptopurine tabs</i>	F	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 200 mg/8ml, 250 mg/10ml</i>	F	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	F	
<i>methotrexate sodium tabs or 2.5 mg</i>	F	
PURIXAN SUSP	F	
TABLOID TABS	F	PA; SP
TREXALL TABS	F	
XELODA TABS (Use <i>Capecitabine</i>)	***	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	F	PA; SP
UNITUXIN SOLN	F	PA; SP
ZEVALIN Y-90 KIT	F	PA; SP
Antineoplastic - Cellular Immunotherapy		
PROVENGE SUSP	F	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE CAPS	F	PA; SP
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs</i>	F	
ARIMIDEX TABS (<i>Use Anastrozole</i>)	***	
AROMASIN TABS (<i>Use Exemestane</i>)	***	ST; SP
<i>bicalutamide tabs</i>	F	QL(1 ea daily)
CASODEX TABS (<i>Use Bicalutamide</i>)	***	QL(1 ea daily)
EMCYT CAPS	F	PA; SP
ERLEADA TABS	F	PA; SP
<i>exemestane tabs</i>	F	ST; SP
FARESTON TABS	F	PA
FEMARA TABS (<i>Use Letrozole</i>)	***	PA
<i>flutamide caps</i>	F	
HYDROXYPROGESTERONE CAPROATE SOLN IM 1.25 GM/5ML	F	PA; QL(41.67 ml daily); AL(At least 16 yrs old); SP
<i>letrozole tabs</i>	F	PA
LYSODREN TABS	F	SP
MEGACE ORAL SUSP (<i>Use Megestrol Acetate</i>)	***	
<i>megestrol acetate susp</i>	F	
<i>megestrol acetate tabs</i>	F	
NILANDRON TABS (<i>Use Nilutamide</i>)	***	PA
<i>nilutamide tabs</i>	F	PA
<i>tamoxifen citrate tabs</i>	F	MP
XTANDI CAPS	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TABS 250 MG	F	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	F	PA; SP
Antineoplastic Combinations		
RITUXAN HYCELA SOLN	F	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	F	PA; SP
AFINITOR TABS	F	PA; SP
BORTEZOMIB SOLR	F	PA; SP
BOSULIF TABS	F	PA; SP
CALQUENCE CAPS	F	PA; SP
CAPRELSA TABS	F	PA; SP
COMETRIQ KIT	F	PA; SP
COTELLIC TABS	F	PA; SP
GILOTRIF TABS	F	PA; SP
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	***	PA; SP
IBRANCE CAPS	F	PA; SP
ICLUSIG TABS	F	PA; SP
IDHIFA TABS	F	PA; SP
<i>imatinib mesylate tabs</i>	F	PA; SP
IMBRUVICA CAPS 140 MG	F	PA; SP
INLYTA TABS	F	PA; SP
JAKAFI TABS	F	PA; SP
LYNPARZA TABS	F	PA; SP
MEKINIST TABS	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
NEXAVAR TABS	F	PA; SP
NINLARO CAPS	F	PA; SP
SPRYCEL TABS	F	PA; SP
STIVARGA TABS	F	PA; SP
SUTENT CAPS	F	PA; SP
TAFINLAR CAPS	F	PA; SP
TARCEVA TABS	F	PA; SP
TASIGNA CAPS	F	PA; SP
TYKERB TABS	F	PA; SP
VERZENIO TABS	F	PA; SP
VOTRIENT TABS	F	PA; SP
ZELBORAF TABS	F	PA; SP
ZOLINZA CAPS	F	PA; SP
ZYDELIG TABS	F	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	F	PA; SP
<i>bexarotene caps</i>	F	PA; SP
HYDREA CAPS (<i>Use Hydroxyurea</i>)	***	
<i>hydroxyurea caps</i>	F	
INTRON A SOLN	F	PA; SP
INTRON A SOLR	F	PA; SP
INTRON A W/DILUENT SOLR	F	PA; SP
MATULANE CAPS	F	PA; SP
PHOTOFRIN SOLR	F	PA; SP
PROLEUKIN SOLR	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SYLATRON KIT	F	PA; SP
TARGETIN CAPS (<i>Use Bexarotene</i>)	***	PA; SP
<i>tretinoin (chemotherapy) caps</i>	F	PA; SP
TRISENOX SOLN	F	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	F	PA; SP
Chemotherapy Rescue/Antidote Agents		
LEUCOVORIN CALCIUM TABS 10 MG, 15 MG	F	
<i>leucovorin calcium tabs 5 mg, 25 mg</i>	F	
Mitotic Inhibitors		
ETOPOSIDE CAPS	F	SP
MARQIBO SUSP	F	PA; SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	F	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	F	PA
LODOSYN TABS (<i>Use Carbidopa</i>)	***	PA
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs</i>	F	MP
<i>trihexyphenidyl hcl elix 0.4 mg/ml</i>	F	QL(16.7 ml daily); MP
<i>trihexyphenidyl hcl tabs 2 mg, 5 mg</i>	F	MP
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Use Entacapone</i>)	***	
<i>entacapone tabs</i>	F	
TASMAR TABS (<i>Use Tolcapone</i>)	***	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tolcapone tabs</i>	F	PA
Antiparkinson Dopaminergics		
<i>amantadine hcl caps 100 mg</i>	F	MP
<i>amantadine hcl syrp 50 mg/5ml</i>	F	MP
<i>amantadine hcl tabs 100 mg</i>	F	PA; MP
<i>bromocriptine mesylate caps</i>	F	
<i>bromocriptine mesylate tabs</i>	F	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	F	MP
<i>carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg</i>	F	MP
<i>carbidopa-levodopa tbdp 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	F	PA; MP
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	F	PA
MIRAPEX ER TB24 (Use <i>Pramipexole Dihydrochloride</i>)	***	PA
MIRAPEX TABS (Use <i>Pramipexole Dihydrochloride</i>)	***	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS (Use <i>Bromocriptine Mesylate</i>)	***	
PARLODEL TABS (Use <i>Bromocriptine Mesylate</i>)	***	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	F	QL(3 ea daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 3 mg, 1.5 mg, 4.5 mg</i>	F	PA
REQUIP TABS 0.25 MG (Use <i>Ropinirole Hydrochloride</i>)	***	QL(6 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
REQUIP TABS 0.5 MG, 1 MG, 2 MG (Use <i>Ropinirole Hydrochloride</i>)	***	QL(3 ea daily); MP
REQUIP TABS 3 MG, 4 MG (Use <i>Ropinirole Hydrochloride</i>)	***	QL(6 ea daily)
REQUIP TABS 5 MG (Use <i>Ropinirole Hydrochloride</i>)	***	QL(3 ea daily)
REQUIP XL TB24 (Use <i>Ropinirole Hydrochloride</i>)	***	PA
<i>ropinirole hydrochloride tabs 0.25 mg</i>	F	QL(6 ea daily); MP
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg</i>	F	QL(3 ea daily); MP
<i>ropinirole hydrochloride tabs 3 mg, 4 mg</i>	F	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 5 mg</i>	F	QL(3 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg, 8 mg, 12 mg</i>	F	PA
SINEMET CR TBCR (Use <i>Carbidopa-Levodopa</i>)	***	MP
SINEMET TABS (Use <i>Carbidopa-Levodopa</i>)	***	MP
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
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (Use <i>Rasagiline Mesylate</i>)	***	PA
ELDEPRYL CAPS (Use <i>Selegiline HCl</i>)	***	MP
<i>rasagiline mesylate tabs</i>	F	PA
<i>selegiline hcl caps</i>	F	MP

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Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl tabs</i>	F	MP
ZELAPAR TBDP	F	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	F	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (Use Lithium Carbonate)	F	
<i>lithium carbonate tabs 300 mg</i>	F	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	F	
LITHIUM SOLN	F	
LITHOBID TBCR (Use Lithium Carbonate)	F	
Antipsychotics - Misc.		
EQUETRO CP12	F	PA
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use Ziprasidone HCl)	***	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS 20 MG, 40 MG, 60 MG, 120 MG	F	PA; QL(1 ea daily)
LATUDA TABS 80 MG	F	PA; QL(2 ea daily)
NUPLAZID TABS 17 MG	F	PA; QL(2 ea daily)
VRAYLAR CAPS	F	PA
VRAYLAR CPPK	F	PA
<i>ziprasidone hcl caps</i>	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; SP

Drug Name	Drug Tier	Requirements/Limits
INVEGA TB24 (Use Paliperidone)	***	PA
INVEGA TRINZA SUSP	F	PA; SP
<i>paliperidone tb24</i>	F	PA
RISPERDAL CONSTA SUSR	F	PA; SP
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 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use Risperidone)	***	QL(4 ea daily); AL(At least 5 yrs old)
RISPERIDONE ODT TBDP	F	
<i>risperidone soln 1 mg/ml</i>	F	QL(4 ml daily); AL(At least 5 yrs old)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone tbdp 0.25 mg</i>	F	
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	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)	***	
<i>haloperidol decanoate soln</i>	F	
<i>haloperidol lactate conc</i>	F	
<i>haloperidol tabs 0.5 mg, 1 mg, 10 mg</i>	F	QL(3 ea daily)
<i>haloperidol tabs 2 mg, 5 mg, 20 mg</i>	F	
Dibenzapines		

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Drug Name	Drug Tier	Requirements/ Limits
CLOZAPINE ODT TBDP	F	PA
<i>clozapine tabs 100 mg</i>	F	QL(9 ea daily); AL(At least 18 yrs old)
<i>clozapine tabs 25 mg, 50 mg, 200 mg</i>	F	QL(3 ea daily); AL(At least 18 yrs old)
<i>clozapine tbdp 25 mg, 100 mg, 12.5 mg</i>	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 150 MG, 200 MG	F	PA
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use Clozapine)	***	PA
<i>loxapine succinate caps 10 mg, 25 mg, 50 mg</i>	F	QL(4 ea daily)
<i>loxapine succinate caps 5 mg</i>	F	
<i>olanzapine tabs or 10 mg, 7.5 mg</i>	F	QL(2 ea daily); AL(At least 10 yrs old)
<i>olanzapine tabs or 15 mg, 20 mg</i>	F	QL(1 ea daily); AL(At least 10 yrs old)
<i>olanzapine tabs or 5 mg, 2.5 mg</i>	F	QL(4 ea daily); AL(At least 10 yrs old)
<i>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</i>	F	PA; QL(1 ea daily)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	F	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	F	PA; QL(1 ea daily)
SAPHRIS SUBL 5 MG, 10 MG	F	PA
SEROQUEL TABS (Use Quetiapine Fumarate)	***	QL(2 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	***	PA; QL(1 ea daily)
VERSACLOZ SUSP	F	PA
ZYPREXA RELPREVV SUSR	F	PA; SP
ZYPREXA TABS OR 10 MG, 7.5 MG (Use Olanzapine)	***	QL(2 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 15 MG, 20 MG (Use Olanzapine)	***	QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 5 MG, 2.5 MG (Use Olanzapine)	***	QL(4 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		
<i>chlorpromazine hcl tabs</i>	F	QL(3 ea daily)
<i>fluphenazine decanoate soln</i>	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	
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	F	
<i>perphenazine tabs</i>	F	QL(4 ea daily)
<i>prochlorperazine maleate tabs</i>	F	
<i>prochlorperazine supp</i>	F	
<i>thioridazine hcl tabs</i>	F	QL(3 ea daily)
<i>trifluoperazine hcl tabs</i>	F	QL(3 ea daily)
Quinolinone Derivatives		

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA PRSY	F	PA; QL(1 ea per 24 days retail); SP
ABILIFY MAINTENA SRER	F	PA; QL(1 ea per 24 days retail); SP
ABILIFY TABS (Use Aripiprazole)	***	PA; QL(1 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	F	PA; QL(750 ml per 30 days retail)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	F	PA; QL(1 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	F	PA; AL(At least 6 yrs old)
ARISTADA PRSY 441 MG/1.6ML, 662 MG/2.4ML	F	PA; SP
ARISTADA PRSY 882 MG/3.2ML, 1064 MG/3.9ML	F	PA; SP
REXULTI TABS	F	PA
Thioxanthenes		
<i>thiothixene caps</i>	F	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln</i>	F	QL(90 ml per fill retail)
<i>hydrogen peroxide soln</i>	F	
Chlorine Antiseptics		
<i>chlorhexidine gluconate liqd</i>	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)

Drug Name	Drug Tier	Requirements/Limits
BETADINE SURGICAL SCRUB SOLN (Use Povidone-Iodine)	***	QL(15200 ml per fill retail)
<i>povidone-iodine oint 10 %</i>	F	QL(200 gm per fill retail)
<i>povidone-iodine soln 10 %</i>	F	QL(3800 ml per fill retail)
<i>povidone-iodine soln 7.5 %</i>	F	QL(15200 ml per fill retail)
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	F	QL(30 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	F	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	F	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	F	QL(2 ea daily)
APTIVUS CAPS 250 MG	F	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	F	QL(10 ml daily)
<i>atazanavir sulfate caps</i>	F	QL(2 ea 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	
<i>didanosine cpdr</i>	F	QL(1 ea daily)
EDURANT TABS	F	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	F	QL(1 ea daily)
<i>efavirenz caps 50 mg</i>	F	QL(2 ea daily)
<i>efavirenz tabs 600 mg</i>	F	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>fosamprenavir calcium tabs</i>	F	QL(4 ea daily)
GENVOYA TABS	F	QL(1 ea daily)
INTELENCE TABS 200 MG	F	QL(2 ea daily)
INTELENCE TABS 25 MG, 100 MG	F	QL(4 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)
JULUCA TABS	F	QL(1 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)
<i>lamivudine soln 10 mg/ml</i>	F	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine tabs 300 mg</i>	F	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	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)
<i>lopinavir-ritonavir soln</i>	F	
<i>nevirapine susp 50 mg/5ml</i>	F	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	F	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	F	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	F	QL(1 ea daily)
NORVIR CAPS 100 MG	F	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	F	QL(15 ml daily)
NORVIR TABS 100 MG (Use Ritonavir)	***	QL(12 ea daily)
ODEFSEY TABS	F	
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 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)	***	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50 MG	F	QL(6 ea daily)
<i>ritonavir tabs</i>	F	QL(12 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)
<i>stavudine caps</i>	F	QL(2 ea daily)
STRIBILD TABS	F	PA; QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use <i>Efavirenz</i>)	***	QL(1 ea daily)
SUSTIVA CAPS 50 MG (Use <i>Efavirenz</i>)	***	QL(2 ea daily)
SUSTIVA TABS 600 MG (Use <i>Efavirenz</i>)	***	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	F	QL(1 ea daily)
TIVICAY TABS 50 MG	F	
TRIUMEQ TABS	F	QL(1 ea daily); AL(At least 18 yrs old)
TRIZIVIR TABS (Use <i>Abacavir Sulfate-Lamivudine-Zidovudine</i>)	***	QL(2 ea daily)
TROGARZO SOLN	F	PA; SP
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	F	
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 125 MG	F	QL(1 ea daily)
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use <i>Didanosine</i>)	***	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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 (Use <i>Nevirapine</i>)	***	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use <i>Nevirapine</i>)	***	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use <i>Nevirapine</i>)	***	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (Use <i>Nevirapine</i>)	***	QL(1 ea daily)
VIREAD POWD 40 MG/GM	F	
VIREAD TABS 150 MG, 200 MG, 250 MG	F	QL(1 ea daily)
VIREAD TABS 300 MG (Use <i>Tenofovir Disoproxil Fumarate</i>)	***	QL(1 ea daily)
VITEKTA TABS	F	QL(1 ea daily); AL(At least 18 yrs old)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use <i>Stavudine</i>)	***	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	F	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use <i>Abacavir Sulfate</i>)	***	QL(30 ml daily)
ZIAGEN TABS 300 MG (Use <i>Abacavir Sulfate</i>)	***	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	F	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	F	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	F	QL(2 ea daily)
CMV Agents		
VALCYTE TABS (Use <i>Valganciclovir HCl</i>)	***	QL(2 ea daily)
<i>valganciclovir hcl tabs</i>	F	QL(2 ea daily)
Hepatitis Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil tabs</i>	F	PA
BARACLUDE SOLN 0.05 MG/ML	F	PA
BARACLUDE TABS 0.5 MG, 1 MG (<i>Use Entecavir</i>)	***	PA
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	***	PA; SP
<i>entecavir tabs</i>	F	PA
EPIVIR HBV SOLN 5 MG/ML	F	PA
EPIVIR HBV TABS 100 MG (<i>Use Lamivudine (HBV)</i>)	***	PA
HEPSERA TABS (<i>Use Adefovir Dipivoxil</i>)	***	PA
<i>lamivudine (hbv) tabs</i>	F	PA
MAVYRET TABS	F	PA; QL(3 ea daily); SP
MODERIBA 1200 DOSE PACK TABS	F	PA; SP
MODERIBA 800 DOSE PACK TABS	F	PA; SP
OLYSIO CAPS	F	PA; SP
PEG-INTRON REDIPEN KIT	F	PA; SP
PEGASYS PROCLICK SOLN	F	PA; SP
PEGASYS SOLN	F	PA; SP
PEGINTRON KIT	F	PA; SP
REBETOL CAPS 200 MG (<i>Use Ribavirin (Hepatitis C)</i>)	***	PA; SP
REBETOL SOLN 40 MG/ML	F	PA; SP
RIBASPHERE RIBAPAK TABS 400 MG, 600 MG	F	PA; SP
RIBASPHERE TABS	F	PA; SP
<i>ribavirin (hepatitis c) caps</i>	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin (hepatitis c) tabs</i>	F	PA; SP
SOVALDI TABS	F	PA; SP
TYZEKA TABS	F	PA
Herpes Agents		
<i>acyclovir caps 200 mg</i>	F	QL(50 ea per 30 days retail)
<i>acyclovir susp 200 mg/5ml</i>	F	QL(400 ml per 30 days retail)
<i>acyclovir tabs 400 mg</i>	F	QL(3 ea daily)
<i>acyclovir tabs 800 mg</i>	F	QL(50 ea per 30 days retail)
<i>famciclovir tabs</i>	F	
FAMVIR TABS (<i>Use Famciclovir</i>)	***	
SITAVIG TABS	F	PA
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	F	QL(21 ea per 30 days retail)
<i>valacyclovir hcl tabs 500 mg</i>	F	QL(60 ea per 30 days retail)
VALTREX TABS 1 GM (<i>Use Valacyclovir HCl</i>)	***	QL(21 ea per 30 days retail)
VALTREX TABS 500 MG (<i>Use Valacyclovir HCl</i>)	***	QL(60 ea per 30 days retail)
ZOVIRAX CAPS OR 200 MG (<i>Use Acyclovir</i>)	***	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (<i>Use Acyclovir</i>)	***	QL(400 ml per 30 days retail)
ZOVIRAX TABS OR 400 MG (<i>Use Acyclovir</i>)	***	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (<i>Use Acyclovir</i>)	***	QL(50 ea per 30 days retail)
Influenza Agents		
FLUMADINE TABS (<i>Use Rimantadine Hydrochloride</i>)	***	QL(20 ea per 10 days retail)
<i>oseltamivir phosphate caps or 30 mg</i>	F	Limit 1 Fill per 180 days; QL(20 ea per 30 days retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps or 45 mg, 75 mg</i>	F	Limit 1 Fill per 180 days; QL(10 ea per 30 days retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	F	Limit 1 Fill per 180 days; QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB	F	QL(20 ea per fill retail); AL(At least 5 yrs old)
<i>rimantadine hydrochloride tabs</i>	F	QL(20 ea per 10 days retail)
TAMIFLU CAPS 30 MG (Use <i>Oseltamivir Phosphate</i>)	***	Limit 1 Fill per 180 days; QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use <i>Oseltamivir Phosphate</i>)	***	Limit 1 Fill per 180 days; QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (Use <i>Oseltamivir Phosphate</i>)	***	Limit 1 Fill per 180 days; QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	F	PA
<i>carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg</i>	F	QL(3 ea daily); MP
<i>carvedilol tabs 25 mg</i>	F	QL(4 ea daily); MP
COREG CR CP24 (Use <i>Carvedilol Phosphate</i>)	***	PA
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (Use <i>Carvedilol</i>)	***	QL(3 ea daily); MP
COREG TABS 25 MG (Use <i>Carvedilol</i>)	***	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tabs 100 mg</i>	F	QL(3 ea daily); MP
<i>labetalol hcl tabs 200 mg</i>	F	QL(6 ea daily); MP
<i>labetalol hcl tabs 300 mg</i>	F	QL(8 ea daily); MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	F	MP
<i>atenolol tabs</i>	F	QL(2 ea daily); MP
<i>betaxolol hcl tabs</i>	F	QL(1 ea daily)
<i>bisoprolol fumarate tabs</i>	F	QL(1 ea daily); MP
BYSTOLIC TABS	F	PA
LOPRESSOR TABS 100 MG (Use <i>Metoprolol Tartrate</i>)	***	QL(4.5 ea daily); MP
LOPRESSOR TABS 50 MG (Use <i>Metoprolol Tartrate</i>)	***	QL(4 ea daily); MP
<i>metoprolol succinate tb24 200 mg</i>	F	QL(2 ea daily); MP
<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	F	QL(4 ea daily); MP
<i>metoprolol tartrate tabs 100 mg</i>	F	QL(4.5 ea daily); MP
<i>metoprolol tartrate tabs 25 mg, 50 mg</i>	F	QL(4 ea daily); MP
SECTRAL CAPS (Use <i>Acebutolol HCl</i>)	***	MP
TENORMIN TABS (Use <i>Atenolol</i>)	***	QL(2 ea daily); MP
TOPROL XL TB24 200 MG (Use <i>Metoprolol Succinate</i>)	***	QL(2 ea daily); MP
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use <i>Metoprolol Succinate</i>)	***	QL(4 ea daily); MP
ZEBETA TABS (Use <i>Bisoprolol Fumarate</i>)	***	QL(1 ea daily); MP
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use <i>Sotalol HCl (AFIB/AFL)</i>)	***	QL(2 ea daily); MP

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Drug Name	Drug Tier	Requirements/Limits
BETAPACE TABS (<i>Use Sotalol HCl</i>)	***	MP
CORGARD TABS (<i>Use Nadolol</i>)	***	QL(2 ea daily); MP
HEMANGEOL SOLN	F	PA
INDERAL LA CP24 (<i>Use Propranolol HCl</i>)	***	QL(2 ea daily); MP
INDERAL XL CP24	F	PA
INNOPRAN XL CP24	F	PA
<i>nadolol tabs</i>	F	QL(2 ea daily); MP
<i>pindolol tabs</i>	F	MP
<i>propranolol hcl cp24 60 mg, 80 mg, 120 mg, 160 mg</i>	F	QL(2 ea daily); MP
PROPRANOLOL HCL SOLN 20 MG/5ML, 40 MG/5ML	F	MP
<i>propranolol hcl tabs 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	MP
<i>sotalol hcl (afib/af) tabs</i>	F	QL(2 ea daily); MP
<i>sotalol hcl tabs</i>	F	MP
TIMOLOL MALEATE TABS	F	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (<i>Use Nifedipine</i>)	***	QL(1 ea daily); MP
ADALAT CC TB24 60 MG (<i>Use Nifedipine</i>)	***	QL(2 ea daily); MP
<i>amlodipine besylate tabs</i>	F	QL(1 ea daily); MP
CALAN SR TBCR (<i>Use Verapamil HCl</i>)	***	QL(2 ea daily); MP
CALAN TABS (<i>Use Verapamil HCl</i>)	***	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (<i>Use Diltiazem HCl Coated Beads</i>)	***	QL(1 ea daily); MP
CARDIZEM CD CP24 240 MG (<i>Use Diltiazem HCl Coated Beads</i>)	***	QL(2 ea daily); MP
CARDIZEM CD CP24 360 MG (<i>Use Diltiazem HCl Coated Beads</i>)	***	MP
CARDIZEM LA TB24 120 MG	F	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use Diltiazem HCl Coated Beads</i>)	***	MP
CARDIZEM TABS (<i>Use Diltiazem HCl</i>)	***	QL(3 ea daily); MP
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	F	QL(1 ea daily); MP
<i>diltiazem hcl coated beads cp24 240 mg</i>	F	QL(2 ea daily); MP
<i>diltiazem hcl coated beads cp24 360 mg</i>	F	MP
<i>diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	F	MP
<i>diltiazem hcl cp12 60 mg, 90 mg, 120 mg</i>	F	QL(2 ea daily); MP
<i>diltiazem hcl cp24 120 mg, 180 mg</i>	F	QL(1 ea daily); MP
<i>diltiazem hcl cp24 240 mg</i>	F	QL(2 ea daily); MP
<i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	F	QL(1 ea daily); MP
<i>diltiazem hcl extended release beads cp24 240 mg</i>	F	QL(2 ea daily); MP
<i>diltiazem hcl tabs 30 mg, 60 mg, 90 mg, 120 mg</i>	F	QL(3 ea daily); MP
<i>felodipine tb24</i>	F	QL(1 ea daily); MP

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Drug Name	Drug Tier	Requirements/Limits
<i>isradipine caps</i>	F	PA
<i>nicardipine hcl caps</i>	F	QL(3 ea daily)
<i>nifedipine caps 10 mg, 20 mg</i>	F	QL(4 ea daily); MP
<i>nifedipine tb24 30 mg, 90 mg</i>	F	QL(1 ea daily); MP
<i>nifedipine tb24 60 mg</i>	F	QL(2 ea daily); MP
<i>nimodipine caps</i>	F	PA
NISOLDIPINE ER TB24	F	PA
<i>nisoldipine tb24</i>	F	PA
NORVASC TABS (Use <i>Amlodipine Besylate</i>)	***	QL(1 ea daily); MP
NYMALIZE SOLN	F	PA
PROCARDIA CAPS (Use <i>Nifedipine</i>)	***	QL(4 ea daily); MP
PROCARDIA XL TB24 30 MG, 90 MG (Use <i>Nifedipine</i>)	***	QL(1 ea daily); MP
PROCARDIA XL TB24 60 MG (Use <i>Nifedipine</i>)	***	QL(2 ea daily); MP
SULAR TB24 (Use <i>Nisoldipine</i>)	***	PA
TIAZAC CP24 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use <i>Diltiazem HCl Extended Release Beads</i>)	***	QL(1 ea daily); MP
TIAZAC CP24 240 MG (Use <i>Diltiazem HCl Extended Release Beads</i>)	***	QL(2 ea daily); MP
<i>verapamil hcl cp24 100 mg, 200 mg</i>	F	QL(2 ea daily); MP
<i>verapamil hcl cp24 120 mg, 180 mg, 240 mg, 300 mg</i>	F	QL(1 ea daily); MP
VERAPAMIL HCL SR CP24	F	QL(1 ea daily); MP
<i>verapamil hcl tabs 40 mg, 80 mg, 120 mg</i>	F	QL(3 ea daily); MP
<i>verapamil hcl tbc 120 mg, 180 mg, 240 mg</i>	F	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
VERELAN CP24 120 MG, 180 MG, 240 MG (Use <i>Verapamil HCl</i>)	***	QL(1 ea daily); MP
VERELAN CP24 360 MG	F	QL(1 ea daily); MP
VERELAN PM CP24 100 MG, 200 MG (Use <i>Verapamil HCl</i>)	***	QL(2 ea daily); MP
VERELAN PM CP24 300 MG (Use <i>Verapamil HCl</i>)	***	QL(1 ea daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN 0.05 MG/ML	F	MP
<i>digoxin tabs 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	F	MP
LANOXIN TABS 125 MCG, 250 MCG (Use <i>Digoxin</i>)	F	MP
LANOXIN TABS 62.5 MCG, 187.5 MCG	F	PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	F	PA
BIDIL TABS	F	PA
CADUET TABS (Use <i>Amlodipine Besylate-Atorvastatin Calcium</i>)	***	PA
Peripheral Vasodilators		
<i>inositol niacinate caps</i>	F	
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	F	PA; SP
FLOLAN SOLR (Use <i>Epoprostenol Sodium</i>)	***	PA; SP
ORENITRAM TBCR	F	PA; SP
REMODULIN SOLN	F	PA; SP
TYVASO REFILL SOLN	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
TYVASO SOLN	F	PA; SP
TYVASO STARTER SOLN	F	PA; SP
VELETRI SOLR	F	PA; SP
VENTAVIS SOLN	F	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	F	PA; SP
OPSUMIT TABS	F	PA; SP
TRACLEER TABS	F	PA; SP
TRACLEER TBSO	F	PA; SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use Tadalafil (Pulmonary Hypertension)</i>)	***	PA; SP
REVATIO SOLN IV 10 MG/12.5ML (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	***	PA; SP
REVATIO SUSR OR 10 MG/ML	F	PA; SP
REVATIO TABS OR 20 MG (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	***	PA; SP
<i>sildenafil citrate (pulmonary hypertension) soln</i>	F	PA; SP
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	F	PA; SP
<i>tadalafil (pulmonary hypertension) tabs</i>	F	PA; SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	F	PA; SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps 500 mg</i>	F	QL(20 ea per fill retail)
<i>cefadroxil susr 250 mg/5ml, 500 mg/5ml</i>	F	QL(100 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil tabs 1 gm</i>	F	QL(10 ea per fill retail)
<i>cephalexin caps 250 mg, 500 mg</i>	F	
<i>cephalexin caps 750 mg</i>	F	PA
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	F	
CEPHALEXIN TABS 250 MG, 500 MG	F	PA
KEFLEX CAPS 250 MG, 500 MG (<i>Use Cephalexin</i>)	***	
KEFLEX CAPS 750 MG (<i>Use Cephalexin</i>)	***	PA
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	F	
CEFACLOR ER TB12	F	PA
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	F	
<i>cefprozil susr 125 mg/5ml</i>	F	QL(200 ml per fill retail)
<i>cefprozil susr 250 mg/5ml</i>	F	QL(100 ml per fill retail)
<i>cefprozil tabs 250 mg, 500 mg</i>	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 (<i>Use Cefuroxime Axetil</i>)	***	QL(20 ea per fill retail)
<i>cefuroxime axetil tabs</i>	F	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
CEDAX CAPS	F	PA
CEDAX SUSR	F	PA
<i>cefdinir caps 300 mg</i>	F	QL(20 ea per fill retail)
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	F	QL(100 ml per fill retail)
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefixime susr</i>	F	PA
<i>cefpodoxime proxetil susr</i>	F	PA
<i>cefpodoxime proxetil tabs</i>	F	PA
CEFTIBUTEN CAPS	F	PA
CEFTIBUTEN SUSR	F	PA
<i>ceftriaxone sodium solr</i>	F	Limit 1 fill per Month;QL(3 ea per fill retail)
SPECTRACEF TABS	F	PA
SUPRAX CAPS 400 MG	F	PA
SUPRAX CHEW 100 MG, 200 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	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	***	PA
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	***	MP
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	***	MP
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	***	MP
<i>desogestrel & ethinyl estradiol tabs</i>	F	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	F	MP
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	F	MP
<i>drospirenone-ethinyl estradiol tabs 3mg-0.02mg</i>	F	QL(1 ea daily); MP
<i>drospirenone-ethinyl estradiol tabs 3mg-0.03mg</i>	F	MP
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	F	PA
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	***	
<i>ethynodiol diacet & eth estrad tabs</i>	F	MP
FALESSA KIT	F	PA
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	***	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	***	
<i>levonorgestrel & eth estradiol tabs</i>	F	MP
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	F	MP
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	PA
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	F	1 rtl pack lmt amt,91 rtl pack lmt day(s),
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	F	PA
LO LOESTRIN FE TABS	F	PA
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	***	MP
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	***	MP
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	***	MP

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Drug Name	Drug Tier	Requirements/ Limits
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	***	MP
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))	***	MP
MODICON TABS (Use Norethindrone & Eth Estradiol)	***	MP
NATAZIA TABS	F	PA
NECON 1/50-28 TABS	F	MP
NECON 10/11-28 TABS	F	MP
norethin acet & estrad-fe chew 75mg-20mcg-1mg	F	PA
norethin acet & estrad-fe tabs 75mg-20mcg-1mg	F	
norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg	F	MP
norethindrone & eth estradiol tabs	F	MP
norethindrone & ethinyl estradiol-fe chew	F	
norethindrone acet & eth estra tabs	F	MP
norethindrone acetate-ethinyl estradiol-fe tabs	F	
norethindrone-eth estradiol (triphasic) tabs	F	MP
norgestimate-ethinyl estradiol (triphasic) tabs	F	MP
norgestimate-ethinyl estradiol (triphasic) tabs	F	
norgestimate-ethinyl estradiol tabs	F	MP
norgestrel & ethinyl estradiol tabs	F	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	***	MP
OGESTREL TABS	F	MP
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	***	
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	***	MP
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	***	MP
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	***	MP
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	***	MP
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	***	MP
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	***	PA
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	***	PA
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	***	1 rtl pack lmt amt,91 rtl pack lmt day(s),
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	***	MP
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	***	MP
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	***	QL(1 ea daily); MP
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	F	QL(3 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
XULANE PTWK	***	QL(3 ea per fill retail)
Combination Contraceptives - Vaginal		
NUVARING RING	F	QL(1 ea per fill retail)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	F	PA; SP
Emergency Contraceptives		
ELLA TABS	F	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) tabs</i>	F	Limit 4 per year;QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel (Emergency OC)</i>)	***	Limit 4 per year;QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	***	QL(1 ml per 91 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	***	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	F	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susp</i>	F	QL(1 ml per 91 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	F	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (Use <i>Norethindrone (Contraceptive)</i>)	***	
<i>norethindrone (contraceptive) tabs</i>	F	

Drug Name	Drug Tier	Requirements/Limits
ORTHO MICRONOR TABS (Use <i>Norethindrone (Contraceptive)</i>)	***	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS (Use <i>Hydrocortisone</i>)	***	
CORTISONE ACETATE TABS	F	
<i>dexamethasone elix 0.5 mg/5ml</i>	F	
DEXAMETHASONE INTENSOL CONC	F	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	F	QL(150 ml per 30 days retail)
DEXAMETHASONE SOLN 0.5 MG/5ML	F	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	F	
DEXAMETHASONE TABS 1 MG, 2 MG	F	
EMFLAZA TABS	F	PA; SP
<i>hydrocortisone tabs</i>	F	
MEDROL DOSEPAK TBPk (Use <i>Methylprednisolone</i>)	***	
MEDROL TABS (Use <i>Methylprednisolone</i>)	***	
<i>methylprednisolone tabs</i>	F	
<i>methylprednisolone tbpk</i>	F	
MILLIPRED SOLN 10 MG/5ML (Use <i>Prednisolone Sodium Phosphate</i>)	***	PA
MILLIPRED TABS 5 MG	F	
ORAPRED ODT TBPk (Use <i>Prednisolone Sodium Phosphate</i>)	***	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>benzonatate caps 200 mg</i>	F	Limit 1 fill per Month;QL(20 ea per 30 days retail)
DELSYM COUGH CHILDRENS SUER (<i>Use Dextromethorphan Polistirex</i>)	***	QL(240 ml per 6 days retail)
DELSYM SUER (<i>Use Dextromethorphan Polistirex</i>)	***	QL(240 ml per 6 days retail)
<i>dextromethorphan hbr caps 15 mg</i>	F	
<i>dextromethorphan hbr liqd 15 mg/5ml, 15 mg/15ml</i>	F	
<i>dextromethorphan hbr liqd 7.5 mg/5ml</i>	F	QL(240 ml per 6 days retail)
<i>dextromethorphan hbr syrp 15 mg/5ml, 7.5 mg/5ml</i>	F	
<i>dextromethorphan polistirex suer</i>	F	QL(240 ml per 6 days retail)
<i>hydrocodone w/ homatropine syrp 5mg/5ml-1.5mg/5ml</i>	F	AL(At least 18 yrs old)
<i>hydrocodone w/ homatropine tabs 5mg-1.5mg</i>	F	PA; AL(At least 18 yrs old)
ROBITUSSIN CHILDRENS COUGH LONG-ACTING SYRP	F	
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS (<i>Use Dextromethorphan HBr</i>)	***	
TESSALON PERLES CAPS (<i>Use Benzonatate</i>)	***	
TRIAMINIC LONG ACTING COUGH LIQD (<i>Use Dextromethorphan HBr</i>)	***	QL(240 ml per 6 days retail)
VICKS DAYQUIL COUGH LIQD (<i>Use Dextromethorphan HBr</i>)	***	
Cough/Cold/Allergy Combinations		
<i>acetaminophen w/ dm liqd</i>	F	
ACTICON SOLN	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
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	
<i>brompheniramine & phenyleph elix</i>	F	Limit 1 fill per Month;QL(120 ml per 30 days retail)
<i>brompheniramine & pseudoeph elix</i>	F	Limit 1 fill per Month;QL(120 ml per 30 days retail)
<i>brompheniramine & pseudoeph liqd</i>	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
<i>cetirizine-pseudoephedrine tb12</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>chlorpheniramine & phenylephrine liqd</i>	F	
<i>chlorpheniramine & phenylephrine tabs</i>	F	
<i>chlorpheniramine & pseudoeph tabs</i>	F	
<i>chlorpheniramine-acetaminophen tabs</i>	F	
<i>chlorpheniramine-phenylephrine-acetaminophen misc 2mg-325mg-5mg, 2mg-2mg-325mg-325mg-5mg-5mg,</i>	F	PA
<i>chlorpheniramine-phenylephrine-acetaminophen tabs 2mg-325mg-5mg, 2mg-2mg-325mg-325mg-5mg-5mg</i>	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)	***	
COLD & FLU RELIEF NIGHTTIME D LIQD	F	
COMTrex COLD & COUGH MAXIMUM STRENGTH TABS (Use Dextromethorphan-Phenylephrine-Acetaminophen)	***	

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Drug Name	Drug Tier	Requirements/ Limits
COMTRES 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-100mg/5ml, 10mg/5ml-200mg/5ml, 20mg/10ml-200mg/10ml, 20mg/10ml-400mg/10ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-100mg/5ml-100mg/5ml	F	QL(240 ml per fill retail)
dextromethorphan-guaifenesin liqd 5mg/5ml-100mg/5ml, 30mg/5ml-200mg/5ml, 20mg/20ml-400mg/20ml, 30mg/5ml-30mg/5ml-200mg/5ml-200mg/5ml	F	

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml	F	QL(240 ml per fill retail)
dextromethorphan-guaifenesin syrp 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/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)	***	
DIMETAPP LONG ACTING COUGH PLUS COLD SYRP	F	QL(240 ml per fill retail)
diphenhydramine-phenylephrine liqd	F	
diphenhydramine-phenylephrine soln	F	

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Drug Name	Drug Tier	Requirements/ Limits
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)
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	
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)

Drug Name	Drug Tier	Requirements/ Limits
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-CLEAR WC SOLN	F	PA
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)

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Drug Name	Drug Tier	Requirements/ Limits
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	
phenylephrine-acetaminophen-guaifenesin liqd 650mg/20ml-400mg/20ml-10mg/20ml	F	

Drug Name	Drug Tier	Requirements/ Limits
phenylephrine-acetaminophen-guaifenesin tabs 325mg-200mg-5mg, 325mg-325mg-200mg-200mg-5mg-5mg	F	PA
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 10mg/15ml-325mg/15ml-200mg/15ml-5mg/15ml, 20mg/30ml-650mg/30ml-400mg/30ml-10mg/30ml	F	
phenylephrine-dm-gg w/ apap tabs 10mg-325mg-200mg-5mg, 10mg-10mg-325mg-325mg-200mg-200mg-5mg-5mg	F	
phenylephrine-doxylamine-dextromethorphan-acetaminophen liqd	F	
phenylephrine-guaifenesin liqd	F	
PHENYLEPHRINE/GUAIFENESIN LIQD	F	
PHENYLHISTINE DH LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
PRO-RED AC SYRP	F	PA
<i>promethazine & phenylephrine soln</i>	F	QL(240 ml per 5 days retail); AL(At least 2 yrs old)
<i>promethazine & phenylephrine syrup</i>	F	QL(240 ml per 5 days retail); AL(At least 2 yrs old)
<i>promethazine w/codeine soln</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine w/codeine syrup</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>promethazine-dm syrup</i>	F	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine-phenylephrine-codeine syrup</i>	F	QL(240 ml per fill retail); AL(At least 18 yrs old)
PROMETHAZINE/PHENYL EPHRINE SYRP	F	QL(240 ml per 5 days retail); AL(At least 2 yrs old)
<i>pseudoephed-bromphen-dm elix</i>	F	QL(240 ml per fill retail)
<i>pseudoephed-bromphen-dm syrup</i>	F	QL(240 ml per fill retail)
<i>pseudoephedrine w/ codeine-gg soln</i>	F	QL(240 ml per 6 days retail)
<i>pseudoephedrine w/ dm-gg liqd</i>	F	QL(240 ml per 6 days retail)
<i>pseudoephedrine-chlorphen-dm liqd</i>	F	QL(240 ml per fill retail)
<i>pseudoephedrine-guaifenesin syrup 30mg/5ml-100mg/5ml</i>	F	QL(240 ml per fill retail)
<i>pseudoephedrine-guaifenesin tabs 40mg-400mg</i>	F	
<i>pseudoephedrine-guaifenesin tb12 120mg-1200mg</i>	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine-guaifenesin tb12 60mg-600mg</i>	F	QL(210 ea per fill retail)
<i>pseudoephedrine-ibuprofen tabs</i>	F	
PX DAYTIME MULTI-SYMPTOM CAPS	F	
PX NITETIME MULTI-SYMPTOM CAPS	F	
REFENESEN CHEST CONGESTION & PAIN RELIEF PE TABS	F	
RESPIRE-30 CAPS	F	
ROBITUSSIN CHILDRENS COUGH & COLD CF LIQD	F	
ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING LIQD	F	
ROBITUSSIN NIGHTTIME COUGH LONG-ACTING DM CHILDRENS LIQD	F	
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (Use <i>Dextromethorphan-Guaifenesin</i>)	***	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD DM SYRP (Use <i>Dextromethorphan-Guaifenesin</i>)	***	QL(240 ml per fill retail)
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD LIQD (Use <i>Phenylephrine w/ DM-GG</i>)	***	
ROBITUSSIN TO GO COUGH & COLD CF LIQD (Use <i>Phenylephrine w/ DM-GG</i>)	***	
SCOT-TUSSIN DM LIQD	F	QL(240 ml per fill retail)
SCOT-TUSSIN LIQD (Use <i>Pheniramine-PE w/ Sod Salicylate & Caffeine Citrate</i>)	***	
SCOT-TUSSIN SENIOR LIQD	F	

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Drug Name	Drug Tier	Requirements/ Limits
SEMPREX-D CAPS	F	PA
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	
<i>triprolidine & pseudoephedrine tabs</i>	F	
TUSNEL LIQD	F	
TUSNEL PEDIATRIC LIQD	F	
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)	***	

Drug Name	Drug Tier	Requirements/ Limits
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/RUNNY NOSE CHILDRENS SUSP (Use Dextromethorphan-Acetaminophen-Chlorpheniramine)	***	
TYLENOL SINUS SEVERE TABS (Use Phenylephrine-Acetaminophen-Guaifenesin)	***	PA
TYLENOL WARMING COUGH & SEVERE CONGESTION DAYTIME LIQD (Use Phenylephrine-DM-GG w/ APAP)	***	
VICKS DAYQUIL MUCUS CONTROL DM LIQD	F	
VICKS NYQUIL COUGH LIQD (Use Doxylamine-DM)	***	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	***	QL(2 ea daily)
Expectorants		
<i>guaifenesin liqd 100 mg/5ml, 200 mg/10ml, 400 mg/20ml</i>	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
<i>guaifenesin soln 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)
<i>guaifenesin syrp 100 mg/5ml, 200 mg/10ml</i>	F	Limit 1 fill per Month;QL(240 ml per 6 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin tabs 200 mg</i>	F	PA
<i>guaifenesin tabs 400 mg</i>	F	
<i>guaifenesin tb12 1200 mg</i>	F	QL(2 ea daily)
<i>guaifenesin tb12 600 mg</i>	F	Limit 1 fill per Month;QL(40 ea per 30 days retail)
MUCINEX FOR KIDS PACK	F	PA
MUCINEX MAXIMUM STRENGTH TB12 (Use <i>Guaifenesin</i>)	***	QL(2 ea daily)
MUCINEX TB12 (Use <i>Guaifenesin</i>)	***	Limit 1 fill per Month;QL(40 ea per 30 days retail)
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) aers 0.9 %</i>	F	QL(240 ml per fill retail)
<i>sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 %</i>	F	
Mucolytics		
<i>acetylcysteine soln</i>	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	
<i>adapalene crea 0.1 %</i>	F	PA
<i>adapalene gel 0.3 %</i>	F	PA
ADAPALENE LOTN 0.1 %	F	PA

Drug Name	Drug Tier	Requirements/ Limits
AKTIPAK PACK	F	PA
ATRALIN GEL (Use <i>Tretinoin</i>)	***	PA
AVAR LS CLEANSER LIQD (Use <i>Sulfacetamide Sodium w/ Sulfur</i>)	***	PA
AVAR LS PADS	F	PA
AVAR PADS	F	PA
AZELEX CREA	F	PA
BENZAC AC WASH LIQD (Use <i>Benzoyl Peroxide</i>)	***	RX/OTC
BENZAACLIN GEL (Use <i>Clindamycin Phosphate-Benzoyl Peroxide</i>)	***	PA
BENZAACLIN WITH PUMP GEL (Use <i>Clindamycin Phosphate-Benzoyl Peroxide</i>)	***	PA
BENZAMYCIN GEL (Use <i>Benzoyl Peroxide-Erythromycin</i>)	***	PA; QL(46.6 gm per fill retail)
BENZEFOAM FOAM (Use <i>Benzoyl Peroxide</i>)	***	PA; RX/OTC
BENZEFOAM ULTRA FOAM (Use <i>Benzoyl Peroxide</i>)	***	PA
BENZOYL PEROXIDE 8% GEL	F	PA
<i>benzoyl peroxide bar 10 %</i>	F	
BENZOYL PEROXIDE CLEANSER LOTN	F	QL(340.2 gm per fill retail)
<i>benzoyl peroxide crea 10 %, 2.5 %</i>	F	
<i>benzoyl peroxide foam 5.3 %</i>	F	PA; RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	F	PA
<i>benzoyl peroxide gel 10 %</i>	F	RX/OTC
BENZOYL PEROXIDE GEL 2.5 %	F	
<i>benzoyl peroxide gel 5 %</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide liqd 10 %</i>	F	QL(237 gm per fill retail); RX/OTC
<i>benzoyl peroxide liqd 4 %</i>	F	QL(204 gm per fill retail)
<i>benzoyl peroxide liqd 5 %, 2.5 %</i>	F	RX/OTC
<i>benzoyl peroxide liqd 7 %</i>	F	PA
<i>benzoyl peroxide lotn 6 %</i>	F	QL(340.2 gm per fill retail)
<i>benzoyl peroxide misc 6 %</i>	F	PA; RX/OTC
<i>benzoyl peroxide-erythromycin gel</i>	F	PA; QL(46.6 gm per fill retail)
BP CLEANSING WASH EMUL	F	PA
BPO CREAMY WASH COMPLETEPACK KIT	F	PA
BPO GEL 4 %	F	
BPO GEL 8 %	F	PA
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	F	
CLEOCIN-T GEL (<i>Use Clindamycin Phosphate (Topical)</i>)	***	
CLEOCIN-T LOTN (<i>Use Clindamycin Phosphate (Topical)</i>)	***	
CLEOCIN-T SOLN (<i>Use Clindamycin Phosphate (Topical)</i>)	***	
CLEOCIN-T SWAB (<i>Use Clindamycin Phosphate (Topical)</i>)	***	PA
CLINDAGEL GEL	***	
<i>clindamycin phosphate (topical) foam</i>	F	PA
<i>clindamycin phosphate (topical) gel</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) lotn</i>	F	
<i>clindamycin phosphate (topical) soln</i>	F	
<i>clindamycin phosphate (topical) swab</i>	F	PA
CLINDAMYCIN PHOSPHATE GEL	***	
<i>clindamycin phosphate-benzoyl peroxide gel</i>	F	PA
<i>clindamycin phosphate-tretinoin gel</i>	F	PA
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE GEL	F	PA
DESQUAM-X WASH LIQD 10 % (<i>Use Benzoyl Peroxide</i>)	***	QL(237 gm per fill retail); RX/OTC
DESQUAM-X WASH LIQD 5 % (<i>Use Benzoyl Peroxide</i>)	***	RX/OTC
DIFFERIN CREA 0.1 % (<i>Use Adapalene</i>)	***	PA
DIFFERIN GEL 0.3 % (<i>Use Adapalene</i>)	***	PA
DIFFERIN LOTN 0.1 %	F	PA
ERYGEL GEL (<i>Use Erythromycin (Acne Aid)</i>)	***	QL(60 gm per fill retail)
<i>erythromycin (acne aid) gel</i>	F	QL(60 gm per fill retail)
<i>erythromycin (acne aid) pads</i>	F	PA
<i>erythromycin (acne aid) soln</i>	F	
EVOCLIN FOAM (<i>Use Clindamycin Phosphate (Topical)</i>)	***	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

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Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin caps</i>	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)
RA DAYLOGIC ACNE FOAMINGWASH MAXIMUM STRENGTH FOAM	F	
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (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)
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 0.04 %, 0.1 % (Use Tretinoin Microsphere)	***	PA
RETIN-A MICRO PUMP GEL 0.08 %	F	PA
ROSULA PADS	F	PA
SODIUM SULFACETAMIDE/SULFU R LOTN	F	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFU R SUSP	F	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
SSS 10-5 FOAM	F	PA
<i>sulfacetamide sodium (acne) lotn</i>	F	QL(236 ml per fill retail)
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	F	PA
<i>sulfacetamide sodium w/ sulfur emul 1%-10%</i>	F	PA
<i>sulfacetamide sodium w/ sulfur emul 5%-10%</i>	F	QL(340.2 gm per fill retail)
<i>sulfacetamide sodium w/ sulfur liqd 4%-9%, 2%-10%, 4.5%-9%</i>	F	PA
<i>sulfacetamide sodium w/ sulfur pads 4%-10%, 4%-4%-10%-10%</i>	F	PA
<i>sulfacetamide sodium w/ sulfur susp 4%-8%</i>	F	PA
<i>sulfacetamide sodium-sulfur w/ skin cleanser kit</i>	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
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	F	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin gel 0.01 %</i>	F	QL(15 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin gel 0.025 %</i>	F	AL(Up to 35 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin gel 0.05 %</i>	F	PA
<i>tretinoin microsphere gel</i>	F	PA
VELTIN GEL	F	PA
ZIANA GEL (<i>Use Clindamycin Phosphate-Tretinoin</i>)	***	PA
Agents for External Genital and Perianal Warts		
VEREGEN OINT	F	PA
Analgesics - Topical		
ICY HOT PAIN RELIEVING GEL GEL (<i>Use Menthol (Topical Analgesic)</i>)	***	
<i>menthol (topical analgesic) gel</i>	F	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel 1 %</i>	F	PA; Limit 2 tubes (200 grams) per month; QL(6.68 gm daily)
<i>diclofenac sodium (topical) soln 1.5 %</i>	F	PA
FLECTOR PTCH	F	PA
VOLTAREN GEL (<i>Use Diclofenac Sodium (Topical)</i>)	***	PA; Limit 2 tubes (200 grams) per month; QL(6.68 gm daily)
Antibiotics - Topical		
ALTABAX OINT	F	PA
BACIGUENT OINT (<i>Use Bacitracin (Topical)</i>)	***	
<i>bacitracin (topical) oint</i>	F	
<i>bacitracin zinc oint</i>	F	QL(30 gm per fill retail)
<i>bacitracin-polymyxin b oint</i>	F	QL(144 gm per fill retail)
BACTROBAN CREA (<i>Use Mupirocin Calcium (Topical)</i>)	***	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CENTANY OINT	F	QL(30 gm per fill retail)
CORTISPORIN CREA	F	PA
CORTISPORIN OINT	F	PA
<i>gentamicin sulfate (topical) crea</i>	F	QL(60 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	F	QL(60 gm per fill retail)
<i>mupirocin calcium (topical) crea</i>	F	QL(30 gm per fill retail)
<i>mupirocin oint</i>	F	QL(30 gm per fill retail)
NEO-SYNALAR CREA	F	PA
<i>neomycin-bacitracin-polymyxin oint</i>	F	QL(907.8 gm per fill retail)
<i>neomycin-bacitracin-polymyxin-pramoxine oint</i>	F	QL(56 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine crea</i>	F	QL(15 gm per 30 days retail)
NEOSPORIN ORIGINAL OINT (<i>Use Neomycin-Bacitracin-Polymyxin</i>)	***	QL(907.8 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA (<i>Use Neomycin-Polymyxin w/ Pramoxine</i>)	***	QL(15 gm per 30 days retail)
POLYSPORIN OINT (<i>Use Bacitracin-Polymyxin B</i>)	***	QL(144 gm per fill retail)
Antifungals - Topical		
ALEVAZOL OINT	F	PA
ALOE VESTA ANTIFUNGAL OINT (<i>Use Miconazole Nitrate (Topical)</i>)	***	QL(2712 gm per fill retail)
ALOE VESTA CLEAR ANTIFUNGAL OINT (<i>Use Miconazole Nitrate (Topical)</i>)	***	QL(2712 gm per fill retail)
AZOLEN TINCTURE SOLN	F	QL(29.57 ml per fill retail)
<i>butenafine hcl crea</i>	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox gel 0.77 %</i>	F	QL(100 gm per fill retail)
<i>ciclopirox olamine crea</i>	F	
<i>ciclopirox olamine susp</i>	F	QL(60 ml per fill retail)
<i>ciclopirox sham 1 %</i>	F	PA
<i>ciclopirox soln 8 %</i>	F	QL(6.6 ml per fill retail)
<i>clotrimazole (topical) crea</i>	F	QL(113 gm per fill retail); RX/OTC
<i>clotrimazole (topical) soln</i>	F	QL(60 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	F	QL(45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone lotn</i>	F	QL(30 ml per 30 days retail)
<i>econazole nitrate crea</i>	F	QL(30 gm per fill retail)
ERTACZO CREA	F	PA
EXELDERM CREA	F	PA
EXELDERM SOLN	F	PA
EXTINA FOAM (Use <i>Ketoconazole (Topical)</i>)	***	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; QL(8 ml per 30 days retail)
<i>ketoconazole (topical) crea</i>	F	QL(60 gm per fill retail)
<i>ketoconazole (topical) foam</i>	F	PA
<i>ketoconazole (topical) sham</i>	F	QL(120 ml per fill retail)
LAMISIL ADVANCED GEL	F	QL(12 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
LAMISIL AT CREA (Use <i>Terbinafine HCl (Topical)</i>)	***	QL(42 gm per fill retail)
LAMISIL AT JOCK ITCH CREA (Use <i>Terbinafine HCl (Topical)</i>)	***	QL(42 gm per fill retail)
LAMISIL AT SPRAY SOLN	F	QL(125 ml per fill retail)
LOPROX CREA (Use <i>Ciclopirox Olamine</i>)	***	
LOPROX SHAMPOO SHAM (Use <i>Ciclopirox</i>)	***	PA
LOPROX SUSP (Use <i>Ciclopirox Olamine</i>)	***	QL(60 ml per fill retail)
LOTRIMIN AF CREA (Use <i>Clotrimazole (Topical)</i>)	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER CREA (Use <i>Clotrimazole (Topical)</i>)	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use <i>Clotrimazole (Topical)</i>)	***	QL(113 gm per fill retail); RX/OTC
LOTRIMIN ULTRA CREA	F	RX/OTC
LOTRIMIN ULTRA CREA (Use <i>Butenafine HCl</i>)	***	RX/OTC
LOTRISONE CREA (Use <i>Clotrimazole w/ Betamethasone</i>)	***	QL(45 gm per 30 days retail)
MENTAX CREA	F	RX/OTC
MICATIN CREA (Use <i>Miconazole Nitrate (Topical)</i>)	***	
<i>miconazole nitrate (topical) crea</i>	F	
<i>miconazole nitrate (topical) oint</i>	F	QL(2712 gm per fill retail)
<i>miconazole nitrate (topical) powd</i>	F	QL(1020 gm per fill retail)
<i>naftifine hcl crea</i>	F	PA
NAFTIN CREA 2 % (Use <i>Naftifine HCl</i>)	***	PA
NAFTIN GEL 1 %, 2 %	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
NIZORAL A-D SHAM	F	
NIZORAL SHAM (Use Ketoconazole (Topical))	***	QL(120 ml per fill retail)
<i>nystatin (topical) crea</i>	F	QL(30 gm per fill retail)
<i>nystatin (topical) oint</i>	F	QL(30 gm per fill retail)
<i>nystatin-triamcinolone crea</i>	F	QL(60 gm per fill retail)
<i>nystatin-triamcinolone oint</i>	F	QL(60 gm per fill retail)
<i>oxiconazole nitrate crea</i>	F	PA
OXISTAT CREA (Use Oxiconazole Nitrate)	***	PA
OXISTAT LOTN	F	PA
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	***	QL(6.6 ml per fill retail)
<i>terbinafine hcl (topical) crea</i>	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)
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)
<i>tolnaftate aerp ex</i>	F	QL(138 gm per fill retail)
<i>tolnaftate crea ex</i>	F	QL(30 gm per fill retail)
<i>tolnaftate liqd ex</i>	F	QL(151 ml per fill retail)
<i>tolnaftate powd ex</i>	F	QL(113 gm per fill retail)
<i>tolnaftate soln ex</i>	F	QL(151 ml per fill retail)
VUSION OINT	F	PA

Drug Name	Drug Tier	Requirements/ Limits
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)	***	
<i>diphenhydramine hcl (topical) crea</i>	F	
<i>diphenhydramine hcl (topical) gel</i>	F	
<i>diphenhydramine hcl (topical) soln</i>	F	
<i>diphenhydramine-zinc acetate crea 0.1%-0.1%-2%-2%, 0.1%-2%</i>	F	QL(30 gm per fill retail)
<i>diphenhydramine-zinc acetate crea 0.1%-1%</i>	F	
<i>diphenhydramine-zinc acetate liqd 0.1%-2%</i>	F	
ITCH RELIEF CREA	F	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	F	
<i>diclofenac sodium (actinic keratoses) gel</i>	F	PA
EFUDEX CREA (Use Fluorouracil (Topical))	***	QL(40 gm per 30 days retail)
FLUOROPLEX CREA	F	PA
<i>fluorouracil (topical) crea</i>	F	QL(40 gm per 30 days retail)
FLUOROURACIL CREA 0.5 %	F	
FLUOROURACIL SOLN 2 %, 5 %	F	QL(10 ml per 30 days retail)
PANRETIN GEL	F	PA
PICATO GEL	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
SOLARAZE GEL (<i>Use Diclofenac Sodium (Actinic Keratoses)</i>)	***	PA
VALCHLOR GEL	F	PA; SP
Antipruritics - Topical		
<i>camphor & menthol lotn</i>	F	QL(222 ml per fill retail)
DOXEPIN HYDROCHLORIDE CREA	F	PA
PRUDOXIN CREA	F	PA
SARNA LOTN (<i>Use Camphor & Menthol</i>)	***	QL(222 ml per fill retail)
ZONALON CREA	F	PA
Antipsoriatics		
8-MOP CAPS	F	PA
<i>acitretin caps</i>	F	PA
<i>calcipotriene crea</i>	F	QL(120 gm per fill retail)
<i>calcipotriene oint</i>	F	
<i>calcipotriene soln</i>	F	QL(60 ml per fill retail)
DOVONEX CREA (<i>Use Calcipotriene</i>)	***	QL(120 gm per fill retail)
DRITHO-CREME HP CREA	F	
<i>methoxsalen rapid caps</i>	F	PA
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	***	PA
SORIATANE CAPS (<i>Use Acitretin</i>)	***	PA
SORILUX FOAM	F	PA
<i>tazarotene crea</i>	F	QL(120 gm per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TAZORAC CREA 0.05 %	F	QL(240 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC CREA 0.1 % (<i>Use Tazarotene</i>)	***	QL(120 gm per fill retail); AL(Up to 21 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	F	QL(200 gm per fill retail); AL(Up to 21 yrs old)
Antiseborrheic Products		
HEAD & SHOULDERS 2IN1 CLASSIC CLEAN/NORMAL SHAM (<i>Use Pyrithione Zinc</i>)	***	
HEAD & SHOULDERS CLASSIC CLEAN/NORMAL SHAM (<i>Use Pyrithione Zinc</i>)	***	
HEAD & SHOULDERS DRY SCALP 2 IN 1 SHAM (<i>Use Pyrithione Zinc</i>)	***	
OVACE PLUS LOTN	F	PA
OVACE PLUS WASH GEL (<i>Use Sulfacetamide Sodium</i>)	***	PA
OVACE PLUS WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	***	
OVACE WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	***	
<i>pyrithione zinc sham</i>	F	
<i>salicylic acid & sulfur sham</i>	F	QL(355 ml per fill retail)
SEBULEX SHAM (<i>Use Salicylic Acid & Sulfur</i>)	***	QL(355 ml per fill retail)
<i>selenium sulfide lotn 1 %</i>	F	QL(420 ml per fill retail)
<i>selenium sulfide lotn 2.5 %</i>	F	QL(120 ml per fill retail)
<i>selenium sulfide sham 1 %</i>	F	QL(420 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
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)
<i>sulfacetamide sodium gel ex</i>	F	PA
<i>sulfacetamide sodium liqd ex</i>	F	
Antivirals - Topical		
<i>acyclovir topical oint</i>	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		
<i>mafenide acetate pack</i>	F	PA
SILVADENE CREA (Use Silver Sulfadiazine)	***	
<i>silver sulfadiazine crea</i>	F	
SULFAMYLON CREA 85 MG/GM	F	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	***	PA
Corticosteroids - Topical		
ACLOVATE CREA (Use Alclometasone Dipropionate)	***	PA
<i>alclometasone dipropionate crea</i>	F	PA
<i>alclometasone dipropionate oint</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
AMCINONIDE CREA	F	QL(60 gm per fill retail)
AMCINONIDE LOTN	F	PA
AMCINONIDE OINT	F	PA
APEXICON E CREA	F	PA
AUGMENTED BETAMETHASONE DIPROPIONATE GEL	F	QL(50 gm per fill retail)
<i>betamethasone dipropionate (topical) crea</i>	F	1 rtl pack lmt per fill,
<i>betamethasone dipropionate (topical) lotn</i>	F	QL(60 ml per fill retail)
<i>betamethasone dipropionate (topical) oint</i>	F	
<i>betamethasone dipropionate augmented gel</i>	F	QL(50 gm per fill retail)
<i>betamethasone dipropionate augmented oint</i>	F	QL(50 gm per fill retail)
<i>betamethasone valerate crea 0.1 %</i>	F	
<i>betamethasone valerate foam 0.12 %</i>	F	PA
<i>betamethasone valerate lotn 0.1 %</i>	F	
<i>betamethasone valerate oint 0.1 %</i>	F	
CAPEX SHAM	F	PA
<i>clobetasol propionate crea 0.05 %</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate emollient base crea</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate emulsion foam</i>	F	PA
<i>clobetasol propionate foam 0.05 %</i>	F	PA
<i>clobetasol propionate gel 0.05 %</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate liqd 0.05 %</i>	F	PA
<i>clobetasol propionate lotn 0.05 %</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate oint 0.05 %</i>	F	QL(60 gm per fill retail)
<i>clobetasol propionate sham 0.05 %</i>	F	PA
<i>clobetasol propionate soln 0.05 %</i>	F	QL(50 ml per fill retail)
CLOBEX LIQD (<i>Use Clobetasol Propionate</i>)	***	PA
CLOBEX LOTN (<i>Use Clobetasol Propionate</i>)	***	PA
CLOBEX SHAM (<i>Use Clobetasol Propionate</i>)	***	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
CUTIVATE LOTN (<i>Use Fluticasone Propionate</i>)	***	PA
DERMATOP CREA (<i>Use Prednicarbate</i>)	***	PA
DERMATOP OINT (<i>Use Prednicarbate</i>)	***	PA
DESONATE GEL	F	PA
<i>desonide crea</i>	F	PA; QL(60 gm per fill retail)
<i>desonide lotn</i>	F	PA; QL(118 ml per fill retail)
<i>desonide oint</i>	F	PA; QL(60 gm per fill retail)
DESOWEN CREA (<i>Use Desonide</i>)	***	PA; QL(60 gm per fill retail)
DESOWEN LOTN (<i>Use Desonide</i>)	***	PA; QL(118 ml per fill retail)
<i>desoximetasone crea 0.05 %</i>	F	QL(300 gm per fill retail)
<i>desoximetasone crea 0.25 %</i>	F	PA; QL(200 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone gel 0.05 %</i>	F	PA; QL(60 gm per fill retail)
<i>desoximetasone liqd 0.25 %</i>	F	PA
<i>desoximetasone oint 0.25 %</i>	F	PA; QL(100 gm per fill retail)
DIFLORASONE DIACETATE CREA	F	QL(60 gm per fill retail)
<i>diflorasone diacetate oint</i>	F	QL(60 gm per fill retail)
DIPROLENE OINT (<i>Use Betamethasone Dipropionate Augmented</i>)	***	QL(50 gm per fill retail)
ELOCON CREA (<i>Use Mometasone Furoate</i>)	***	QL(50 gm per fill retail)
ELOCON OINT (<i>Use Mometasone Furoate</i>)	***	QL(45 gm per fill retail)
EPIFOAM FOAM	F	
<i>fluocinolone acetonide crea 0.01 %</i>	F	PA; QL(60 gm per fill retail)
<i>fluocinolone acetonide crea 0.025 %</i>	F	PA; QL(120 gm per fill retail)
<i>fluocinolone acetonide oint 0.025 %</i>	F	PA; QL(120 gm per fill retail)
<i>fluocinolone acetonide soln 0.01 %</i>	F	PA
<i>fluocinonide crea 0.05 %</i>	F	QL(120 gm per fill retail)
<i>fluocinonide crea 0.1 %</i>	F	PA
<i>fluocinonide emulsified base crea</i>	F	QL(60 gm per fill retail)
<i>fluocinonide gel 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide oint 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluocinonide soln 0.05 %</i>	F	QL(60 ml per fill retail)
<i>fluticasone propionate crea 0.05 %</i>	F	QL(60 gm per fill retail)
<i>fluticasone propionate lotn 0.05 %</i>	F	PA
<i>fluticasone propionate oint 0.005 %</i>	F	QL(60 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate crea</i>	F	PA
<i>halobetasol propionate oint</i>	F	PA
HALOG CREA	F	PA
HALOG OINT	F	PA
<i>hydrocortisone (topical) crea 0.5 %</i>	F	
<i>hydrocortisone (topical) crea 1%, 1 %</i>	F	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	F	QL(120 gm per 30 days retail)
<i>hydrocortisone (topical) lotn 1 %</i>	F	QL(120 ml per fill retail)
<i>hydrocortisone (topical) lotn 2.5 %</i>	F	QL(118 ml per fill retail)
<i>hydrocortisone (topical) oint 0.5 %</i>	F	QL(56 gm per fill retail)
<i>hydrocortisone (topical) oint 1 %</i>	F	QL(60 gm per 30 days retail); RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	F	
<i>hydrocortisone acetate (topical) crea</i>	F	
<i>hydrocortisone butyrate crea</i>	F	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	F	PA
<i>hydrocortisone butyrate oint</i>	F	
<i>hydrocortisone butyrate soln</i>	F	
<i>hydrocortisone valerate crea</i>	F	QL(60 gm per fill retail)
<i>hydrocortisone valerate oint</i>	F	PA
<i>hydrocortisone-aloe vera crea</i>	F	QL(224 gm per fill retail)
KENALOG AERS (Use Triamcinolone Acetonide (Topical))	***	PA
LOCOID CREA (Use Hydrocortisone Butyrate)	***	

Drug Name	Drug Tier	Requirements/ Limits
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
<i>mometasone furoate crea</i>	F	QL(50 gm per fill retail)
<i>mometasone furoate oint</i>	F	QL(45 gm per fill retail)
<i>mometasone furoate soln</i>	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
PREDNICARBATE CREA	F	PA
<i>prednicarbate crea</i>	F	PA
PREDNICARBATE OINT	F	PA
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)

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Drug Name	Drug Tier	Requirements/Limits
TEMOVATE E CREA (<i>Use Clobetasol Propionate Emollient Base</i>)	***	QL(60 gm per fill retail)
TEMOVATE OINT (<i>Use Clobetasol Propionate</i>)	***	QL(60 gm per fill retail)
TEXACORT SOLN	F	PA
TOPICORT CREA 0.05 % (<i>Use Desoximetasone</i>)	***	QL(300 gm per fill retail)
TOPICORT CREA 0.25 % (<i>Use Desoximetasone</i>)	***	PA; QL(200 gm per fill retail)
TOPICORT GEL 0.05 % (<i>Use Desoximetasone</i>)	***	PA; QL(60 gm per fill retail)
TOPICORT LIQD 0.25 % (<i>Use Desoximetasone</i>)	***	PA
TOPICORT OINT 0.25 % (<i>Use Desoximetasone</i>)	***	PA; QL(100 gm per fill retail)
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	F	PA
<i>triamcinolone acetonide (topical) crea 0.025 %</i>	F	QL(120 gm per 30 days retail)
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	F	
<i>triamcinolone acetonide (topical) crea 0.5 %</i>	F	QL(15 gm per fill retail)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	F	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) oint 0.025 %</i>	F	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical) oint 0.1 %</i>	F	
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	F	QL(15 gm per fill retail)
TRIDESILON CREA (<i>Use Desonide</i>)	***	PA; QL(60 gm per fill retail)
ULTRAVATE CREA (<i>Use Halobetasol Propionate</i>)	***	PA
ULTRAVATE OINT (<i>Use Halobetasol Propionate</i>)	***	PA
VANOS CREA (<i>Use Fluocinonide</i>)	***	PA
WESTCORT OINT (<i>Use Hydrocortisone Valerate</i>)	***	PA
Diaper Rash Products		

Drug Name	Drug Tier	Requirements/Limits
<i>diaper rash products oint</i>	F	
Emollient/Keratolytic Agents		
ATRAC-TAIN CREA (<i>Use Urea</i>)	***	QL(1704 gm per fill retail)
CARMOL 10 LOTN (<i>Use Urea</i>)	***	QL(480 ml per fill retail)
CARMOL 20 CREA (<i>Use Urea</i>)	***	
URE-K CREA	F	PA
<i>urea crea 10 %</i>	F	QL(1704 gm per fill retail)
<i>urea crea 20 %</i>	F	
<i>urea crea 40 %</i>	F	RX/OTC
<i>urea crea 50 %</i>	F	PA
<i>urea in zinc undecylenate-lactic acid vehicle emul</i>	F	PA
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE EMUL	F	PA
<i>urea lotn 10 %</i>	F	QL(480 ml per fill retail)
<i>urea lotn 40 %</i>	F	
Emollients		
A + D PERSONAL CARE LOTION LOTN	F	
ALBOLENE CREA	F	
ALOE AFTERSUN LOTION LOTN	F	
AMLACTIN CERAPEUTIC LOTN	F	
AMLACTIN ULTRA CREA	F	
AQUA GLYCOLIC FACE CREAM CREA	F	
AQUA GLYCOLIC HAND & BODYLOTION LOTN	F	
AQUA LACTEN LOTN	F	

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Drug Name	Drug Tier	Requirements/ Limits
AQUADERM TREATMENT/MOISTURIZER LOTN	F	
AQUAMED LOTN	F	
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	
AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	F	
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	
AVEENO BABY ECZEMA THERAPY CREA (Use Colloidal Oatmeal)	***	
AVEENO DAILY MOISTURIZING SPF 15 LOTN	F	
AVEENO INTENSE RELIEF HAND CREA	F	
AVEENO POSITIVELY AGELESS FIRMING BODY LOTN	F	
AVEENO POSITIVELY AGELESS SKIN STRENGTHENING BODY CREAM CREA	F	

Drug Name	Drug Tier	Requirements/ Limits
AVEENO POSITIVELY AGELESS SKIN STRENGTHENING HAND CREAM CREA	F	
AVEENO POSITIVELY NOURISHING 24-HOUR ULTRA-HYDRATING CREA	F	
AVEENO POSITIVELY RADIANT LOTN	F	
AVEENO POSITIVELY RADIANT OVERNIGHT HYDRATING FACIAL MOISTURIZER CREA	F	
AVEENO STRESS RELIEF MOISTURIZING LOTN	F	
BASLE CREA	F	
BETA CARE CREA	F	
BETA CARE LOTN	F	
BETA XMA CREA	F	
BOUDREAUXS BABY BUTT SMOOTH DRY SKIN OINT	F	QL(10896 gm per fill retail)
CAM LOTN	F	
CERAVE AM SPF 30 LOTN	F	
CERAVE CREA	F	
CERAVE LOTN	F	
CERAVE PM LOTN	F	
CERAVE RENEWING SA CREA	F	
CERAVE SA RENEWING LOTN	F	
CETAPHIL CREA	F	
CETAPHIL DAILY ADVANCE ULTRA HYDRATING LOTN	F	
CETAPHIL DAILY FACIAL MOISTURIZER LOTN	F	

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Drug Name	Drug Tier	Requirements/ Limits
CETAPHIL DERMACONTROL MOISTURIZER/SPF 30 LOTN	F	
CETAPHIL MOISTURIZING CREA (Use <i>Emollient</i>)	***	
CETAPHIL MOISTURIZING LOTN	F	
CETAPHIL RESTORADERM LOTN	F	
CETAPHIL THERAPEUTIC HAND CREA	F	
CLN FACIAL MOISTURIZER NOURISHING LOTN	F	
COCOA BUTTER HAND & BODYLOTION LOTN	F	
COCOA BUTTER LOTN	F	
COCONUT OIL BEAUTY CREA	F	
<i>colloidal oatmeal crea</i>	F	
CVS DAILY ULTRA MOISTURELOTION LOTN	F	
CVS MOISTURIZING CREAM CREA	F	
DAILY CONDITIONING TREATMENT OINT	F	QL(10896 gm per fill retail)
DERMABASEOIL IN WATER CREA	F	
DERMAIDE ALOE CREA	F	
DERMAL THERAPY EXTRA STRENGTH BODY LOTION LOTN	F	
DERMAL THERAPY FACE CAREMOISTURIZING LOTION LOTN	F	
DERMAL THERAPY FOOT MASSAGE LOTN	F	
DERMAL THERAPY HAND ELBOW & KNEE CREAM LOTN	F	
DERMAL THERAPY HEEL CARE LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
DERMEND MOISTURIZING BRUISE FORMULA CREA	F	
DHEA CREA	F	
DIABETIDERM CREA	F	
DIABETIDERM FOOT REJUVENATING CREA	F	
DIABETIDERM HAND & BODY LOTN	F	
DIABETIDERM LOTN	F	
DMAE CREA	F	
DML FORTE CREA	F	
DROXY CREAM CREA	F	
ELON SKIN REPAIR SYSTEM CREA	F	
EMOLLIA-CREME CREA	F	
EMOLLIA-LOTION LOTN	F	
<i>emollient crea</i>	F	
<i>emollient lotn 1.25 %</i> ,	F	
<i>emollient oint 0.16gm/30gm- 300mg/30gm- 100unit/30gm, 41 %, 52 %</i> ,	F	QL(10896 gm per fill retail)
EPILYT LOTN	F	
EQ THERAPEUTIC DRY SKIN CREA	F	
EQ THERAPEUTIC MOISTURIZING CREAM CREA	F	
EQL ADVANCED RECOVERY SKIN CARE LOTN	F	
EQL MOISTURIZING CREAM CREA	F	
EQL ULTRA MOISTURIZING DAILY LOTION LOTN	F	

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Drug Name	Drug Tier	Requirements/ Limits
EUCERIN BABY LOTN	F	
EUCERIN CALMING DAILY MOISTURIZER CREA <i>(Use Emollient)</i>	***	
EUCERIN DAILY PROTECTION/SPF 30 LOTN	F	
EUCERIN INTENSIVE REPAIR LOTN	F	
EUCERIN INTENSIVE REPAIRHAND CREA	F	
EUCERIN LOTN	F	
EUCERIN ORIGINAL HEALINGSOOTHING REPAIR LOTN	F	
EUCERIN PLUS CREA	F	
EUCERIN PLUS INTENSIVE REPAIR CREA <i>(Use Emollient)</i>	***	
EUCERIN PLUS LOTN	F	
EUCERIN PROFESSIONAL REPAIR RICH FEEL LOTN	F	
EUCERIN SKIN CALMING DAILY MOISTURIZING CREA <i>(Use Emollient)</i>	***	
EUCERIN SMOOTHING REPAIRADVANCED FORMULA LOTN	F	
FORMULA 405 ENRICHED EYE CREA	F	
FORMULA 405 FACE CREAM CREA	F	
FORMULA 405 LIGHT TEXTURED MOISTURIZER CREA	F	
FORMULA 405 MOISTURIZING LOTN	F	
GENTLE CREA	F	
GNP ADVANCED RECOVERY LOTN	F	

Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND MEDICATED BODYLOTION EXTRA STRENGTH LOTN	F	
GOLD BOND MEDICATED BODYLOTION LOTN	F	
GOLD BOND ULTIMATE DIABETICS DRY SKIN RELIEF LOTN	F	
GOLD BOND ULTIMATE DIABETICS' DRY RELIEF LOTN	F	
GOLD BOND ULTIMATE HEALING CREA	F	
GOLD BOND ULTIMATE HEALING LOTN	F	
GOLD BOND ULTIMATE HEALING OINT	F	QL(10896 gm per fill retail)
GOLD BOND ULTIMATE LOTN	F	
GOLD BOND ULTIMATE OVERNIGHT LOTN	F	
GOLD BOND ULTIMATE PROTECTION LOTN	F	
GOLD BOND ULTIMATE RESTORING LOTN	F	
GOLD BOND ULTIMATE SHEERRIBBONS PEARLRADIANCE LOTN	F	
GOLD BOND ULTIMATE SHEERRIBBONS SILKSOFTNESS LOTN	F	
GOLD BOND ULTIMATE SOFTENING LOTN	F	
GOLD BOND ULTIMATE SOOTHING CREA	F	
GOLD BOND ULTIMATE SOOTHING LOTN	F	
GRX VITAMIN E LOTN	F	
HYDRASYN25 CREA	F	
HYDRAZONE LOTION LOTN	F	
HYDRO-LAN CREA	F	
J & J BURN CREAM CREA	F	

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Drug Name	Drug Tier	Requirements/ Limits
KERADAN CREA	F	
KERI ADVANCED MOISTURE THERAPY LOTN	F	
KERI BASIC ESSENTIALS LOTN	F	
KERI LONG LASTING CREA	F	
KERI NOURISHING SHEA BUTTER LOTN	F	
KERI ORIGINAL LOTN	F	
KERI OVERNIGHT LOTN	F	
KERI RENEWAL MILK BODY LOTN	F	
KERI RENEWAL SKIN FIRING LOTN	F	
KERI RENEWAL STRETCH MARK MINIMIZER LOTN	F	
KERI SENSITIVE SKIN LOTN	F	
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	***	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	***	QL(1368 ml per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	***	QL(1368 ml per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	F	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	F	QL(1368 ml per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 5 %</i>	F	
LACTINOL HX CREA	F	
LADY ESTHER 4 PURPOSE FACE CREAM CREA	F	

Drug Name	Drug Tier	Requirements/ Limits
LANAPHILIC OINT	F	QL(10896 gm per fill retail)
LANOLOR CREA	F	
LEADER FINGER CREAM CREA	F	
LUBRIDERM ADVANCED THERAPY LOTN	F	
LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN LOTN	F	
LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE LOTN	F	
LUBRIDERM INTENSE SKIN REPAIR LOTN	F	
LUBRIDERM LOTN	F	
LUBRIDERM MENS 3-IN-1 LOTN	F	
LUBRIDERM SERIOUSLY SENSITIVE LOTN	F	
LUBRIDERM SKIN NOURISHINGWITH SHEA AND COCOA BUTTERS LOTN	F	
LUBRISOFT LOTN	F	
MAXAM LOTN	F	
MEDELA TENDER CARE LANOLIN CREA	F	
MEDERMA AG FACE CREAM CREA	F	
MEDERMA AG HAND & BODY LOTION LOTN	F	
MEDERMA STRETCH MARKS THERAPY CREA	F	
MOISTURIZING CREAM CREA	F	
MOTHERS FRIEND CREA	F	
MOTHERS FRIEND LOTN	F	
MSM SKIN LOTION LOTN	F	

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Drug Name	Drug Tier	Requirements/ Limits
NEOSPORIN ECZEMA ESSENTIALS CREA (Use Colloidal Oatmeal)	***	
NEUTROGENA BODY LIGHT SESAME FORMULA LOTN	F	
NEUTROGENA HAND CREA	F	
NEUTROGENA HAND/NORWEGIANFORMULA/FAST ABSORBING CREA	F	
NEUTROGENA HEALTHY SKIN CREA	F	
NEUTROGENA HEALTHY SKIN FACE SPF 15 LOTN	F	
NEUTROGENA MOISTURE SENSITIVE SKIN LOTN	F	
NISEKO HYDRATING FACIAL MOISTURIZER CREA	F	
NIVEA CREA	F	
NIVEA EXTRA ENRICHED LOTION LOTN	F	
NIVEA EXTRA ENRICHED LOTN	F	
NIVEA GENTLE BODY EXFOLIATOR LOTN	F	
NIVEA LIGHT CREA	F	
NIVEA LIGHT LOTN	F	
NIVEA LOTN	F	
NIVEA ORIGINAL LOTN	F	
NIVEA ORIGINAL MOISTURE LOTN	F	
NIVEA SOFT CREA	F	
NIVEA VISAGE CREA	F	
NIVEA VISAGE INNER BEAUTY NIGHTTIME RENEWAL CREA	F	

Drug Name	Drug Tier	Requirements/ Limits
NIVEA VISAGE LOTN	F	
NUTRADERM ADVANCED FORMULA LOTN	F	
NUTRADERM CREA	F	
NUTRADERM LOTN	F	
OINTMENT BASE OINT	F	QL(10896 gm per fill retail)
PEN-KERA CREA	F	
PENTRAVAN CREA	F	
PENTRAVAN PLUS CREA	F	
PETROLATUM OINT	F	QL(454 gm per fill retail)
PRETTY FEET & HANDS CREA	F	
RA ADVANCED HEALING OINT	F	QL(10896 gm per fill retail)
RA DAYLOGIC HEALING DRY SKIN THERAPY LOTN	F	
RA GENTLE SKIN CREAM CREA	F	
RA RENEWAL DRY SKIN THERAPY LOTN	F	
RADIAGUARD ADVANCED LOTN	F	
RESTA CREA	F	
RESTA LITE LOTN	F	
RISABAL-PH CREA	F	
ROC DEEP WRINKLE SERUM LOTN	F	
ROC MULTI CORREXION 5 IN1 RESTORING EYE CREAM CREA	F	
ROC MULTI CORREXION 5 IN1 RESTORING NIGHT CREAM CREA	F	
ROC RETINOL CORREXION CREA	F	

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Drug Name	Drug Tier	Requirements/ Limits
ROC RETINOL CORREXION MAX CREA	F	
ROC RETINOL CORREXION NIGHT CREA	F	
ROC RETINOL CORREXION SENSITIVE EYE CREA	F	
ROC RETINOL CORREXION SENSITIVE NIGHT CREA	F	
ROSE MILK LOTN	F	
SKIN REPAIR LOTN	F	
SOOTHE & COOL MOISTURIZING BODY LOTION WITH ALOE LOTN	F	
SOOTHE & COOL SKIN CREAM WITH ALOE & VITAMINS A, D & E CREA	F	
SORBOLENE CREA	F	
SPECIAL CARE CREAM CREA	F	
ST IVES SWISS FORMULA 24HOUR MOISTURE LOTN	F	
STUDIO 35 EXTRA MOISTURIZING LOTION LOTN	F	
STUDIO 35 MOISTURIZING SKIN CREA	F	
SWEEN CREAM CREA	F	
THERABETIC SKIN CARE LOTN	F	
THERAPEUTIC MOISTURIZING CREA	F	
THERAPLEX HYDROLOTION LOTN	F	
TRIPLE CREAM CREA	F	
UDDERLY SMOOTH CREA	F	

Drug Name	Drug Tier	Requirements/ Limits
UDDERLY SMOOTH EXTRA CARE CREA	F	
UDDERLY SMOOTH EXTRA CARE20 CREA	F	
VANICREAM CREA	F	
VANICREAM LITE LOTN	F	
VELVACHOL CREA	F	
VITAMIN E WITH PANTHENOL CREA	F	
<i>vitamins a & d (topical) oint</i>	F	
WIBI LOTN	F	
ZIMS CRACK CREME DAYTIME CREA	F	
Enzymes - Topical		
SANTYL OINT	F	PA
TBC AERS	F	PA
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	***	PA
<i>imiquimod crea</i>	F	PA
IMIQUIMOD PUMP 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 % (<i>Use Tacrolimus (Topical)</i>)	***	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (<i>Use Tacrolimus (Topical)</i>)	***	PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
TIGER BALM PAIN RELIEVING PTCH	F	
<i>trolamine salicylate crea</i>	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	
<i>benzocaine-triclosan aero</i>	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)
<i>capsaicin crea 0.025 %</i>	F	
<i>capsaicin crea 0.1 %</i>	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	
<i>dibucaine oint</i>	F	QL(31 gm per 30 days retail)
ITCH-X GEL	F	
<i>lidocaine crea 4 %</i>	F	QL(1 gm daily, 120 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl crea 3 %</i>	F	QL(453.6 gm per fill retail); RX/OTC
<i>lidocaine hcl crea 4 %</i>	F	1 rtl pack lmt amt, 30 rtl pack lmt day(s),
<i>lidocaine hcl gel 2 %</i>	F	QL(100 ml per fill retail); RX/OTC
<i>lidocaine ptch 5 %</i>	F	PA; QL(1 ea daily)
<i>lidocaine-prilocaine crea</i>	F	QL(30 gm per fill retail)
<i>lidocaine-prilocaine kit</i>	F	
<i>lidocaine-transparent dressing kit</i>	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)	***	
<i>pramoxine-calamine lotn</i>	F	
<i>pramoxine-zinc acetate lotn</i>	F	
PREDATOR CREA (Use Lidocaine HCl)	***	1 rtl pack lmt amt, 30 rtl pack lmt day(s),
Misc. Dermatological Products		
5 DAY LIQD	F	QL(473 ml per fill retail); RX/OTC
<i>dermatological products, misc. liqd</i>	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

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Drug Name	Drug Tier	Requirements/ Limits
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)
ABSORBASE OINT	F	QL(10896 ml per fill retail)
ACUWASH LIQD	F	
ALOE VESTA DAILY MOISTURIZER LOTN (<i>Use Dimethicone (Topical)</i>)	***	QL(11328 ml per fill retail)
ALOE VESTA PROTECTIVE OINT	F	QL(10896 ml per fill retail)
ALOE VESTA SKIN CONDITIONER LOTN (<i>Use Dimethicone (Topical)</i>)	***	QL(11328 ml per fill retail)
<i>aluminum hydroxide oint ex</i>	F	QL(2712 gm per fill retail)
<i>aluminum sulfate & calcium acetate pack</i>	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	

Drug Name	Drug Tier	Requirements/ Limits
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 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
BASIS OVERNIGHT CREA	F	QL(10896 gm per fill retail); RX/OTC
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	

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Drug Name	Drug Tier	Requirements/ Limits
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)
CHAPSTICK ULTRA MOISTUREDAYS TIME 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 DETOXIFYING FACIAL CLEANSER LIQD	F	
CLEAN & CLEAR MORNING BURST FACIAL CLEANSER LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
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	
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

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Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use Aluminum Hydroxide</i>)	***	QL(2712 gm per fill retail)
DERMAGRAN SKIN PROTECTANT OINT (<i>Use Aluminum Hydroxide</i>)	***	QL(2712 gm per fill retail)
<i>dimethicone (topical) lotn</i>	F	QL(11328 ml per fill retail)
DOMBORO PACK (<i>Use Aluminum Sulfate & Calcium Acetate</i>)	***	
DRYSOL SOLN	F	
EQL BODY WASH/SENSITIVE SKIN LIQD	F	

Drug Name	Drug Tier	Requirements/ Limits
EQL BODY WASH/SHEA BUTTER LIQD	F	
EQL CLEAR HAND SOAP REFILL LIQD	F	
EQL INVIGORATING MAKEUP REMOVER TOWELETES PADS	F	
EQL LIQUID HAND SOAP LIQD	F	
EQL LIQUID HAND SOAP REFILL LIQD	F	
EQL MAKEUP REMOVER TOWELETES PADS	F	
EQL SKIN ASTRINGENT LIQD	F	
ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED MISC	F	RX/OTC
EUCERIN ADVANCED CLEANSING LIQD	F	
EUCERIN CREA (<i>Use Skin Protectants, Misc.</i>)	***	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	

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Drug Name	Drug Tier	Requirements/ Limits
GOLD BOND ULTIMATE DEEP MOISTURE BODY WASH SENSITIVE/OAT EXT 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
IONIL LIQD	F	
ISOPROPYL ALCOHOL WIPES MISC	F	RX/OTC
KP GENTLE SKIN CLEANSER LIQD	F	
<i>Ilanolin (topical) crea</i>	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	

Drug Name	Drug Tier	Requirements/ Limits
NEUTROGENA FRESH FOAMINGCLEANSER LIQD	F	
NEUTROGENA MAKEUP REMOVERCLEANSING TOWELETTES PADS	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	
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	F	Limit 1 package per Claim, 2 per Month
OFF DEEP WOODS AERO	***	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

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Drug Name	Drug Tier	Requirements/ Limits
PALOMAR E OINT	F	QL(10896 ml per fill retail)
PERI-WASH LIQD	F	
PETROLEUM JELLY LIP TREATMENT OINT	F	QL(10896 ml per fill retail)
PHARMACIST CHOICE ALCOHOL PRED PADS PADS	F	RX/OTC
PROSHIELD PLUS SKIN PROTECTANT CREA	F	QL(5676 ml per fill retail)
PURPOSE GENTLE CLEANING WASH LIQD	F	
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

Drug Name	Drug Tier	Requirements/ Limits
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
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 CONCENTRATE LIQD	F	
<i>skin protectants, misc. crea</i>	F	QL(10896 gm per fill retail); RX/OTC
<i>skin protectants, misc. oint 0.5%-6.3%-70%, 51.1 %,</i>	F	QL(10896 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
SM CALAMINE LOTN	F	
<i>soap & cleansers liqd</i>	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	
TRIPLE PASTE SP OINT	F	

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

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Drug Name	Drug Tier	Requirements/ Limits
ORACEA CPDR	F	PA
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	F	QL(454 gm per fill retail)
ELIMITE CREA (Use <i>Permethrin</i>)	***	QL(360 gm per fill retail)
EURAX CREA	F	QL(60 gm per fill retail)
EURAX LOTN (Use <i>Crotamiton</i>)	***	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 SHAM	F	PA
<i>lindane sham</i>	F	PA
<i>malathion lotn</i>	F	Limit 2 fills per month;QL(59 ml per fill retail)
NATROBA SUSP	F	
NIX CREME RINSE LIQD (Use <i>Permethrin</i>)	***	
OVIDE LOTN (Use <i>Malathion</i>)	***	Limit 2 fills per month;QL(59 ml per fill retail)
<i>permethrin aero xx 0.5 %</i>	F	
<i>permethrin crea ex 5 %</i>	F	QL(360 gm per fill retail)
<i>permethrin liqd ex 1 %</i>	F	
<i>permethrin lotn ex 1 %</i>	F	QL(240 ml per fill retail)
<i>pyrethrins-piperonyl butoxide liqd</i>	F	
<i>pyrethrins-piperonyl butoxide sham</i>	F	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover kit</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
RA LICE SOLUTION KIT KIT	F	
RID AERO (Use <i>Permethrin</i>)	***	
RID COMPLETE LICE ELIMINATION KIT (Use <i>Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover</i>)	***	
RID ESSENTIAL LICE ELIMINATION KIT KIT	F	
RID LIQD (Use <i>Pyrethrins-Piperonyl Butoxide</i>)	***	
SCHOOLTIME SHAMPOO SHAM	F	QL(1 ml per 14 days retail)
SPINOSAD SUSP	F	
ULESFIA LOTN	F	PA
Tar Products		
<i>coal tar extract sham 0.5 %</i>	F	
<i>coal tar extract sham 1 %</i>	F	QL(473 ml per fill retail)
<i>coal tar extract sham 2.5 %</i>	F	QL(480 ml per fill retail)
DENOREX THERAPEUTIC 2-IN-1 SHAM (Use <i>Coal Tar Extract</i>)	***	QL(480 ml per fill retail)
DHS TAR GEL SHAM (Use <i>Coal Tar Extract</i>)	***	
DHS TAR SHAM (Use <i>Coal Tar Extract</i>)	***	
NEUTROGENA T/GEL SHAM (Use <i>Coal Tar Extract</i>)	***	
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use <i>Coal Tar Extract</i>)	***	
THERAPLEX T SHAM (Use <i>Coal Tar Extract</i>)	***	QL(473 ml per fill retail)
Wound Care Products		
ACTIMARIS WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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 WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
COMFEEL PASTE PSTE	F	QL(2040 ml per fill retail)
CURAD GERM SHIELD GEL	F	QL(3000 ml per fill retail); RX/OTC
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 WOUND DRESSING 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
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

Drug Name	Drug Tier	Requirements/ Limits
DIAB 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
LIDOTREX GEL	F	PA
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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 WOUND DRESSING GEL	F	QL(3000 ml per fill retail); RX/OTC
VEXASYN 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
<i>wound cleansers liqd</i>	F	QL(4260 ml per fill retail); RX/OTC
WOUND GEL GEL	F	QL(3000 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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		
ACCU-CHEK GUIDE STRP	***	RX/OTC
ALBUSTIX STRP	F	QL(100 ea per 30 days retail)
BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
COMBISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
CONTOUR NEXT BLOOD GLUCOSE TEST STRP	***	RX/OTC
CVS ADVANCED GLUCOSE METER TEST STRIPS STRP	***	RX/OTC
CVS KETONE CARE STRP	F	QL(100 ea per 30 days retail)
DIASTIX STRP	F	QL(30 ea per 30 days retail)
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
HEMA-COMBISTIX STRP	F	QL(1 ea daily,30 ea per 30 days retail)
INFINITY VOICE STRP	***	RX/OTC
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
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	***	
RELION PREMIER BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS STRP	***	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRIPS	F	QL (5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK BLOOD GLUCOSE TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
TRUETRACK TEST STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;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
NEOKE BCAA4 POWD	F	RX/OTC
SULFZIX POWD	F	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 114000UNIT-36000UNIT-180000UNIT	F	PA

Drug Name	Drug Tier	Requirements/ Limits
CREON CPEP 9500UNIT-3000UNIT-15000UNIT, 19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 76000UNIT-24000UNIT-120000UNIT	F	
LACTAID FAST ACT TABS (Use Lactase)	***	
LACTAID TABS (Use Lactase)	***	
<i>lactase tabs</i>	F	
PANCREAZE CPEP	F	
SUCRAID SOLN	F	PA; SP
ZENPEP CPEP 17000UNIT-5000UNIT-24000UNIT, 79000UNIT-25000UNIT-105000UNIT	F	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	F	MP
<i>acetazolamide tabs</i>	F	MP
DIAMOX CP12 (Use Acetazolamide)	***	MP
<i>methazolamide tabs</i>	F	
NEPTAZANE TABS (Use Methazolamide)	***	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	***	MP
ALDACTAZIDE TABS 50MG-50MG	F	PA
<i>amiloride & hydrochlorothiazide tabs</i>	F	QL(1 ea daily)
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	***	MP

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Drug Name	Drug Tier	Requirements/Limits
MAXZIDE TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	***	MP
MAXZIDE-25 TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	***	MP
<i>spironolactone & hydrochlorothiazide tabs</i>	F	MP
<i>triamterene & hydrochlorothiazide caps</i>	F	MP
<i>triamterene & hydrochlorothiazide tabs</i>	F	MP
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	F	MP
Loop Diuretics		
<i>bumetanide tabs</i>	F	MP
BUMEX TABS (<i>Use Bumetanide</i>)	***	MP
DEMADEX TABS 10 MG (<i>Use Torsemide</i>)	***	QL(1 ea daily); MP
DEMADEX TABS 20 MG (<i>Use Torsemide</i>)	***	QL(2 ea daily)
EDECIN TABS (<i>Use Ethacrynic Acid</i>)	***	PA
<i>ethacrynic acid tabs</i>	F	PA
<i>furosemide soln 10 mg/ml</i>	F	MP
FUROSEMIDE SOLN 8 MG/ML	F	MP
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	F	MP
LASIX TABS (<i>Use Furosemide</i>)	***	MP
<i>torsemide tabs 20 mg, 100 mg</i>	F	QL(2 ea daily)
<i>torsemide tabs 5 mg, 10 mg</i>	F	QL(1 ea daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	***	MP
<i>amiloride hcl tabs</i>	F	QL(4 ea daily)
<i>spironolactone tabs</i>	F	MP

Drug Name	Drug Tier	Requirements/Limits
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	F	QL(2 ea daily); MP
<i>chlorothiazide tabs 500 mg</i>	F	QL(4 ea daily); MP
<i>chlorthalidone tabs</i>	F	MP
DIURIL SUSP	F	PA
<i>hydrochlorothiazide caps</i>	F	MP
<i>hydrochlorothiazide tabs</i>	F	MP
<i>indapamide tabs</i>	F	MP
METHYCLOTHIAZIDE TABS	F	PA
<i>metolazone tabs</i>	F	MP
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	***	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS (<i>Use Risedronate Sodium</i>)	***	PA
ALENDRONATE SODIUM SOLN 70 MG/75ML	F	QL(10.8 ml daily); MP
<i>alendronate sodium tabs 35 mg, 70 mg</i>	F	QL(0.15 ea daily); MP
ALENDRONATE SODIUM TABS 40 MG	F	QL(1 ea daily); MP
<i>alendronate sodium tabs 5 mg, 10 mg</i>	F	QL(1 ea daily); MP
AELVIA TBEC (<i>Use Risedronate Sodium</i>)	***	PA
BONIVA TABS (<i>Use Ibandronate Sodium</i>)	***	PA
<i>calcitonin (salmon) soln</i>	F	QL(3.7 ml per fill retail)
ETIDRONATE DISODIUM TABS	F	PA
FORTEO SOLN	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
FOSAMAX PLUS D TABS	F	PA
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	***	QL(0.15 ea daily); MP
<i>ibandronate sodium tabs</i>	F	PA
MIACALCIN SOLN IJ 200 UNIT/ML	F	QL(2 ml per fill retail)
MIACALCIN SOLN NA 200 UNIT/ACT (<i>Use Calcitonin (Salmon)</i>)	***	QL(3.7 ml per fill retail)
<i>risedronate sodium tabs</i>	F	PA
<i>risedronate sodium tbec</i>	F	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	F	PA; SP
NOVAREL SOLR	F	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	F	PA; SP
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	F	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	F	PA; SP
GENOTROPIN SOLR	F	PA; SP
HUMATROPE COMBO PACK SOLR	F	PA; SP
HUMATROPE SOLR	F	PA; SP
NORDITROPIN FLEXPRO SOLN	F	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	F	PA; SP
NUTROPIN AQ NUSPIN 20 SOLN	F	PA; SP
NUTROPIN AQ NUSPIN 5 SOLN	F	PA; SP
OMNITROPE SOLN	F	PA; SP
OMNITROPE SOLR	F	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SAIZEN CLICK.EASY SOLR	F	PA; SP
SAIZEN SOLR	F	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	F	PA; SP
SEROSTIM SOLR	F	PA; SP
ZOMACTON SOLR	F	PA; SP
ZORBTIVE SOLR	F	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	***	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	F	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	F	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	F	PA; SP
TRIPTODUR SRER	F	PA; SP
Metabolic Modifiers		
BUPHENYL TABS (<i>Use Sodium Phenylbutyrate</i>)	***	PA; SP
<i>calcitriol caps</i>	F	
<i>calcitriol soln</i>	F	
CARBAGLU TABS	F	PA; SP
CARNITOR SF SOLN (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	***	QL(30 ml daily)
CARNITOR SOLN 1 GM/10ML (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	***	QL(30 ml daily)
CARNITOR TABS 330 MG (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	***	QL(3 ea daily); RX/OTC
<i>doxercalciferol caps</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
HECTOROL CAPS (<i>Use Doxercalciferol</i>)	***	PA
KANUMA SOLN	F	PA; SP
KUVAN TBSO	F	PA; SP
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	F	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	F	QL(3 ea daily); RX/OTC
MEPSEVII SOLN	F	PA; SP
NITYR TABS	F	PA; SP
ORFADIN CAPS	F	PA; SP
<i>paricalcitol caps</i>	F	PA
ROCALTROL CAPS (<i>Use Calcitriol</i>)	***	
ROCALTROL SOLN (<i>Use Calcitriol</i>)	***	
SENSIPAR TABS	F	PA; SP
<i>sodium phenylbutyrate tabs</i>	F	PA; SP
ZEMPLAR CAPS (<i>Use Paricalcitol</i>)	***	PA
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 %	F	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % (<i>Use Desmopressin Acetate Spray</i>)	***	QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG (<i>Use Desmopressin Acetate</i>)	***	QL(6 ea daily)
<i>desmopressin acetate spray refrigerated soln</i>	F	QL(5 ml per fill retail)
<i>desmopressin acetate spray soln</i>	F	QL(5 ml per fill retail)
<i>desmopressin acetate tabs</i>	F	QL(6 ea daily)
STIMATE SOLN	F	PA; SP
Prolactin Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline tabs</i>	F	PA
Somatostatic Agents		
<i>octreotide acetate soln</i>	F	PA; SP
SANDOSTATIN SOLN (<i>Use Octreotide Acetate</i>)	***	PA; SP
SIGNIFOR SOLN	F	PA; SP
Vasopressin Receptor Antagonists		
SAMSCA TABS	F	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 0.1MG-0.5MG (<i>Use Estradiol & Norethindrone Acetate</i>)	***	PA; QL(1 ea daily)
ACTIVELLA TABS 0.5MG-1MG (<i>Use Estradiol & Norethindrone Acetate</i>)	***	PA
ANGELIQ TABS	F	PA
CLIMARA PRO PTWK	F	PA
COMBIPATCH PTTW	F	
DUAVEE TABS	F	PA
<i>estradiol & norethindrone acetate tabs 0.1mg-0.5mg</i>	F	PA; QL(1 ea daily)
<i>estradiol & norethindrone acetate tabs 0.5mg-1mg</i>	F	PA
FEMHRT LOW DOSE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	***	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	F	
PREMPHASE TABS	F	PA
PREMPRO TABS	F	
Estrogens		

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Drug Name	Drug Tier	Requirements/Limits
ALORA PTTW	F	Limit 8 patches per month; QL(0.3 ea daily); MP
CLIMARA PTWK (Use Estradiol)	***	Limit 4 patches per month; QL(0.15 ea daily); MP
DIVIGEL GEL	F	PA
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (Use Estradiol)	***	MP
estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr	F	Limit 8 patches per month; QL(0.3 ea daily); MP
estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	F	Limit 4 patches per month; QL(0.15 ea daily); MP
estradiol tabs or 0.5 mg, 1 mg, 2 mg	F	MP
ESTROPIPATE TABS 0.75 MG, 1.5 MG	F	QL(1 ea daily); MP
ESTROPIPATE TABS 3 MG	F	QL(2 ea daily); MP
EVAMIST SOLN	F	PA
MENEST TABS	F	PA
MINIVELLE PTTW	F	Limit 8 patches per month; QL(0.3 ea daily); MP
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 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); MP
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/Limits
AVELOX ABC PACK TABS (Use Moxifloxacin HCl)	***	PA
AVELOX TABS (Use Moxifloxacin HCl)	***	PA
CIPRO SUSR 5 GM/100ML	F	PA
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	***	PA
CIPRO TABS 250 MG, 500 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, 500 mg, 750 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 tabs or 250 mg, 500 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)	***	

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Drug Name	Drug Tier	Requirements/Limits
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 20 mg/0.3ml, 40 mg/0.6ml	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); SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	F	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use Ursodiol)	***	MP
CHENODAL TABS	F	PA; SP
URSO 250 TABS (Use Ursodiol)	***	QL(7 ea daily); MP
URSO FORTE TABS (Use Ursodiol)	***	MP
ursodiol caps 300 mg	F	MP
ursodiol tabs 250 mg	F	QL(7 ea daily); MP
ursodiol tabs 500 mg	F	MP
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis) conc	F	PA
GASTROCROM CONC (Use Cromolyn Sodium (Mastocytosis))	***	PA
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	F	PA
Gastrointestinal Stimulants		
metoclopramide hcl soln	F	

Drug Name	Drug Tier	Requirements/Limits
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
AZULFIDINE EN-TABS TBEC (Use Sulfasalazine)	***	MP
AZULFIDINE TABS (Use Sulfasalazine)	***	MP
balsalazide disodium caps	F	QL(9 ea daily)
CANASA SUPP	F	PA
CIMZIA KIT	F	PA; SP
COLAZAL CAPS (Use Balsalazide Disodium)	***	QL(9 ea daily)
DIPENTUM CAPS	F	PA
GIAZO TABS	F	PA
LIALDA TBEC (Use Mesalamine)	***	
mesalamine enem re 4 gm	F	QL(60 ml daily)
mesalamine tbec or 1.2 gm	F	
mesalamine tbec or 800 mg	F	QL(3 ea daily)
mesalamine tbec or 800 mg	***	
mesalamine w/ cleanser kit	F	PA
REMICADE SOLR	F	PA; SP
ROWASA KIT (Use Mesalamine w/ Cleanser)	***	PA
SFROWASA ENEM	F	
sulfasalazine tabs	F	MP

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tbec</i>	F	MP
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	F	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	F	PA
LINZESS CAPS 145 MCG, 290 MCG	F	PA; SP
LOTRONEX TABS (Use Alosetron HCl)	***	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	F	
<i>calcium acetate (phosphate binder) tabs</i>	F	RX/OTC
ELIPHOS TABS (Use Calcium Acetate (Phosphate Binder))	***	RX/OTC
FOSRENOL CHEW (Use Lanthanum Carbonate)	***	PA
<i>lanthanum carbonate chew</i>	F	PA
PHOSLYRA SOLN	F	PA
RENAGEL TABS	F	PA
RENVELA PACK (Use Sevelamer Carbonate)	***	PA
RENVELA TABS (Use Sevelamer Carbonate)	***	PA
<i>sevelamer carbonate pack</i>	F	PA
<i>sevelamer carbonate tabs</i>	F	PA
VELPHORO CHEW	F	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	F	PA; SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		

Drug Name	Drug Tier	Requirements/Limits
K-PHOS NO 2 TABS	F	PA
Alkalinizers		
CYTRA-3 SYRP	F	PA
<i>pot & sod citrates w/citric ac soln</i>	F	PA
<i>potassium citrate (alkalinizer) tbc r 15 meq</i>	F	PA
<i>potassium citrate (alkalinizer) tbc r 540 mg, 1080 mg</i>	F	
<i>potassium citrate-citric acid pack 3300mg-1002mg</i>	F	PA
<i>potassium citrate-citric acid soln 1100mg/5ml-334mg/5ml, 1100mg/5ml-1100mg/5ml-334mg/5ml-334mg/5ml</i>	F	PA; RX/OTC
POTASSIUM CITRATE/SODIUMCITRATE/CITRIC ACID SOLN	F	PA
<i>sodium citrate & citric acid soln</i>	F	QL(500 ml per 30 days retail); RX/OTC
TRICITRATES SOLN	F	PA
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	***	
UROKIT-K 15 TBCR (Use Potassium Citrate (Alkalinizer))	***	PA
UROKIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	***	
Cystinosis Agents		
CYSTAGON CAPS	F	PA; SP
Genitourinary Irrigants		
<i>acetic acid soln</i>	F	PA
<i>glycine (gu irrigant) soln</i>	F	PA
<i>neomycin/polymyxin b gu soln</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
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); MP
FLOMAX CAPS (Use Tamsulosin HCl)	***	QL(2 ea daily); MP
JALYN CAPS (Use Dutasteride-Tamsulosin HCl)	***	PA
PROSCAR TABS (Use Finasteride)	***	QL(1 ea daily); MP
RAPAFLO CAPS	F	PA
tamsulosin hcl caps	F	QL(2 ea daily); MP
UROXATRAL TB24 (Use Alfuzosin HCl)	***	PA
Urinary Analgesics		
phenazopyridine hcl tabs	F	
PYRIDIDIUM TABS (Use Phenazopyridine HCl)	***	
Urinary Stone Agents		

Drug Name	Drug Tier	Requirements/ Limits
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	MP
colchicine tabs	F	QL(6 ea per fill retail); AL(At least 16 yrs old)
COLCHICINE TABS	***	
COLCRYS TABS	F	QL(6 ea per fill retail); AL(At least 16 yrs old)
ULORIC TABS	F	PA
ZYLOPRIM TABS (Use Allopurinol)	***	MP
Uricosurics		
probenecid tabs	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	F	PA; SP
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	F	PA; SP
ALPHANINE SD SOLR	F	PA; SP
ALPROLIX SOLR	F	PA; SP
BENEFIX KIT 3000 UNIT	F	PA; SP
ELOCTATE SOLR	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
FEIBA SOLR	F	PA; SP
HELIXATE FS KIT	F	PA; SP
HEMLIBRA SOLN	F	PA; SP
HUMATE-P SOLR	F	PA; SP
IXINITY SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	F	PA; SP
KOGENATE FS BIO-SET KIT	F	PA; SP
KOGENATE FS KIT	F	PA; SP
MONOCLATE-P KIT	F	PA; SP
MONONINE SOLR	F	PA; SP
NUWIQ KIT	F	PA; SP
NUWIQ SOLR	F	PA; SP
REBINYN SOLR	F	PA; SP
RECOMBINATE SOLR	F	PA; SP
RIXUBIS SOLR	F	PA; SP
TRETTEN SOLR	F	PA; SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	F	PA; SP
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	F	MP
Plasma Kallikrein Inhibitors		
KALBITOR SOLN	F	PA; SP
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</i>)	***	PA
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	***	
<i>anagrelide hcl caps</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole cp12</i>	F	PA
BRILINTA TABS	F	QL(2 ea daily)
<i>cilostazol tabs</i>	F	QL(2 ea daily); MP
<i>clopidogrel bisulfate tabs</i>	F	MP
<i>dipyridamole tabs</i>	F	MP
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	***	PA
PLAVIX TABS (<i>Use Clopidogrel Bisulfate</i>)	***	MP
<i>prasugrel hcl tabs</i>	F	PA
ZONTIVITY TABS	F	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	F	PA; SP
<i>miglustat caps</i>	F	PA; SP
ZAVESCA CAPS (<i>Use Miglustat</i>)	***	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	F	
ENDARI PACK	F	PA; SP
Cobalamins		
B-12 LOZG	F	
B-12 TABS	F	
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	F	QL(10 ml per 270 days retail)
<i>cyanocobalamin subl sl 1000 mcg</i>	F	
<i>cyanocobalamin tabs or 100 mcg, 250 mcg, 500 mcg, 1000 mcg, 2000 mcg</i>	F	
<i>cyanocobalamin tbc or 1000 mcg</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
NASCOBAL SOLN	F	PA
Folic Acid/Folates		
<i>folic acid tabs 1 mg</i>	F	RX/OTC; MP
<i>folic acid tabs 400 mcg, 800 mcg</i>	F	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	F	PA; SP
ARANESP ALBUMIN FREE SOSY	F	PA; SP
EPOGEN SOLN	F	PA; SP
GRANIX SOSY	F	PA; SP
LEUKINE SOLR	F	PA; SP
NEULASTA ONPRO KIT PSKT	F	PA; SP
NEULASTA SOSY	F	PA; SP
NEUPOGEN SOLN	F	PA; SP
NEUPOGEN SOSY	F	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	F	PA; SP
PROMACTA TABS	F	PA; SP
ZARXIO SOSY	F	PA; SP
Hematopoietic Mixtures		
B-12 1000 SUBL	F	
BIFERA TABS	F	
<i>cobalamine combinations subl</i>	F	
<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu caps</i>	F	PA
<i>fe fumarate-vitamin c-vitamin b12-folic acid caps</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
FEOSOL BIFERA TABS	F	
FERRALET 90 TABS	F	PA
FERRAPLUS 90 TABS	F	PA
<i>ferrous fumarate w/ b12-vit c-fa-ifc caps</i>	F	PA
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	F	QL(1 ea daily)
<i>ferrous fumarate-folic acid tabs</i>	F	PA
FOCALGIN DSS TABS	F	PA
FOLGARD TABS	F	
<i>folic acid-vitamin b6-vitamin b12 tabs</i>	F	
HEMATOGEN FA CAPS	F	PA
<i>iron polysaccharide complex-vit b12-folic acid caps</i>	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		
<i>carbonyl iron tabs</i>	F	
FEOSOL TABS (Use Carbonyl Iron)	***	
FEOSOL TABS (Use Ferrous Sulfate Dried)	***	

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Drug Name	Drug Tier	Requirements/Limits
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	***	QL(3.4 ml daily)
FERRETT'S TABS	F	QL(2 ea daily)
<i>ferrous fumarate tabs</i>	F	QL(2 ea daily)
<i>ferrous gluconate tabs 27 mg, 240 mg, 324 mg</i>	F	
FERROUS GLUCONATE TABS 324 MG	F	
<i>ferrous sulfate dried tabs</i>	F	
<i>ferrous sulfate dried tbc</i>	F	
<i>ferrous sulfate elix 220 mg/5ml</i>	F	
FERROUS SULFATE LIQD 220 MG/5ML	F	
<i>ferrous sulfate soln 15 mg/ml</i>	F	QL(3.4 ml daily)
FERROUS SULFATE SYRP 300 MG/5ML	F	
<i>ferrous sulfate tabs 28 mg</i>	F	
<i>ferrous sulfate tabs 65 mg, 325 mg</i>	F	MP
FERROUS SULFATE TBCR 140 MG	F	
<i>ferrous sulfate tbc 45 mg, 50 mg, 142 mg, 47.5 mg</i>	F	
FERROUS SULFATE TBEC 324 MG	F	
<i>ferrous sulfate tbec 325 mg</i>	F	MP
HEMOCYTE TABS (<i>Use Ferrous Fumarate</i>)	***	QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	F	
NOVAFERRUM 50 CAPS	F	
<i>polysaccharide iron complex caps</i>	F	QL(1 ea daily)
PROFE CAPS	F	
SLOW FE TBCR (<i>Use Ferrous Sulfate</i>)	***	

Drug Name	Drug Tier	Requirements/Limits
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG	F	PA; SP
AMICAR TABS 500 MG	F	QL(24 ea per fill retail); SP
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	***	Limit 1 fill per Month;QL(30 ea per 5 days retail); AL(At least 12 yrs old)
<i>tranexamic acid tabs</i>	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		
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	F	
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	F	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	F	
<i>doxylamine succinate (sleep) tabs</i>	F	
NYTOL MAXIMUM STRENGTH TABS (<i>Use Diphenhydramine HCl (Sleep)</i>)	***	
UNISOM SLEEPGELS CAPS (<i>Use Diphenhydramine HCl (Sleep)</i>)	***	
UNISOM TABS (<i>Use Doxylamine Succinate (Sleep)</i>)	***	
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	F	PA
<i>phenobarbital elix</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital soln</i>	F	
<i>phenobarbital tabs</i>	F	
SECONAL SODIUM CAPS	F	PA
Hypnotics - Tricyclic Agents		
SILENOR TABS	F	PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use Zolpidem Tartrate</i>)	***	PA
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	***	QL(1 ea daily)
DORAL TABS	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
EDLUAR SUBL	F	PA
<i>estazolam tabs</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
<i>eszopiclone tabs</i>	F	PA
FLURAZEPAM HCL CAPS	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(1 ea daily)
HALCION TABS (<i>Use Triazolam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(1 ea daily)
INTERMEZZO SUBL (<i>Use Zolpidem Tartrate</i>)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
LUNESTA TABS (<i>Use Eszopiclone</i>)	***	PA
<i>midazolam hcl soln ij 5 mg/5ml, 25 mg/5ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(10 ml per 30 days retail)
<i>midazolam hcl soln ij 5 mg/ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(6 ml per 84 days retail)
<i>midazolam hcl soln ij 5 mg/ml, 10 mg/10ml, 50 mg/10ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(20 ml per 30 days retail)
<i>midazolam hcl soln ij 5 mg/ml, 2 mg/2ml, 10 mg/2ml</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed;QL(4 ml per 30 days retail)
<i>midazolam hcl syrup or 2 mg/ml</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
QUAZEPAM TABS	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed

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Drug Name	Drug Tier	Requirements/ Limits
RESTORIL CAPS 15 MG, 30 MG (<i>Use Temazepam</i>)	***	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS 7.5 MG, 22.5 MG (<i>Use Temazepam</i>)	***	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
SONATA CAPS 10 MG (<i>Use Zaleplon</i>)	***	ST; QL(2 ea daily)
SONATA CAPS 5 MG (<i>Use Zaleplon</i>)	***	ST; QL(1 ea daily)
<i>temazepam caps 15 mg, 30 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam caps 7.5 mg, 22.5 mg</i>	F	PA; Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed
TRIAZOLAM TABS 0.125 MG	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>triazolam tabs 0.25 mg</i>	F	Smart PA: Concurrent Benzodiazepine + Opioid Use within 90-days NOT Allowed; QL(1 ea daily)
<i>zaleplon caps 10 mg</i>	F	ST; QL(2 ea daily)
<i>zaleplon caps 5 mg</i>	F	ST; QL(1 ea daily)
<i>zolpidem tartrate sublingual 3.5 mg, 1.75 mg</i>	F	PA
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	F	QL(1 ea daily)
<i>zolpidem tartrate tablet or 12.5 mg, 6.25 mg</i>	F	PA
ZOLPIMIST SOLN	F	PA
Orexin Receptor Antagonists		
BELSOMRA TABS 5 MG, 10 MG, 20 MG	F	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	F	PA; SP
ROZEREM TABS	F	PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
BENEFIBER FOR CHILDREN POWD (<i>Use Wheat Dextrin</i>)	***	
BENEFIBER POWD (<i>Use Wheat Dextrin</i>)	***	
<i>calcium polycarbophil tabs</i>	F	QL(10 ea daily)
CITRUCEL FIBER LAXATIVE POWD (<i>Use Methylcellulose (Laxative)</i>)	***	
CITRUCEL TABS (<i>Use Methylcellulose (Laxative)</i>)	***	
CVS NATURAL FIBER SUPPLEMENT PACK	F	
EVAC POWD (<i>Use Psyllium</i>)	***	

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Drug Name	Drug Tier	Requirements/ Limits
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	***	QL(10 ea daily)
HYDROCIL INSTANT PACK	F	
HYDROCIL INSTANT POWD (<i>Use Psyllium</i>)	***	
KONSYL DAILY FIBER PACK 100 %	F	
KONSYL DAILY FIBER POWD 100 % (<i>Use Psyllium</i>)	***	
KONSYL DAILY FIBER POWD 60.3 %	F	
KONSYL ORIGINAL FORMULADAILY FIBER POWD (<i>Use Psyllium</i>)	***	
KONSYL POWD	F	
KONSYL-D POWD	F	
METAMUCIL CAPS (<i>Use Psyllium</i>)	***	
METAMUCIL MULTIHEALTH FIBER SINGLES PACK	F	
METAMUCIL ORIGINAL TEXTURE POWD (<i>Use Psyllium</i>)	***	
METAMUCIL POWD (<i>Use Psyllium</i>)	***	
METAMUCIL SMOOTH TEXTUREFIBER SINGLES PACK	F	
<i>methylcellulose (laxative) powd</i>	F	
<i>methylcellulose (laxative) tabs</i>	F	
<i>psyllium caps</i>	F	
<i>psyllium powd</i>	F	
<i>wheat dextrin powd</i>	F	
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
COLYTE-FLAVOR PACKS SOLR (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	***	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 (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	***	QL(4000 ml per fill retail)
MOVIPREP SOLR 100GM-7.5GM-2.691GM-1.015GM-5.9GM-4.7GM	F	PA
NULYTELY/FLAVOR PACKS SOLR (<i>Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i>)	***	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	F	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	F	
PREPOPIK PACK 10MG-3.5GM-12GM	F	PA
<i>sennosides-docusate sodium tabs</i>	F	QL(4 ea daily)
SENOKOT S TABS (<i>Use Sennosides-Docusate Sodium</i>)	***	QL(4 ea daily)
SUPREP BOWEL PREP KIT SOLN	F	PA
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp</i>	F	
GLYCERIN ADULT SUPP (<i>Use Glycerin (Laxative)</i>)	***	
KRISTALOSE PACK 10 GM (<i>Use Lactulose</i>)	***	PA
KRISTALOSE PACK 20 GM	F	PA
<i>lactulose pack 10 gm</i>	F	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	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	
<i>polyethylene glycol 3350 pack</i>	F	RX/OTC
<i>polyethylene glycol 3350 powd</i>	F	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	F	
Lubricant Laxatives		
FLEET OIL ENEM (Use Mineral Oil)	***	
KONDREMUL EMUL	F	
<i>mineral oil enem re 100 %,</i>	F	
<i>mineral oil oil or 100 %, 99.9 %,</i>	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)	***	
<i>magnesium citrate soln</i>	F	
<i>magnesium hydroxide susp</i>	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	
<i>sodium phosphates enem</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phosphates soln</i>	F	
Stimulant Laxatives		
<i>bisacodyl supp re 10 mg</i>	F	QL(12 ea per fill retail)
<i>bisacodyl tbec or 5 mg</i>	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	
<i>sennosides chew</i>	F	
<i>sennosides liqd</i>	F	
<i>sennosides syrp</i>	F	
<i>sennosides tabs</i>	F	
SENNOKOT TABS (Use Sennosides)	***	
Surfactant Laxatives		
COLACE CAPS (Use Docusate Sodium)	***	QL(3 ea daily)
COLACE CLEAR CAPS (Use Docusate Sodium)	***	
<i>docusate calcium caps</i>	F	
<i>docusate sodium caps 100 mg, 250 mg</i>	F	QL(3 ea daily)
<i>docusate sodium caps 50 mg</i>	F	
<i>docusate sodium liqd 50 mg/5ml, 150 mg/15ml</i>	F	
<i>docusate sodium syrp 60 mg/15ml</i>	F	
<i>docusate sodium tabs 100 mg</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>azithromycin susr 100 mg/5ml</i>	F	QL(15 ml per fill retail)
<i>azithromycin susr 200 mg/5ml</i>	F	QL(60 ml per fill retail)
<i>azithromycin tabs 250 mg</i>	F	QL(6 ea per fill retail)
<i>azithromycin tabs 500 mg</i>	F	QL(4 ea daily)
<i>azithromycin tabs 600 mg</i>	F	QL(8 ea per 28 days retail)
ZITHROMAX PACK 1 GM	F	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML (<i>Use Azithromycin</i>)	***	QL(15 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (<i>Use Azithromycin</i>)	***	QL(60 ml per fill retail)
ZITHROMAX TABS 250 MG (<i>Use Azithromycin</i>)	***	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (<i>Use Azithromycin</i>)	***	QL(4 ea daily)
ZITHROMAX TABS 600 MG (<i>Use Azithromycin</i>)	***	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (<i>Use Azithromycin</i>)	***	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (<i>Use Azithromycin</i>)	***	QL(6 ea per fill retail)
ZMAX SUSR	F	PA
Clarithromycin		

Drug Name	Drug Tier	Requirements/Limits
BIAXIN SUSR 250 MG/5ML (<i>Use Clarithromycin</i>)	***	
BIAXIN TABS 250 MG, 500 MG (<i>Use Clarithromycin</i>)	***	QL(28 ea per fill retail)
<i>clarithromycin susr 125 mg/5ml</i>	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	
<i>clarithromycin susr 250 mg/5ml</i>	F	
<i>clarithromycin tabs 250 mg, 500 mg</i>	F	QL(28 ea per fill retail)
<i>clarithromycin tb24 500 mg</i>	F	QL(14 ea per fill retail)
Erythromycins		
E.E.S. 400 TABS	F	
E.E.S. GRANULES SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	***	
ERY-TAB TBEC	F	
ERYPED 200 SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	***	
ERYPED 400 SUSR	F	
ERYTHROCIN STEARATE TABS	F	
<i>erythromycin base cpep</i>	F	
<i>erythromycin base tabs</i>	F	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	F	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	F	
PCE TBEC	F	
Fidaxomicin		
DIFICID TABS	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
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		
ACCU-CHEK AVIVA CONNECT KIT	***	RX/OTC
ACCU-CHEK AVIVA PLUS KIT	***	RX/OTC
ACCU-CHEK GUIDE KIT	***	RX/OTC
ACCU-CHEK NANO SMARTVIEW KIT	***	RX/OTC
ACURA BLOOD GLUCOSE MONITORING SYSTEM METER KIT KIT	***	RX/OTC
ACURA BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT KIT	***	RX/OTC
ACURA PLUS BLOOD GLUCOSE MONITORING SYSTEM METER KIT KIT	***	RX/OTC
ACURA PLUS BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ADVANCED MOBILE LANCET 30G MISC	F	QL(200 ea per 30 days retail)
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	***	RX/OTC
ADVOCATE REDI-CODE+/TALKING KIT	***	RX/OTC
ADVOCATE REDI-CODE/TALKING KIT	***	RX/OTC
AGAMATRIX JAZZ WIRELESS 2 KIT	***	RX/OTC
AGAMATRIX PRESTO KIT	***	RX/OTC
BAYER BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
BAYER CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
BAYER CONTOUR LINK 2.4 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
BAYER CONTOUR LINK BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
BAYER CONTOUR NEXT USB BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	***	RX/OTC
BD LOGIC BLOOD GLUCOSE MONITOR KIT	***	RX/OTC
Blood Glucose Calibration - Liquid	F	QL (1 ea per 90 days)
Blood Glucose Calibration - Liquid - High	F	QL (1 ea per 90 days)

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Drug Name	Drug Tier	Requirements/ Limits
Blood Glucose Calibration - Liquid - Low	F	QL (1 ea per 90 days)
Blood Glucose Calibration - Liquid - Normal	F	QL (1 ea per 90 days)
BLOOD GLUCOSE MONITORINGSYSTEM KIT	***	RX/OTC
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	***	RX/OTC
BLOOD GLUCOSE SYSTEM PAK KIT	***	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	***	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	***	RX/OTC
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	***	RX/OTC
CONTROL BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
COOL BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS ADVANCED GLUCOSE METER KIT	***	RX/OTC
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	***	RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	F	QL(200 ea per 30 days retail)
EASY PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EASY STEP BLOOD GLUCOSE MONITOR STARTER KIT KIT	***	RX/OTC
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING KIT	***	RX/OTC
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EASYGLUCO PLUS BLOOD GLUCOSE MONITORING SYSTEM METER KIT KIT	***	RX/OTC
EASYGLUCO PLUS BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT KIT	***	RX/OTC
EASYMAX L BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
EASYMAX N BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
EASYMAX V BLOOD GLUCOSE SYSTEM/TALKING KIT	***	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASYMAX V2 SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING KIT	***	RX/OTC
EASYPLUS R13N SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
EASYPLUS V SELF-MONITORING BLOOD GLUCOSE SYSTEM/SPEAKING KIT	***	RX/OTC
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
EASYPRO PLUS KIT	***	RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	***	RX/OTC
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
FIFTY50 GLUCOSE METER 2.0 KIT	***	RX/OTC
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
FORTISCARE SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	***	RX/OTC
FREESTYLE FREEDOM KIT	***	RX/OTC
FREESTYLE FREEDOM LITE KIT	***	RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE SIDEKICK II VALUEPACK KIT	***	RX/OTC
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	***	RX/OTC
GLUCOCARD SHINE KIT	***	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	***	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	***	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	***	RX/OTC
GLUCOCARD X-METER KIT	***	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	***	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	F	QL(200 ea per 30 days retail)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	F	QL(200 ea per 30 days retail)
GOODSENSE PREMIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
IBG STAR BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
IGLUCOSE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
INFINITY BLOOD GLUCOSE MONITORING SYSTEM/STARTER KIT KIT	***	RX/OTC
INFINITY VOICE KIT	***	RX/OTC
INFINITY VOICE LEVEL 2 LIQD	***	
KROGER BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
Lancets - Misc	F	QL (200 ea per 30 days)
Lancets Devices - Misc	F	QL (1 ea per 180 days)
LDR BLOOD GLUCOSE TRUETEST KIT KIT	***	RX/OTC
MAXIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
MAXIMA METER KIT KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MAXIMA STARTER KIT KIT	***	RX/OTC
MEIJER BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	***	RX/OTC
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
MM EASY TOUCH BLOOD GLUCOSE METER KIT	***	RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ON CALL PLUS BLOOD GLUCOSE METER KIT	***	RX/OTC
ON CALL PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ON CALL VIVID BLOOD GLUCOSE METER KIT	***	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ON CALL VIVID BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ON CALL VIVID PAL BLOOD GLUCOSE METER KIT	***	RX/OTC
ONETOUCH ULTRA 2 KIT	***	RX/OTC
ONETOUCH ULTRA MINI KIT	***	RX/OTC
ONETOUCH ULTRALINK SYSTEM (DEC) KIT	***	RX/OTC
ONETOUCH ULTRALINK SYSTEM (HEX) KIT	***	RX/OTC
ONETOUCH VERIO FLEX BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
ONETOUCH VERIO KIT	***	RX/OTC
ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
OPTIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
OPTUMRX BLOOD GLUCOSE METER KIT	***	RX/OTC
OPTUMRX BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
PARADIGM LINK BLOOD GLUCOSE MONITOR KIT	***	RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
PRECISION LINK KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRECISION XTRA KIT XX	***	RX/OTC
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	***	
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	***	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	***	RX/OTC
PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	***	RX/OTC
PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	***	RX/OTC
PUSH BUTTON SAFETY LANCETS 28G MISC	***	
QUICKTEK KIT	***	RX/OTC
RA TRUE2GO BLOOD GLUCOSEMONITORING SYSTEM KIT	***	RX/OTC
RA TRUERESULT BLOOD GLUCOSE MONITOR KIT	***	RX/OTC
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	***	RX/OTC
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
REVEAL BLOOD GLUCOSE MONITOR KIT	***	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
SMARTEST EJECT STARTER KIT KIT	***	RX/OTC
SMARTEST PERSONA STARTERKIT KIT	***	RX/OTC
SMARTEST PRONTO STARTERKIT KIT	***	RX/OTC
SMARTEST PROTEGE STARTERKIT KIT	***	RX/OTC
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	***	RX/OTC
SURECHEK BLOOD GLUCOSE MONITORING SYSTEM STARTER KIT KIT	***	RX/OTC
TELCARE BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
TGT BLOOD GLUCOSE METER MONITORING SYSTEM KIT	***	RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	***	RX/OTC
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	***	RX/OTC
TRUE METRIX AIR W/BLUETOOTH SMART KIT	***	RX/OTC
TRUE METRIX BLOOD GLUCOSEMETER KIT	***	RX/OTC
TRUE METRIX GO BLOOD GLUCOSE METER KIT	***	RX/OTC
TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
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)
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM KIT	***	RX/OTC
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	***	RX/OTC
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)
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
TRUETRACK SMART SYSTEM KIT	***	RX/OTC
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	***	RX/OTC
WAVESENSE AMP KIT	***	RX/OTC
WAVESENSE KEYNOTE KIT	***	RX/OTC
Misc. Devices		
ALCOHOL PADS PADS	***	RX/OTC
ALCOHOL PREP PADS PADS	***	RX/OTC
Alcohol Swabs - Misc	F	QL (400 ea per 30 days)
ULTRA-CARE ALCOHOL PREP PADS PADS	***	RX/OTC
Parenteral Therapy Supplies		
Allergy Tray Kit 1 ML 26 x 1/2"	F	
Allergy Tray Kit 1/2 ML 27 x 1/2"	F	
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	***	
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	***	RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	F	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/16" MISC	F	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 5/32" MISC	F	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	***	RX/OTC
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" MISC	***	
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC	***	

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC	F	QL(5 ea daily)
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)
MM PEN NEEDLES 31G X 3/16" MISC	***	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	***	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	***	QL(5 ea daily); RX/OTC
Needle (<i>Disp</i>) 25 x 5/8"	F	

Drug Name	Drug Tier	Requirements/Limits
Syringe (<i>Disposable</i>) 3 ML	F	
Syringe/Needle (<i>Disp</i>) 1 ML 20 x 1"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 20 x 1"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 20 x 1-1/2"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 22 x 1"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 22 x 1-1/2"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 22 x 3/4"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 23 x 1"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 23 x 1-1/2"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 25 x 1"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 25 x 1-1/2"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 25 x 5/8"	F	
Syringe/Needle (<i>Disp</i>) 3 ML 26 x 5/8"	F	
Tuberculin/Allergy Syringe/Needle (<i>Disp</i>) 1 ML 21 x 1"	F	
Tuberculin/Allergy Syringe/Needle (<i>Disp</i>) 1 ML 25 x 5/8"	F	
Tuberculin/Allergy Syringe/Needle (<i>Disp</i>) 1 ML 26 x 3/8"	F	
Tuberculin/Allergy Syringe/Needle (<i>Disp</i>) 1 ML 28 x 1/2"	F	
UNIFINE PENTIPS 33GX4MM MISC	***	
UNIFINE PENTIPS PLUS 33GX4MM MISC	***	
Respiratory Therapy Supplies		
*Respiratory Therapy Supplies - Misc**	F	QL (1 ea per year)

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Drug Name	Drug Tier	Requirements/Limits
*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
sumatriptan-naproxen sodium tabs 85mg-500mg	F	PA
TREXIMET TABS 85MG-500MG (Use Sumatriptan-Naproxen Sodium)	***	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
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

Drug Name	Drug Tier	Requirements/Limits
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(2.5 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 25 MG, 50 MG, 100 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; QL(0.4 ea daily)
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 5 mg, 10 mg	F	QL(12 ea per 30 days retail); AL(At least 6 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tbdp 5 mg, 10 mg</i>	F	PA; QL(0.4 ea daily)
<i>sumatriptan soln</i>	F	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	F	QL(3 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	F	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	F	QL(3 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	F	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	F	QL(2.5 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)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	F	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
<i>zolmitriptan tabs</i>	F	PA
<i>zolmitriptan tbdp</i>	F	PA
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

Drug Name	Drug Tier	Requirements/ Limits
Calcium		
CALCI-CHEW CHEW	F	
CALCIONATE SYRP	F	
<i>calcium carbonate tabs 600mg, 500 mg, 600 mg, 1250 mg, 1500 mg</i>	F	
<i>calcium carbonate-cholecalciferol chew</i>	F	
<i>calcium carbonate-cholecalciferol tabs</i>	F	
<i>calcium carbonate-vitamin d caps 600mg-200unit</i>	F	
<i>calcium carbonate-vitamin d chew 600mg-400unit</i>	F	
<i>calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 125unit-600mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-400unit, 600mg-125unit, 500mg-500mg-200unit-200unit</i>	F	
<i>calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit</i>	F	QL(62 ea per 31 days retail)
<i>calcium carbonate-vitamin d w/ minerals chew</i>	F	
CALCIUM CITRATE TABS 200 MG	F	
<i>calcium citrate tabs 200 mg, 950 mg</i>	F	
<i>calcium citrate-vitamin d tabs</i>	F	
CALCIUM GLUCONATE TABS OR 500 MG	F	
CALCIUM LACTATE TABS	F	
CALCIUM TABS	F	
<i>calcium w/ vitamin d tabs</i>	F	
<i>calcium w/ vitamins d & k chew</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
CALTRATE 600+D PLUS MINERALS CHEW (<i>Use Calcium Carbonate-Vitamin D w/ Minerals</i>)	***	
CITRACAL + D3 MAXIMUM TABS (<i>Use Calcium Citrate-Vitamin D</i>)	***	
CITRACAL MAXIMUM TABS (<i>Use Calcium Citrate-Vitamin D</i>)	***	
CITRACAL PETITES/VITAMIND TABS (<i>Use Calcium Citrate-Vitamin D</i>)	***	
MAGNEBIND 300 TABS	F	
OS-CAL ULTRA TABS	F	
<i>oyster shell tabs</i>	F	
RA OYSTER SHELL CALCIUM/VITAMIN D TABS	F	
RISACAL-D TABS	F	
VIACTIV CHEW (<i>Use Calcium w/ Vitamins D & K</i>)	***	
Electrolyte Mixtures		
CERASPORT EX1 SOLN	F	
CERASPORT SOLN	F	
ENFAMIL ENFALYTE SOLN	F	
EQUALYTE SOLN (<i>Use Oral Electrolytes</i>)	***	
HYDRALYTE FREEZER POPS SOLN	F	
HYDRALYTE SOLN	F	
<i>lactated ringer's soln</i>	F	PA
<i>oral electrolytes soln</i>	F	
PEDIALYTE ADVANCED CARE SOLN (<i>Use Oral Electrolytes</i>)	***	

Drug Name	Drug Tier	Requirements/ Limits
PEDIALYTE FREEZER POPS SOLN (<i>Use Oral Electrolytes</i>)	***	
PEDIALYTE SINGLES SOLN (<i>Use Oral Electrolytes</i>)	***	
PEDIALYTE SOLN (<i>Use Oral Electrolytes</i>)	***	
Fluoride		
FLUOR-A-DAY CHEW	F	PA
FLURA-DROPS SOLN	F	
LURIDE SOLN (<i>Use Sodium Fluoride</i>)	***	
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 1.1 mg, 2.2 mg</i>	F	
<i>sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml</i>	F	
SODIUM FLUORIDE TABS 1 MG	F	
Magnesium		
MAG-TAB SR TBCR (<i>Use Magnesium Lactate</i>)	***	
MAGNEBIND 400 TABS	F	PA
MAGNESIUM CAPS	F	
MAGNESIUM GLUCONATE TABS 500 MG	F	
<i>magnesium gluconate tabs 500 mg, 27.5 mg</i>	F	
<i>magnesium lactate tbc</i>	F	
<i>magnesium oxide (mg supplement) tabs 250 mg, 500 mg, 241.3 mg</i>	F	
<i>magnesium oxide (mg supplement) tabs 400 mg</i>	F	QL(2 ea daily)
MAGNESIUM OXIDE CAPS	F	
MAGNESIUM TABS	F	

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Drug Name	Drug Tier	Requirements/ Limits
MAGOX 400 TABS (<i>Use Magnesium Oxide (Mg Supplement)</i>)	***	
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	
CVS CALCIUM CITRATE+D/MAGNESIUM TABS	F	
FEM-CAL CITRATE TABS	F	
MULTI MEGA MINERALS TABS	F	
<i>multiple minerals w/ vitamins tabs</i>	F	
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	

Drug Name	Drug Tier	Requirements/ Limits
Phosphate		
K-PHOS NEUTRAL TABS (<i>Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic</i>)	***	QL(8 ea daily)
K-PHOS TABS	F	PA
PHOS-NAK POWDER CONCENTRATE PACK (<i>Use Potassium & Sodium Phosphates</i>)	***	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	F	QL(8 ea daily)
<i>potassium & sodium phosphates pack</i>	F	
Potassium		
EFFER-K TBEC	F	PA
K-TAB TBCR 10 MEQ (<i>Use Potassium Chloride</i>)	***	MP
K-TAB TBCR 8 MEQ	F	MP
KLOR-CON M15 TBCR	F	
KLOR-CON/25 PACK	F	
MICRO-K CPCR 10 MEQ (<i>Use Potassium Chloride</i>)	***	MP
MICRO-K CPCR 8 MEQ (<i>Use Potassium Chloride</i>)	***	QL(1 ea daily); MP
<i>potassium bicarb & chloride tbef</i>	F	PA
<i>potassium bicarbonate tbef</i>	F	
<i>potassium chloride cpcr or 10 meq</i>	F	MP
<i>potassium chloride cpcr or 8 meq</i>	F	QL(1 ea daily); MP
POTASSIUM CHLORIDE ER TBCR	F	MP
<i>potassium chloride microencapsulated crystals er tbcr</i>	F	MP
<i>potassium chloride pack or 20 meq</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride soln or 10 %, 20 %</i>	F	MP
<i>potassium chloride tbcr or 8 meq, 10 meq</i>	F	MP
Zinc		
GALZIN CAPS	F	PA
<i>zinc sulfate caps or</i>	F	
<i>zinc tabs</i>	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	F	PA
DEPEN TITRATABS TABS	F	
Fecal Incontinence Bulking Agents		
SOLESTA GEL	F	PA; SP
Immunomodulators		
REVLIMID CAPS	F	PA; SP
THALOMID CAPS	F	PA; SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	F	PA; SP
ATGAM INJ	F	PA; SP
AZASAN TABS	F	PA; QL(3 ea daily)
<i>azathioprine tabs</i>	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)	***	QL(6 ea daily)
<i>cyclosporine caps or 25 mg, 100 mg</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion) caps</i>	F	
<i>cyclosporine modified (for microemulsion) soln</i>	F	
CYCLOSPORINE MODIFIED CAPS	F	
CYCLOSPORINE MODIFIED CAPS (Use Cyclosporine Modified (For Microemulsion))	***	
ENVARBUS XR TB24	F	PA
IMURAN TABS (Use Azathioprine)	***	QL(3 ea daily)
<i>mycophenolate mofetil caps 250 mg</i>	F	QL(6 ea daily)
<i>mycophenolate mofetil susr 200 mg/ml</i>	F	
<i>mycophenolate mofetil tabs 500 mg</i>	F	QL(6 ea daily)
<i>mycophenolate sodium tbec 180 mg</i>	F	QL(3 ea daily)
<i>mycophenolate sodium tbec 360 mg</i>	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, 1 MG, 5 MG (Use Tacrolimus)	***	
RAPAMUNE SOLN 1 MG/ML	F	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use Sirolimus)	***	
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)	F	

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Drug Name	Drug Tier	Requirements/ Limits
SANDIMMUNE SOLN OR 100 MG/ML	F	PA
<i>sirolimus tabs</i>	F	
<i>tacrolimus caps</i>	F	
ZORTRESS TABS	F	PA
Irrigation Solutions		
<i>lactated ringer's (irrigation) soln</i>	F	PA
<i>water for irrigation, sterile soln</i>	F	
Lymphatic Agents		
SYLVANT SOLR	F	PA; SP
Potassium Removing Agents		
KAYEXALATE POWD (<i>Use Sodium Polystyrene Sulfonate</i>)	***	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate powd</i>	F	QL(454 gm per fill retail)
<i>sodium polystyrene sulfonate susp</i>	F	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	F	PA; SP
BENLYSTA SOSY	F	PA; SP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
ANBESOL MAXIMUM STRENGTH GEL (<i>Use Benzocaine (Dental)</i>)	***	
ANBESOL MAXIMUM STRENGTH LIQD (<i>Use Benzocaine (Dental)</i>)	***	
BABY ANBESOL GEL (<i>Use Benzocaine (Dental)</i>)	***	
<i>benzocaine (dental) gel</i>	F	
<i>benzocaine (dental) liqd</i>	F	
<i>benzocaine (dental) pste</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
<i>benzocaine (dental) soln</i>	F	
<i>benzocaine-menthol (mouth-throat) lozg</i>	F	
CEPACOL DUAL RELIEF SORETHROAT SPRAY LIQD	F	
CEPACOL SORE THROAT EXTRA STRENGTH LOZG (<i>Use Benzocaine-Menthol (Mouth-Throat)</i>)	***	
CEPACOL SORE THROAT LOZG 2.1MG-10MG	F	
CEPACOL SORE THROAT LOZG 3.6MG-15MG (<i>Use Benzocaine-Menthol (Mouth-Throat)</i>)	***	
CEPACOL SORE THROAT MAXIMUM NUMBING LOZG	F	
CHLORASEPTIC LOZG (<i>Use Benzocaine-Menthol (Mouth-Throat)</i>)	***	
CHLORASEPTIC SORE THROAT/LIQUID CENTER LOZG (<i>Use Benzocaine-Menthol (Mouth-Throat)</i>)	***	
HURRICAIN ONE SOLN (<i>Use Benzocaine (Dental)</i>)	***	
HURRICAIN SOLN (<i>Use Benzocaine (Dental)</i>)	***	
<i>lidocaine hcl (mouth-throat) soln</i>	F	QL(100 ml per fill retail)
ORABASE PSTE (<i>Use Benzocaine (Dental)</i>)	***	
ORABASE-B PSTE (<i>Use Benzocaine (Dental)</i>)	***	
ORAMAGIC PLUS SUSR	F	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	F	
<i>clotrimazole troc</i>	F	
<i>nystatin (mouth-throat) susp</i>	F	

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Drug Name	Drug Tier	Requirements/Limits
ORAVIG TABS	F	PA
Antiseptics - Mouth/Throat		
CHERACOL SORE THROAT LIQD (Use Phenol (Antiseptic))	***	
<i>chlorhexidine gluconate (mouth-throat) soln</i>	F	
PAIN-A-LAY LIQD (Use Phenol (Antiseptic))	***	
PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))	***	
<i>phenol (antiseptic) liqd</i>	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)
<i>sodium fluoride (dental) crea dt 1.1 %</i>	F	
<i>sodium fluoride (dental) gel dt 1.1 %</i>	F	QL(60 ml per 30 days retail)
<i>sodium fluoride (dental) pste dt 1.1 %</i>	F	
<i>sodium fluoride (dental) soln mt 0.2 %</i>	F	
<i>stannous fluoride conc</i>	F	RX/OTC
THERA-FLUR-N GEL (Use Sodium Fluoride (Dental))	***	QL(60 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	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
<i>cevimeline hcl caps</i>	F	PA
CVS 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
<i>pilocarpine hcl (oral) tabs 5 mg</i>	F	QL(6 ea daily)
<i>pilocarpine hcl (oral) tabs 7.5 mg</i>	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)

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Drug Name	Drug Tier	Requirements/ Limits
SALAGEN TABS 7.5 MG (Use Pilocarpine HCl (Oral))	***	
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamin caps/tabs</i>	F	QL (1 ea daily)
<i>b-complex w/ c caps</i>	F	QL (1 ea daily)
<i>b-complex w/ c tabs/tabcr</i>	F	
B-Complex w/ Folic Acid		
<i>b-complex w/ biotin</i>	F	
<i>b-complex w/ c</i>	F	QL (1 ea daily)
<i>b-complex w/ folic acid tabs</i>	F	
Iron w/ Vitamins		
<i>iron w/ vitamins liqd</i>	F	
<i>iron w/ vitamins tabs</i>	F	RX/OTC
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium tabs</i>	F	
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs</i>	F	QL (1 ea daily)
Multiple Vitamins w/ Minerals		
<i>multiple vitamins w/ minerals caps</i>	F	RX/OTC
<i>multiple vitamins w/ minerals chew</i>	F	
<i>multiple vitamins w/ minerals liqd</i>	F	RX/OTC
<i>multiple vitamins w/ minerals tabs</i>	F	QL (1 ea daily); RX/OTC
Multivitamins		
<i>multiple vitamin caps</i>	F	
<i>multiple vitamin tabs</i>	F	QL (1 ea daily)
Ped MV w/ Fluoride		

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multivitamins w/ fl</i>	F	QL (50 ml per fill)
<i>pediatric multivitamins w/ fl chew</i>	F	QL (1 ea daily)
<i>pediatric multivitamins w/ fl soln</i>	F	QL (50 ml per fill)
Ped MV w/ Iron		
<i>pediatric multiple vitamins w/ iron chew</i>	F	
<i>pediatric multiple vitamins w/ iron soln</i>	F	QL (60 ml per fill)
Ped Multiple Vitamins w/ Minerals		
<i>pediatric multiple vitamin w/ minerals liqd/soln</i>	F	RX/OTC
<i>pediatric multiple vitamin w/ c</i>	F	QL (1 ea daily)
<i>pediatric multiple vitamin w/ minerals</i>	F	
Pediatric Multiple Vitamins		
<i>pediatric multiple vitamin w/ c soln</i>	F	QL (50 ml per fill)
<i>pediatric multiple vitamins liqd</i>	F	
Prenatal Vitamins		
ACTIVE OB CAPS	F	PA
ATABEX OB TABS	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 BLOOM DHA MISC	F	PA
CITRANATAL DHA MISC	F	PA
CITRANATAL HARMONY CAPS	F	PA
CITRANATAL RX TABS	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
CLASSIC PRENATAL TABS	F	QL(1 ea daily); MP
CO-NATAL FA TABS	F	QL(1 ea daily)
COMPLETE NATAL DHA MISC	F	PA
COMPLETE PRENATAL MULTIVITAMIN/PRENATAL DHA MISC	F	
COMPLETENATE CHEW	F	QL(1 ea daily)
CONCEPT DHA CAPS	F	PA
CONCEPT OB CAPS	F	PA
CVS PRENATAL TABS	F	QL(1 ea daily); MP
CVS WOMENS PRENATAL+DHA MISC	F	
DOTHELLE DHA CAPS	F	PA
ENFAMIL EXPECTA MISC	F	
EQL PRENATAL FORMULA TABS	F	QL(1 ea daily); MP
EXTRA-VIRT PLUS DHA CAPS	F	PA
EZFE FORTE CAPS	F	
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); MP
GOODSENSE PRENATAL VITAMINS TABS	F	QL(1 ea daily); MP
HEMENATAL OB + DHA MISC	F	PA

Drug Name	Drug Tier	Requirements/ Limits
HEMENATAL OB TABS 6MG-65MCG-28MG-0.8MG-250MCG-10UNIT-4.5MG-1.5MG-10MG-17MG-1.6MG-12MCG-400UNIT-1MG-30MCG-50MG	F	PA
HM ONE DAILY PRENATAL COMBO MISC	F	
HM PRENATAL TABS	F	QL(1 ea daily); MP
INATAL GT TABS	F	QL(1 ea daily)
INFANATE BALANCE CAPS	F	PA
KP PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); MP
KPN PRENATAL TABS	F	
LEVOMEFOLATE DHA CAPS	F	PA
M-VIT TABS	F	QL(1 ea daily); RX/OTC; MP
MACNATAL CN DHA CAPS	F	PA
MARNATAL-F CAPS	F	PA
MULTI PRENATAL TABS	F	QL(1 ea daily); MP
MYNATAL ADVANCE TABS	F	QL(1 ea daily)
MYNATAL CAPS	F	
MYNATAL PLUS TABS	F	QL(1 ea daily)
MYNATAL ULTRACAPLET TABS	F	QL(1 ea daily)
MYNATAL-Z TABS	F	QL(1 ea daily)
MYNATE 90 PLUS TBCR	F	QL(1 ea daily)
NAT-RUL PRENATAL VITAMINS TABS	F	QL(1 ea daily); MP
NATALVIT TABS	F	QL(1 ea daily)
NATELLE ONE CAPS	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
NEEVO DHA CAPS	F	PA
NEONATAL PLUS TABS	F	QL(1 ea daily); RX/OTC; MP
NEONATAL VITAMIN TABS	F	QL(1 ea daily); MP
NESTABS ABC MISC	F	PA
NESTABS DHA MISC	F	PA
NEXA PLUS CAPS	F	PA
NIVA-PLUS TABS	F	QL(1 ea daily); RX/OTC; MP
NUTRICION PORVIDA TABS	F	
O-CAL FA TABS	F	QL(1 ea daily); RX/OTC; MP
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); RX/OTC; MP
PNV OB+DHA MISC	F	PA
PNV PRENATAL PLUS MULTIVITAMIN TABS	F	QL(1 ea daily); RX/OTC; MP
PNV TABS 29-1 TABS	F	MP

Drug Name	Drug Tier	Requirements/ Limits
PNV-DHA CAPS	F	PA
PNV-DHA+DOCUSATE CAPS	F	PA
PNV-OMEGA CAPS	F	PA
PNV-SELECT TABS 600MCG-10UNIT- 150MCG-2500UNIT-2MG- 15MG-30MG-3MG-120MG- 27MG-6MG-20MG-3.4MG- 12MCG-400UNIT- 400MCG-300MCG-20MG- 80MG	F	PA
PNV-TOTAL CAPS	F	PA
PNV-VP-U CAPS	F	QL(1 ea daily)
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	
PREFERAOB ONE CAPS	F	PA
PRENAISSANCE CAPS	F	PA
PRENAISSANCE PLUS CAPS	F	PA
PRENATABS FA TABS	F	QL(1 ea daily)
PRENATABS RX TABS	F	MP
PRENATAL + DHA THPK	F	
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)

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 TABS 1000UNIT-30UNIT-20MG- 25MG-3MG-200MG-29MG- 15MG-3MG-7MG-12MCG- 400UNIT-20MG-1MG- 100MG, 30UNIT- 1000UNIT-20MG-25MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	F	
PRENATAL AND IRON TABS	F	
PRENATAL COMPLETE TABS	F	
PRENATAL FORMULA A- FREE TABS	F	
PRENATAL FORTE TABS	F	
PRENATAL LOW IRON TABS	F	QL(1 ea daily); MP
PRENATAL MULTI +DHA CAPS	F	
PRENATAL MULTIVITAMIN + DHA MISC	F	
PRENATAL MULTIVITAMIN PLUS DHA MISC	F	
PRENATAL MULTIVITAMIN TABS	F	QL(1 ea daily); MP
PRENATAL ONE DAILY TABS	F	QL(1 ea daily); MP
PRENATAL PLUS IRON TABS	F	MP
PRENATAL PLUS TABS	F	QL(1 ea daily); RX/OTC; MP

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 11UNIT- 263MG-25MG-1.5MG- 27MG-4000UNIT-18MG- 1.7MG-4MCG-400UNIT- 0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG- 1.8MG-200MG-28MG- 20MG-1.7MG-8MCG- 400UNIT-0.8MG-2.6MG- 120MG, 30UNIT-25MG- 1.8MG-200MG-28MG- 20MG-1.7MG-4000UNIT- 8MCG-400UNIT-800MCG- 2.6MG-120MG, 30UNIT- 4000UNIT-25MG-1.8MG- 200MG-28MG-20MG- 1.7MG-8MCG-400UNIT- 800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG- 25MG-1.8MG-28MG- 20MG-1.7MG-8MCG- 400UNIT-800MCG-2.6MG- 120MG, 4000UNIT- 30UNIT-25MG-1.8MG- 200MG-28MG-20MG- 1.7MG-8MCG-400UNIT- 800MCG-2.6MG-120MG, 160MG-11UNIT-200MG- 25MG-1.84MG-27MG- 4000UNIT-18MG-1.7MG- 4MCG-400UNIT-800MCG- 2.6MG-100MG	F	QL(1 ea daily); MP
PRENATAL TABS 22MG- 2MG-25MG-1.84MG- 200MG-27MG-4000UNIT- 20MG-3MG-12MCG- 400UNIT-1MG-10MG- 120MG	F	QL(1 ea daily); RX/OTC; MP
PRENATAL TABS 4000UNIT-200MG-11UNIT- 27MG-25MG-1.84MG- 18MG-1.7MG-4MCG- 400UNIT-0.8MG-2.6MG- 100MG	F	
PRENATAL VITAMIN & MINERAL TABS	F	QL(1 ea daily); MP
PRENATAL VITAMIN TABS	F	QL(1 ea daily); MP
PRENATAL VITAMIN/IRON TABS	F	QL(1 ea daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMINS PLUS LOW IRON TABS	F	QL(1 ea daily); RX/OTC; MP
PRENATAL VITAMINS TABS	F	QL(1 ea daily); MP
PRENATAL+DHA MISC	F	
PRENATAL-U CAPS	F	QL(1 ea daily)
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 ESSENTIAL CAPS 29MG-600MCG-40MG-10UNIT-150MCG-300MG-50MG-145MG-13MCG-220UNIT-400MCG-280MCG-26MG-90MG	F	PA
PRENATE PIXIE CAPS	F	PA
PRENATE RESTORE CAPS	F	PA
PREPLUS TABS	F	QL(1 ea daily); RX/OTC; MP
PRETAB TABS	F	QL(1 ea daily)
PROVIDA OB CAPS	F	PA
PUREFE OB PLUS CAPS	F	PA
PX PRENATAL MULTIVITAMINS TABS	F	QL(1 ea daily); MP
QC PRENATAL TABS	F	QL(1 ea daily); MP
R-NATAL OB CAPS	F	PA
RA ONE DAILY MISC	F	
RA PRENATAL FORMULA/FOLICACID TABS	F	QL(1 ea daily); MP

Drug Name	Drug Tier	Requirements/ Limits
RA PRENATAL TABS	F	QL(1 ea daily); MP
RIGHT STEP PRENATAL TABS	F	QL(1 ea daily); MP
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)
SE-NATAL 19 TABS 30UNIT-1000UNIT-20MG-25MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-3MG-20MG-1MG-100MG	F	
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 250MG-29MG-30UNIT-15MG-25MG-1.6MG-20MG-1700UNIT-15MG-1.8MG-5MCG-400UNIT-1MG-2.5MG-60MG	F	PA
SM ONE DAILY PRENATAL MISC	F	
SM PRENATAL VITAMINS TABS	F	QL(1 ea daily); MP
TARON-C DHA CAPS	F	PA
TARON-PREX CAPS	F	PA
THERANATAL CORE NUTRITION TABS	F	QL(1 ea daily); RX/OTC; MP
THRIVITE 19 TABS	F	
THRIVITE RX TABS	F	MP
TL-CARE DHA CAPS	F	PA
TL-SELECT CAPS	F	PA
TRI-TABS DHA MISC	F	PA

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Drug Name	Drug Tier	Requirements/Limits
TRIADVANCE TABS	F	QL(1 ea daily)
TRICARE PRENATAL DHA ONE CAPS	F	PA
TRICARE TABS	F	QL(1 ea daily); RX/OTC; MP
TRINATAL GT TABS	F	QL(1 ea daily)
TRINATAL RX 1 TABS	F	QL(1 ea daily)
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
VIL-RX TABS	F	MP
VINATE DHA RF CAPS	F	PA
VINATE II TABS	F	PA
VINATE M TABS	F	QL(1 ea daily)
VINATE ONE TABS	F	QL(1 ea daily)
VIRT NATE TABS	F	PA
VIRT-ADVANCE TABS	F	QL(1 ea daily)
VIRT-C DHA CAPS	F	PA
VIRT-PN DHA CAPS	F	PA
VIRT-PN PLUS CAPS	F	PA
VIRT-PN TABS 600MCG-10UNIT-150MCG-2500UNIT-2MG-15MG-30MG-3MG-120MG-27MG-6MG-20MG-3.4MG-12MCG-400UNIT-400MCG-300MCG-20MG-80MG	F	PA

Drug Name	Drug Tier	Requirements/Limits
VIRT-SELECT CAPS	F	PA
VIRT-VITE GT TABS	F	QL(1 ea daily)
VITAFOL ULTRA CAPS	F	PA
VITAFOL-NANO TABS	F	PA
VITAFOL-OB TABS	F	QL(1 ea daily)
VOL-NATE TABS	F	PA
VOL-PLUS TABS	F	QL(1 ea daily); RX/OTC; MP
VOL-TAB RX TABS	F	MP
VP-CH PLUS CAPS	F	PA
VP-HEME OB + DHA MISC	F	PA
VP-HEME OB TABS 6MG-65MCG-28MG-0.8MG-250MCG-10UNIT-4.5MG-1.5MG-10MG-17MG-1.6MG-12MCG-400UNIT-1MG-30MCG-50MG	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
<i>baclofen tabs 10 mg, 20 mg</i>	F	MP
<i>carisoprodol tabs 250 mg</i>	F	PA
<i>carisoprodol tabs 350 mg</i>	F	PA; QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium caps</i>	F	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	F	PA; AL(At least 12 yrs old)
<i>carisoprodol w/ aspirin tabs</i>	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 (<i>Use Saline</i>)	***	QL(480 ml per fill retail)
<i>saline gel</i>	F	
<i>saline soln 0.65%-0.002%, 0.65 %, 0.65%</i>	F	QL(480 ml per fill retail)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	F	
Nasal Antiallergy		
ASTEPRO SOLN (<i>Use Azelastine HCl</i>)	***	QL(30 ml per fill retail)
<i>azelastine hcl soln</i>	F	QL(30 ml per fill retail)
<i>cromolyn sodium (nasal) aers</i>	F	QL(26 ml per 30 days retail)
NASALCROM AERS (<i>Use Cromolyn Sodium (Nasal)</i>)	***	QL(26 ml per 30 days retail)
<i>olopatadine hcl (nasal) soln</i>	F	PA
PATANASE SOLN (<i>Use Olopatadine HCl (Nasal)</i>)	***	PA
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
Nasal Steroids		
BECONASE AQ SUSP	F	PA
<i>budesonide (nasal) susp</i>	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)
<i>fluticasone propionate (nasal) susp</i>	F	QL(16 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp 50 mcg/act</i>	F	PA; QL(17 gm per 30 days retail)
NASACORT ALLERGY 24HR AERO	F	QL(17 ml per 30 days retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	***	QL(17 ml per 30 days retail); AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	***	QL(17 ml per 30 days retail); AL(At least 2 yrs old); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (nasal) aero</i>	F	QL(17 ml per 30 days retail); AL(At least 2 yrs old); 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 CHILDRENS SOLN	F	
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)	***	

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Drug Name	Drug Tier	Requirements/Limits
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	
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 30 mg, 60 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)	***	
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (Use Pseudoephedrine HCl)	***	
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	F	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
SUDAFED PE CONGESTION TABS (Use Phenylephrine HCl (Oral))	***	QL(24 ea per fill retail)
TYZINE PEDIATRIC NASAL DROPS SOLN	F	PA
VICKS SINEX 12 HOUR DECONGESTANT 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 50 mg	F	PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	F	
POLYCOSE POWD	F	
Misc. Nutritional Substances		
docosahexaenoic acid caps	F	
omega-3 fatty acids caps	F	
omega-3 fatty acids cpdr	F	
Proteins		
ARGININE TABS	F	
arginine tabs	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		

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Drug Name	Drug Tier	Requirements/ Limits
<i>artificial tear ointment oint</i>	F	QL(4 gm per fill retail)
<i>artificial tear solution soln</i>	F	
<i>carboxymethylcellulose sodium (ophth) soln</i>	F	
<i>carboxymethylcellulose-glycerin soln</i>	F	
GENTEAL MILD SOLN	F	
GENTEAL MILD TO MODERATE SOLN (Use <i>Hypromellose (Ophth)</i>)	***	
GENTEAL SEVERE GEL	F	
<i>glycerin-hypromellose-polyethylene glycol 400 soln</i>	F	
HYPOTEARNS SOLN	F	QL(31 ml per 30 days retail)
<i>hypromellose (ophth) soln</i>	F	
ISOPTO TEARS SOLN	F	
LACRISERT INST	F	PA
MOISTURE EYES SOLN (Use <i>Propylene Glycol-Glycerin</i>)	***	
<i>polyethylene glycol-propylene glycol (ophth) soln</i>	F	
<i>polyvinyl alcohol soln</i>	F	QL(31 ml per 30 days retail)
<i>polyvinyl alcohol-povidone (ophth) soln</i>	F	
<i>propylene glycol (ophth) soln</i>	F	
<i>propylene glycol-glycerin soln</i>	F	
REFRESH LIQUIGEL SOLN	F	
REFRESH OPTIVE SENSITIVE SOLN	F	

Drug Name	Drug Tier	Requirements/ Limits
REFRESH OPTIVE SOLN (Use <i>Carboxymethylcellulose-Glycerin</i>)	***	
REFRESH TEARS SOLN (Use <i>Carboxymethylcellulose Sodium (Ophth)</i>)	***	
SYSTANE COMPLETE SOLN (Use <i>Propylene Glycol (Ophth)</i>)	***	
SYSTANE OVERNIGHT THERAPY LUBRICANT EYE GEL	F	
SYSTANE SOLN (Use <i>Polyethylene Glycol-Propylene Glycol (Ophth)</i>)	***	
SYSTANE ULTRA HOME & AWAY PACK SOLN (Use <i>Polyethylene Glycol-Propylene Glycol (Ophth)</i>)	***	
SYSTANE ULTRA SOLN (Use <i>Polyethylene Glycol-Propylene Glycol (Ophth)</i>)	***	
TEARS NATURALE PM OINT (Use <i>White Petrolatum-Mineral Oil</i>)	***	QL(42 gm per fill retail)
VISINE TEARS SOLN (Use <i>Glycerin-Hypromellose-Polyethylene Glycol 400</i>)	***	
<i>white petrolatum-mineral oil oint</i>	F	QL(42 gm per fill retail)
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use <i>Levobunolol HCl</i>)	***	QL(15 ml per 30 days retail)
<i>betaxolol hcl (ophth) soln</i>	F	QL(15 ml per fill retail)
BETIMOL SOLN	F	QL(15 ml per 30 days retail)
BETOPTIC-S SUSP	F	PA
<i>carteolol hcl (ophth) soln</i>	F	Limit 1 fill per Month
CARTEOLOL HCL SOLN	F	Limit 1 fill per Month
COMBIGAN SOLN	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
COSOPT PF SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	***	PA
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	***	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	F	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate soln 20mg/ml-5mg/ml</i>	F	PA
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	F	QL(10 ml per 30 days retail)
ISTALOL SOLN	F	PA
ISTALOL SOLN (<i>Use Timolol Maleate (Ophth)</i>)	***	PA
<i>levobunolol hcl soln</i>	F	QL(15 ml per 30 days retail)
METIPRANOLOL SOLN	F	PA
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	F	QL(5 ml per fill retail)
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	F	QL(15 ml per fill retail)
<i>timolol maleate (ophth) soln 0.5 %</i>	F	PA
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	F	QL(5 ml per fill retail)
TIMOPTIC OCUDOSE SOLN	F	QL(60 ea per fill retail)
TIMOPTIC SOLN (<i>Use Timolol Maleate (Ophth)</i>)	***	QL(15 ml per fill retail)
TIMOPTIC-XE SOLG 0.25 % (<i>Use Timolol Maleate (Ophth)</i>)	***	QL(5 ml per fill retail)
TIMOPTIC-XE SOLG 0.25 %, 0.5 %	F	QL(5 ml per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT OP 1 %	F	
ATROPINE SULFATE SOLN OP 1 %	F	

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL SOLN 0.5 % (<i>Use Cyclopentolate HCl</i>)	***	QL(15 ml per 30 days retail)
CYCLOGYL SOLN 1 % (<i>Use Cyclopentolate HCl</i>)	***	
CYCLOGYL SOLN 2 % (<i>Use Cyclopentolate HCl</i>)	***	QL(15 ml per fill retail)
CYCLOMYDRIL SOLN	F	PA
<i>cyclopentolate hcl soln 0.5 %</i>	F	QL(15 ml per 30 days retail)
<i>cyclopentolate hcl soln 1 %</i>	F	
<i>cyclopentolate hcl soln 2 %</i>	F	QL(15 ml per fill retail)
<i>homatropine hbr soln</i>	F	
ISOPTO ATROPINE SOLN	F	
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	***	
<i>tropicamide soln</i>	F	
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	***	
PHOSPHOLINE IODIDE SOLR	F	PA
<i>pilocarpine hcl soln</i>	F	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB SOSY	F	PA; SP
LUCENTIS SOSY	F	PA; SP
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	F	PA
ALPHAGAN P SOLN 0.15 % (<i>Use Brimonidine Tartrate</i>)	***	PA
<i>apraclonidine hcl soln</i>	F	PA
<i>brimonidine tartrate soln 0.15 %</i>	F	PA
<i>brimonidine tartrate soln 0.2 %</i>	F	QL(15 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>bacitracin-polymyxin b (ophth) oint</i>	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)
<i>ciprofloxacin hcl (ophth) soln</i>	F	QL(10 ml per fill retail)
<i>erythromycin (ophth) oint</i>	F	
<i>gatifloxacin (ophth) soln</i>	F	PA
GENTAK OINT	F	QL(4 gm per 30 days retail)
<i>gentamicin sulfate (ophth) oint</i>	F	QL(4 gm per 30 days retail)
<i>gentamicin sulfate (ophth) soln</i>	F	QL(30 ml per fill retail)
<i>levofloxacin (ophth) soln</i>	F	PA
MOXEZA SOLN 0.5 %	F	PA
<i>moxifloxacin hcl (ophth) soln 0.5 %</i>	F	QL(3 ml per fill retail)
NATACYN SUSP	F	PA
<i>neomycin-bacitracin zn-polymyxin oint</i>	F	QL(4 gm per 30 days retail)
<i>neomycin-polymyxin-gramicidin soln</i>	F	QL(10 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>ofloxacin (ophth) soln</i>	F	QL(10 ml per 30 days retail)
<i>polymyxin b-trimethoprim soln</i>	F	QL(10 ml per fill retail)
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	***	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	F	QL(15 ml per 30 days retail)
SULFACETAMIDE SODIUM OINT OP	F	QL(4 gm per 30 days retail)
<i>tobramycin (ophth) soln</i>	F	QL(5 ml per 30 days retail)
TOBEX OINT	F	
TOBEX SOLN (Use Tobramycin (Ophth))	***	QL(5 ml per 30 days retail)
<i>trifluridine soln</i>	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		
<i>naphazoline w/ pheniramine soln 0.025%-0.3%</i>	F	
<i>naphazoline w/ pheniramine soln 0.027%-0.315%</i>	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)
<i>phenylephrine hcl (ophth) soln 10 %</i>	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	F	QL(5 ml per 30 days retail)
<i>tetrahydrozoline hcl (ophth) soln</i>	F	QL(30 ml per fill retail)
<i>tetrahydrozoline w/ zinc sulfate soln</i>	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 0.05 %	F	PA
RESTASIS MULTIDOSE EMUL 0.05 %	F	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (Use Proparacaine HCl)	***	PA
<i>proparacaine hcl soln</i>	F	PA
<i>tetracaine hcl (ophth) soln</i>	F	PA
Ophthalmic Steroids		
ALREX SUSP	F	PA
<i>bacitracin-poly-neomycin-hc oint</i>	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
<i>fluorometholone (ophth) susp</i>	F	QL(15 ml per fill retail)
FML FORTE SUSP	F	PA
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	***	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FML OINT	F	QL(4 gm per 30 days retail)
LOTEMAX GEL	F	PA
LOTEMAX SUSP	F	PA
MAXIDEX SUSP 0.1 %	F	PA
MAXITROL OINT 10000UNIT/GM-3.5MG/GM-0.1% (Use Neomycin-Polymyx-Dexameth)	***	QL(4 gm per 30 days retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML-0.1% (Use Neomycin-Polymyx-Dexameth)	***	QL(10 ml per 30 days retail)
<i>neomycin-polymyx-dexameth oint 10000unit/gm-3.5mg/gm-0.1%</i>	F	QL(4 gm per 30 days retail)
<i>neomycin-polymyx-dexameth susp 10000unit/ml-3.5mg/ml-0.1%</i>	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)
<i>prednisolone acetate (ophth) susp</i>	F	QL(15 ml per fill retail)
PREDNISOLONE ACETATE P-F SUSP	F	QL(15 ml per fill retail)
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	F	QL(15 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sod-prednisolone soln</i>	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 (<i>Use Tobramycin-Dexamethasone</i>)	***	QL(10 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	F	QL(10 ml per fill retail)
ZYLET SUSP	F	PA
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	***	
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	***	QL(10 ml per fill retail)
ACUVAIL SOLN	F	PA
ALOCRIAL SOLN	F	ST; QL(5 ml per 30 days retail)
ALOMIDE SOLN	F	ST; QL(10 ml per 30 days retail)
<i>azelastine hcl (ophth) soln</i>	F	QL(6 ml per 30 days retail)
AZOPT SUSP	F	QL(15 ml per fill retail)
<i>bromfenac sodium (ophth) soln</i>	F	PA
BROMFENAC SOLN	F	PA
<i>cromolyn sodium (ophth) soln</i>	F	QL(10 ml per fill retail)
<i>diclofenac sodium (ophth) soln</i>	F	QL(3 ml per 30 days retail)
<i>dorzolamide hcl soln</i>	F	QL(10 ml per 30 days retail)
DORZOLAMIDE HCL SOLN	F	QL(10 ml per 30 days retail)
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	***	PA

Drug Name	Drug Tier	Requirements/ Limits
EMADINE SOLN	F	PA
<i>epinastine hcl (ophth) soln</i>	F	PA
<i>flurbiprofen sodium soln</i>	F	QL(5 ml per 30 days retail)
ILEVRO SUSP	F	PA
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	F	
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	F	QL(10 ml per fill retail)
<i>ketotifen fumarate (ophth) soln</i>	F	QL(240 ml per fill retail)
LASTACAPT SOLN	F	PA
MURO 128 OINT (<i>Use Sodium Chloride Hypertonic</i>)	***	QL(7 gm per fill retail)
MURO 128 SOLN (<i>Use Sodium Chloride Hypertonic</i>)	***	QL(30 ml per fill retail)
OCUFEN SOLN (<i>Use Flurbiprofen Sodium</i>)	***	QL(5 ml per 30 days retail)
<i>olopatadine hcl soln</i>	F	PA
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	***	PA
PROLENSA SOLN	F	PA
<i>sodium chloride hypertonic oint</i>	F	QL(7 gm per fill retail)
<i>sodium chloride hypertonic soln</i>	F	QL(30 ml per fill retail)
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	***	QL(10 ml per 30 days retail)
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	***	QL(240 ml per fill retail)
Prostaglandins - Ophthalmic		
<i>latanoprost soln</i>	F	QL(5 ml per 30 days retail)
LATANOPROST SOLN	F	QL(5 ml per 30 days retail)
LUMIGAN SOLN	F	PA

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Drug Name	Drug Tier	Requirements/Limits
RESCULA SOLN	F	PA
XALATAN SOLN (<i>Use Latanoprost</i>)	***	QL(5 ml per 30 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	F	QL(15 ml per 30 days retail)
ACETIC ACID/ALUMINUM ACETATE SOLN	F	
<i>carbamide peroxide (otic) soln</i>	F	QL(15 ml per 30 days retail)
DEBROX SOLN (<i>Use Carbamide Peroxide (Otic)</i>)	***	QL(15 ml per 30 days retail)
Otic Anti-infectives		
CETRAXAL SOLN	F	PA
CIPROFLOXACIN SOLN OT 0.2 %	F	PA
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	***	QL(10 ml per fill retail)
<i>ofloxacin (otic) soln</i>	F	QL(10 ml per fill retail)
Otic Combinations		
CIPRO HC SUSP	F	PA
CIPRODEX SUSP	F	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
COLY-MYCIN S SUSP	F	PA
CORTANE-B AQUEOUS SOLN	F	QL(10 ml per fill retail)
CORTANE-B-OTIC SOLN (<i>Use Pramoxine-HC-Chloroxylenol</i>)	***	QL(15 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) soln</i>	F	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp</i>	F	QL(20 ml per 30 days retail)
OTICIN HC NR SOLN (<i>Use Pramoxine-HC-Chloroxylenol</i>)	***	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>pramoxine-hc-chloroxylenol soln</i>	F	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>)	***	QL(20 ml per fill retail); AL(At least 2 yrs old)
<i>fluocinolone acetonide (otic) oil</i>	F	QL(20 ml per fill retail); AL(At least 2 yrs old)
<i>hydrocortisone w/acetic acid soln</i>	F	QL(20 ml per 30 days retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs</i>	F	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	F	PA; SP
CARIMUNE NANOFILTERED SOLR	F	PA; SP
CUVITRU SOLN	F	PA; SP
CYTOGAM INJ	F	PA; SP
FLEBOGAMMA DIF SOLN	F	PA; SP
GAMASTAN INJ	F	PA; SP
GAMASTAN S/D INJ	F	PA; SP
GAMMAGARD LIQUID SOLN	F	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	F	PA; SP
GAMMAKED SOLN	F	PA; SP
GAMMAPLEX SOLN	F	PA; SP
GAMUNEX-C SOLN	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
HEPAGAM B SOLN	F	PA; SP
HIZENTRA SOLN	F	PA; SP
HYPERRHO S/D MINI-DOSE SOSY	F	PA; SP
HYPERRHO S/D SOSY	F	PA; SP
MICRHOGAM ULTRA-FILTEREDPLUS SOSY	F	PA; SP
OCTAGAM SOLN	F	PA; SP
PRIVIGEN SOLN	F	PA; SP
RHOGAM ULTRA-FILTERED PLUS SOSY	F	PA; SP
RHOPHYLAC SOSY	F	PA; SP
WINRHO SDF SOLN	F	PA; SP
Monoclonal Antibodies		
SYNAGIS SOLN	F	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	F	
AMOXICILLIN CHEW 125 MG, 250 MG	F	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	F	
<i>amoxicillin tabs 500 mg</i>	F	PA
<i>amoxicillin tabs 875 mg</i>	F	
<i>ampicillin caps 250 mg, 500 mg</i>	F	
AMPICILLIN CAPS 500 MG	F	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	F	
MOXATAG TB24	F	PA
Natural Penicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	F	
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	F	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	F	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml</i>	F	QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 250mg/5ml-62.5mg/5ml</i>	F	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml</i>	F	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 600mg/5ml-42.9mg/5ml</i>	F	QL(400 ml per fill retail)
<i>amoxicillin & pot clavulanate tabs 250mg-125mg, 500mg-125mg</i>	F	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate tabs 875mg-125mg</i>	F	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate tb12 1000mg-62.5mg</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN TABS 875MG-125MG (<i>Use Amoxicillin & Pot Clavulanate</i>)	***	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (<i>Use Amoxicillin & Pot Clavulanate</i>)	***	QL(40 ea per 30 days retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	F	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX GEL	F	QL(6000 ml per fill retail)
SIMPLYTHICK GEL	F	QL(6000 ml per fill retail)
<i>starch-maltodextrin (thickening) powd</i>	F	
THICK-IT ORIGINAL POWD (<i>Use Starch-Maltodextrin (Thickening)</i>)	***	
Liquid Vehicles		
BLENDED SUSPENDING COMPOUND SUSP	F	RX/OTC
CVS DISTILLED WATER LIQD	F	RX/OTC
CVS PURIFIED WATER LIQD	F	RX/OTC
DISTILLATA DISTILLED 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
<i>glycine diluent soln</i>	F	PA; SP
GRAPE SYRUP SYRP	F	RX/OTC
MX-SOL BLEND SF SUSP	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MX-SOL BLEND SUSP	F	RX/OTC
MX-SOL SF SYRP	F	RX/OTC
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 SUSPENDING COMPOUNDPLUS SUSP	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 (<i>Use Glycine Diluent</i>)	***	PA; SP
PURIFIED WATER LIQD	F	RX/OTC
PX PURIFIED WATER LIQD	F	RX/OTC
RA CRYSTAL LAKE DISTILLEDWATER LIQD	F	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SOLVATECH PLUS SUSP	F	RX/OTC
SOLVATECH SWEET SF SYRP	F	RX/OTC
STERILE DILUENT FOR FLOLAN SOLN (Use Glycine Diluent)	***	PA; SP
STERILE DILUENT FOR REMODOULIN SOLN	F	PA; SP
SUSPENSION VEHICLE SUSP	F	RX/OTC
SWEETENING SUSPENDING COMPOUND SYRP	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
<i>lanolin oint</i>	F	RX/OTC
OCCLUVAN OINT	F	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	***	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyprogesterone caproate oil im 250 mg/ml</i>	F	QL(4 ml per 28 days retail); SP
MAKENA OIL IM 250 MG/ML (Use Hydroxyprogesterone Caproate)	F	QL(4 ml per 28 days retail); SP
MAKENA SOAJ SC 275 MG/1.1ML	F	QL(4.4 ml per 28 days retail); SP
<i>medroxyprogesterone acetate tabs</i>	F	MP
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	***	PA
<i>megestrol acetate (appetite) susp</i>	F	PA
<i>norethindrone acetate tabs</i>	F	
<i>progesterone micronized caps</i>	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)	***	MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	F	PA
ANTABUSE TABS (Use Disulfiram)	***	
<i>disulfiram tabs</i>	F	
Anti-Cataleptic Agents		
XYREM SOLN	F	PA; SP
Antidementia Agents		
ARICEPT TABS 23 MG (Use Donepezil Hydrochloride)	***	PA
ARICEPT TABS 5 MG, 10 MG (Use Donepezil Hydrochloride)	***	QL(31 ea per 31 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil hydrochloride tabs 23 mg</i>	F	PA
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	F	QL(31 ea per 31 days retail)
<i>donepezil hydrochloride tbdp 5 mg, 10 mg</i>	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
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	F	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	F	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	F	QL(2 ea daily)
<i>memantine hcl cp24 14 mg, 21 mg, 28 mg</i>	F	PA; QL(2 ea daily)
<i>memantine hcl cp24 7 mg</i>	F	PA
<i>memantine hcl soln 2 mg/ml</i>	F	PA; QL(2 ml daily)
<i>memantine hcl tabs</i>	F	PA
<i>memantine hcl tabs 5 mg, 10 mg</i>	F	
NAMENDA SOLN 10 MG/5ML (Use Memantine HCl)	***	PA; QL(2 ml daily)
NAMENDA TABS 5 MG, 10 MG (Use Memantine HCl)	***	
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	***	PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use Memantine HCl)	***	PA; QL(2 ea daily)
NAMENDA XR CP24 7 MG (Use Memantine HCl)	***	PA
NAMENDA XR TITRATION PACK CP24	F	PA
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	***	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RAZADYNE TABS (Use Galantamine Hydrobromide)	***	QL(2 ea daily)
<i>rivastigmine pt24</i>	F	PA
<i>rivastigmine tartrate caps</i>	F	QL(2 ea daily)
Combination Psychotherapeutics		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	F	
<i>olanzapine-fluoxetine hcl caps</i>	F	PA
PERPHENAZINE/AMITRIPTYLINE TABS	F	
SYMBYAX CAPS (Use Olanzapine-Fluoxetine HCl)	***	PA
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		
INGREZZA CAPS	F	PA; SP
<i>tetrabenazine tabs</i>	F	PA; SP
XENAZINE TABS (Use Tetrabenazine)	***	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use Dalfampridine)	***	PA; SP
AUBAGIO TABS	F	PA; SP
AVONEX KIT	F	PA; SP
AVONEX PEN AJKT	F	PA; SP
AVONEX PSKT	F	PA; SP
BETASERON KIT	F	PA; SP
COPAXONE SOSY (Use Glatiramer Acetate)	***	PA; SP
<i>dalfampridine tb12</i>	F	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
EXTAVIA KIT	F	PA; SP
GILENYA CAPS 0.5 MG	F	PA; SP
<i>glatiramer acetate sosy</i>	F	PA; SP
PLEGRIDY SOPN	F	PA; SP
PLEGRIDY SOSY	F	PA; SP
PLEGRIDY STARTER PACK SOPN	F	PA; SP
PLEGRIDY STARTER PACK SOSY	F	PA; SP
REBIF REBIDOSE SOAJ	F	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	F	PA; SP
REBIF SOSY	F	PA; SP
REBIF TITRATION PACK SOSY	F	PA; SP
TECFIDERA CPDR	F	PA; SP
TECFIDERA STARTER PACK MISC	F	PA; SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
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 (<i>Use Pimozide</i>)	***	
<i>pimozide tabs</i>	F	
Restless Leg Syndrome (RLS) Agents		

Drug Name	Drug Tier	Requirements/Limits
HORIZANT TBCR	F	PA
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	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 (<i>Use Nicotine</i>)	***	QL(1 ea daily)
NICODERM CQ PT24 7 MG/24HR (<i>Use Nicotine</i>)	***	
NICORETTE GUM 2 MG, 4 MG (<i>Use Nicotine Polacrilex</i>)	***	QL(24 ea daily)
NICORETTE LOZG 2 MG, 4 MG (<i>Use Nicotine Polacrilex</i>)	***	QL(20 ea daily)
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	***	QL(20 ea daily)
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	***	QL(24 ea daily)
<i>nicotine polacrilex gum 2 mg, 4 mg</i>	F	QL(24 ea daily)
<i>nicotine polacrilex lozg 2 mg, 4 mg</i>	F	QL(20 ea daily)
<i>nicotine pt24 14 mg/24hr, 21 mg/24hr</i>	F	QL(1 ea daily)
<i>nicotine pt24 7 mg/24hr</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	***	QL(2 ea daily)
Vasomotor Symptom Agents		
BRISDELLE CAPS (<i>Use Paroxetine Mesylate (Vasomotor)</i>)	***	PA
<i>paroxetine mesylate (vasomotor) caps</i>	F	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	F	PA; SP
KALYDECO TABS	F	PA; SP
ORKAMBI TABS 100MG-125MG, 200MG-125MG	F	PA; SP
PULMOZYME SOLN	F	PA; SP
SYMDEKO TBPK	F	PA; SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	F	PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	***	
ADOXA PAK 1/150 TABS (<i>Use Doxycycline (Monohydrate)</i>)	***	PA
ADOXA PAK 2/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	***	
ADOXA TABS 50 MG, 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	***	
ADOXA TABS 75 MG (<i>Use Doxycycline (Monohydrate)</i>)	***	PA

Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline hcl tabs</i>	F	PA
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	F	
<i>doxycycline (monohydrate) caps 75 mg, 150 mg</i>	F	PA
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	F	PA
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	F	
<i>doxycycline (monohydrate) tabs 75 mg, 150 mg</i>	F	PA
<i>doxycycline hyclate caps 50 mg, 100 mg</i>	F	
<i>doxycycline hyclate tabs 20 mg, 100 mg</i>	F	
<i>doxycycline hyclate tbec 75 mg, 100 mg, 150 mg</i>	F	PA
MINOCIN CAPS (<i>Use Minocycline HCl</i>)	***	
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	F	
<i>minocycline hcl tb24 45 mg, 65 mg, 90 mg, 115 mg, 135 mg</i>	F	PA
MONODOX CAPS 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	***	
MONODOX CAPS 75 MG (<i>Use Doxycycline (Monohydrate)</i>)	***	PA
SOLODYN TB24 55 MG, 80 MG, 105 MG	F	PA
SOLODYN TB24 65 MG, 115 MG (<i>Use Minocycline HCl</i>)	***	PA
<i>tetracycline hcl caps 250 mg, 500 mg</i>	F	
TETRACYCLINE HCL CAPS 250 MG, 500 MG (<i>Use Tetracycline HCl</i>)	***	
VIBRAMYCIN CAPS 100 MG (<i>Use Doxycycline Hyclate</i>)	***	
VIBRAMYCIN SUSR 25 MG/5ML (<i>Use Doxycycline (Monohydrate)</i>)	***	PA

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Drug Name	Drug Tier	Requirements/ Limits
VIBRAMYCIN SYRP 50 MG/5ML	F	PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	F	MP
<i>propylthiouracil tabs</i>	F	MP
TAPAZOLE TABS (Use <i>Methimazole</i>)	***	MP
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use <i>Thyroid</i>)	F	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	F	
CYTOMEL TABS (Use <i>Liothyronine Sodium</i>)	***	MP
<i>levothyroxine sodium tabs</i>	F	MP
<i>liothyronine sodium tabs</i>	F	MP
NATURE-THROID TABS	F	
SYNTHROID TABS (Use <i>Levothyroxine Sodium</i>)	F	MP
<i>thyroid tabs</i>	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		

Drug Name	Drug Tier	Requirements/ Limits
Antispasmodics		
BELLADONNA & OPIUM SUPP	F	PA
BELLADONNA ALKALOIDS & OPIUM SUPP	F	PA
BENTYL CAPS (Use <i>Dicyclomine HCl</i>)	***	
BENTYL TABS (Use <i>Dicyclomine HCl</i>)	***	
CUVPOSA SOLN	F	PA
<i>dicyclomine hcl caps 10 mg</i>	F	
<i>dicyclomine hcl soln 10 mg/5ml</i>	F	QL(496 ml per 30 days retail)
<i>dicyclomine hcl tabs 20 mg</i>	F	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	F	QL(4 ea daily)
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	F	
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	F	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	F	
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	F	
<i>hyoscyamine sulfate tb12 or 0.375 mg</i>	F	QL(4 ea daily)
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	F	
LEVBIID TB12 (Use <i>Hyoscyamine Sulfate</i>)	***	QL(4 ea daily)
LEVSIN SOLN	F	
<i>methscopolamine bromide tabs</i>	F	PA
PROPANTHELINE BROMIDE TABS	F	QL(4 ea daily)
ROBINUL FORTE TABS (Use <i>Glycopyrrolate</i>)	***	QL(4 ea daily)
ROBINUL TABS (Use <i>Glycopyrrolate</i>)	***	QL(4 ea daily)
SYMAX DUOTAB TBCR	F	

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Drug Name	Drug Tier	Requirements/Limits
H-2 Antagonists		
CIMETIDINE HCL SOLN	F	
<i>cimetidine tabs 200 mg</i>	F	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	F	
<i>famotidine susr 40 mg/5ml</i>	F	
<i>famotidine tabs 10 mg, 40 mg</i>	F	
<i>famotidine tabs 20 mg</i>	F	RX/OTC
<i>nizatidine caps 150 mg, 300 mg</i>	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)	***	
<i>ranitidine hcl caps 150 mg</i>	F	QL(2 ea daily)
<i>ranitidine hcl caps 300 mg</i>	F	QL(1 ea daily)
<i>ranitidine hcl syrp 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	F	QL(40 ml daily)
<i>ranitidine hcl tabs 150 mg</i>	F	RX/OTC
<i>ranitidine hcl tabs 300 mg</i>	F	
<i>ranitidine hcl tabs 75 mg</i>	F	QL(2 ea daily)
TAGAMET HB TABS (Use Cimetidine)	***	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)	***	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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)	***	
<i>sucralfate tabs</i>	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)
<i>esomeprazole magnesium cpdr 20 mg</i>	F	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	F	PA
FIRST-LANSOPRAZOLE SUSP	F	QL(300 ml per fill retail)
FIRST-OMEPRAZOLE SUSP	F	QL(300 ml per fill retail); AL(Up to 2 yrs old)
GNP OMEPRAZOLE TBEC	F	QL(1 ea daily)
HM OMEPRAZOLE TBEC	F	QL(1 ea daily)
KLS OMEPRAZOLE TBEC	F	QL(1 ea daily)
<i>lansoprazole cpdr 15 mg</i>	F	QL(4 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	F	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole tbdp 15 mg, 30 mg</i>	F	QL(1 ea daily)
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>Esomeprazole Magnesium</i>)	***	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (Use <i>Esomeprazole Magnesium</i>)	***	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (Use <i>Esomeprazole Magnesium</i>)	***	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use <i>Esomeprazole Magnesium</i>)	***	PA
NEXIUM PACK 10 MG, 20 MG, 40 MG	F	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	F	QL(300 ml per fill retail); AL(Up to 2 yrs old)
<i>omeprazole cpdr 10 mg</i>	F	QL(1 ea daily)
<i>omeprazole cpdr 20 mg</i>	F	QL(2 ea daily); RX/OTC
<i>omeprazole cpdr 40 mg</i>	F	QL(2 ea daily)
<i>omeprazole magnesium cpdr</i>	F	
OMEPRAZOLE TBEC 20 MG	F	QL(1 ea daily)
<i>pantoprazole sodium tbec 20 mg</i>	F	QL(1 ea daily)
<i>pantoprazole sodium tbec 40 mg</i>	F	QL(2 ea daily)
PREVACID 24HR CPDR (Use <i>Lansoprazole</i>)	***	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>Lansoprazole</i>)	***	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use <i>Lansoprazole</i>)	***	QL(2 ea daily)
PREVACID SOLUTAB TBDP (Use <i>Lansoprazole</i>)	***	QL(1 ea daily)
PRILOSEC CPDR 10 MG (Use <i>Omeprazole</i>)	***	QL(1 ea daily)
PRILOSEC CPDR 20 MG (Use <i>Omeprazole</i>)	***	QL(2 ea daily); RX/OTC
PRILOSEC CPDR 40 MG (Use <i>Omeprazole</i>)	***	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRILOSEC OTC TBEC	F	QL(1 ea daily)
PRILOSEC PACK 10 MG, 2.5 MG	F	PA
PROTONIX PACK 40 MG	F	PA
PROTONIX TBEC 20 MG (Use <i>Pantoprazole Sodium</i>)	***	QL(1 ea daily)
PROTONIX TBEC 40 MG (Use <i>Pantoprazole Sodium</i>)	***	QL(2 ea daily)
PX OMEPRAZOLE TBEC	F	QL(1 ea daily)
RA OMEPRAZOLE TBEC	F	QL(1 ea daily)
<i>rabeprazole sodium tbec</i>	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 <i>Misoprostol</i>)	***	
<i>misoprostol tabs</i>	F	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	F	PA
<i>famotidine-calcium carbonate-magnesium hydroxide chew</i>	F	
OMECLAMOX-PAK MISC	F	PA
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	F	QL(2 ea daily); RX/OTC
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	F	PA
<i>omeprazole-sodium bicarbonate pack 20mg-1680mg, 40mg-1680mg</i>	F	

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Drug Name	Drug Tier	Requirements/ Limits
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 20MG-1680MG, 40MG-1680MG (Use Omeprazole-Sodium Bicarbonate)	***	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
HYOPHEN TABS	F	PA
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal tabs</i>	F	PA
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal caps 40.8mg-0.12mg-36mg-120mg-10mg</i>	F	PA
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs 40.8mg-0.12mg-32.4mg-81mg-10.8mg, 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg</i>	F	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate caps</i>	F	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine-hyoscamine-methylene blue-sodium phosphate tabs</i>	F	PA
UROGESIC-BLUE TABS (Use Methenamine-Hyoscamine-Methylene Blue-Sodium Phosphate)	***	PA
UTA CAPS	F	PA
Urinary Anti-infectives		
FURADANTIN SUSP (Use Nitrofurantoin)	***	QL(40 ml daily)
HIPREX TABS (Use Methenamine Hippurate)	***	PA
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	***	
MACRODANTIN CAPS (Use Nitrofurantoin Macrocrystal)	***	
<i>methenamine hippurate tabs</i>	F	PA
<i>methenamine mandelate tabs</i>	F	
<i>nitrofurantoin macrocrystal caps</i>	F	
<i>nitrofurantoin monohyd macro caps</i>	F	
<i>nitrofurantoin susp</i>	F	QL(40 ml daily)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	F	PA
DETROL LA CP24 (Use Tolterodine Tartrate)	***	
DETROL TABS (Use Tolterodine Tartrate)	***	PA
DITROPAN XL TB24 (Use Oxybutynin Chloride)	***	QL(2 ea daily); MP
ENABLEX TB24 (Use Darifenacin Hydrobromide)	***	PA
GELNIQUE GEL	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
GELNIQUE PUMP GEL	F	PA
<i>oxybutynin chloride syrp 5 mg/5ml</i>	F	QL(16.6 ml daily); MP
<i>oxybutynin chloride tabs 5 mg</i>	F	QL(3 ea daily); MP
<i>oxybutynin chloride tb24 5 mg, 10 mg, 15 mg</i>	F	QL(2 ea daily); MP
OXYTROL FOR WOMEN PTTW	F	PA; RX/OTC
OXYTROL PTTW	F	PA; RX/OTC
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	F	
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	F	PA
TOVIAZ TB24	F	PA
<i>tropium chloride cp24 60 mg</i>	F	PA
<i>tropium chloride tabs 20 mg</i>	F	QL(2 ea daily)
VESICARE TABS	F	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	F	MP
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	***	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	F	
VACCINES		
Bacterial Vaccines		
PNEUMOVAX 23 INJ	F	AL(At least 18 yrs old)
PNEUMOVAX 23/1 DOSE INJ	F	AL(At least 18 yrs old)
PREVNAR 13 SUSP	F	AL(At least 18 yrs old)
Viral Vaccines		
CERVARIX SUSP	F	AL(At least 18 yrs old)
ENGERIX-B INJ	F	AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B SUSP	F	AL(At least 18 yrs old)
FLUMIST QUADRIVALENT SUSP	F	limit 0.5 per 180 days; 1 rtl pack lmt amt, 180 rtl pack lmt day(s); AL(At least 9 yrs old)
GARDASIL 9 SUSP	F	AL(At least 9 yrs old)
GARDASIL 9 SUSY	F	AL(At least 9 yrs old)
GARDASIL SUSP	F	AL(At least 9 yrs old)
HAVRIX SUSP	F	AL(At least 18 yrs old)
M-M-R II INJ	F	AL(At least 18 yrs old)
RECOMBIVAX HB SUSP	F	AL(At least 18 yrs old)
Seasonal Influenza Vaccine	F	QL (1 ea per 180 days retail); AL: At least 9 yrs old
SHINGRIX SUSR	F	QL(2 ea per 999 days retail); AL(At least 50 yrs old)
VAQTA SUSP	F	AL(At least 18 yrs old)
VARIVAX INJ	F	AL(At least 18 yrs old)
ZOSTAVAX SUSR	F	QL(1 ea per 999 days retail); AL(At least 50 yrs old)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
ENCARE SUPP	F	QL(12 ea per fill retail)
<i>nonoxynol-9 gel</i>	F	QL(25.5 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (Use Nonoxynol-9)	***	QL(25.5 gm per fill retail)
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE 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
<i>clindamycin phosphate vaginal crea</i>	F	
CLINDESSE CREA	F	
<i>clotrimazole vaginal crea 1 %</i>	F	QL(45 gm per 30 days retail)
<i>clotrimazole vaginal crea 2 %</i>	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)
<i>metronidazole vaginal gel</i>	F	QL(70 gm per 30 days retail)
MICONAZOLE 3 SUPP	F	QL(3 ea per 30 days retail)
<i>miconazole nitrate vaginal crea 2 %, 4 %</i>	F	QL(45 gm per 30 days retail)
<i>miconazole nitrate vaginal kit</i>	F	QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>miconazole nitrate vaginal kit</i>	F	QL(24 gm per fill retail)
<i>miconazole nitrate vaginal supp 100 mg</i>	F	QL(7 ea per 30 days retail)
MONISTAT 1 COMBO PACK KIT (Use Miconazole Nitrate Vaginal)	***	QL(1 ea per fill retail)
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 CREA	F	
<i>terconazole vaginal crea</i>	F	
<i>terconazole vaginal supp</i>	F	
<i>tioconazole vaginal oint</i>	F	
VAGISTAT-1 OINT (Use Tioconazole Vaginal)	***	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (Use Estradiol Vaginal)	***	QL(43 gm per 30 days retail)
<i>estradiol vaginal crea 0.1 mg/gm</i>	F	QL(43 gm per 30 days retail)
<i>estradiol vaginal tabs 10 mcg</i>	F	PA
ESTRING RING	F	PA
FEMRING RING	F	PA

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Drug Name	Drug Tier	Requirements/ Limits
PREMARIN CREA VA 0.625 MG/GM	F	QL(43 gm per 30 days retail)
VAGIFEM TABS (<i>Use Estradiol Vaginal</i>)	***	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 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		
ADRENALICK 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)
ADRENALICK 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	***	

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

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Drug Name	Drug Tier	Requirements/ Limits
DRISDOL CAPS (<i>Use Ergocalciferol</i>)	***	
<i>ergocalciferol caps</i>	F	
<i>ergocalciferol soln</i>	F	
KEY-E CHEW	F	QL(62 ea per 30 days retail)
MEPHYTON TABS (<i>Use Phytonadione</i>)	***	
<i>phytonadione tabs</i>	F	
REPLESTA WAFR	F	
VITAMIN D3 LIQD	F	
<i>vitamin e caps 100 unit, 200 unit, 400 unit</i>	F	QL(62 ea per 30 days retail)
VITAMIN E CHEW 400 UNIT	F	QL(62 ea per 30 days retail)
<i>vitamin e soln 15 unit/0.3ml</i>	F	
Water Soluble Vitamins		
<i>ascorbic acid chew 250mg, 500mg, 250 mg, 500 mg, 7.5mg-500mg</i>	F	
<i>ascorbic acid tabs 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg</i>	F	QL(100 ea per 30 days retail)
<i>ascorbic acid tbcr 500mg, 500 mg</i>	F	
B-1 TABS	F	QL(100 ea per 30 days retail)
<i>biotin caps</i>	F	
BIOTIN FORTE TABS	F	
<i>biotin tabs</i>	F	
<i>niacin cpcr</i>	F	
<i>niacin tabs</i>	F	
<i>niacin tbcr</i>	F	

Drug Name	Drug Tier	Requirements/ Limits
NIACIN TR TBCR	F	
<i>pyridoxine hcl tabs</i>	F	
<i>riboflavin tabs</i>	F	QL(100 ea per 30 days retail)
SLO-NIACIN TBCR (<i>Use Niacin</i>)	***	
<i>thiamine hcl tabs</i>	F	QL(100 ea per 30 days retail)
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CHAPSTICK ULTRASMOOTH		pseudoeph.....	63	LAXATIVE.....	111
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CLEAN & CLEAR FOAMING FACIAL CLEANSER SENSITIVE SKIN.....	89	CLN FACIAL MOISTURIZER NOURISHING.....	81	CODEINE SULFATE.....	7
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CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM... ..	116	clonidine hcl (adhd).....	1	colestipol hcl.....	40
		clopidogrel bisulfate.....	107	colloidal oatmeal.....	81
		clorazepate dipotassium... ..	18	COLY-MYCIN S.....	144
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COMTAN.....	47	CORTEF.....	61	CVS CLEANSING EYELID WIPES.....	90
COMTrex COLD & COUGH MAXIMUM STRENGTH.....	63	CORTENEMA.....	15	CVS DAILY ULTRA MOISTURE LOTION.....	81
COMTrex COLD & COUGH NIGHTTIME MAXIMUM STRENGTH.....	64	CORTIFOAM.....	15	CVS DIGESTIVE PROBIOTIC.....	34
CONCEPT DHA.....	131	CORTISONE ACETATE.....	61	CVS DISTILLED WATER.....	146
CONCEPT OB.....	131	CORTISPORIN.....	72	CVS DRY MOUTH SPRAY.....	129
CONCERTA.....	1	CORZIDE.....	43	CVS GLUCOSE.....	30
Condoms - Female.....	115	COSOFT.....	140	CVS INSECT REPELLENT.....	90
Condoms Latex Lubricated - Male.....	115	COSOFT PF.....	140	CVS ISOPROPYL ALCOHOL WIPES.....	90
Condoms Latex Non-Lubricated - Male.....	115	COTELLIC.....	46	CVS KETONE CARE.....	97
Condoms Non-Latex Non-Lubricated - Male.....	115	COUMADIN.....	22	CVS MANUKA HONEY WOUND GEL.....	95
CONDYLOX.....	86	COZAAR.....	42	CVS MOISTURIZING CREAM.....	81
CONEX COLD/ALLERGY.....	64	CREON.....	99	CVS MOOD SUPPORT PROBIOTIC.....	34
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM.....	116	CRESTOR.....	40	CVS NATURAL FIBER SUPPLEMENT.....	111
CONTOUR NEXT BLOOD GLUCOSE TEST.....	97	CRINONE.....	157	CVS OMEPRAZOLE.....	152
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM.....	116	CRITIC-AID CLEAR MOISTURE BARRIER.....	89	CVS PRENATAL.....	131
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM.....	116	CRIXIVAN.....	51	CVS PROBIOTIC.....	34
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY.....	116	cromolyn sodium.....	20	CVS PROBIOTIC MAXIMUM STRENGTH.....	34
CONTROL BLOOD GLUCOSE MONITORING SYSTEM.....	116	cromolyn sodium (mastocytosis).....	104	CVS PROBIOTIC PEARLS EXTRA STRENGTH.....	34
CONZIP.....	7	cromolyn sodium (nasal).....	136	CVS PURIFIED WATER.....	146
COOL BLOOD GLUCOSE MONITORING KIT.....	116	cromolyn sodium (ophth).....	143	CVS SALINE WOUND WASH.....	90
COOL BOTTOMS.....	89	crotamiton.....	94	CVS SENIOR PROBIOTIC.....	34
COPAXONE.....	148	CULTURELLE ADVANCED IMMUNE DEFENSE.....	33	CVS SILVER GEL.....	95
COPEGUS.....	54	CULTURELLE PRO-WELL.....	33	CVS TOTAL HOME INSECT REPELLENT.....	90
CORDRAN.....	77	CUPRIMINE.....	127	CVS WOMENS PRENATAL+DHA.....	131
COREG.....	55	CURAD GERM SHIELD.....	95	cyanocobalamin.....	107
COREG CR.....	55	CURAFIL GEL WOUND DRESSING.....	95	CYCLESSA.....	59
		CUTIVATE.....	77	cyclobenzaprine hcl.....	136
		CUTTER.....	89	CYCLOGYL.....	140
		CUTTER ALL FAMILY.....	89	CYCLOMYDRIL.....	140
		CUTTER BACKWOODS.....	89	cyclopentolate hcl.....	140
		CUTTER BACKWOODS DRY.....	90		
		CUTTER DRY.....	90		
		CUTTER SKINSATIONS.....	90		
		CUTTER SPORT.....	90		

cyclophosphamide.....	45	DENOREX THERAPEUTIC 2- IN-1.....	94	desmopressin acetate spray refrigerated.....	102
CYCLOPHOSPHAMIDE.....	45	DEPAKENE.....	26	DESOGEN.....	59
CYCLOSERINE.....	45	DEPAKOTE.....	26	desogestrel & ethinyl estradiol.....	59
cyclosporine.....	127	DEPAKOTE ER.....	26	desogestrel-ethinyl estradiol (biphasic).....	59
CYCLOSPORINE MODIFIED.....	127	DEPAKOTE SPRINKLES.....	26	desogestrel-ethinyl estradiol (triphasic).....	59
cyclosporine modified (for microemulsion).....	127	DEPEN TITRATABS.....	127	DESONATE.....	77
CYMBALTA.....	28	DEPO-PROVERA CONTRACEPTIVE.....	61	desonide.....	77
cyproheptadine hcl.....	39	DEPO-SUBQ PROVERA 104.....	61	DESOWEN.....	77
CYSTAGON.....	105	DEPO-TESTOSTERONE.....	14	desoximetasone.....	77
CYTO-Q MAX.....	3	DERMABASEOIL IN WATER.....	81	DESOXYN.....	1
CYTOGAM.....	144	DERMADROX.....	90	DESQUAM-X WASH.....	70
CYTOMEL.....	151	DERMAGRAN.....	90	DESVENLAFAXINE ER.....	28
CYTOTEC.....	153	DERMAGRAN HYDROGEL WOUND DRESSING.....	95	desvenlafaxine succinate.....	28
CYTRA-3.....	105	DERMAGRAN SKIN PROTECTANT.....	90	DETROL.....	154
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS.....	116	DERMAGRAN-B HYDROPHILIC WOUND DRESSING.....	95	DETROL LA.....	154
D-VI-SOL.....	157	DERMAIDE ALOE.....	81	DEX4.....	30
D.H.E. 45.....	123	DERMAL THERAPY EXTRA STRENGTH BODY LOTION.....	81	DEX4 FAST ACTING GLUCOSE.....	30
DAILY CONDITIONING TREATMENT.....	81	DERMAL THERAPY FACE CAREMOISTURIZING LOTION.....	81	DEX4 NATURALS.....	30
DAILY PROBIOTIC.....	34	DERMAL THERAPY FOOT MASSAGE.....	81	DEX4 POUCH PACK.....	30
dalfampridine.....	148	DERMAL THERAPY HAND ELBOW & KNEE CREAM.....	81	DEX4 QUICK DISSOLVE GLUCOSE.....	30
DALIRESP.....	20	DERMAL THERAPY HEEL CARE.....	81	dexamethasone.....	61
danazol.....	14	DERMAREST PSORIASIS.....	86	DEXAMETHASONE.....	61
DANTRIUM.....	136	DERMASYN.....	95	dexamethasone.....	61
dantrolene sodium.....	136	dermatological products, misc.....	87	DEXAMETHASONE.....	61
dapsone.....	17	DERMATOP.....	77	DEXAMETHASONE INTENSOL.....	61
DARAPRIM.....	44	DERMEND MOISTURIZING BRUISE FORMULA.....	81	dexamethasone sodium phosphate.....	61
darifenacin hydrobromide.....	154	DERMOPLAST.....	87	DEXAMETHASONE SODIUM PHOSPHATE.....	142
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF.....	64	DERMOPLAST PAIN RELIEVING SPRAY.....	87	DEXEDRINE.....	1
DAYPRO.....	4	DERMOTIC.....	144	DEXILANT.....	152
DAYTRANA.....	1	DESCOVY.....	51	dexmethylphenidate hcl.....	1,2
DDAVP.....	102	desipramine hcl.....	29	dextroamphetamine sulfate... ..	1
DEBROX.....	144	desloratadine.....	39	dextromethorphan hbr.....	62
DECON-A.....	64	DESLORATADINE ODT.....	39	dextromethorphan polistirex.....	62
DELBASE COMPOUNDING.....	147	desmopressin acetate.....	102	dextromethorphan- acetaminophen-chlorpheniramine	64
DELSYM.....	62	desmopressin acetate spray.....	102	dextromethorphan-doxylamine- acetaminophen.....	64
DELSYM COUGH CHILDRENS.....	62			dextromethorphan-guaifenesin	64
DEMADEX.....	100			dextromethorphan- phenylephrine-acetaminophen	64
demeclocycline hcl.....	150				
DEMEROL.....	7				
DEMSEER.....	42				
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dextrose (diabetic use).....	30	DIGESTIVE ADVANTAGE	DIURIL.....	100
DHEA.....	81	LACTOSE DEFENSE	divalproex sodium.....	26
DHS TAR.....	94	FORMULA.....	DIVIGEL.....	103
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DIAB.....	95	digoxin.....	DML FORTE.....	81
DIAB DAILY CARE.....	95	dihydroergotamine	docosaheanoic acid.....	138
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DIABETIDERM.....	81	DILANTIN INFATABS.....	ENEMA.....	114
DIABETIDERM FOOT		DILANTIN-125.....	dofetilide.....	20
REJUVENATING.....	81	DILATRATE SR.....	DOLOPHINE.....	7
DIABETIDERM HAND &		DILAUDID.....	DOMEBORO.....	90
BODY.....	81	diltiazem hcl.....	donepezil hydrochloride.....	148
DIABETIDERM MASSAGE		diltiazem hcl coated beads.....	DORAL.....	110
STIMULATOR.....	87	diltiazem hcl extended release	dorzolamide hcl.....	143
DIAMOX.....	99	beads.....	DORZOLAMIDE HCL.....	143
diaper rash products.....	79	dimenhydrinate.....	dorzolamide hcl-timolol	
DIASTAT ACUDIAL.....	23	DIMETAPP COLD &	maleate.....	140
DIASTAT PEDIATRIC.....	23	ALLERGY.....	DORZOLAMIDE HCL/TIMOLOL	
DIASTIX.....	97	DIMETAPP DM COLD &	MALEATE.....	140
diazepam.....	18	COUGH.....	DOTHELLE DHA.....	131
DIAZEPAM.....	19	DIMETAPP LONG ACTING	DOVONEX.....	75
diazepam.....	19	COUGH PLUS COLD.....	doxazosin mesylate.....	42
DIAZEPAM.....	24	dimethicone (topical).....	doxepin hcl.....	29
diazepam (anticonvulsant).....	24	DIOVAN.....	DOXEPIN	
DIAZEPAM RECTAL GEL.....	24	DIOVAN HCT.....	HYDROCHLORIDE.....	75
dibucaine.....	87	DIPENTUM.....	doxercalciferol.....	101
dibucaine (rectal).....	15	diphenhydramine hcl.....	DOXYCYCLINE.....	93
DICLEGIS.....	37	diphenhydramine hcl	doxycycline (monohydrate).....	150
diclofenac potassium.....	4	(sleep).....	doxycycline hyclate.....	150
diclofenac sodium.....	4	diphenhydramine hcl	doxylamine succinate	
diclofenac sodium (actinic		(topical).....	(sleep).....	109
keratoses).....	74	diphenhydramine-	doxylamine-dm.....	65
diclofenac sodium (ophth).....	143	phenylephrine.....	DRAMAMINE.....	36
diclofenac sodium (topical).....	72	diphenhydramine-	DRISDOL.....	158
dicloxacin sodium.....	146	phenylephrine-acetaminophen	DRISTAN SPRAY.....	137
dicyclomine hcl.....	151	.....	DRITHO-CREME HP.....	75
didanosine.....	51	.....	dronabinol.....	37
DIFF-STAT.....	34	diphenhydramine-zinc	DROPLET PEN NEEDLES 32G	
DIFFERIN.....	70	acetate.....	X 1/4".....	121
DIFICID.....	114	diphenoxylate w/ atropine.....	DROPLET PEN NEEDLES 32G	
DIFLORASONE		DIPHENOXYLATE/ATROPINE	X 3/16".....	121
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HUMIRA PEDIATRIC CROHNS		HYDROGEL AG.....	95	SYSTEM.....	123
DISEASE STARTER PACK.....	3	hydrogen peroxide.....	51	IMODIUM A-D.....	35
HUMIRA PEN.....	3	hydromorphone hcl.....	8	IMODIUM MULTI-SYMP TOM	
HUMIRA PEN-CD/UC/HS		HYDROMORPHONE HCL.....	8	RELIEF.....	35
STARTER.....	3	hydromorphone hcl.....	8	IMURAN.....	127
HUMIRA PEN-PS/UV		HYDROPHILIC.....	147	INATAL GT.....	131
STARTER.....	3	HYDROPHILIC		INCRELEX.....	101
HUMULIN 70/30.....	32	PETROLATUM.....	147	INCRUSE ELLIPTA.....	20
HUMULIN 70/30 KWIKPEN.....	32	hydroxychloroquine sulfate.....	44	indapamide.....	100

INDERAL LA.....	56	Insulin Syringe/Needle U-100	INVEGA TRINZA.....	49
INDERAL XL.....	56	0.3 ML 29 x 1".....	INVIRASE.....	52
INDOCIN.....	4	Insulin Syringe/Needle U-100	INVOKAMET.....	30
indomethacin.....	4	0.3 ML 29 x 1/2".....	INVOKANA.....	33
INFANATE BALANCE.....	131	Insulin Syringe/Needle U-100	IONIL.....	91
INFANTS ADVIL.....	4	0.3 ML 30 x 1/2".....	IOPIDINE.....	141
INFINITY BLOOD GLUCOSE		Insulin Syringe/Needle U-100	ipratropium bromide.....	20
MONITORING SYSTEM.....	118	0.3 ML 30 x 3/8".....	ipratropium bromide (nasal).....	136
INFINITY BLOOD GLUCOSE		Insulin Syringe/Needle U-100	ipratropium-albuterol.....	21
MONITORING		0.3 ML 31 x 5/16".....	irbesartan.....	42
SYSTEM/STARTER KIT.....	118	Insulin Syringe/Needle U-100 1	irbesartan-hydrochlorothiazide	
INFINITY VOICE.....	97	ML 25 x 1".....	.....	43
INFINITY VOICE LEVEL 2.....	118	Insulin Syringe/Needle U-100 1	IRON CHEWS PEDIATRIC.....	109
INGREZZA.....	148	ML 25 x 5/8".....	iron polysaccharide complex-vit	
INLYTA.....	46	Insulin Syringe/Needle U-100 1	b12-folic acid.....	108
INNOPRAN XL.....	56	ML 26 x 1/2".....	iron w/ vitamins liqd.....	130
inositol niacinate.....	57	Insulin Syringe/Needle U-100 1	iron w/ vitamins tabs.....	130
INOVA.....	70	ML 27 x 1/2".....	ISENTRESS.....	52
INOVA 4/1 ACNE CONTROL		Insulin Syringe/Needle U-100 1	ISONIAZID.....	45
THERAPY.....	70	ML 27 x 5/8".....	isoniazid.....	45
INOVA 8/2 ACNE CONTROL		Insulin Syringe/Needle U-100 1	ISOPROPYL ALCOHOL	
THERAPY.....	70	ML 28 x 1/2".....	WIPES.....	91
INSPIRA.....	44	Insulin Syringe/Needle U-100 1	ISOPTO ATROPINE.....	140
Insulin Pen Needle 29 G X 10		ML 29 x 1/2".....	ISOPTO CARPINE.....	140
MM.....	121	Insulin Syringe/Needle U-100 1	ISOPTO TEARS.....	139
Insulin Pen Needle 29 G X 12		ML 30 x 1/2".....	ISORDIL TITRADOSE.....	17
MM (1/2").....	121	Insulin Syringe/Needle U-100 1	isosorbide dinitrate.....	17
Insulin Pen Needle 29 G X 12.7		ML 30 x 5/16".....	ISOSORBIDE DINITRATE	
MM.....	121	Insulin Syringe/Needle U-100 1	ER.....	17
Insulin Pen Needle 29 G X 13		ML 31 x 15/64".....	isosorbide mononitrate.....	17
MM (1/2").....	121	Insulin Syringe/Needle U-100 1	isotretinoin.....	71
Insulin Pen Needle 30 G X 8 MM		ML 31 x 5/16".....	isradipine.....	57
(1/3" or 5/16").....	121	Insulin Syringe/Needle U-100	ISTALOL.....	140
Insulin Pen Needle 31 G X 4 MM		1/2 ML 27 x 1/2".....	ITCH RELIEF.....	74
(1/6").....	121	Insulin Syringe/Needle U-100	ITCH-X.....	87
Insulin Pen Needle 31 G X 5 MM		1/2 ML 28 x 1/2".....	itraconazole.....	37
(3/16").....	121	Insulin Syringe/Needle U-100	ivermectin.....	16
Insulin Pen Needle 31 G X 6 MM		1/2 ML 29 x 1/2".....	IXINITY.....	107
(1/4").....	121	Insulin Syringe/Needle U-100	J & J BURN CREAM.....	82
Insulin Pen Needle 31 G X 8 MM		1/2 ML 30 x 1/2".....	JADENU.....	36
(1/3" or 5/16").....	121	Insulin Syringe/Needle U-100	JAKAFI.....	46
Insulin Pen Needle 32 G X 4 MM		1/2 ML 30 x 3/8".....	JALYN.....	106
(5/32").....	121	Insulin Syringe/Needle U-100	JANUMET.....	30
Insulin Pen Needle 32 G X 5 MM		1/2 ML 30 x 5/16".....	JANUMET XR.....	30
(1/5" or 3/16").....	121	Insulin Syringe/Needle U-100	JANUVIA.....	31
Insulin Pen Needle 32 G X 6 MM		1/2 ML 31 x 5/16".....	JARDIANCE.....	33
(1/4").....	121	INTELENCE.....	JENTADUETO.....	30
Insulin Pen Needle 32 G X 8		INTERMEZZO.....	JENTADUETO XR.....	30
MM.....	121	INTRASITE GEL		
Insulin Pen Needle 33 G X 4 MM		APPLIPAK.....		
(5/32").....	121	INTRON A.....		
Insulin Syringe (Disp) U-100 1		INTRON A W/DILUENT.....		
ML.....	121	INTUNIV.....		
Insulin Syringe/Needle U-100 0.3		INVEGA.....		
ML 28 x 1/2".....	121	INVEGA SUSTENNA.....		

JOBST IT STAYS/ROLL-ON	88	ketoconazole	37	LAC-HYDRIN TWELVE	83
JUBLIA	73	ketoconazole (topical)	73	LACRISERT	139
JULUCA	52	KETONE TEST STRIPS	97	LACTAID	99
JUXTAPID	41	ketoprofen	4	LACTAID FAST ACT	99
K-PHOS	126	KETOPROFEN	4	lactase	99
K-PHOS NEUTRAL	126	KETOPROFEN ER	4	lactated ringer's	125
K-PHOS NO 2	105	ketorolac tromethamine	4	lactated ringer's (irrigation)	128
K-TAB	126	ketorolac tromethamine (ophth)	143	lactic acid (ammonium lactate)	83
KADIAN	8	KETOSTIX	97	LACTINOL HX	83
KALA	35	ketotifen fumarate (ophth)	143	LACTO-PECTIN	34
KALBITOR	107	KEY-E	158	lactobacillus	34
KALETRA	52	KHEDEZLA	28	lactulose	112,113
KALYDECO	150	KINERET	4	lactulose (encephalopathy)	105
KANUMA	102	KITABIS PAK	3	LADY ESTHER 4 PURPOSE FACE CREAM	83
KAPVAY	1	KLARON	71	LAMICTAL	24
KAYEXALATE	128	KLONOPIN	24	LAMICTAL CHEWABLE DISPERSIBLE	24
KAZANO	30	KLOR-CON M15	126	LAMICTAL ODT	24
KEFLEX	58	KLOR-CON/25	126	LAMICTAL XR	24
KENALOG	78	KLOUT	94	LAMISIL	37
KENDALL AMORPHOUS HYDROGEL WOUND DRESSING	95	KLS OMEPRAZOLE	152	LAMISIL ADVANCED	73
KEPIVANCE	47	KOGENATE FS	107	LAMISIL AT	73
KEPPRA	24	KOGENATE FS BIO-SET	107	LAMISIL AT JOCK ITCH	73
KEPPRA XR	24	KOMBIGLYZE XR	30	LAMISIL AT SPRAY	73
KERADAN	83	KONDREMUL	113	lamivudine	52
KERAGEL	95	KONSYL	112	lamivudine (hbv)	54
KERAGELT	95	KONSYL DAILY FIBER	112	lamivudine-zidovudine	52
KERALYT	86	KONSYL ORIGINAL FORMULADAILY FIBER	112	lamotrigine	24
KERASAL FUNGAL NAIL RENEWAL	88	KONSYL-D	112	LANAPHILIC	83
KERI ADVANCED MOISTURE THERAPY	83	KORLYM	31	Lancets - Misc	118
KERI BASIC ESSENTIALS	83	KP GENTLE SKIN CLEANSER	91	Lancets Devices - Misc	118
KERI LONG LASTING	83	KP PRENATAL MULTIVITAMINS	131	lanolin	147
KERI NOURISHING SHEA BUTTER	83	KPN PRENATAL	131	lanolin (topical)	91
KERI ORIGINAL	83	KRISTALOSE	112	LANOLIN ANHYDROUS	147
KERI OVERNIGHT	83	KROGER BLOOD GLUCOSE MONITORING KIT	118	LANOLIN ANHYDROUS-GRX	147
KERI RENEWAL MILK BODY	83	KROGER GLUCOSE	31	LANOLOR	83
KERI RENEWAL SKIN FIRMING	83	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT	118	LANOXIN	57
KERI RENEWAL STRETCH MARK MINIMIZER	83	KUVAN	102	lansoprazole	152,153
KERI SENSITIVE SKIN	83	KYNAMRO	39	lanthanum carbonate	105
KETEK	17	L-METHYL-MC NAC	99	LANTISEPTIC SKIN PROTECTANT	91
KETO-DIASTIX	97	labetalol hcl	55	LANTUS 100 UNIT/ML SOLN	32
KETOCARE	97	LABSTIX	97	LANTUS SOLOSTAR 100 UNIT/ML SOPN	32
		LAC-HYDRIN	83	LASIX	100

LASTACRAFT.....	143	LICEMD.....	94	LOHIST-D.....	65
latanoprost.....	143	LICIDE TREATMENT KIT.....	94	LOMOTIL.....	35
LATANOPROST.....	143	lidocaine.....	87	LONGS GLUCOSE.....	31
LATUDA.....	49	lidocaine hcl.....	87	loperamide hcl.....	35
LAZANDA.....	8	lidocaine hcl (mouth- throat).....	128	LOPID.....	40
LDR BLOOD GLUCOSE TRUETEST KIT.....	118	lidocaine-prilocaine.....	87	lopinavir-ritonavir.....	52
LEADER FINGER CREAM.....	83	lidocaine-transparent dressing.....	87	LOPRESSOR.....	55
LEADER GLUCOSE.....	31	LIDODERM.....	87	LOPRESSOR HCT.....	43
LEADER QUICK DISSOLVE GLUCOSE.....	31	LIDOTREX.....	95	LOPROX.....	73
leflunomide.....	5	LINDANE.....	94	LOPROX SHAMPOO.....	73
LESCOL XL.....	40	lindane.....	94	loratadine.....	39
LETAIRIS.....	58	linezolid.....	17	loratadine & pseudoephedrine.....	65
letrozole.....	46	liniments & rubs.....	86	lorazepam.....	19
LEUCOVORIN CALCIUM.....	47	LINZESS.....	105	LORTAB.....	11
leucovorin calcium.....	47	LIORESAL INTRATHECAL.....	136	LORZONE.....	136
LEUKERAN.....	45	liothyronine sodium.....	151	losartan potassium.....	42
LEUKINE.....	108	LIPITOR.....	40,41	losartan potassium & hydrochlorothiazide.....	43
levabuterol hcl.....	21	LIPOFEN.....	40	LOSEASONIQUE.....	60
LEVALBUTEROL TARTRATE HFA.....	21	LIQ-10.....	3	LOTEMAX.....	142
LEVAQUIN.....	103	lisinopril.....	41	LOTENSIN.....	41
LEVBID.....	151	lisinopril & hydrochlorothiazide.....	43	LOTENSIN HCT.....	43
LEVEMIR.....	32	LITHIUM.....	49	LOTREL.....	43
LEVEMIR FLEXTOUCH.....	32	lithium carbonate.....	49	LOTRIMIN AF.....	73
levetiracetam.....	24	LITHIUM CARBONATE.....	49	LOTRIMIN AF FOR HER.....	73
levobunolol hcl.....	140	lithium carbonate.....	49	LOTRIMIN AF JOCK ITCH.....	73
levocarnitine (metabolic modifiers).....	102	LITHOBID.....	49	LOTRIMIN ULTRA.....	73
levocetirizine dihydrochloride.....	39	LITHOSTAT.....	106	LOTRISONE.....	73
levofloxacin.....	103	LITTLE NOSES DECONGESTANTNOSE DROPS.....	138	LOTRONEX.....	105
levofloxacin (ophth).....	141	LITTLE REMEDIES FOR COLDMULTI SYMPTOM.....	65	lovastatin.....	41
LEVOMEFOLATE DHA.....	131	LIVALO.....	41	LOVAZA.....	39
levonorgestrel & eth estradiol.....	59	LMX 4.....	87	LOVENOX.....	23
levonorgestrel (emergency oc).....	61	LMX 4 PLUS.....	87	loxapine succinate.....	50
levonorgestrel-eth estradiol (triphasic).....	59	LO LOESTRIN FE.....	59	LUBRIDERM.....	83
levonorgestrel-ethinyl estradiol (91-day).....	59	LOCOID.....	78	LUBRIDERM ADVANCED THERAPY.....	83
levonorgestrel-ethinyl estradiol (continuous).....	59	LOCOID LIPOCREAM.....	78	LUBRIDERM DAILY MOISTURE/NORMAL TO DRY SKIN.....	83
LEVORPHANOL TARTRATE.....	8	LODINE.....	4	LUBRIDERM DAILY MOISTURESHEA + CALMING LAVENDER JASMINE.....	83
levothyroxine sodium.....	151	LODOSYN.....	47	LUBRIDERM INTENSE SKIN REPAIR.....	83
LEVSIN.....	151	LOESTRIN 1.5/30-21.....	59	LUBRIDERM MENS 3-IN-1.....	83
LEXAPRO.....	27,28	LOESTRIN 1/20-21.....	59	LUBRIDERM SERIOUSLY SENSITIVE.....	83
LEXIVA.....	52	LOESTRIN FE 1.5/30.....	59		
LIALDA.....	104	LOESTRIN FE 1/20.....	60		
		LOFIBRA.....	40		

LUBRIDERM SKIN			
NOURISHINGWITH SHEA AND			
COCOA BUTTERS	83		
LUBRISOFT	83		
LUCENTIS	140		
LUMIGAN	143		
LUNESTA	110		
LURIDE	125		
LUXIQ	78		
LYNPARZA	46		
LYRICA	24		
LYSODREN	46		
LYSTEDA	109		
M-CLEAR WC	65		
M-END PE	65		
M-M-R II	155		
M-VIT	131		
MACNATAL CN DHA	131		
MACROBID	154		
MACRODANTIN	154		
mafenide acetate	76		
MAG-TAB SR	125		
MAGNEBIND 300	125		
MAGNEBIND 400	125		
MAGNESIUM	125		
magnesium citrate	113		
MAGNESIUM			
GLUCONATE	125		
magnesium gluconate	125		
magnesium hydroxide	113		
magnesium lactate	125		
magnesium oxide	16		
MAGNESIUM OXIDE	125		
magnesium oxide (mg			
supplement)	125		
MAGOX 400	126		
MAKENA	147		
MALARONE	44		
malathion	94		
MAPROTILINE HCL	27		
MARINOL	37		
MARNATAL-F	131		
MARPLAN	27		
MARQIBO	47		
MATULANE	47		
MAVIK	41		
MAVYRET	54		
MAXALT	123		
MAXALT-MLT	123		
MAXAM	83		
MAXIDEX	142		
MAXIMA BLOOD GLUCOSE			
MONITORING SYSTEM	118		
MAXIMA METER KIT	118		
MAXIMA STARTER KIT	118		
MAXITROL	142		
MAXZIDE	100		
MAXZIDE-25	100		
meclizine hcl	36		
MECLOFENAMATE			
SODIUM	4		
MEDELA TENDER CARE			
LANOLIN	83		
MEDERMA AG BODY			
CLEANSER	91		
MEDERMA AG FACE			
CREAM	83		
MEDERMA AG FACIAL			
CLEANSER	91		
MEDERMA AG FACIAL			
TONER	91		
MEDERMA AG HAND & BODY			
LOTION	83		
MEDERMA STRETCH MARKS			
THERAPY	83		
MEDIHONEY			
WOUND/BURN DRESSING	9		
5			
MEDROL	61		
MEDROL DOSEPAK	61		
medroxyprogesterone			
acetate	147		
medroxyprogesterone acetate			
(contraceptive)	61		
mefenamic acid	5		
mefloquine hcl	44		
MEFLOQUINE HCL	44		
MEGA PROBIOTIC	34		
MEGACE ES	147		
MEGACE ORAL	46		
megestrol acetate	46		
megestrol acetate			
(appetite)	147		
MEIJER BLOOD GLUCOSE			
MONITORING KIT	118		
MEIJER CALAMINE	91		
MEIJER ESSENTIAL BLOOD			
GLUCOSE MONITORING			
SYSTEM	118		
MEIJER GLUCOSE	31		
MEIJER PREMIUM BLOOD			
GLUCOSE MONITORING			
KIT	118		
MEIJER TRUE2GO BLOOD			
GLUCOSE MONITORING			
SYSTEM	118		
MEIJER TRUERESULT BLOOD			
GLUCOSE MONITORING			
SYSTEM	118		
MEIJER TRUETRACK BLOOD			
GLUCOSE MONITORING			
KIT	118		
MEKINIST	46		
melatonin	3		
MELATONIN	3		
melatonin	3		
melatonin-pyridoxine	3		
meloxicam	5		
melphalan	45		
memantine hcl	148		
MENEST	103		
MENTAX	73		
menthol (topical analgesic)	72		
menthol-methyl salicylate			
(liniments)	86		
MEPERIDINE HCL	8		
mepidine hcl	8		
MEPHYTON	158		
meprobamate	18		
MEPRON	17		
MEPSEVII	102		
mercaptapurine	45		
mesalamine	104		
mesalamine w/ cleanser	104		
MESTINON	44		
MESTINON TIMESPAN	44		
META BIOTIC/BIO-ACTIVE			
12	34		
METADATE CD	2		
METAFOLBIC PLUS	99		
METAMUCIL	112		
METAMUCIL MULTIHEALTH			
FIBER SINGLES	112		
METAMUCIL ORIGINAL			
TEXTURE	112		
METAMUCIL SMOOTH			
TEXTURE FIBER SINGLES	112		
METAPROTERENOL			
SULFATE	21		
metaxalone	136		
metformin hcl	30		

methadone hcl.....	8	METOPROLOL SUCCINATE		MIRALAX.....	113
METHADONE HCL.....	8	ER/HYDROCHLOROTHIAZIDE		MIRAPEX.....	48
methadone hcl.....	8	.....	43	MIRAPEX ER.....	48
METHADONE HCL.....	8	metoprolol tartrate.....	55	MIRCETTE.....	60
methadone hcl.....	8	METOPROLOL/HYDROCHLO		mirtazapine.....	26
METHADOSE.....	8	ROTHIAZIDE.....	43	MIRVASO.....	93
METHADOSE SUGAR-FREE	8	METOZOLV ODT.....	104	misoprostol.....	153
methamphetamine hcl.....	1	METROCREAM.....	93	MM EASY TOUCH BLOOD	
methazolamide.....	99	METROGEL.....	93	GLUCOSE METER.....	118
methenamine hippurate.....	154	METROGEL-VAGINAL.....	156	MM PEN NEEDLES 31G X	
methenamine mandelate.....	154	METROLOTION.....	93	3/16".....	122
methenamine-hyosc-methylene		metronidazole.....	16	MM PEN NEEDLES 31G X	
blue-benzoic acid-phenyl		metronidazole (topical).....	93	5/16".....	122
sal.....	154	metronidazole vaginal.....	156	MM PEN NEEDLES 32G X	
methenamine-hyosc-methylene		MEVACOR.....	41	5/32".....	122
blue-sod phos-phenyl sal.....	154	mexiletine hcl.....	20	MOBIC.....	5
methenamine-hyoscamine-		MIACALCIN.....	101	MOBISYL.....	86
methylene blue-sodium		MICARDIS.....	42	modafinil.....	2
phosphate.....	154	MICARDIS HCT.....	43	MODERIBA 1200 DOSE	
methimazole.....	151	MICATIN.....	73	PACK.....	54
METHITEST.....	14	MICONAZOLE 3.....	156	MODERIBA 800 DOSE	
methocarbamol.....	136	miconazole nitrate (topical)	73	PACK.....	54
methotrexate sodium.....	45	miconazole nitrate		MODICON.....	60
METHOTREXATE SODIUM.....	45	vaginal.....	156	moexipril hcl.....	41
methotrexate sodium.....	45	MICRHOGAM ULTRA-		moexipril-hydrochlorothiazide	
methoxsalen rapid.....	75	FILTEREDPLUS.....	145	.....	43
methscopolamine bromide.....	151	MICRO-K.....	126	MOI-STIR.....	129
METHYCLOTHIAZIDE.....	100	MICROCYN.....	95	MOISTURE EYES.....	139
methylcellulose (laxative).....	112	MICRODOT BLOOD		MOISTURIZING CREAM.....	83
methylidopa.....	42	GLUCOSE MONITORING		MOLINDONE	
METHYLDOPA/HYDROCHLOR		SYSTEM.....	118	HYDROCHLORIDE.....	50
OTHIAZIDE.....	43	MICROKLENZ ANTISEPTIC		mometasone furoate.....	78
methylergonovine maleate.....	144	WOUND CLEANSER.....	95	mometasone furoate	
METHYLIN.....	2	MICROZIDE.....	100	(nasal).....	137
methylphenidate hcl.....	2	MIDAZOLAM.....	110	MONISTAT 1 COMBO	
METHYLPHENIDATE HCL		midodrine hcl.....	157	PACK.....	156
ER.....	2	MIGERGOT.....	123	MONISTAT 1 DAY OR NIGHT	
METHYLPHENIDATE		miglitol.....	29	COMBO PACK.....	156
HYDROCHLORIDE ER.....	2	miglustat.....	107	MONISTAT 3.....	156
methylprednisolone.....	61	MIGRANAL.....	123	MONISTAT 3 COMBINATION	
METHYLTESTOSTERONE.....	14	MILK OF MAGNESIA		PACK.....	156
METIPRANOLOL.....	140	CONCENTRATE.....	113	MONISTAT 7 SIMPLY	
metoclopramide hcl.....	104	MILLIPRED.....	61	CURE.....	156
METOCLOPRAMIDE ODT.....	104	MINASTRIN 24 FE.....	60	MONISTAT SOOTHING CARE	
metolazone.....	100	mineral oil.....	113	ITCH RELIEF.....	78
metoprolol &		MINIPRESS.....	42	MONOCLATE-P.....	107
hydrochlorothiazide.....	43	MINIVELLE.....	103	MONODOX.....	150
metoprolol succinate.....	55	MINOCIN.....	150	MONONINE.....	107
		minocycline hcl.....	150	montelukast sodium.....	20
		minoxidil.....	44	morphine sulfate.....	8
				MORPHINE SULFATE.....	9
				morphine sulfate.....	9

MORPHINE SULFATE ER.....	8	MULTIGEN PLUS.....	108	MYNATAL PLUS.....	131
MOTHERS FRIEND.....	83	multiple minerals w/ vitamins.....	126	MYNATAL ULTRACAPLET	131
MOTOFEN.....	36	multiple vitamin caps.....	130	MYNATAL-Z.....	131
MOTRIN INFANTS DROPS.....	5	multiple vitamin tabs.....	130	MYNATE 90 PLUS.....	131
MOUTHKOTE.....	129	multiple vitamins w/ calcium tabs.....	130	MYOFLEX.....	86
MOVIPREP.....	112	multiple vitamins w/ iron tabs.....	130	MYSOLINE.....	25
MOXATAG.....	145	multiple vitamins w/ minerals caps.....	130	MYTESI.....	33
MOXEZA.....	141	multiple vitamins w/ minerals chew.....	130	nabumetone.....	5
moxifloxacin hcl.....	103	multiple vitamins w/ minerals liqd.....	130	nadolol.....	56
moxifloxacin hcl (ophth).....	141	multiple vitamins w/ minerals tabs.....	130	nadolol & bendroflumethiazide.....	43
MS CONTIN.....	9	MULTISOURCE CALCIUM MAGNESIUM & D FORMULA.....	126	naftifine hcl.....	73
MSM SKIN LOTION.....	83	MULTISTIX.....	98	NAFTIN.....	73
MUCINEX.....	69	MULTISTIX 10 SG.....	97	NAIL SCRUB.....	88
MUCINEX CHILDRENS COLD COUGH & SORE THROAT.....	65	MULTISTIX 5.....	97	NALFON.....	5
MUCINEX CHILDRENS MULTI- SYMPTOM COLD.....	65	MULTISTIX 7.....	97	NALOXONE HCL.....	36
MUCINEX CHILDRENS MULTI- SYMPTOM COLD & FEVER.....	65	MULTISTIX 8 SG.....	98	naloxone hcl.....	36
MUCINEX CONGESTION & COUGH CHILDRENS.....	65	MULTISTIX 9.....	98	NALOXONE HCL.....	36
MUCINEX COUGH FOR KIDS.....	65	MULTISTIX 9 SG.....	98	naltrexone hcl.....	36
MUCINEX D.....	65	mupirocin.....	72	NAMENDA.....	148
MUCINEX D MAXIMUM STRENGTH.....	65	mupirocin calcium (topical).....	72	NAMENDA TITRATION PAK.....	148
MUCINEX DM.....	65	MURO 128.....	143	NAMENDA XR.....	148
MUCINEX DM MAXIMUM STRENGTH.....	65	MUSTARGEN.....	45	NAMENDA XR TITRATION PACK.....	148
MUCINEX FAST-MAX COLD & SINUS.....	66	MX-SOL.....	146	naphazoline w/ pheniramine.....	141
MUCINEX FAST-MAX COLD FLU& SORE THROAT.....	66	MX-SOL BLEND.....	146	NAPHCON-A.....	141
MUCINEX FAST-MAX COLD FLU& SORE THROAT CLEAR & COOL.....	66	MX-SOL BLEND SF.....	146	NAPRELAN.....	5
MUCINEX FAST-MAX SEVERE COLD.....	66	MX-SOL SF.....	146	NAPROSYN.....	5
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(nasal).....	137	TROGARZO.....	53	TRUETRACK BLOOD	
triamcinolone acetonide		TROKENDI XR.....	25	GLUCOSE TEST STRIPS.....	98
(topical).....	79	trolamine salicylate.....	87	TRUETRACK SMART	
TRIAMINIC COLD & COUGH		tropicamide.....	140	SYSTEM.....	120
DAY TIME CHILDRENS.....	68	tropium chloride.....	155	TRUETRACK TEST.....	99
TRIAMINIC FEVER		TRUBIOTICS.....	35	TRUNATURE DIGESTIVE	
REDUCERPAIN RELIEVER		TRUE FOCUS SELF		PROBIOTIC.....	35
CHILDRENS.....	6	MONITORING BLOOD		TRUSOPT.....	143
TRIAMINIC FEVER		GLUCOSE TEST STRIPS.....	98	TRUVADA.....	53
REDUCERPAIN RELIEVER		TRUE METRIX AIR BLOOD		Tuberculin/Allergy	
INFANTS.....	6	GLUCOSE		Syringe/Needle (Disp) 1 ML 21 x	
TRIAMINIC FLU COUGH &		METER/BLUETOOTH		1".....	122
FEVER.....	68	SMART.....	120	Tuberculin/Allergy	
TRIAMINIC LONG ACTING		TRUE METRIX AIR		Syringe/Needle (Disp) 1 ML 25 x	
COUGH.....	62	W/BLUETOOTH SMART.....	120	5/8".....	122
triamterene &		TRUE METRIX BLOOD		Tuberculin/Allergy	
hydrochlorothiazide.....	100	GLUCOSE TEST STRIPS.....	98	Syringe/Needle (Disp) 1 ML 26 x	
TRIAMTERENE/HYDROCHLOR		TRUE METRIX BLOOD		3/8".....	122
OTHIAZIDE.....	100	GLUCOSE METER.....	120	Tuberculin/Allergy	
TRIAZOLAM.....	111	TRUE METRIX BLOOD		Syringe/Needle (Disp) 1 ML 28 x	
triazolam.....	111	GLUCOSEMETER.....	120	1/2".....	122
TRIBENZOR.....	44	TRUE METRIX BLOOD		TUDORZA PRESSAIR.....	20
TRICARE.....	135	GLUCOSE TEST STRIPS.....	98	TUMS.....	16
TRICARE PRENATAL DHA		TRUE METRIX GO BLOOD		TUMS LASTING EFFECTS.....	16
ONE.....	135	GLUCOSE METER.....	120	TUSNEL.....	68
TRICITRATES.....	105	TRUE METRIX SELF		TUSNEL PEDIATRIC.....	68
TRICOR.....	40	MONITORING BLOOD		TWYNSTA.....	44
TRIDESILON.....	79	GLUCOSE STRIPS.....	98	TYBOST.....	53
trifluoperazine hcl.....	50	TRUE2GO BLOOD GLUCOSE		TYKERB.....	47
trifluridine.....	141	MONITORING SYSTEM.....	120	TYLENOL.....	6
TRIGLIDE.....	40	TRUECONTROL GLUCOSE		TYLENOL 8 HOUR.....	6
trihexyphenidyl hcl.....	47	CONTROL LEVEL 0.....	120	TYLENOL 8 HOUR	
TRILEPTAL.....	25	TRUECONTROL GLUCOSE		ARTHRITISPAIN.....	6
TRILIPIX.....	40	CONTROL LEVEL 1.....	120	TYLENOL CHILDRENS.....	6
trimethobenzamide hcl.....	36	TRUERESULT BLOOD		TYLENOL CHILDRENS	
trimethoprim.....	16	GLUCOSEMONITORING		CHEWABLES/PAIN + FEVER 6	
trimipramine maleate.....	29	SYSTEM.....	120	TYLENOL CHILDRENS PLUS	
TRIMPEX.....	16	TRUETEST BLOOD		FLU.....	68
TRINATAL GT.....	135	GLUCOSE TEST.....	98	TYLENOL CHILDRENS PLUS	
TRINATAL RX 1.....	135	TRUETEST BLOOD		MULTI-SYMPTOM COLD.....	68
TRINATE.....	135	GLUCOSE TEST STRIPS.....	98	TYLENOL COLD & FLU	
TRINTELLIX.....	28	TRUETEST GLUCOSE		SEVERE.....	68
		CONTROLLEVEL 1.....	120	TYLENOL COLD & HEAD	
				SEVERE CONGESTION.....	68
				TYLENOL COLD MAX.....	68

TYLENOL COLD MULTI-SYMP TOM NIGHTTIME.....	68	UNISOM.....	109	VCF VAGINAL CONTRACEPTIVE FILM... ..	156
TYLENOL COLD MULTI-SYMP TOM SEVERE DAYTIME.....	68	UNISOM SLEEPGELS... ..	109	VCF VAGINAL CONTRACEPTIVE FOAM... ..	156
TYLENOL COLD/COUGH/RUNNYNOSE CHILDRENS.....	68	UNITUXIN.....	45	VECAMYL.....	44
TYLENOL EXTRA STRENGTH.....	6	UP & UP GLUCOSE.....	31	VELETRI.....	58
TYLENOL INFANTS.....	6	URE-K.....	79	VELPHORO.....	105
TYLENOL INFANTS PAIN+FEVER.....	6	urea.....	79	VELTIN.....	72
TYLENOL SINUS SEVERE.....	68	urea in zinc undecylenate-lactic acid vehicle.....	79	VELVACHOL.....	85
TYLENOL SORE THROAT DAYTIME.....	6	UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE.....	79	VEMAVITE-PRX 2.....	135
TYLENOL WARMING COUGH & SEVER CONGESTION DAYTIME.....	68	URECHOLINE.....	155	VENA-BAL DHA.....	135
TYLENOL/CODEINE #3.....	13	URISTIX.....	99	venlafaxine hcl.....	28,29
TYLENOL/CODEINE #4.....	13	URISTIX 4.....	99	VENLAFAXINE HCL ER.....	28,29
TYVASO.....	58	UROCIT-K.....	105	VENTAVIS.....	58
TYVASO REFILL.....	57	UROCIT-K 10.....	105	VENTOLIN HFA.....	21
TYVASO STARTER.....	58	UROCIT-K 15.....	105	VERAMYST.....	137
TYZEKA.....	54	UROCIT-K 5.....	105	verapamil hcl.....	57
TYZINE PEDIATRIC NASAL DROPS.....	138	UROGESIC-BLUE.....	154	VERAPAMIL HCL SR.....	57
UDDERLY SMOOTH.....	85	UROXATRAL.....	106	VERASENS BLOOD GLUCOSE MONITORING SYSTEM... ..	121
UDDERLY SMOOTH EXTRA CARE.....	85	URSO 250.....	104	VEREGEN.....	72
UDDERLY SMOOTH EXTRA CARE20.....	85	URSO FORTE.....	104	VERELAN.....	57
ULESFIA.....	94	ursodiol.....	104	VERELAN PM.....	57
ULORIC.....	106	UTA.....	154	VERIPRED 20.....	62
ULTIMATECARE ONE.....	135	UTI HOME TEST.....	99	VERSACLOZ.....	50
ULTRA TRAK PRO BLOOD GLUCOSE MONITORING SYSTEM.....	120	VAGIFEM.....	157	VERSAFREE.....	147
ULTRA-CARE ALCOHOL PREP PADS.....	121	VAGISTAT-1.....	156	VERSAPLUS.....	147
ULTRACET.....	13	valacyclovir hcl.....	54	VERZENIO.....	47
ULTRAFLOA IMMUNE HEALTH.....	35	VALCHLOR.....	75	VESICARE.....	155
ULTRAM.....	10	VALCYTE.....	53	VEXASYN.....	96
ULTRAM ER.....	10	valganciclovir hcl.....	53	VFEND.....	37
ULTRATHON INSECT REPELLENT.....	93	VALIUM.....	19	VIActiv.....	125
ULTRATHON INSECT REPELLENT 8.....	93	valproic acid.....	26	VIBRAMYCIN.....	150,151
ULTRAVATE.....	79	valsartan.....	42	VICKS DAYQUIL COUGH... ..	62
UNIFINE PENTIPS 33GX4MM.....	122	valsartan-hydrochlorothiazide.....	44	VICKS DAYQUIL MUCUS CONTROL DM.....	68
UNIFINE PENTIPS PLUS 33GX4MM.....	122	VALTRESX.....	54	VICKS NYQUIL COUGH... ..	68
		VALUE PLUS GLUCOSE.....	31	VICKS SINEX.....	138
		VANICREAM.....	85	VICKS SINEX 12 HOUR DECONGESTANT.....	138
		VANICREAM LITE.....	85	VICKS SINEX MOISTURIZING.....	138
		VANOS.....	79	VICKS SINEX SEVERE NASALDECONGESTANT.....	138
		VAQTA.....	155	VICTOZA.....	31
		VARIVAX.....	155	VIDEX EC.....	53
		VASCEPA.....	39	VIDEXPEDIATRIC.....	53
		VASCUDERM HYDROGEL WOUND DRESSING.....	96	vigabatrin.....	25
		VASERETIC.....	44	VIGAMOX.....	141
		VASOTEC.....	41		

VIIBRYD.....	28	voriconazole.....	37	XERESE.....	76
VIL-RX.....	135	VOSPIRE ER.....	21	XIFAXAN.....	16
VIMOVO.....	5	VOTRIENT.....	47	XODOL.....	13
VIMPAT.....	25	VP-CH PLUS.....	135	XOLEGEL.....	74
VINATE DHA RF.....	135	VP-HEME OB.....	135	XOPENEX.....	22
VINATE II.....	135	VP-HEME OB + DHA.....	135	XOPENEX CONCENTRATE	22
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VINATE ONE.....	135	VRAYLAR.....	49	XTANDI.....	46
VIRACEPT.....	53	VSL#3.....	35	XULANE.....	61
VIRAMUNE.....	53	VUSION.....	74	XYREM.....	147
VIRAMUNE XR.....	53	VYTORIN.....	39	XYZAL.....	39
VIREAD.....	53	VYVANSE.....	1	XYZAL ALLERGY 24HR.....	39
VIROPTIC.....	141	WALGREENS GLUCOSE.....	31	YASMIN 28.....	60
VIRT NATE.....	135	warfarin sodium.....	22	YAZ.....	60
VIRT-ADVANCE.....	135	water for irrigation, sterile	128	ZADITOR.....	143
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VIRT-PN.....	135	WAVESENSE KEYNOTE	121	zaleplon.....	111
VIRT-PN DHA.....	135	WEGMANS COMPLETE		ZAMICET.....	13
VIRT-PN PLUS.....	135	PRENATAL+DHA.....	135	ZANABIN ANTIPRURITIC	
VIRT-SELECT.....	135	WELCHOL.....	40	HYDROGEL.....	97
VIRT-VITE GT.....	135	WELLBUTRIN SR.....	27	ZANAFLEX.....	136
VISBIOME PROBIOTIC HIGH		WELLBUTRIN XL.....	27	ZANFEL.....	93
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VISTOGARD.....	36	WIBI.....	85	ZARXIO.....	108
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VITAFOL-NANO.....	135	witch hazel-glycerin.....	93	ZATEAN-PN DHA.....	135
VITAFOL-OB.....	135	WOUN'DRES COLLAGEN		ZATEAN-PN PLUS.....	135
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VIVELLE-DOT.....	103	WP THYROID.....	151	ZENZEDI.....	1
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VOGELXO PUMP.....	15	XANAX XR.....	19	ZESTRIL.....	41
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VOL-PLUS.....	135	XARTEMIS XR.....	13	ZETONNA.....	137
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ZIANA.....	72	ZYPREXA RELPREVV.....	50
zidovudine.....	53	ZYPREXA ZYDIS.....	50
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