Preferred Drug List

The PA Health & Wellness Health Plan utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as a supplemental drug list to determine drugs covered by your prescription benefit. These lists are updated often and may change. You may view the Statewide PDL at https://papdl.com. To view the latest supplemental drug list, visit our website at www.PAHealthWellness.com or call us at 1-844-626-6813 (TTY/TDD: 1-844-349-8916).

Supplemental Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find
2. In the Find box type the name of the medication you want to locate
3. Click the Next button until you find the medication(s) you are looking for

PA Health & Wellness Health Plan Pharmacy Program

PA Health & Wellness Health Plan, Inc. (PA Health & Wellness) is committed to providing appropriate, high quality, and cost effective drug therapy to all PA Health & Wellness participants. PA Health & Wellness works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered according to Centers for Medicare & Medicaid (CMS) designation of an outpatient covered drug. PA Health & Wellness covers prescription medications and certain over- the-counter (OTC) medications when ordered by a physician/clinician. The pharmacy program covers all outpatient drugs as defined by CMS. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the PA Health & Wellness pharmacy program. For more detailed information, please visit our website at www.PAHealthWellness.com.

Plan Preferred Drug List and Prior Authorization List

PA Health & Wellness utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as a supplemental drug list. To view the Statewide PDL, visit https://papdl.com or visit www.PAHealthWellness.com and follow the links to the Statewide PDL. All drugs covered under the Pennsylvania Medicaid program are available for PA Health & Wellness participants. The Statewide PDL lists all drugs available and includes the restrictions that apply to each drug, such as Age Limits (AL), Quantity Limits (QL), and prior authorization requirements. The Statewide PDL applies to drugs you receive in outpatient setting. The supplemental drug list is continually evaluated by the PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the PA Health & Wellness Medical Director, PA Health & Wellness Pharmacy Director, and several Pennsylvania primary care physicians, pharmacists, and specialists and a consumer representative. The PDL and supplemental drug list do not:

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

Participant Copay Responsibility

- Generics - $0
- Brands - $3

No copay applies to the following categories:

- Participants under age 18
- Participants in long-term care, hospice, women in the Breast and Cervical Cancer Program, Foster Care, Pregnant women
- Antihypertensive agents
- Anticonvulsants
- Antineoplastic agents
- Antiglaucoma agents

- Antipsychotic agents, except those that are also Schedule C-IV antianxiety agents
- Antidiabetic agents
- Cardiovascular preparations
- HIV/AIDs
- Antiparkinson drugs
- Naloxone

Centene's Pharmacy Department

PA Health & Wellness works with Centene's Pharmacy Department to process all pharmacy claims for prescribed drugs. Some drugs on the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list require a PA and Centene's Pharmacy Department is responsible for administering this process.

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form.

2. Fax to Centene's Pharmacy Department at 1-844-205-3386.

3. Prior Authorization decisions will be completed within 24 hours of receipt.

4. Once approved, notification will be sent to the prescriber and participant.

5. If the clinical information provided does not explain the medical necessity for the requested PA medication, the request will be denied and the prescriber and the participant will be notified.

6. A pharmacy can provide up to a 72-hour supply of a new medication or 15-day supply for ongoing medication.

Prior Authorization Process

The Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list include a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from these preferred drug lists for their patients who are participants of PA Health & Wellness. Some drugs will require PA and are listed on the PA list. In addition, all name brand drugs not listed on either the PDL or PA list will require prior authorization. If a request for authorization is needed, the information should be submitted by your physician/clinician to Centene's Pharmacy Department on the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form. This form should be faxed to 1-844-205-3386. This document is located on the PA Health & Wellness website at www.PAHealthWellness.com.

PA Health & Wellness will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.

2. Depending on the medication, other medications on the PDL have not worked or cannot be tried.

For requests for drugs that are listed on the Pennsylvania Medical Assistance Program's Statewide PDL, reviews are performed by professionals using the criteria established by the Pennsylvania Medical Assistance Program. For requests for drugs that are listed on the PA Health & Wellness supplemental drug list, reviews are performed by professionals using the criteria established by the PA Health & Wellness P&T Committee. Once approved, Centene's Pharmacy Department notifies the physician/clinician and participant. If the clinical information provided does not meet the coverage criteria for the requested medication, a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

The PA Health & Wellness P&T Committee has reviewed and approved, with input from its participants and in consideration of medical evidence, the supplemental list of drugs requiring prior authorization. This supplemental drug list attempts to provide appropriate and cost-effective drug therapy in addition to the Pennsylvania Medical Assistance Program's Statewide PDL to all participants covered under the PA Health & Wellness pharmacy program. If a patient requires a brand name medication that does not appear on the supplemental drug list, the physician/clinician can make a PA request for the brand name medication. It is anticipated that such exceptions will be rare and that Statewide PDL and supplemental drug list medications will be appropriate to treat the vast majority of medical conditions.

Clinicians are requested to utilize the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list when prescribing medication for those patients covered by the PA Health & Wellness pharmacy program. If a pharmacist receives a prescription for a non-preferred 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 PA Health & Wellness Health Plan Participant Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Participants cannot be assisted if they call the PA toll-free number. PA Health & Wellness Participant Services may be reached at 1-844-626-6813 (TTY 1-844-349-8916).

Transition Period

PA Health & Wellness participants age 21 and older new to managed care will be able to receive their prescription drugs with no new PA requirements for first 60 days they are enrolled in our plan. Participants under the age of 21 will be allowed to complete the course of treatment without any new PA requirements. 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. The Pennsylvania Medical Assistance Program's Statewide PDL and the PA Health & Wellness supplemental drug list identify the drugs that will require PA. 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 participant services at 1-844-626-6813 (TTY 1-844-349-8916).

72-Hour and 15-Day 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. If the prescription is for continuation of an existing drug a 15-day supply may be provided. 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. All participating pharmacies are authorized to provide a 15-day supply of a continuation of an existing medication, not including diabetic supplies and will be reimbursed for the ingredient cost and dispensing fee of the 15-day supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy can submit override for 72-hour or 15-day medication supply for payment.

Dispensing Limits, Quantity Limits, and Age Limits

You may receive up to a maximum 34-day supply for each new or refill non-controlled substance. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription for a non-controlled medication can be refilled. For example with a 34-day supply, you must have taken 28 days of the medication before you can get the next refill. A total of 90 percent (90%) of the days supplied must have elapsed before the prescription for a controlled medication can be refilled. Prescriptions that exceed the Quantity Limit (QL) allowed or Age Limits (AL) require PA. PA Health & Wellness 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 PA Health & Wellness does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on the 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.

Opioid medications are subject to a cumulative daily morphine milligram equivalent (MME) limit of 50MME daily. Prescriptions exceeding that dose will require a prior authorization. Note: all prescriptions for long-acting opioids require prior authorization. Exceptions to the above requirements will be made for those participants with an active cancer, sickle cell with crisis, or those in hospice or palliative care.

Certain oral cancer drugs will be limited to a 15-day supply until you and your prescriber determine you are able to tolerate the medication. A list of these medications is located at www.PAHealthWellness.com.

Medical Necessity Requests

If you require a medication that does not appear on either the Pennsylvania Medical Assistance Program's Statewide PDL or the PA Health & Wellness supplemental drug list, you or your physician/clinician can make a medical necessity request for the medication by submitting a request for prior authorization. It is anticipated that such exceptions will be rare and that medications included

on the Statewide PDL and supplemental drug list will be appropriate to treat the vast majority of medical conditions.

Such reviews are performed by professionals using the criteria established by the Pennsylvania Department of Human Services P&T Committee for drugs included in the Statewide PDL, or using criteria established by the PA Health & Wellness P&T Committee for drugs not included in the Statewide PDL. If the clinical information provided does not meet the coverage criteria for the requested medication a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

Participants started and stabilized on medications in the following classes will not be required to try a PDL medication.

- Antipsychotics
- Antidepressants
- Anticonvulsants
- Hepatitis C antivirals
- MS Treatments
- Human Immunodeficiency Virus (HIV)
- Cytokine and CAM Antagonists
- Dupixent
- Hereditary Angioedema Treatments
- Oral Immunosuppressives
- MABs, -Anti-IL, Anti-IgE
- Pancreatic Enzymes
- Pulmonary Arterial Hypertension Agents
- Stimulants and Related Agents
- Ulcerative Colitis Agents
- Antifibrotic Respiratory Agents
- Oral Oncology Agents
- Thalidomide and Derivatives
- Antiparkinson's Agents

Appropriate Use and Safety Edits

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

Medicare Eligible Participants

Participants that are also eligible for Medicare must bill the pharmacy claim to Medicare first. The pharmacy will bill Medicare first and then bill the plan. PA Health & Wellness will cover certain medications, like OTC drugs, that Medicare does not cover. If the drug is part of the Medicare benefit but Medicare denies coverage PA Health & Wellness will not cover the drug.

DUR (Drug Utilization Review) Programs

PA Health & Wellness will monitor ongoing prescribing of medications for clinical appropriateness. PA Health & Wellness reviews prescribing retrospectively to review for both safety and efficacy. PA Health & Wellness will work with Centene's Pharmacy Department to review for such things as disease management, fraud and abuse (i.e. Coordinated Services Program), and prescriber profiling. Prescriber or participant outreach may occur based on prescribing/dispensing patterns. PA Health & Wellness will continue to monitor for issues going forward and take action as needed.

Over-The-Counter Medications

The pharmacy program covers a selection of OTC medications as allowed by Pennsylvania rules. 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. OTC categories covered:

- Analgesics except long acting products
- Antacids
- Antidiarrheal
- Antiflatulent
- Antinauseant
- Bronchodilators
- Cough and cold preparations
- Contraceptives
- Hematinics (low iron)
- Insulin and insulin syringes
- Laxatives and stool softeners
- Nasal preparations
- Ophthalmic preparations
- Topical products containing anesthetics, antibacterial, dermatological baths, fungicidal, rectal preparations, tar preparations, wet dressing
- Vitamins and minerals
- Vitamins for prenatal use
- Vitamins containing Nicotinic acid and Calcium salts
- Diagnostic agents
- Quinine

Filling a Prescription

You can have prescriptions filled at a PA Health & Wellness network pharmacy. If you decide to have a prescription filled at a network pharmacy, you can locate a pharmacy near you by contacting a PA Health & Wellness Participant Services Representative. At the pharmacy, you will need to provide the pharmacist with your prescription and your PA Health & Wellness ID card. Please visit the PA Health & Wellness website at www.PAHealthWellness.com to access the PA Health & Wellness PDL, PA

Health & Wellness PA lists, important forms, and provider/participant information 24 hours a day, seven days a week.

Maintenance Medications

PA Health & Wellness Health Plan offers participants a longer days supply of maintenance medications by mail and at certain retail pharmacies. You can receive up to 90 days of these medications at a time. These drugs are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications and pharmacies in the Maintenance Drug Pharmacy Program document located on the PA Health & Wellness website at www.PAHealthWellness.com.

Please contact a PA Health & Wellness Participant Service Representative if you have any questions.

PA Health & Wellness Health Plan Pharmacy Program - Additional Information

Specialty Medications

Most specialty medication requires prior authorization by Centene's Pharmacy Department. A list of specialty medications is located at www.PAHealthWellness.com. Fax prior authorization forms to 1-844-205-3386.

Pharmacy and Therapeutics Committee

The PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the PA Health & Wellness supplemental drug list. The Committee is composed of the PA Health & Wellness Medical Directors, PA Health & Wellness Pharmacists, and several community based primary care physicians, specialists, and a consumer representative. The primary purpose of the Committee is to assist in developing and monitoring the PA Health & Wellness supplemental drug list and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least quarterly, and coordinates reviews with a national P&T Committee that meets at least 4 times a year. Changes to the PA Health & Wellness supplemental drug list are done in conjunction with the approval of the State of Pennsylvania. PA Health & Wellness will submit any proposed changes to the State for approval and update the supplemental drug list accordingly. PA Health & Wellness will follow all State policies regarding participant notification when changes are made to the supplemental drug list.

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 PA Health & Wellness. Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

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

- Fertility enhancing drugs
- Anorexia, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Drugs and other agents used for cosmetic purposes or for hair growth - erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.
- Drugs and devices classified as experimental by the FDA
- Drugs and devices not approved by the FDA
- Legend and non-legend soaps, cleansing agents, dentifrices, mouthwashes, douche solutions, diluents, ear wax removal agents, deodorants, liniments, antiseptics, irrigants and other person care items
- Specific items when prescribed for recipients in a skilled nursing facility, an intermediate care facility or an intermediate care facility for the mentally retarded (Intravenous solutions: non-legend: analgesics, antacids, cough/cold, contraceptives, laxative and stool softeners, ophthalmic preparations, diagnostic agents, and legend laxatives
- Non-legend drugs in the form of troches, lozenges, throat tablets, cough drops, chewing gum, mouthwashes and similar items

Newly Approved Products

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

DME/Home Health Benefits

The following medical services are a part of the PA Health & Wellness medical benefit and are not available at the retail pharmacy:

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

Injectable Drugs

A number of injectable drugs appear on the Statewide PDL and the PA Health & Wellness supplemental drug list. Injectable drugs that are self-administered by the participant and/or family member are covered by the PA Health & Wellness pharmacy program. Most injectable drugs require PA.

We help keep you informed

The PA Health & Wellness 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 Statewide PDL and supplemental drug list can be downloaded from our website at www.PAHealthWellness.com.

Contacts for Pharmacy Appeals/Grievances

Participants: In the event that a participant disagrees with the decision regarding coverage of a medication, the participant may file an appeal with PA Health & Wellness by calling PA Health & Wellness Participant Services at 1-844-626-6813 (TTY 1-844-3498916).

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 PA Health & Wellness in writing to the Appeals Department at the following address:

PA Health & Wellness Health Plan
Appeal Department
1700 Bent Creek Blvd., Suite 200
Mechanicsburg, PA 17050
Fax: 1-844-873-7451

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 participant by calling PA Health & Wellness Health Plan at 1-844-626-6813 (TTY 1-844-349-8916). 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 supplemental drug listing in the limitations and restrictions column.

AL:	Age Limit
PA:	Prior Authorization
QL:	Quantity Limit
SP:	Specialty Medication

MP:	Maintenance Product
APA:	Advanced Prior Authorization – an automated prior authorization process to determine whether clinical criteria is met. If clinical criteria is not fully met, an electronic or manual prior authorization will still need to be done.
$0 Copay:	Member will not be charged a copay for the specific drug

Drug Tier Definitions

P:	Preferred	These drugs are covered on the preferred drug list
NP:	Non-preferred	These drugs require a Prior Authorization (PA) and are covered when found to be medically necessary.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Analeptics		
caffeine citrate SOLN PO	P	QL(45 ML per fill retail; 45 per fill mail)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	P	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
MELADOX TBCR	P	
MELATONIN ER TBCR	P	
MELATONIN FAST MELTZ TBDP	P	
MELATONIN MAXIMUM STRENGTH LIQD	P	
MELATONIN SLEEP FAST DISSOLVE TBDP	P	
MELATONIN TR TBCR	P	
melatonin CAPS 5 MG, 10 MG	P	
MELATONIN CAPS 1 MG, 3 MG	P	
melatonin CHEW	P	
melatonin LIQD	P	RX/OTC
MELATONIN LIQD	P	
MELATONIN LOZG SL 5 MG	P	
MELATONINMAX GUMMIES CHEW	P	
melatonin SUBL	P	
MELATONIN SUBL	P	
melatonin TABS 1 MG, 3 MG, 5 MG, 10 MG	P	
MELATONIN TABS 12 MG, 300 MCG	P	
melatonin TBCR	P	
melatonin TBDP	P	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	P	
tobramycin sulfate SOLR	P	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesics Other		
acetaminophen CAPS 500 MG	P	QL(6 EA daily)
acetaminophen CHEW 80 MG	P	
acetaminophen CHEW 160 MG	P	QL(20 EA daily)
acetaminophen ELIX	P	QL(75 ML daily)
acetaminophen LIQD 500 MG/15ML, 1000 MG/30ML	P	QL(90 ML daily)
acetaminophen LIQD 160 MG/5ML	P	QL(75 ML daily)
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	QL(75 ML daily)
acetaminophen SUPP 120 MG	P	QL(20 EA daily)
acetaminophen SUPP 650 MG	P	QL(6 EA daily)
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	P	QL(75 ML daily)
acetaminophen TABS 500 MG	P	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen TABS 325 MG	P	QL(10 EA daily)
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(10 EA daily)
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	P	QL(12 EA daily)
aspirin CHEW	P	QL(12 EA daily)
ASPIRIN SUPP 300 MG	P	QL(6 EA daily)
aspirin TABS 325 MG	P	QL(12 EA daily)
aspirin TBEC 81 MG, 325 MG	P	QL(12 EA daily)
salsalate	P	QL(4 EA daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
hydrocortisone (intrarectal)	P	
Rectal Local Anesthetics		
dibucaine (rectal) EX	P	QL(30 GM per fill retail; 30 per fill mail)
Rectal Steroids		
hydrocortisone (rectal) EX 2.5 %	P	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	P	
alum & mag hydrox-simethicone LIQD	P	
alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	P	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	P	
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	P	
calcium carbonate (antacid) SUSP	P	
CALCIUM CARBONATE ANTACID SUSP	P	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	P	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
droperidol SOLN 2.5 MG/ML	P	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	P	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	P	MP
NORPACE CR CP12 150 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
quinidine gluconate TBCR	P	
quinidine sulfate TABS	P	
Antiarrhythmics Type I-B		
mexiletine hcl	P	MP
Antiarrhythmics Type I-C		
flecainide acetate	P	MP
propafenone hcl TABS	P	MP
Antiarrhythmics Type III		
amiodarone hcl TABS	P	MP
dofetilide	P	QL(2 EA daily)
TIKOSYN *(dofetilide)*	P	QL(2 EA daily)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium NEBU	P	QL(8 ML daily)
Xanthines		
THEO-24 CP24	P	
THEOPHYLLINE ER TB12 100 MG, 200 MG	P	MP
theophylline ELIX	P	
theophylline SOLN	P	QL(475 ML per fill retail; 1425 per fill mail); MP
theophylline TB12	P	MP
theophylline TB24	P	MP
ANTICOAGULANTS - Blood Thinners		
Heparins And Heparinoid-Like Agents		
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	
HEPARIN SODIUM (PORCINE) SOSY IJ	P	
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Misc.		
levetiracetam SOLN IV 500 MG/5ML	P	QL(30 ML daily)
Valproic Acid		
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	P	
bismuth subsalicylate TABS	P	
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	P	
diphenoxylate w/ atropine TABS	P	
loperamide hcl CAPS	P	QL(8 EA daily); RX/OTC
loperamide hcl TABS	P	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate SYRP	P	QL(60 ML daily)
chlorpheniramine maleate TABS	P	QL(120 EA per fill retail; 120 per fill mail)
dexchlorpheniramine maleate SOLN	P	

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Ethanolamines		
clemastine fumarate TABS 1.34 MG	P	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	
diphenhydramine hcl CAPS 25 MG	P	QL(12 EA daily)
diphenhydramine hcl CAPS 50 MG	P	QL(6 EA daily)
diphenhydramine hcl ELIX 12.5 MG/5ML	P	QL(240 ML per fill retail)
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	P	QL(240 ML per fill retail)
diphenhydramine hcl TABS 25 MG	P	QL(12 EA daily)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
Vasodilators		
hydralazine hcl TABS	P	MP
minoxidil 2.5 MG, 10 MG	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
trimethoprim TABS	P	
Anti-infective Misc. - Combinations		
sulfamethoxazole-trimethoprim SUSP	P	
sulfamethoxazole-trimethoprim TABS	P	
Glycopeptides		
vancomycin hcl SOLR IV 1 GM, 500 MG	P	
VANCOMYCIN HCL SOLR IV 1 GM, 500 MG	P	
Leprostatics		
dapsone	P	PA
Lincosamides		
clindamycin hcl 150 MG, 300 MG	P	
clindamycin palmitate hydrochloride	P	
Oxazolidinones		
SIVEXTRO TABS	P	QL(1 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
pyridostigmine bromide TABS 60 MG	P	
pyridostigmine bromide TBCR	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	P	MP
isoniazid SYRP	P	MP
isoniazid TABS	P	MP
pyrazinamide	P	
rifampin CAPS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	P	
LEUKERAN	P	
melphalan	P	
MYLERAN TABS	P	
TEMODAR SOLR	P	SP; PA
Antimetabolites		

Drug Name	Drug Tier	Requirements/ Limits
mercaptopurine SUSP 2000 MG/100ML	P	
mercaptopurine TABS	P	
PURIXAN SUSP 2000 MG/100ML *(mercaptopurine)*	P	
Antineoplastic - Hormonal and Related Agents		
EMCYT	P	SP
EULEXIN	P	QL(6 EA daily)
LYSODREN	P	SP
megestrol acetate SUSP	P	
megestrol acetate TABS	P	
Antineoplastic Enzyme Inhibitors		
ISTODAX SOLR *(romidepsin)*	P	SP; PA
romidepsin SOLR	P	SP; PA
Antineoplastics Misc.		
bexarotene	P	SP; PA
MATULANE	P	SP
tretinoin (chemotherapy)	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium TABS	P	
mesna TABS	P	SP
MESNEX TABS	P	SP
Mitotic Inhibitors		
etoposide CAPS	P	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	P	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	P	AL(At least 18 yrs old)
lithium carbonate CAPS	P	
lithium carbonate TABS	P	
lithium carbonate TBCR	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiviral Combinations		
PAXLOVID (150/100)	P	
PAXLOVID (300/100)	P	
Misc. Antivirals		
LAGEVRIO	P	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	P	MP
digoxin TABS 125 MCG, 250 MCG	P	MP
LANOXIN TABS 125 MCG, 250 MCG *(digoxin)*	P	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Prostaglandin Vasodilators		
epoprostenol sodium	P	SP
REMODULIN SOLN IJ 20 MG/20ML, 50 MG/20ML	P	SP; PA
treprostinil SOLN IJ 20 MG/20ML, 50 MG/20ML	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
sildenafil citrate (pulmonary hypertension) SOLN	P	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 3rd Generation		
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	P	QL(4 EA daily)
CHEMICALS		
Liquids		
CASTOR OIL	P	RX/OTC
QC CASTOR OIL	P	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Emergency Contraceptives		
ELLA	P	
levonorgestrel (emergency oc) 1.5 MG	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
DEPO-MEDROL SUSP	P	
DEPO-MEDROL SUSP *(methylprednisolone acetate)*	P	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(5 ML daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	P	QL(5 ML daily)
KENALOG-10 SUSP *(triamcinolone acetonide)*	P	
KENALOG-40 SUSP *(triamcinolone acetonide)*	P	
methylprednisolone acetate SUSP	P	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	P	
SOLU-MEDROL (PF) 40 MG	P	
triamcinolone acetonide SUSP	P	
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML, 50 MG/ML	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 100 MG, 200 MG	P	AL(At least 10 yrs old)
dextromethorphan polistirex SUER	P	
hydrocodone bitartrate-homatropine methylbromide SOLN	P	QL(30 ML daily)
Cough/Cold/Allergy Combinations		
brompheniramine & phenyleph ELIX	P	QL(120 ML per fill retail; 120 per fill mail)
brompheniramine & pseudoeph ELIX	P	QL(120 ML per fill retail; 120 per fill mail)
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	P	QL(120 ML per fill retail; 120 per fill mail)
COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
CVS COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
dextromethorphan-doxylamine-acetaminophen LIQD	P	

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML	P	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	P	
dextromethorphan-guaifenesin TABS 400 MG-20 MG	P	
dextromethorphan-guaifenesin TB12 600 MG-30 MG	P	
dextromethorphan-phenylephrine-acetaminophen CAPS	P	
DIMETAPP CHILDREN COLD/ALLERGY LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
ED BRON GP LIQD	P	
guaifenesin-codeine SOLN	P	QL(60 ML daily)
guaifenesin-codeine SYRP	P	QL(60 ML daily)
LOHIST-D LIQD	P	
MAXI-TUSS PE MAX LIQD	P	
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	P	
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	P	
phenylephrine-dm SOLN	P	
phenylephrine-doxylamine-dextromethorphan-acetaminophen MISC 5 MG-325 MG-6.25 MG	P	
promethazine & phenylephrine SYRP	P	QL(240 ML per fill retail); AL(At least 2 yrs old)
promethazine w/codeine SOLN	P	QL(30 ML daily); AL(At least 2 yrs old)
promethazine w/codeine SYRP	P	QL(30 ML daily); AL(At least 2 yrs old)
promethazine-dm SYRP	P	QL(240 ML per fill retail)
promethazine-phenylephrine-codeine	P	QL(30 ML daily); AL(At least 2 yrs old)
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	P	
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	P	
pseudoephedrine-ibuprofen TABS	P	
QC DIBROMM CHILDRENS COLD/ALL LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
QC TRIACTING DAYTIME CHILDRENS SYRP	P	
SM COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
TRIAMINIC COLD/COUGH DAY TIME SYRP	P	
TYLENOL CHILDRENS COLD/COUGH SUSP	P	QL(75 ML daily)
WAL-TAP COLD/ALLERGY LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
Expectorants		
GERI-TUSSIN SYRP	P	
guaifenesin LIQD	P	
guaifenesin TB12	P	
Misc. Respiratory Inhalants		

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	P	
Mucolytics		
acetylcysteine SOLN	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Antineoplastic or Premalignant Lesion Agents - Topical		
fluorouracil (topical) CREA 0.5 %	P	QL(30 GM per fill retail; 30 per fill mail)
fluorouracil (topical) CREA 5 %	P	QL(40 GM per fill retail; 40 per fill mail)
fluorouracil (topical) SOLN	P	QL(10 ML per fill retail; 10 per fill mail)
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	P	QL(120 ML per fill retail; 120 per fill mail)
Burn Products		
silver sulfadiazine	P	
Corticosteroids - Topical		
EPIFOAM FOAM	P	
Emollient/Keratolytic Agents		
urea CREA 40 %	P	QL(210 GM per fill retail; 210 per fill mail); RX/OTC
urea LOTN 40 %	P	QL(240 GM per fill retail)
Emollients		
lactic acid (ammonium lactate) CREA	P	RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	P	RX/OTC
Keratolytic/Antimitotic/Vesicant Agents		
podofilox SOLN	P	QL(4 ML per fill retail)
salicylic acid GEL 6 %	P	QL(40 GM per fill retail; 40 per fill mail)
Local Anesthetics - Topical		
dibucaine	P	QL(30 GM per fill retail; 30 per fill mail)
Misc. Topical		
DRYSOL SOLN	P	
INSECT REPELLENT - AEROSOL	P	
INSECT REPELLENT - LIQUID	P	
INSECT REPELLENT - LOTION	P	
isopropyl alcohol (skin cleanser) MISC	P	MP
zinc oxide (topical) OINT 20 %, 40 %	P	QL(60 GM per fill retail; 60 per fill mail)
Rosacea Agents		
metronidazole (topical) CREA	P	
metronidazole (topical) GEL 0.75 %	P	
metronidazole (topical) LOTN	P	
Tar Products		
coal tar extract SHAM 0.5 %, 1 %	P	
Wound Care Products		
CALCIUM ALGINATE WOUND DRESSING	P	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEMSTRIP K STRP	P	
FORA GTEL BLOOD KETONE TEST	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
FORA TEST N'GO ADV-VOICE-6 CON	P	QL(1 EA daily)
GOJJI BLOOD KETONE TEST	P	QL(1 EA daily)
KETONE TEST STRP	P	
KETOSTIX STRP	P	
NOVA MAX PLUS KETONE TEST	P	QL(1 EA daily)
PRECISION XTRA KETONE	P	QL(1 EA daily)
RELION KETONE TEST STRP	P	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 15	P	
DEPLIN 7.5	P	
ELFOLATE TABS	P	
L-METHYLFOLATE FORTE	P	
L-METHYLFOLATE-ALGAE	P	
l-methylfolate TABS 7.5 MG, 15 MG	P	
L-METHYLFOLATE TABS	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	P	MP
acetazolamide TABS	P	MP
methazolamide TABS	P	
Diuretic Combinations		
amiloride & hydrochlorothiazide	P	QL(2 EA daily)
spironolactone & hydrochlorothiazide	P	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	P	QL(1 EA daily); MP
triamterene & hydrochlorothiazide TABS	P	QL(1 EA daily); MP
Loop Diuretics		
bumetanide TABS	P	MP
furosemide SOLN IJ 10 MG/ML	P	
FUROSEMIDE SOLN IJ	P	
furosemide TABS	P	MP
SOAANZ TABS 20 MG	P	MP
torsemide TABS	P	MP
Potassium Sparing Diuretics		
amiloride hcl TABS	P	QL(4 EA daily)
spironolactone TABS	P	MP
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	P	MP
hydrochlorothiazide CAPS	P	MP
hydrochlorothiazide TABS	P	MP
indapamide TABS 1.25 MG, 2.5 MG	P	MP
metolazone	P	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	P	SP; PA
Metabolic Modifiers		
FABRAZYME	P	SP; PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	P	

Drug Name	Drug Tier	Requirements/ Limits
levocarnitine (metabolic modifiers) TABS	P	
Posterior Pituitary Hormones		
desmopressin acetate spray	P	QL(0.4 ML daily)
desmopressin acetate spray refrigerated 0.01 %	P	QL(0.4 ML daily)
desmopressin acetate SOLN IJ	P	SP
desmopressin acetate SOLN IJ	P	SP; PA
desmopressin acetate TABS	P	QL(3 EA daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TBPK *(tolvaptan)*	P	QL(2 EA daily); SP; PA
tolvaptan TBPK	P	QL(2 EA daily); SP; PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
simethicone CHEW 80 MG	P	
simethicone LIQD PO	P	QL(30 ML per fill retail)
simethicone SUSP	P	QL(30 ML per fill retail)
Intestinal Acidifiers		
lactulose (encephalopathy)	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR	P	
potassium citrate-citric acid PACK	P	
sodium citrate & citric acid	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Genitourinary Irrigants		
acetic acid 0.25 %	P	
sodium chloride (gu irrigant) 0.9 %	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	P	QL(3 EA daily)
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
CORIFACT	P	SP; PA
FIBRYGA	P	SP; PA
RIASTAP	P	SP; PA
TRETTEN	P	SP; PA
Hematorheologic Agents		
pentoxifylline	P	MP
Platelet Aggregation Inhibitors		
anagrelide hcl	P	
cilostazol	P	QL(2 EA daily); MP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	P	
Folic Acid/Folates		
folic acid TABS	P	
Iron		
ferrous fumarate TABS	P	
ferrous gluconate TABS 324 MG	P	
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	P	

Drug Name	Drug Tier	Requirements/ Limits
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	P	75 MG/ML (15 MG/ML Elemental Fe); QL(3.34 ML daily)
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	P	MP
Stem Cell Mobilizers		
MOZOBIL *(plerixafor)*	P	QL(2.4 ML daily); SP; PA
plerixafor	P	QL(2.4 ML daily); SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
tranexamic acid TABS	P	QL(6 EA daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
diphenhydramine hcl (sleep) CAPS 50 MG	P	QL(6 EA daily)
diphenhydramine hcl (sleep) TABS 25 MG	P	QL(12 EA daily)
Non-Barbiturate Hypnotics		
midazolam hcl SOLN IJ	P	PA
MIDAZOLAM HCL SOLN IJ	P	PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	P	QL(10 EA daily)
KONSYL DAILY FIBER PACK 100 %	P	
NATURAL FIBER LAXATIVE POWD	P	
psyllium CAPS 0.52 GM, 400 MG	P	
psyllium POWD 25 %, 28.3 %, 30 %, 33 %, 43 %, 49 %, 51.7 %, 58.6 %, 100 %	P	
Laxative Combinations		
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	P	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	P	
sennosides-docusate sodium TABS	P	
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %	P	
lactulose SOLN	P	
PEDIA-LAX SUPP	P	
polyethylene glycol 3350 PACK	P	
polyethylene glycol 3350 POWD	P	
SORBITOL PR 70 %	P	
Lubricant Laxatives		
mineral oil ENEM	P	
mineral oil OIL PO	P	QL(4 ML daily); RX/OTC
Saline Laxatives		
magnesium citrate 1.745 GM/30ML	P	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	
MILK OF MAGNESIA CONCENTRATE SUSP	P	
sodium phosphates ENEM	P	
Stimulant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
bisacodyl SUPP	P	
bisacodyl TBEC	P	
castor oil OIL 100 %	P	
SENNA SYRP	P	
sennosides LIQD	P	
sennosides SYRP 8.8 MG/5ML	P	
sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	P	
Surfactant Laxatives		
docusate calcium	P	
docusate sodium CAPS 100 MG, 250 MG	P	
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	P	
DOCUSATE SODIUM SYRP	P	
docusate sodium TABS	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
GAUZE PADS	P	
GAUZE PADS & DRESSINGS - PADS 2" X 2"	P	
GAUZE PADS & DRESSINGS - PADS 4" X 4"	P	
Contraceptives		
AIMSCO LUBRICATED MISC	P	
DUREX EXTRA SENSITIVE THIN DEVI	P	
DUREX EXTRA SENSITIVE THIN MISC	P	
DUREX TROPICAL MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED MISC	P	
KAMELEON LUBRICATED MISC	P	
KIMONO COLORS DEVI	P	
KIMONO MAXX-LARGE FLARE MISC	P	
KIMONO MICRO THIN PLUS MISC	P	
KIMONO PLUS MISC	P	
KIMONO PS PLUS MISC	P	
KIMONO PS MISC	P	
KIMONO SENSATION PLUS MISC	P	
KIMONO SENSATION MISC	P	
KIMONO SPECIAL DEVI	P	
KIMONO MISC	P	
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	
K-Y ME & YOU INTENSE DEVI	P	
MAXX PLUS MISC	P	
MAXX MISC	P	
REALITY LATEX CONDOMS MISC	P	
REALITY LATEX/ULTRA TEXTURED DEVI	P	
REALITY LATEX/ULTRA THIN DEVI	P	
TROJAN BARESKIN DEVI	P	
TROJAN MAGNUM MISC	P	
TROJAN ULTRA THIN/SPERMICIDAL MISC	P	
TROJAN ULTRA THIN MISC	P	
TROJAN-ENZ LUBRICATED MISC	P	
TROJAN-ENZ/SPERMICIDAL MISC	P	

Drug Name	Drug Tier	Requirements/ Limits
TRUE COVER DEVI	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P	
TRUSTEX LUB/RIBBED/STUDDED MISC	P	
TRUSTEX LUB/SPERMICIDE EX ST MISC	P	
TRUSTEX LUB/SPERMICIDE XL MISC	P	
TRUSTEX LUBRICATED EX LARGE MISC	P	
TRUSTEX LUBRICATED EXTRA ST MISC	P	
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	
TRUSTEX LUBRICATED MISC	P	
TRUSTEX NATURAL CONDOMS + LUBE MISC	P	
TRUSTEX RIA LUB/SPERMICIDE MISC	P	
TRUSTEX RIA LUBRICATED MISC	P	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P	
Diabetic Supplies		
BLOOD GLUCOSE CALIBRATION - LIQUID	P	
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	P	
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	P	
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	P	
LANCET DEVICES	P	QL(1 ea per 180 days)
LANCETS	P	
GI-GU Ostomy & Irrigation Supplies		
CATHETER KIT	P	Rx/OTC
Misc. Devices		
ALCOHOL SWABS	P	QL(400 ea per fill); Rx/OTC
Parenteral Therapy Supplies		
INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 29 G X 12.7 MM	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 31 G X 5 MM (3/16")	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 32 G X 6 MM (1/4")	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE (DISP) U-100 1/2 ML	P	Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 1"	P	QL(5 ea daily); Rx/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 5/8"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 26 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 3/8"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	P	QL(5 ea daily); Rx/OTC
Respiratory Therapy Supplies		
INSPIREASE RESERVOIR BAGS	P	QL(3 EA per 180 day(s) retail; 3 EA per 180 days mail)
RESPIRATORY THERAPY SUPPLIES - DEVICES	P	QL(2 ea per 365 days); Rx/OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	P	QL(2 ea per 365 days); Rx/OTC
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM + D3 TABS 125 UNIT-250 MG	P	
CALCIUM 600 +D HIGH POTENCY TABS	P	QL(2 EA daily)
CALCIUM CARB-CHOLECALCIFEROL CHEW	P	
CALCIUM CARBONATE CHEW	P	
calcium carbonate-cholecalciferol TABS 20 MCG-600 MG, 200 UNIT-600 MG, 5 MCG-600 MG, 800 UNIT-600 MG	P	QL(2 EA daily)
calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG	P	QL(3 EA daily)
calcium carbonate-cholecalciferol TABS 10 MCG-500 MG, 125 UNIT-500 MG, 200 UNIT-500 MG, 400 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG	P	

Drug Name	Drug Tier	Requirements/ Limits
calcium carbonate TABS 1250 MG, 500 MG	P	
calcium carbonate-vitamin d TABS 600 MG-200 UNIT	P	QL(2 EA daily)
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	P	
calcium citrate TABS	P	
CALCIUM CHEW	P	
oyster shell	P	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
OYSTER SHELL CALCIUM/VIT D3 TABS 200 UNIT-500 MG, 3.12 MCG-250 MG	P	
PARVA-CAL 200 UNIT-500 MG	P	
Electrolyte Mixtures		
ORAL ELECTROLYTE SOLUTION	P	
Fluoride		
sodium fluoride CHEW	P	AL(Up to 15 yrs old)
sodium fluoride SOLN 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC
SOLUVITA SOLN	P	AL(Up to 15 yrs old); RX/OTC
Magnesium		
magnesium oxide (mg supplement) TABS	P	
magnesium TABS 400 MG	P	
MAGOX 400 TABS *(magnesium oxide (mg supplement))*	P	
Phosphate		
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	QL(8 EA daily)
Potassium		
potassium bicarbonate TBEF	P	
potassium chloride microencapsulated crystals er	P	MP
potassium chloride CPCR	P	MP
potassium chloride PACK PO 20 MEQ	P	
potassium chloride SOLN PO 10 %, 20 %, 10 %	P	MP
potassium chloride TBCR 8 MEQ, 10 MEQ	P	MP
Sodium		
sodium chloride flush	P	
SODIUM CHLORIDE FLUSH	P	
sodium chloride SOLN IV 0.9 %	P	
SODIUM CHLORIDE SOLN IV 0.9 %	P	
Zinc		
zinc sulfate CAPS	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
penicillamine TABS	P	
Immunosuppressive Agents		
mycophenolate mofetil hcl	P	
PROGRAF SOLN	P	PA
tacrolimus SOLN 5 MG/ML	P	PA
Potassium Removing Agents		
sodium polystyrene sulfonate POWD	P	QL(454 GM per fill retail; 454 per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	P	
MOUTH/THROAT/DENTAL AGENTS		
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	P	
Dental Products		
sodium fluoride (dental) CREA	P	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) GEL	P	QL(60 GM per fill retail; 60 per fill mail)
sodium fluoride (dental) SOLN 0.2 %	P	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	QL(0.72 GM daily)
Throat Products - Misc.		
ARTIFICIAL SALIVA - SOLUTION	P	QL(900 ea per fill);
pilocarpine hcl (oral) 5 MG	P	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
B-COMPLEX VITAMIN CAP	P	QL(1 ea daily)
B-COMPLEX VITAMIN TAB	P	QL(1 ea daily)
B-Complex w/ C		
B-COMPLEX W/ C	P	Rx/OTC
B-COMPLEX W/ C CAP	P	QL(1 ea daily)
B-COMPLEX W/ C TAB	P	
B-Complex w/ Folic Acid		
B-COMPLEX W/ C & FOLIC ACID CAP 1 MG	P	QL(1 ea daily)
B-COMPLEX W/ C & FOLIC ACID TAB	P	
B-COMPLEX W/ C & FOLIC ACID TAB 1 MG	P	QL(1 ea daily)
B-COMPLEX W/ C-BIOTIN-VIT E	P	Rx/OTC
B-COMPLEX W/ FOLIC ACID CAP	P	
B-COMPLEX W/BIOTIN & FOLIC ACID TAB	P	
B-Complex w/ Minerals		
B-COMPLEX W/ MINERALS LIQ	P	Rx/OTC
Bioflavonoid Products		
BIOFLAVONOID PRODUCTS TAB CR	P	
Multiple Vitamins w/ Iron		
MULTIPLE VITAMINS W/ IRON TAB	P	QL(1 ea daily); Rx/OTC
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS CAP	P	Rx/OTC
MULTIPLE VITAMINS W/ MINERALS CHEW TAB	P	Rx/OTC
MULTIPLE VITAMINS W/ MINERALS PACK	P	Rx/OTC
MULTIPLE VITAMINS W/ MINERALS POWDER	P	Rx/OTC
MULTIPLE VITAMINS W/ MINERALS SYRUP	P	Rx/OTC
Multivitamins		
MULTIPLE VITAMIN TAB	P	QL(1 ea daily); Rx/OTC
Ped Multi Vitamins w/Fl & FE		
PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML	P	QL(50 ml per fill retail);RX/OTC
Ped Multiple Vitamins w/ Minerals		
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS	P	

Drug Name	Drug Tier	Requirements/ Limits
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW TAB 60 MG	P	
Ped MV w/ Fluoride		
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	P	QL(1 ea daily); Rx/OTC
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	P	QL(1 ea daily); Rx/OTC
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	P	QL(1 ea daily); Rx/OTC
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	P	QL(50 ml per fill retail);RX/OTC
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML	P	QL(50 ml per fill retail);RX/OTC
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML	P	QL(50 ml per fill retail);RX/OTC
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML	P	QL(50 ml per fill retail);RX/OTC
Ped MV w/ Iron		
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 10 MG	P	
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 15 MG	P	
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 18 MG	P	QL(1 ea daily); Rx/OTC
PEDIATRIC MULTIPLE VITAMINS W/ IRON DROPS 10 MG/ML	P	QL(50 ml per fill retail);RX/OTC
Pediatric Multiple Vitamins		
PEDIATRIC MULTIPLE VITAMIN CHEW TAB	P	Rx/OTC
PEDIATRIC MULTIPLE VITAMIN DROPS	P	Rx/OTC

Drug Name	Drug Tier	Requirements/ Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Sympathomimetic Decongestants		
AFRIN CHILDRENS EXTRA MOISTURE SOLN	P	
LITTLE REMEDIES DECONG NOSE SOLN	P	
NEO-SYNEPHRINE COLD/ALLRGY REG SOLN	P	
oxymetazoline hcl SOLN 0.05 %	P	
phenylephrine hcl (oral) TABS	P	QL(24 EA per fill retail; 24 per fill mail)
phenylephrine hcl SOLN 1 %	P	
pseudoephedrine hcl TABS	P	
pseudoephedrine hcl TB12	P	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	P	
NUTRIENTS		
Proteins		
LEVOCARNITINE (DIETARY) TABS	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution	P	
polyvinyl alcohol 1.4 %	P	
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	P	
white petrolatum-mineral oil	P	
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	P	

Drug Name	Drug Tier	Requirements/ Limits
atropine sulfate (ophthalmic) SOLN	P	
ATROPINE SULFATE SOLN 1 %	P	
CYCLOGYL	P	
cyclopentolate hcl 1 %	P	
phenylephrine hcl (mydriatic) SOLN 2.5 %	P	
PHENYLEPHRINE HCL SOLN *(phenylephrine hcl (mydriatic))*	P	
tropicamide SOLN	P	
Ophthalmic Anti-infectives		
trifluridine	P	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	
Otic Steroids		
fluocinolone acetonide (otic)	P	
hydrocortisone w/acetic acid	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP; PA
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
CHERRY	P	RX/OTC
CHERRY CONCENTRATE	P	RX/OTC
ORAL VEHICLES	P	
ORAL VEHICLES - SUSP	P	
ORAL VEHICLES - SYRUP	P	
SIMPLE SYRUP	P	RX/OTC
SYRPALTA	P	RX/OTC
SYRUP NF	P	RX/OTC
Semi Solid Vehicles		
POLYETHYLENE GLYCOL 3350 POWD	P	RX/OTC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	P	QL(3 EA daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 25 MG, 50 MG, 75 MG	P	QL(2 EA daily); SP; PA
KALYDECO TABS	P	QL(2 EA daily); SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	P	QL(2 EA daily); SP; PA
ORKAMBI TABS	P	QL(4 EA daily); SP; PA
PULMOZYME	P	QL(5 ML daily); SP; PA
SYMDEKO	P	QL(2 EA daily); SP; PA
TRIKAFTA TBPK	P	QL(3 EA daily); PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	P	MP
propylthiouracil	P	MP
TOXOIDS		
Toxoid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
ADACEL SUSP	P	QL(0.5 ML daily); AL(At least 10 yrs old - Up to 64 yrs old)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	QL(0.5 ML daily); AL(At least 10 yrs old - Up to 64 yrs old)
BOOSTRIX SUSP	P	QL(0.5 ML daily); AL(At least 10 yrs old)
BOOSTRIX SUSY	P	QL(0.5 ML daily); AL(At least 10 yrs old)
DAPTACEL	P	QL(0.5 ML per fill retail; 0.5 per fill mail)
INFANRIX	P	QL(0.5 ML per fill retail; 0.5 per fill mail)
KINRIX SUSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail); AL(At least 4 yrs old - Up to 7 yrs old)
PEDIARIX SUSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail)
PENTACEL	P	AL(At least 5 yrs old)
QUADRACEL SUSP	P	AL(At least 4 yrs old - Up to 7 yrs old)
QUADRACEL SUSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail); AL(At least 4 yrs old - Up to 7 yrs old)
TDVAX SUSP	P	
TENIVAC SUSP 2 LFU-5 LFU	P	QL(0.5 ML daily); AL(At least 7 yrs old)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	
VAXELIS SUSP	P	QL(0.5 ML per fill retail; 0.5 per fill mail); AL(Up to 5 yrs old)
VAXELIS SUSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail); AL(Up to 5 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
dicyclomine hcl CAPS	P	
dicyclomine hcl SOLN PO	P	QL(40 ML daily)
dicyclomine hcl TABS	P	
glycopyrrolate TABS 1 MG, 2 MG	P	QL(4 EA daily)
ROBINUL-FORTE TABS *(glycopyrrolate)*	P	QL(4 EA daily)
ROBINUL TABS *(glycopyrrolate)*	P	QL(4 EA daily)
Misc. Anti-Ulcer		
sucralfate SUSP	P	
sucralfate TABS	P	
Ulcer Drugs - Prostaglandins		
misoprostol	P	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	P	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	

Drug Name	Drug Tier	Requirements/ Limits
BEXSERO 0.5 ML	P	AL(At least 10 yrs old - Up to 25 yrs old)
BIOTHRAX	P	AL(At least 18 yrs old - Up to 65 yrs old)
CAPVAXIVE	P	AL(At least 18 yrs old)
HIBERIX SOLR IJ	P	
MENACTRA	P	AL(Up to 55 yrs old)
MENQUADFI 0.5 ML	P	AL(Up to 55 yrs old)
MENVEO SOLN	P	AL(Up to 55 yrs old)
MENVEO SOLR	P	AL(Up to 55 yrs old)
PEDVAX HIB SUSP	P	
PENBRAYA	P	
PENMENVY SUSR IM	P	AL(At least 10 yrs old - Up to 25 yrs old)
PNEUMOVAX 23 SOLN	P	
PNEUMOVAX 23 SOSY	P	
PREVNAR 13	P	
PREVNAR 20	P	AL(At least 18 yrs old)
TRUMENBA 0.5 ML	P	AL(At least 10 yrs old - Up to 25 yrs old)
TYPHIM VI SOLN	P	AL(At least 2 yrs old)
TYPHIM VI SOSY	P	AL(At least 2 yrs old)
VAXCHORA	P	
VAXNEUVANCE	P	AL(At least 18 yrs old)
VIVOTIF	P	AL(At least 6 yrs old)
Viral Vaccines		
ABRYSVO	P	QL(1 EA per fill retail); AL(At least 60 yrs old)
ACAM2000	P	

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PRESERVATIVE FREE SUSY	P	
AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
AFLURIA SUSP	P	
AREXVY	P	QL(1 EA per fill retail; 1 per fill mail); AL(At least 60 yrs old)
AUDENZ EMUL	P	
AUDENZ PRSY	P	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	P	AL(At least 5 yrs old - Up to 11 yrs old)
COMIRNATY SUSP	P	AL(At least 12 yrs old)
COMIRNATY SUSY	P	AL(At least 12 yrs old)
DENGVAXIA	P	
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 19 yrs old)
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 19 yrs old)
FLUAD	P	
FLUARIX QUADRIVALENT SUSY	P	
FLUARIX SUSY	P	
FLUBLOK SOSY	P	AL(At least 18 yrs old)
FLUCELVAX SUSP	P	
FLUCELVAX SUSY	P	
FLULAVAL QUADRIVALENT SUSY	P	

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL SUSY	P	
FLUMIST	P	AL(At least 2 yrs old - Up to 49 yrs old)
FLUZONE HIGH-DOSE SUSY	P	AL(At least 65 yrs old)
FLUZONE QUADRIVALENT SUSY	P	
FLUZONE SUSP	P	
FLUZONE SUSY	P	
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML	P	AL(At least 1 yrs old)
HAVRIX IM 1440 EL U/ML	P	AL(At least 19 yrs old)
HEPLISAV-B SOSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail); 3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 18 yrs old)
IMOVAX RABIES SUSR	P	AL(At least 19 yrs old)
IPOL IJ	P	
IXCHIQ	P	
IXIARO	P	
JYNNEOS	P	
M-M-R II SOLR	P	AL(At least 1 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MNEXSPIKE SUSY 10 MCG/0.2ML	P	AL(At least 12 yrs old)
MODERNA COVID-19 BIVALENT	P	
MODERNA COVID-19 VAC 6M-11Y SUSP	P	
MODERNA COVID-19 VAC 6M-11Y SUSY	P	
MODERNA COVID-19 VACCINE SUSP	P	AL(At least 12 yrs old)
MRESVIA	P	QL(0.5 ML per fill retail)
NOVAVAX COVID-19 VACCINE SUSP	P	AL(At least 12 yrs old)
NOVAVAX COVID-19 VACCINE SUSY	P	AL(At least 12 yrs old)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	AL(At least 12 yrs old)
PFIZER COVID-19 VAC BIVALENT	P	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	AL(At least 5 yrs old - Up to 11 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	P	AL(At least 12 yrs old)
PFIZER-BIONTECH COVID-19 VACC SUSP	P	
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail
PRIORIX SUSR	P	
PROQUAD SUSR	P	AL(Up to 13 yrs old)
RABAVERT	P	

Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 19 yrs old)
ROTARIX SUSP	P	
ROTATEQ SOLN	P	
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; 2 max fill(s) per 999 day(s) mail; AL(At least 18 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P	
SPIKEVAX SUSP	P	AL(At least 12 yrs old)
SPIKEVAX SUSY	P	AL(At least 12 yrs old)
STAMARIL SUSR	P	
TICOVAC	P	AL(At least 1 yrs old)
TWINRIX SUSY	P	AL(At least 18 yrs old)
VAQTA 50 UNIT/ML	P	AL(At least 19 yrs old)
VAQTA IM 50 UNIT/ML	P	AL(At least 19 yrs old)
VAQTA 25 UNIT/0.5ML	P	AL(At least 1 yrs old)
VAQTA IM 25 UNIT/0.5ML	P	AL(At least 1 yrs old)
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail; 2 max fill(s) per 999 day(s) mail; AL(At least 1 yrs old)
YF-VAX SUSR	P	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
OPTIONS GYNOL II CONTRACEPTIVE GEL	P	
VCF VAGINAL CONTRACEPTIVE FILM	P	
VCF VAGINAL CONTRACEPTIVE GEL	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Vasopressors		
midodrine hcl	P	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG	P	QL(2 EA daily)
cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	P	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
cholecalciferol CHEW 400 UNIT	P	
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	P	
cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	P	
ergocalciferol CAPS	P	
ergocalciferol SOLN PO 200 MCG/ML	P	
phytonadione TABS 5 MG	P	

Drug Name	Drug Tier	Requirements/ Limits
vitamin a CAPS	P	
vitamin a TABS 10000 UNIT	P	
vitamin e CAPS 180 MG, 400 UNIT, 100 UNIT, 180 MG, 400 UNIT	P	QL(2 EA daily)
VITAMIN E CAPS	P	QL(2 EA daily)
Water Soluble Vitamins		
ACEROLA C 500 WAFR	P	
ASCORBIC ACID ORAL POWDER	P	
ascorbic acid CHEW 500 MG	P	
ascorbic acid TABS	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
biotin CAPS 5 MG, 5000 MCG	P	
biotin TABS 5 MG, 5000 MCG	P	
niacin TABS 100 MG, 250 MG, 500 MG	P	
niacin TBCR 500 MG, 750 MG	P	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	P	
riboflavin TABS 100 MG	P	QL(4 EA daily)
riboflavin TABS 50 MG	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
thiamine hcl TABS	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
thiamine mononitrate TABS 100 MG	P	

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