Pharmacy Program

NH Healthy Families is committed to providing appropriate, high quality, and cost effective drug therapy to all NH Healthy Families members. NH Healthy Families works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. NH Healthy Families covers prescription medications and certain over-the-counter (OTC) medications when ordered by a prescriber. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

Preferred Drug List

The NH Healthy Families Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs members can receive at retail pharmacies. The NH Healthy Families PDL is continually evaluated by the Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the physicians, pharmacists, and other healthcare professionals.

Pharmacy Benefit Manager

NH Healthy Families works with a Pharmacy Benefit Manager (PBM) to process pharmacy claims for prescribed drugs and maintain the pharmacy network. The Pharmacy Benefit Manager ensures claims are processed in line with the NH Healthy Families preferred drug list.

Specialty Drugs

NH Healthy Families contracts with a number of specialty pharmacies, such as AcariaHealth Specialty Pharmacy, to ensure members have adequate access to the specialty drugs they require. Specialty drugs, such as biopharmaceuticals and injectables, may require PA to be approved for payment by NH Healthy Families. PA requirements are programmed specific to the drug.

Dispensing Limits

Drugs may be dispensed up to a maximum of thirty-four (34) day supply for each new prescription or refill. A total of 85% of the day supply must have elapsed before the prescription can be refilled for PDL drugs (excluding ophthalmic drugs which are set at 70%).

Appropriate Use and Safety Edits

The health and safety of the member are top priorities for NH Healthy Families. One of the ways we address member 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.

Prior Authorizations

Some medications listed on the NH Healthy Families PDL may require PA. The information should be submitted by the prescriber to the Pharmacy Services team on the **Medication Prior Authorization Form**. This form should be **faxed to the Pharmacy Services team at 833-645-2738**. This document can be found on the NH Healthy Families website.

NH Healthy Families will cover the medication if it is determined that:

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

Authorization requests are reviewed by a licensed clinical pharmacist using the criteria established by the P&T Committee. If the request is approved, the Pharmacy Services team notifies the prescriber by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, NH Healthy

Families will notify the member and their prescriber of alternatives and provide information regarding the appeal process.

Quantity Limits

NH Healthy Families may limit how much of a certain medication a member can get at one time. If the prescriber feels the member has a medical reason for getting a greater amount, a PA may be requested. If NH Healthy Families does not grant PA we will notify the member and their prescriber and provide information regarding the appeal process.

Age Limits

Some medications on the NH Healthy Families PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

Non-Preferred

NH Healthy Families incorporates a Preferred Drug List. A notation of non-preferred corresponds to drugs identified on the NH Healthy Families PDL indicating the trial and failure of preferred alternatives. The number of preferred drugs that must be tried prior to approval of non-preferred drugs varies by therapeutic drug class. To request the approval of a non-preferred drug please submit rationale via prior authorization request form to the Pharmacy Services team at fax number 833-645-2738.

Medical Necessity Requests

If the member requires a medication that does not appear on the PDL, the member's prescriber can make a medical necessity (MN) request for the medication. It is anticipated that such exceptions will be rare as the PDL medications are appropriate to treat the vast majority of medical conditions.
For a MN request NH Healthy Families requires:

- Documentation of failure of PDL agent(s) within the same therapeutic class (provided 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 PDL agent(s) within the same therapeutic class (provided agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for PDL agents for the indication.

These requests are reviewed by a licensed clinical pharmacist using the criteria established by the P&T Committee. If the request is approved, the Pharmacy Services team will notify the prescriber by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, the member and their prescriber will be notified of alternatives and provide information regarding the appeal process.

72-Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense at least a 72-hour (3 day) supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. A provision of a 72-hour supply does not guarantee that the medication will be approved after a PA review. 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 Pharmacy Help Desk at the number located on the back of your member ID card for an override.

Newly Approved Products

NH Healthy Families reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review process. If NH Healthy Families does not grant PA we will notify the member and their prescriber and provide information regarding the appeal process.

Over-the-Counter Medications

NH Healthy Families covers some OTC medications. These medications can be found throughout the NH Healthy Families PDL. NH Healthy Families covers OTC products listed on the PDL if the member has a prescription from a licensed prescriber that meets all the legal requirements for a prescription.

CMS Labeler Requirements

NH Healthy Families requires manufacturers to enter into the federal rebate agreement program as outlined in the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) in order to be eligible for coverage under the NH Healthy Families preferred drug list. Manufacturers and products which do not engage in this rebate program will be ineligible for coverage under the preferred drug list.

Drug Efficacy Study and Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the Food and Drug Administration 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. DESI products are not covered by NH Healthy Families.

Filling a Prescription

A member can have prescriptions filled at a NH Healthy Families network pharmacy. If the member decides to have a prescription filled at a network pharmacy, they can locate a pharmacy near them by contacting NH Healthy Families Member Services. At the pharmacy, the member will need to provide the pharmacist with the prescription and their NH Healthy Families ID card.

Step Therapy

Some medications listed on the NH Healthy Families' PDL may require specific medications to be used before the member can receive the step therapy medication. If NH Healthy Families has a record that the required medication was tried first the step therapy medications are automatically covered. If NH Healthy Families does not have a record that the required medication was tried, the member's prescriber may be required to provide additional information. If authorization is not granted, NH Healthy Families will notify the member and their prescriber and provide information regarding the appeal process.

Trial and Failure of 1 Preferred Product Required Prior to Non-Preferred Products
Antibiotics - 3rd Generation Quinolones
Anticonvulsants - Carbamazepine Derivatives
Behavioral Health - Atypical Antipsychotics & Combos
Cardiovascular - Oral Pulmonary Hypertension Agents
Central Nervous System - Calcitonin Gene-Related Peptide Inhibitors, Multiple Sclerosis - Other
Endocrinology - Biguanides & Combos, Dipeptidyl Peptidase-4 Inhibitors and Comboos, Insulins
Endocrinology - Meglitinides, SGLT-2 Inhibitors and Combos, Thiazolidinediones & Combos
Gastrointestinal - Hepatitis C Agents
Genitourinary/Renal - Androgen Hormone Inhibitors, Electrolyte Depleters

Immunologic - Systemic Immunomodulators
Miscellaneous - Smoking Cessation, Topical Androgenic Agents
Osteoporosis - Nasal Calcitonins
Respiratory - Inhaled Corticosteroids and Long/Short Acting Beta Adrenergics & Combos - Inhalers/Nebs
Topical - Antiparasitics, Very High Potency Steroids, Topical Combination Benzoyl Peroxide & Clindamycin Products

Trial and Failure of 2 Preferred Products Required Prior to Non-Preferred Products
Analagesic - Non-Selective NSAIDs, Long Acting Opioids, Tramadol & Tramadol Like Derivatives
Antibiotics - 2nd/3rd Generation Cepahlosporins, 2nd Generation Quinolones, Herpetic Antivirals, Macrolides
Anticonvulsants - 1st/2nd Generation
Antifungals - Onychomycosis
Antivirals - Treatment/Prophylaxis of Influenza
Behavioral Health - Alzheimer's Agents, Antihyperkinesis, Serotonin Reuptake Inhibitors & Combos
Cardiovascular - Angiotensin Receptor Blockers & Combos, Calcium Channel Blockers & Combos, High Potenency Statins & Combos, Platelet Inhibitors, Triglyceride Lowering Agents
Central Nervous System - Triptans
Endocrinology - 2nd Generation Sulfonylureas & Combos, Alpha-Glucosidase Inhibitors, Growth Hormone
Gastrointestinal - Antiemetics, Proton Pump Inhibitors & Combos, Ulcerative Colitis
Genitourinary/Renal - Alpha Blockers for Benign Prostatic Hyperplasia
Hematologic - Anticoagulants
Miscellaneous - Pancreatic Enzymes
Ophthalmic - Nonsteroidal Antiinflammatory, Quinolones, Antihistamines, Carbonic Anhydrase Inhibitors, Prostaglandin Agonists
Osteoporosis - Bisphosphonates
Otic/Antibiotic - Quinolones and Combos
Respiratory - COPD Agents, Leukotriene Modifiers, Nasal Antihistamines, Nasal Corticosteroids
Topical - High/Medium/Low Potency Steroids, Topical Agents for Psoriasis, Antibiotics, Antivirals, Retinoids

Trial and Failure of 3 Preferred Products Required Prior to Non-Preferred Products
Behavioral Health - Anxiolytics
Cardiovascular - ACE Inhibitors & Combos, Beta Blockers & Combos, Calcium Channel Blockers & Combos
Central Nervous System - Multiple Sclerosis - Disease Modifying Therapy
Genitourinary/Renal - Urinary Antispasmodics
Miscellaneous - Skeletal Muscle Relaxants
Respiratory - Adrenergic Combinations, Low-Sedating Antihistamines & Combos

Trial and Failure of 5 Preferred Products Required Prior to Non-Preferred Products
Ophthalmic/Glaucoma - Beta Blocker Agents

Trial and Failure of All Preferred Products Required Prior to Non-Preferred Products
Ophthalmic/Glaucoma - Alpha-2 Adrenergic Agents

Abbreviations

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

DS/DU:	Day Supply per Dosage Unit
Max Days Sply:	Maximum Day Supply
Max Fills:	Maximum Fills (per a designated time period)
Max Qty:	Maximum Quantity (per claim or designated time period)
Min DS:	Minimum Day Supply
MP:	Maintenance Product (eligible for 90-day supply)
PA:	Prior Authorization
Pkg Size:	Package Size
SP	Specialty Drug
PV	Preventative
QL	Quantity Limit
ST	Step Therapy
AL	Age Limit
RX/OTC	Over-the-Counter Medication (prescription required)

Tier Definitions

0	$0 Copay
1	Preferred Generic
2	Preferred Brand
CO	Carve-Out Drug - Covered by State
NP	Non- Preferred

Brand/Generic Drug Designation

Drug Type	Designation
Brand	First letter of drug name is capitalized
Generic	First letter of drug name is lowercase

Contact Information

NH Healthy Families: 866-769-3085, www.nhhealthyfamilies.com

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	NP	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP
ADDERALL TABS *(amphetamine-dextroamphetamine)*	2	Generic for Adderall; QL(3 EA daily); MP
amphetamine sulfate TABS	1	Generic for Evekeo; MP; PA
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	MP
amphetamine-dextroamphetamine TABS	1	Generic for Adderall; QL(3 EA daily); MP
dextroamphetamine sulfate CP24 5 MG	1	Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	Generic for Dexedrine; QL(2 EA daily); AL(At least 6 yrs old); MP
dextroamphetamine sulfate SOLN	NP	Generic for Procentra; MP; PA
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	AL(At least 3 yrs old); MP
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	AL(At least 3 yrs old); MP
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	MP
DYANAVEL XR TBCR	NP	
lisdexamfetamine dimesylate CAPS	NP	QL(1 EA daily); MP; PA
lisdexamfetamine dimesylate CHEW	1	MP; PA
methamphetamine hcl	1	Generic for Desoyxn; MP; PA
MYDAYIS CP24 *(amphetamine-dextroamphetamine)*	NP	MP
VYVANSE CAPS *(lisdexamfetamine dimesylate)*	2	QL(1 EA daily); MP; PA
VYVANSE CHEW *(lisdexamfetamine dimesylate)*	NP	MP; PA
XELSTRYM	NP	
Analeptics		
caffeine citrate SOLN PO 60 MG/3ML	1	QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP
Anorexiants Non-Amphetamine		
phentermine hcl-topiramate	NP	PA
QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG *(phentermine hcl-topiramate)*	NP	PA
Anti-Obesity Agents		
WEGOVY	NP	PA
ZEPBOUND SOLN	NP	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		

Drug Name	Drug Tier	Requirements/ Limits
atomoxetine hcl	1	Generic for Strattera; AL(At least 6 yrs old); MP
clonidine hcl (adhd) TB12	1	Generic for Kapvay; MP
guanfacine hcl (adhd)	1	Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP
ONYDA XR SUER	NP	
QELBREE	NP	MP
Stimulants - Misc.		
APTENSIO XR CP24 *(methylphenidate hcl)*	NP	Generic for Aptensio XR; MP; PA
AZSTARYS	NP	MP
CONCERTA TBCR *(methylphenidate hcl)*	2	Generic for Concerta; AL(At least 6 yrs old); MP
dexmethylphenidate hcl CP24	1	Generic for Focalin XR; MP; PA
dexmethylphenidate hcl TABS	1	Generic for Focalin; QL(2 EA daily); AL(At least 6 yrs old); MP
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	NP	Generic for Focalin XR; MP; PA
METHYLIN SOLN *(methylphenidate hcl)*	NP	Generic for Methylin; MP; PA
methylphenidate hcl CHEW	1	MP; PA
methylphenidate hcl CP24	NP	Generic for Aptensio XR; MP; PA
methylphenidate hcl CP24 60 MG	1	MP; PA
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	1	Generic for Ritalin LA; MP; PA
methylphenidate hcl CPCR	1	Generic for Metadate CD; AL(At least 6 yrs old); MP
methylphenidate hcl SOLN	1	Generic for Methylin; MP; PA
methylphenidate hcl TABS	1	Generic for Ritalin; AL(At least 3 yrs old); MP
methylphenidate hcl TB24	1	MP
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	1	Generic for Concerta; AL(At least 6 yrs old); MP
methylphenidate hcl TBCR 45 MG, 63 MG	NP	
methylphenidate hcl TBCR 10 MG, 20 MG	1	AL(At least 6 yrs old); MP
RELEXXII TBCR 45 MG, 63 MG *(methylphenidate hcl)*	2	
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	2	PA
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		
ginger (zingiber officinalis) CAPS 250 MG	1	QL(4 EA daily)
Alternative Medicine - M's		
melatonin TABS 3 MG, 5 MG	1	QL(1 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU *(tobramycin)*	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)*	2	SP; PA
neomycin sulfate TABS	1	
TOBI NEBU *(tobramycin)*	NP	SP; PA
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	1	PA
tobramycin sulfate SOLR	1	PA
tobramycin NEBU	1	SP; PA
tobramycin NEBU	NP	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP; PA
RINVOQ LQ SOLN	2	SP; PA
RINVOQ TB24	2	SP; PA
tofacitinib citrate SOLN 1 MG/ML	NP	SP; PA
XELJANZ SOLN 1 MG/ML *(tofacitinib citrate)*	NP	SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	NP	SP; PA
ABRILADA (2 PEN) AJKT	NP	SP; PA
ABRILADA (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	NP	SP; PA
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	NP	SP; PA
ADALIMUMAB-AATY (1 PEN) AJKT	NP	SP; PA
ADALIMUMAB-AATY (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	NP	SP; PA
ADALIMUMAB-ADAZ SOAJ	2	SP; PA
ADALIMUMAB-ADAZ SOSY	2	SP; PA
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP; PA
ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML	2	SP; PA
ADALIMUMAB-BWWD SOSY 40 MG/0.4ML	2	SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	NP	SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	NP	SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	NP	SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP; PA
AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP; PA
AMJEVITA SOAJ	NP	SP; PA
AMJEVITA SOSY	NP	SP; PA
CYLTEZO (2 PEN) AJKT	NP	SP; PA
CYLTEZO (2 SYRINGE) PSKT	NP	SP; PA
CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP; PA
HADLIMA PUSHTOUCH SOAJ	2	SP; PA
HADLIMA SOSY	2	SP; PA
HULIO (2 PEN) AJKT	NP	SP; PA
HULIO (2 SYRINGE) PSKT	NP	SP; PA
HUMIRA (2 PEN) AJKT	2	SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	SP; PA
HUMIRA (2 SYRINGE) PSKT	2	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2	SP; PA
HUMIRA-PED>/=40KG UC STARTER AJKT	2	SP; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	2	SP; PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	2	SP; PA
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP; PA
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP; PA
HYRIMOZ-PED>/=40KG CROHN START SOSY	NP	SP; PA
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	NP	SP; PA
HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NP	SP; PA
HYRIMOZ SOAJ	NP	SP; PA
HYRIMOZ SOSY	NP	SP; PA
IDACIO (2 PEN) AJKT	NP	SP; PA
IDACIO (2 SYRINGE) PSKT	NP	SP; PA
IDACIO-CROHNS/UC STARTER AJKT	NP	SP; PA
IDACIO-PSORIASIS STARTER AJKT	NP	SP; PA
SIMLANDI (1 PEN) AJKT	NP	SP; PA
SIMLANDI (1 SYRINGE) PSKT	NP	SP; PA
SIMLANDI (2 PEN) AJKT	NP	SP; PA
SIMLANDI (2 SYRINGE) PSKT	NP	SP; PA
YUFLYMA (1 PEN) AJKT	NP	SP; PA
YUFLYMA (2 PEN) AJKT	NP	SP; PA
YUFLYMA (2 SYRINGE) PSKT	NP	SP; PA
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP; PA
YUSIMRY	NP	SP; PA
Interleukin-6 Receptor Inhibitors		
AVTOZMA SOAJ SC 162 MG/0.9ML	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	NP	SP; PA
AVTOZMA SOSY SC 162 MG/0.9ML	NP	SP; PA
TOFIDENCE	NP	SP; PA
TYENNE SOAJ	2	SP; PA
TYENNE SOLN	2	SP; PA
TYENNE SOSY	2	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
celecoxib	1	QL(2 EA daily); PA
diclofenac potassium TABS 50 MG	1	MP
diclofenac sodium TB24	1	MP
diclofenac sodium TBEC	1	MP
etodolac CAPS	1	MP
etodolac TABS	1	MP
etodolac TB24	1	MP
flurbiprofen TABS	1	MP
ibuprofen CHEW	0	MP
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	0	MP; RX/OTC
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	0	MP
indomethacin CAPS 25 MG, 50 MG	1	MP
indomethacin CPCR	1	MP
ketoprofen CAPS 50 MG, 75 MG	1	MP
ketoprofen CP24	1	MP
ketorolac tromethamine TABS	1	QL(20 EA per fill retail); AL(At least 17 yrs old); MP
meloxicam TABS	1	MP
nabumetone	1	MP
naproxen sodium TABS 275 MG, 550 MG	1	MP
naproxen sodium TABS 220 MG	1	QL(2 EA daily); MP
naproxen-esomeprazole magnesium	NP	PA
naproxen SUSP	1	MP
naproxen TABS	1	MP
naproxen TBEC	1	QL(2 EA daily); MP
ORUDIS CAPS 75 MG	2	MP
oxaprozin TABS	1	MP
piroxicam CAPS	1	MP
sulindac TABS	1	MP
tolmetin sodium CAPS	1	MP
tolmetin sodium TABS	1	
VIMOVO *(naproxen-esomeprazole magnesium)*	NP	PA
VYSCOXA PO 10 MG/ML	NP	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	NP	SP; PA
OTEZLA/OTEZLA XR INITIATION PK TBPK	NP	SP; PA
OTEZLA TABS	2	SP; PA
OTEZLA TBPK	2	SP; PA
Pyrimidine Synthesis Inhibitors		
leflunomide	1	QL(1 EA daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	NP	SP; PA
ENBREL SURECLICK SOAJ	NP	SP; PA
ENBREL SOLN	NP	SP; PA
ENBREL SOSY	NP	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	1	QL(4 EA daily)
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	QL(4 EA daily)
butalbital-acetaminophen TABS 50 MG-325 MG	1	
butalbital-aspirin-caffeine CAPS	1	QL(4 EA daily)
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	2	QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail)
Analgesics Other		
acetaminophen CHEW	0	
acetaminophen ELIX	0	
acetaminophen LIQD 160 MG/5ML	0	
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	0	
acetaminophen SUPP 120 MG, 650 MG	0	QL(12 EA per fill retail)
acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	1	
acetaminophen TABS 325 MG, 500 MG	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)
Analgesics-Peptide Channel Blockers		
PRIALT	2	SP; PA
Salicylates		
aspirin buffered (cal carb-mag carb-mag oxide)	1	
aspirin CHEW	0	
ASPIRIN SUPP 300 MG	0	QL(12 EA per fill retail)
aspirin TABS 325 MG	0	
aspirin TBEC 81 MG, 325 MG	0	
diflunisal TABS	1	MP
salsalate	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
codeine sulfate TABS 30 MG	1	QL(2 EA daily)
CODEINE SULFATE TABS	2	QL(2 EA daily)
CONZIP CP24 *(tramadol hcl)*	NP	PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	10 per month; QL(0.34 EA daily)
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	NP	PA
hydrocodone bitartrate CP12	NP	
HYDROMORPHONE HCL SUPP	2	QL(12 EA per fill retail)
hydromorphone hcl TABS	1	QL(8 EA daily)
hydromorphone hcl TB24	1	PA
meperidine hcl SOLN PO 50 MG/5ML	1	QL(500 ML per fill retail)
meperidine hcl TABS 50 MG	1	QL(6 EA daily)
methadone hcl TABS 5 MG	1	QL(4 EA daily); PA
methadone hcl TABS 10 MG	1	QL(10 EA daily); PA
morphine sulfate beads	NP	PA

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	PA
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	1	QL(16.67 ML daily)
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	1	QL(240 ML per fill retail)
morphine sulfate SUPP	1	QL(24 EA per fill retail)
morphine sulfate TABS	1	QL(6 EA daily)
morphine sulfate TBCR	1	QL(3 EA daily)
oxycodone hcl CAPS	1	QL(6 EA daily)
oxycodone hcl CONC 100 MG/5ML	1	QL(6 ML daily)
oxycodone hcl SOLN	1	
oxycodone hcl TABS	1	QL(6 EA daily)
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1	
oxymorphone hcl TB12 15 MG	1	PA
QDOLO SOLN *(tramadol hcl)*	NP	
tramadol hcl CP24 100 MG, 200 MG, 300 MG	NP	PA
tramadol hcl SOLN	NP	
TRAMADOL HCL SOLN *(tramadol hcl)*	NP	
tramadol hcl TABS 50 MG	1	QL(8 EA daily)
tramadol hcl TABS 25 MG, 75 MG, 100 MG	NP	
tramadol hcl TB24	1	PA
tramadol hcl TB24	NP	PA
Opioid Combinations		
acetaminophen w/ codeine SOLN	1	QL(30 ML daily)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	1	QL(6 EA daily)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1	QL(4 EA daily)
butalbital-aspirin-caffeine w/cod	1	QL(4 EA daily)
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	QL(180 ML daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG	1	QL(6 EA daily)
hydrocodone-acetaminophen TABS 325 MG-5 MG	1	QL(12 EA daily)
hydrocodone-acetaminophen TABS 325 MG-7.5 MG	1	QL(8 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(6 EA daily)
tramadol-acetaminophen	1	QL(4 EA daily)
Opioid Partial Agonists		
BRIXADI (WEEKLY) SOSY	2	SP
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	2	SP
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	1	QL(6 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG	1	QL(12 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	1	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	1	QL(12 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	1	QL(3 EA daily)
buprenorphine hcl SUBL	1	PA
buprenorphine PTWK	1	PA
BUTRANS PTWK *(buprenorphine)*	2	PA
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP
SUBOXONE FILM SL 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(2 EA daily)
SUBOXONE FILM SL 2 MG-8 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(3 EA daily)
SUBOXONE FILM SL 0.5 MG-2 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(12 EA daily)
SUBOXONE FILM SL 1 MG-4 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(6 EA daily)
ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 EA daily)
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 EA daily)
ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 EA daily)
ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 EA daily)
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD *(testosterone)*	NP	PA
AVEED SOLN	2	SP; PA
methyltestosterone TABS	1	
TESTOPEL PLLT	2	SP; PA
testosterone cypionate SOLN IM 200 MG/ML	1	QL(4 ML per 30 day(s) retail)
testosterone GEL TD 1 %	NP	
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	1	PA
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1	
testosterone GEL TD 10 MG/ACT	NP	PA
testosterone SOLN	NP	PA
VOGELXO PUMP GEL TD *(testosterone)*	NP	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
hydrocortisone (intrarectal)	1	QL(420 ML per fill retail)
Rectal Combinations		
HEMORRHOIDAL 0.25 %-85.5 %-3 %	2	QL(48 EA per fill retail)
SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %	2	QL(12 GM per fill retail)
Rectal Local Anesthetics		

Drug Name	Drug Tier	Requirements/ Limits
pramoxine hcl (rectal) FOAM EX	1	QL(15 GM per fill retail)
PROCTOFOAM FOAM EX 1 %	2	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX *(hydrocortisone (rectal))*	2	QL(30 GM per fill retail)
hydrocortisone (rectal) EX 1 %	1	RX/OTC
hydrocortisone (rectal) EX 2.5 %	1	QL(30 GM per fill retail)
PREPARATION H EX 1 %	2	RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	2	RX/OTC
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD	1	QL(16.53 ML daily)
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	1	QL(16.53 ML daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	2	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	1	QL(16.53 EA daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG	1	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA
EMVERM CHEW	2	QL(1 EA per 14 day(s) retail)
ivermectin	1	
PIN RID CHEW	2	QL(4 EA per fill retail); 1 max fill(s) per 30 day(s) retail
pyrantel pamoate SUSP	1	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail
STROMECTOL *(ivermectin)*	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
ranolazine TB12	1	
Nitrates		
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	1	MP
isosorbide mononitrate TABS	1	QL(2 EA daily); MP
isosorbide mononitrate TB24	1	QL(1 EA daily); MP
nitroglycerin OINT	1	MP
nitroglycerin PT24	1	MP
nitroglycerin SUBL	1	MP
NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG	2	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	NP	
buspirone hcl	1	MP
droperidol SOLN 2.5 MG/ML	1	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1	
hydroxyzine hcl SYRP	1	
hydroxyzine hcl TABS	1	MP
hydroxyzine pamoate CAPS 25 MG, 100 MG	1	
hydroxyzine pamoate CAPS 50 MG	1	MP
meprobamate	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NP	
alprazolam TABS	1	QL(4 EA daily)
alprazolam TB24	1	
alprazolam TBDP	NP	
chlordiazepoxide hcl CAPS	1	QL(4 EA daily)
clorazepate dipotassium TABS	1	QL(3 EA daily)
diazepam CONC	NP	
diazepam SOLN IJ 5 MG/ML	NP	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	1	
diazepam SOLN PO 5 MG/5ML	1	QL(500 ML per fill retail)
DIAZEPAM SOLN IJ 5 MG/ML	1	
diazepam TABS	1	QL(4 EA daily)
lorazepam CONC	1	
lorazepam TABS 0.5 MG, 2 MG	1	QL(3 EA daily)
lorazepam TABS 1 MG	1	QL(4 EA daily)
LOREEV XR CS24	NP	
oxazepam CAPS	NP	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1	MP
NORPACE CAPS *(disopyramide phosphate)*	2	MP
quinidine gluconate TBCR	1	MP
quinidine sulfate TABS	1	MP
Antiarrhythmics Type I-C		
flecainide acetate	1	MP
propafenone hcl TABS	1	MP
Antiarrhythmics Type III		
amiodarone hcl TABS 200 MG	1	MP
dofetilide	1	MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP; PA
FASENRA PEN SOAJ	2	SP; PA
FASENRA SOSY 10 MG/0.5ML	2	SP; PA
NUCALA SOAJ	2	SP; PA
NUCALA SOLR	2	SP; PA
NUCALA SOSY	2	SP; PA
TEZSPIRE SOAJ	2	SP; PA
TEZSPIRE SOSY	2	SP; PA
XOLAIR SOAJ	2	SP; PA
XOLAIR SOLR	2	SP; PA
XOLAIR SOSY	2	SP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	QL(8 ML daily)
Bronchodilators - Anticholinergics		

Drug Name	Drug Tier	Requirements/ Limits
ATROVENT HFA 17 MCG/ACT *(ipratropium bromide hfa)*	2	QL(0.867 GM daily)
ipratropium bromide hfa 17 MCG/ACT	1	QL(0.867 GM daily)
ipratropium bromide SOLN 0.02 %	1	QL(15 ML daily)
SPIRIVA HANDIHALER CAPS IN *(tiotropium bromide)*	2	
tiotropium bromide CAPS IN 18 MCG	NP	
Leukotriene Modulators		
montelukast sodium CHEW	1	QL(1 EA daily); MP
montelukast sodium PACK	1	QL(1 EA daily)
montelukast sodium TABS	1	QL(1 EA daily); MP
zafirlukast	1	
zileuton TB12	NP	
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	NP	SP
Steroid Inhalants		
ASMANEX (120 METERED DOSES) AEPB	2	
ASMANEX (14 METERED DOSES) AEPB	2	
ASMANEX (30 METERED DOSES) AEPB	2	
ASMANEX (60 METERED DOSES) AEPB	2	
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	NP	
budesonide (inhalation) SUSP	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)
fluticasone propionate (inhalation) AEPB	1	QL(2 EA daily)
fluticasone propionate hfa 44 MCG/ACT	1	QL(11 GM per 30 day(s) retail)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	1	QL(12 GM per 30 day(s) retail)
PULMICORT FLEXHALER AEPB	2	QL(1 EA per 25 day(s) retail)
PULMICORT FLEXHALER AEPB	2	QL(1 EA per 25 day(s) retail)
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	2	QL(2 EA daily)
ADVAIR HFA AERO *(fluticasone-salmeterol)*	2	
AIRSUPRA	NP	
albuterol sulfate AERS	NP	Limit 2 inhalers per month; QL(1.2 GM daily)
albuterol sulfate AERS	0	Limit 2 inhalers per month; QL(0.45 GM daily)
albuterol sulfate AERS	0	Limit 2 inhalers per month; QL(0.57 GM daily)
albuterol sulfate AERS	0	QL(0.57 GM daily)
albuterol sulfate NEBU	1	QL(2 EA daily)
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	1	QL(375 ML per 30 day(s) retail)
albuterol sulfate NEBU 0.083 %	1	QL(375 ML per 25 day(s) retail)
ALBUTEROL SULFATE NEBU	2	QL(2 ML daily)
albuterol sulfate SYRP	1	MP
albuterol sulfate TABS	1	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA	2	

Drug Name	Drug Tier	Requirements/ Limits
BREZTRI AEROSPHERE	NP	
budesonide-formoterol fumarate dihydrate	NP	QL(11 GM per 30 day(s) retail)
COMBIVENT RESPIMAT AERS	2	QL(4 GM per 30 day(s) retail)
DULERA 50 MCG/ACT-5 MCG/ACT	2	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 GM per 30 day(s) retail)
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	QL(2 EA daily)
fluticasone-salmeterol AERO	NP	
ipratropium-albuterol SOLN	1	QL(12 ML daily)
levalbuterol hcl 1.25 MG/0.5ML	NP	
levalbuterol hcl	1	
levalbuterol tartrate	1	
PROVENTIL HFA AERS *(albuterol sulfate)*	0	Limit 2 inhalers per month; QL(0.45 GM daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	2	QL(11 GM per 30 day(s) retail)
terbutaline sulfate TABS	1	MP
VENTOLIN HFA AERS *(albuterol sulfate)*	0	Limit 2 inhalers per month; QL(0.54 GM daily)
VENTOLIN HFA AERS *(albuterol sulfate)*	0	Limit 2 inhalers per month; QL(1.2 GM daily)
XOPENEX HFA *(levalbuterol tartrate)*	2	

Drug Name	Drug Tier	Requirements/ Limits
Xanthines		
THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
THEO-24 CP24 100 MG	2	MP
theophylline ELIX	1	
theophylline SOLN	1	QL(475 ML per fill retail); MP
theophylline TB12 450 MG	1	
theophylline TB12 100 MG, 200 MG, 300 MG	1	MP
theophylline TB24	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	2	
ELIQUIS (2 MG PACK) TBSO PO	2	
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(4 EA daily)
ELIQUIS CPSP PO 0.15 MG	2	
ELIQUIS TABS	2	QL(4 EA daily)
ELIQUIS TBSO PO 0.5 MG	2	
rivaroxaban SUSR 1 MG/ML	NP	
rivaroxaban TABS 2.5 MG	NP	
XARELTO STARTER PACK TBPK	2	
XARELTO SUSR 1 MG/ML *(rivaroxaban)*	2	
XARELTO TABS 2.5 MG *(rivaroxaban)*	2	
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 15 MG	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Heparins And Heparinoid-Like Agents		
enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(180 ML per 30 day(s) retail)
enoxaparin sodium SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail)
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail)
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ML per 30 day(s) retail)
fondaparinux sodium	1	PA
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	1	
PRADAXA CAPS *(dabigatran etexilate mesylate)*	NP	
PRADAXA PACK	NP	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1	
clobazam TABS	1	
clonazepam TABS	1	QL(4 EA daily)
clonazepam TBDP	1	
VALTOCO 10 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	QL(10 EA per 30 day(s) retail)
VALTOCO 5 MG DOSE LIQD	2	QL(10 EA per 30 day(s) retail)
Anticonvulsants - Misc.		
brivaracetam SOLN IV 50 MG/5ML	1	SP; PA
carbamazepine CHEW 200 MG	NP	
carbamazepine CHEW 100 MG	1	MP
carbamazepine CP12	1	MP
carbamazepine SUSP	1	MP
carbamazepine TABS	1	MP
carbamazepine TB12	1	MP
CARBATROL CP12 *(carbamazepine)*	NP	MP
ELEPSIA XR TB24	NP	
EPRONTIA SOLN 25 MG/ML *(topiramate)*	NP	
gabapentin CAPS 300 MG, 400 MG	1	MP
gabapentin CAPS 100 MG	1	QL(9 EA daily); MP
gabapentin SOLN	1	MP
gabapentin TABS 600 MG, 800 MG	1	MP
LAMICTAL ODT KIT *(lamotrigine)*	NP	
LAMICTAL STARTER KIT 25 MG *(lamotrigine)*	NP	
lamotrigine CHEW	1	MP
lamotrigine KIT 25 MG	NP	
lamotrigine TABS	1	MP
lamotrigine TB24	1	
lamotrigine TBDP	1	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	QL(30 ML daily); MP
levetiracetam TABS	1	MP
levetiracetam TB24	1	MP
MOTPOLY XR CP24	NP	

Drug Name	Drug Tier	Requirements/ Limits
oxcarbazepine SUSP	1	MP
oxcarbazepine TABS	1	MP
pregabalin CAPS	1	PA
pregabalin SOLN	1	PA
primidone 50 MG, 250 MG	1	MP
primidone 125 MG	1	
rufinamide SUSP	1	SP
SUBVENITE SUSP PO 10 MG/ML	NP	
TEGRETOL-XR TB12 *(carbamazepine)*	2	MP
TOPAMAX SPRINKLE CPSP *(topiramate)*	NP	MP
topiramate CPSP 50 MG	NP	
topiramate CPSP 15 MG, 25 MG	1	MP
topiramate SOLN 25 MG/ML	1	
topiramate TABS 25 MG	1	QL(6 EA daily); MP
topiramate TABS 50 MG, 100 MG, 200 MG	1	MP
TRILEPTAL SUSP *(oxcarbazepine)*	NP	MP
ZONISADE SUSP	NP	
zonisamide CAPS	1	MP
ZTALMY	NP	
Carbamates		
felbamate SUSP	1	
felbamate TABS	1	
XCOPRI (250 MG DAILY DOSE) TBPK	NP	
XCOPRI TABS	NP	
GABA Modulators		
SABRIL PACK *(vigabatrin)*	2	SP; PA
SABRIL TABS *(vigabatrin)*	2	SP; PA
tiagabine hcl 2 MG, 4 MG	NP	MP
tiagabine hcl 12 MG, 16 MG	NP	
vigabatrin PACK	NP	SP; PA
vigabatrin TABS	NP	SP; PA
VIGAFYDE SOLN	NP	SP
Hydantoins		
DILANTIN *(phenytoin sodium extended)*	NP	MP
DILANTIN INFATABS CHEW *(phenytoin)*	2	MP
phenytoin sodium extended 200 MG, 300 MG	NP	MP
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	MP
phenytoin CHEW	1	MP
phenytoin SUSP	1	MP
Succinimides		
CELONTIN *(methsuximide)*	2	
ethosuximide CAPS	1	MP
ethosuximide SOLN	1	MP
methsuximide	NP	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	2	MP
divalproex sodium CSDR	NP	MP
divalproex sodium TB24	1	MP
divalproex sodium TBEC	1	MP
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	MP
valproic acid CAPS	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	MP

Drug Name	Drug Tier	Requirements/ Limits
mirtazapine TBDP	1	
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
bupropion hcl TABS	1	MP
bupropion hcl TB12 100 MG	1	QL(4 EA daily); MP
bupropion hcl TB12 150 MG	1	QL(3 EA daily); MP
bupropion hcl TB12 200 MG	1	QL(2 EA daily); MP
bupropion hcl TB24 300 MG	1	QL(1 EA daily); MP
bupropion hcl TB24 150 MG	1	QL(3 EA daily); MP
bupropion hcl TB24 450 MG	2	
FORFIVO XL TB24 *(bupropion hcl)*	NP	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	2	SP; PA
ZURZUVAE	NP	SP
Monoamine Oxidase Inhibitors (MAOIs)		
phenelzine sulfate	1	
tranylcypromine sulfate	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide CAPS 30 MG	NP	
CITALOPRAM HYDROBROMIDE CAPS 30 MG *(citalopram hydrobromide)*	NP	
citalopram hydrobromide SOLN	NP	
citalopram hydrobromide TABS	1	MP
ESCITALOPRAM OXALATE CAPS PO 15 MG	NP	
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS	1	MP
fluoxetine hcl CAPS	1	MP
fluoxetine hcl CPDR	NP	
fluoxetine hcl SOLN	1	
fluoxetine hcl TABS 60 MG	1	
fluoxetine hcl TABS 20 MG	1	QL(4 EA daily); AL(At least 7 yrs old)
fluoxetine hcl TABS 10 MG	1	AL(At least 7 yrs old); MP
FLUOXETINE HCL TABS *(fluoxetine hcl)*	NP	
fluvoxamine maleate CP24	NP	
fluvoxamine maleate TABS	1	
paroxetine hcl TABS	1	MP
paroxetine hcl TB24	1	
sertraline hcl CAPS 150 MG, 200 MG	NP	PA
SERTRALINE HCL CAPS 150 MG, 200 MG *(sertraline hcl)*	NP	PA
sertraline hcl CONC	NP	
sertraline hcl TABS	1	MP
ZOLOFT CONC *(sertraline hcl)*	NP	
Serotonin Modulators		
EXXUA TITRATION PACK TB24 PO 18.2 MG	NP	
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	NP	
nefazodone hcl	1	
RALDESY SOLN PO 10 MG/ML	NP	

Drug Name	Drug Tier	Requirements/ Limits
trazodone hcl TABS 50 MG, 100 MG, 150 MG	1	MP
trazodone hcl TABS 300 MG	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP 20 MG, 30 MG *(duloxetine hcl)*	NP	QL(1 EA daily); AL(At least 7 yrs old); MP
CYMBALTA CPEP 60 MG *(duloxetine hcl)*	NP	QL(2 EA daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	2	
desvenlafaxine succinate 25 MG, 50 MG	1	QL(1 EA daily); MP
desvenlafaxine succinate 100 MG	1	QL(4 EA daily); MP
duloxetine hcl CPEP 20 MG, 30 MG, 40 MG	1	QL(1 EA daily); AL(At least 7 yrs old); MP
duloxetine hcl CPEP 60 MG	1	QL(2 EA daily); AL(At least 7 yrs old); MP
VENLAFAXINE BESYLATE ER	NP	
venlafaxine hcl CP24 37.5 MG	1	QL(4 EA daily); MP
venlafaxine hcl CP24 75 MG	1	QL(5 EA daily); MP
venlafaxine hcl CP24 150 MG	1	QL(2 EA daily); MP
venlafaxine hcl TABS	1	MP
venlafaxine hcl TB24	1	QL(1 EA daily)
Tricyclic Agents		
amitriptyline hcl TABS	1	MP
amoxapine	1	
clomipramine hcl	1	
desipramine hcl TABS	1	
doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	1	MP
doxepin hcl CAPS 150 MG	1	
doxepin hcl CONC	1	
imipramine hcl TABS	1	
imipramine pamoate	1	
nortriptyline hcl CAPS	1	
nortriptyline hcl SOLN	1	
protriptyline hcl	1	
trimipramine maleate CAPS	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	
miglitol	1	
Antidiabetic Combinations		
alogliptin-metformin hcl	NP	QL(2 EA daily); MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 EA daily); MP
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG	NP	
DUETACT *(pioglitazone hcl-glimepiride)*	NP	
glipizide-metformin hcl	1	MP
glyburide-metformin	1	MP
GLYXAMBI	2	
JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP
pioglitazone hcl-glimepiride	NP	
pioglitazone hcl-metformin hcl TABS	1	QL(2 EA daily); MP
saxagliptin-metformin hcl	NP	

Drug Name	Drug Tier	Requirements/ Limits
sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	NP	
sitagliptin phosphate-metformin hcl TABS	1	
sitagliptin phosphate-metformin hcl TB24	1	
XIGDUO XR TB24 PO *(dapagliflozin free base-metformin hcl)*	2	
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG *(sitagliptin free base-metformin hcl)*	NP	
Biguanides		
GLUMETZA TB24 *(metformin hcl)*	NP	
metformin hcl SOLN	1	
metformin hcl TABS 625 MG, 750 MG	NP	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	MP
metformin hcl TB24 500 MG, 750 MG	1	MP
metformin hcl TB24 500 MG, 1000 MG	NP	
Diabetic Other		
BAQSIMI ONE PACK POWD	2	QL(0.069 EA daily)
BAQSIMI TWO PACK POWD	2	QL(0.069 EA daily)
BD GLUCOSE CHEW	2	QL(1.67 EA daily); MP
dextrose (diabetic use) CHEW 4 GM	1	QL(1.67 EA daily); MP
diazoxide	NP	
GLUCAGON EMERGENCY SOLR IJ 1 MG *(glucagon)*	2	QL(1 EA per fill retail); MP
glucagon SOLR IJ 1 MG	1	QL(1 EA per fill retail); MP

Drug Name	Drug Tier	Requirements/ Limits
GVOKE KIT SOLN	NP	
mifepristone (hyperglycemia)	1	SP; PA
PROGLYCEM *(diazoxide)*	2	
TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 EA daily); MP
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
ZEGALOGUE SOAJ	2	
ZEGALOGUE SOSY	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	NP	QL(1 EA daily); MP
BRYNOVIN SOLN PO 25 MG/ML	NP	
ONGLYZA 5 MG *(saxagliptin hcl)*	NP	
saxagliptin hcl	1	
sitagliptin 25 MG, 50 MG, 100 MG	NP	
sitagliptin phosphate 25 MG, 50 MG, 100 MG	1	
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP
ZITUVIO 25 MG, 50 MG, 100 MG *(sitagliptin)*	NP	
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(exenatide)*	NP	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(exenatide)*	NP	QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
exenatide SOPN 10 MCG/0.04ML	1	QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
exenatide SOPN 5 MCG/0.02ML	1	QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA
liraglutide	NP	QL(0.3 ML daily); PA
MOUNJARO	NP	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	PA
OZEMPIC (2 MG/DOSE) SOPN	2	PA
RYBELSUS TABS	NP	PA
TRULICITY	2	PA
VICTOZA *(liraglutide)*	2	QL(0.3 ML daily); PA
Insulin		
BASAGLAR TEMPO PEN SOPN	NP	
HUMALOG JUNIOR KWIKPEN SOPN	2	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ML per 30 day(s) retail)
HUMALOG MIX 75/25 SUSP	2	QL(40 ML per 30 day(s) retail)
HUMALOG TEMPO PEN SOPN	2	
HUMALOG SOLN IJ	2	QL(40 ML per 30 day(s) retail)
HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail)
HUMULIN R U-500 KWIKPEN SOPN SC	2	
HUMULIN R SOLN IJ	2	QL(40 ML per 30 day(s) retail)
INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee
INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee
INSULIN GLARGINE-YFGN SOPN	2	
INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(30 ML per 30 day(s) retail)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(30 ML per 30 day(s) retail)
INSULIN LISPRO SOLN IJ	2	QL(40 ML per 30 day(s) retail)
KIRSTY SOLN IJ 100 UNIT/ML	NP	
KIRSTY SOPN SC 100 UNIT/ML	NP	
LANTUS SOLOSTAR SOPN	2	QL(30 ML per 30 day(s) retail)
LEVEMIR FLEXPEN SOPN	NP	
LEVEMIR SOLN	NP	
LYUMJEV TEMPO PEN SOPN	NP	
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	NP	
MERILOG SOLN SC 100 UNIT/ML	NP	
NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 RELION SUSP	NP	QL(40 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 SUSP	NP	QL(40 ML per 30 day(s) retail)
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	
SEMGLEE (YFGN) SOPN	NP	

Drug Name	Drug Tier	Requirements/ Limits
Insulin Sensitizing Agents		
pioglitazone hcl	1	QL(1 EA daily); MP
Meglitinide Analogues		
nateglinide	1	QL(3 EA daily); MP
repaglinide	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin TABS PO 5 MG, 10 MG	NP	
FARXIGA TABS PO *(dapagliflozin)*	2	
INVOKANA	NP	MP
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
glimepiride 4 MG	1	QL(2 EA daily); MP
glimepiride 1 MG, 2 MG	1	QL(4 EA daily); MP
glimepiride 3 MG	1	
glipizide TABS 5 MG, 10 MG	1	MP
glipizide TABS 2.5 MG	1	
glipizide TB24	1	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	MP
glyburide TABS	1	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
BILAC CAPS	2	RX/OTC
BIOCORE DAILY CAPS	2	RX/OTC
BIOCORE IMMUNE+ CAPS	2	RX/OTC
BIOCORE RESTORE CAPS	2	RX/OTC
BIOMEXA CAPS	2	RX/OTC
BIONARA ULTRA CPDR	2	RX/OTC
BIOSTORA CAPS	2	RX/OTC
bismuth subsalicylate CHEW 262 MG	1	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1	
CULTURELLE KIDS PURELY CHEW	2	
CULTURELLE KIDS CHEW	2	
DERMACINRX PROBISOL CAPS	2	RX/OTC
DERMACINRX PROBITRAN CAPS	2	RX/OTC
FLORENTRA CAPS	2	RX/OTC
FLORRAGUT CAPS	2	RX/OTC
FLORRAXIS CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC
LACTIVITE CAPS	2	RX/OTC
lactobacillus rhamnosus (gg) PACK 23 MG, 5 B CELL, 5 B CELL	1	
LACTOVIVE CAPS	2	RX/OTC
MICROBALANCE CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC
MICROVARA CPDR	2	RX/OTC
MVW COMPL FORM PROBIOTIC-KIDS CPDR	2	RX/OTC
NEXIVA CAPS	2	RX/OTC
NOVORA CAPS	2	RX/OTC
PROBENTRA CPDR	2	RX/OTC
PROBINATE CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
probiotic product CAPS 1.7 MG-2.4 MCG, 10 MCG-60 MG-10 MG-250 MG, 12 MG, 133 MG, 140 MG-133 MG, 15 MG, 150 MG-50 MG, 174 MG-50 MG-174 MG-174 MG-250 MG, 2 MG-12 MG-80 MG-2 MG-3 MG-2 MG-1.5 MG-7.5 MG-3 MG-2 MG, 2 MG-12.5 MCG, 2.5 MG-0.5 MG-1 MG-50 MG-16 MG, 20 MG-3 MG-500 MG, 250 MG, 30 MG-250 MG, 300 MG-250 MG, 33 MG, 40 MG-400 MG-64 MG, 42 MG-425 MG-62 MG-120 MG, 5 MG, 50 MG, 57 MG, 6 MG, 60 MG-10 MCG-10 MG-250 MG, 67 MG, 8 MG-5 MG-240 MG-70 MG, 90 MG-1.7 MG-30 MCG-4 MCG, 10 MG, 25 MG, 170 MG, 400 MG	1	RX/OTC
probiotic product CPDR 50 MG	1	RX/OTC
PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
PRORIVA CAPS	2	RX/OTC
RELIBIOTIC CAPS	2	RX/OTC
SM ADVANCED PROBIOTIC CAPS	2	RX/OTC
SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC
SYNBIARA CAPS	2	RX/OTC
SYNOVEXA CAPS	2	RX/OTC
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC
VELENTRA CAPS	2	RX/OTC
WELLPRO 31 CAPS	2	RX/OTC
XYBIOTIC CAPS	2	RX/OTC
ZELAC CAPS	2	RX/OTC
Antidiarrheal/Probiotic Combinations		
CULTURELLE DIGESTIVE DAILY CAPS	2	RX/OTC
lactobacillus-inulin CAPS 200 MG, 200 MG-10 B CELL, 200 MG-10 BILLION, 200 MG-12 BILLION, 200 MG-20 B CELL, 200 MG-20 BILLION, 3 MG-200 MG	1	RX/OTC
lactobacillus-inulin CHEW 200 MG-10 BILLION, 350 MG-1 GM	1	
TRUEBALANCE CAPS	2	RX/OTC
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1	
diphenoxylate w/ atropine TABS	1	
loperamide hcl CAPS	1	QL(8 EA daily); RX/OTC
loperamide hcl TABS	1	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	2	
deferasirox PACK	1	SP; PA
deferasirox TABS	1	SP; PA
deferasirox TBSO	1	SP; PA
deferiprone TABS	1	SP; PA
FERRIPROX SOLN	2	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	2	SP; PA
deferoxamine mesylate	1	SP; PA
SM IPECAC SYRUP	2	
sugammadex sodium SOLN 200 MG/2ML, 500 MG/5ML	1	PA
VISTOGARD	2	
Opioid Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
KLOXXADO LIQD	0	QL(18 EA per 90 day(s) retail); MP
naloxone hcl LIQD	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
naloxone hcl SOCT	0	QL(18 ML per 90 day(s) retail); MP
naloxone hcl SOLN 0.4 MG/ML	0	QL(18 ML per 90 day(s) retail); MP
naloxone hcl SOLN 4 MG/10ML	0	QL(180 ML per 90 day(s) retail); MP
naloxone hcl SOSY 2 MG/2ML	0	QL(18 ML per 90 day(s) retail); MP
naloxone hcl SOSY 0.4 MG/ML	1	
naltrexone hcl	0	MP
NARCAN LIQD *(naloxone hcl)*	0	QL(18 EA per 90 day(s) retail); MP; RX/OTC
OPVEE NA	0	QL(6 EA per 30 day(s) retail); MP
REXTOVY LIQD	2	
VIVITROL	0	SP; MP
ZIMHI SOSY	0	QL(9 ML per 90 day(s) retail); MP
ZURNAI IJ 1.5 MG/0.5ML	2	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
granisetron hcl TABS	1	
ondansetron hcl SOLN PO 4 MG/5ML	1	QL(50 ML per fill retail)
ondansetron hcl TABS 4 MG, 8 MG	1	QL(2 EA daily)
ondansetron TBDP 4 MG, 8 MG	1	QL(2 EA daily)
ondansetron TBDP 16 MG	NP	
Antiemetics - Anticholinergic		
meclizine hcl CHEW	1	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	1	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR	2	
DICLEGIS TBEC *(doxylamine-pyridoxine)*	2	
doxylamine-pyridoxine TBEC	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	
aprepitant CAPS	1	
aprepitant CPPK PO	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
griseofulvin microsize SUSP	1	
griseofulvin microsize TABS	1	
griseofulvin ultramicrosize	1	
nystatin TABS	1	QL(6 EA daily)
terbinafine hcl TABS	1	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
fluconazole SUSR	1	QL(70 ML per fill retail)
fluconazole TABS 100 MG	1	QL(1 EA daily)
fluconazole TABS 200 MG	1	
fluconazole TABS 150 MG	1	QL(2 EA daily)
fluconazole TABS 50 MG	1	QL(7 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
itraconazole CAPS	1	QL(1 EA daily); PA
itraconazole SOLN	1	PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate SYRP	1	QL(60 ML daily)
chlorpheniramine maleate TABS	1	QL(120 EA per fill retail)
dexchlorpheniramine maleate SOLN	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STR TABS	2	QL(4 EA daily)
DAYHIST ALLERGY 12 HOUR RELIEF TABS	2	QL(2 EA daily)
diphenhydramine hcl CAPS	1	QL(4 EA daily)
diphenhydramine hcl ELIX 12.5 MG/5ML	1	QL(240 ML per fill retail)
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	1	QL(240 ML per fill retail)
diphenhydramine hcl TABS 25 MG	1	QL(4 EA daily)
Antihistamines - Non-Sedating		
cetirizine hcl CAPS	1	
cetirizine hcl CHEW	1	QL(1 EA daily)
cetirizine hcl SOLN PO	1	QL(240 ML per fill retail); RX/OTC
cetirizine hcl SYRP PO 1 MG/ML	1	QL(240 ML per fill retail); RX/OTC
cetirizine hcl TABS	1	QL(1 EA daily)
DESLORATADINE SOLN PO 0.5 MG/ML	NP	
desloratadine TBDP	NP	
fexofenadine hcl SUSP	1	
fexofenadine hcl TABS 60 MG	1	QL(2 EA daily)
fexofenadine hcl TABS 180 MG	1	QL(1 EA daily)
levocetirizine dihydrochloride SOLN	1	RX/OTC
loratadine CAPS	1	
loratadine CHEW	1	
loratadine SOLN	1	QL(240 ML per fill retail)
loratadine TABS	1	
loratadine TBDP 10 MG	1	
WAL-ZYR CHILDRENS CHEW 5 MG	2	QL(1 EA daily)
XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	2	RX/OTC
Antihistamines - Phenothiazines		
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	QL(240 ML per fill retail); AL(At least 2 yrs old)
promethazine hcl SUPP	1	QL(12 EA per fill retail); AL(At least 2 yrs old)
promethazine hcl TABS	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	
cyproheptadine hcl TABS	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	1	
Antihyperlipidemics - Misc.		
omega-3-acid ethyl esters	1	
Bile Acid Sequestrants		
cholestyramine light PACK	1	MP
cholestyramine light POWD	1	MP
cholestyramine PACK	1	MP

Drug Name	Drug Tier	Requirements/ Limits
cholestyramine POWD	1	MP
colestipol hcl GRAN	1	MP
colestipol hcl TABS	1	MP
Fibric Acid Derivatives		
fenofibrate micronized 30 MG, 43 MG, 130 MG	1	
fenofibrate micronized 134 MG, 200 MG	1	QL(1 EA daily); MP
fenofibrate micronized 67 MG	1	QL(2 EA daily); MP
fenofibrate CAPS	NP	MP
fenofibrate TABS 54 MG	1	QL(3 EA daily); MP
fenofibrate TABS 40 MG, 120 MG	NP	
fenofibric acid	NP	
FENOGLIDE TABS *(fenofibrate)*	NP	
FIBRICOR *(fenofibric acid)*	NP	
gemfibrozil TABS	1	QL(2 EA daily); MP
LIPOFEN CAPS *(fenofibrate)*	NP	MP
HMG CoA Reductase Inhibitors		
ATORVALIQ SUSP	NP	
atorvastatin calcium TABS	1	QL(1 EA daily); MP
fluvastatin sodium CAPS	NP	
fluvastatin sodium TB24	NP	
LESCOL XL TB24 *(fluvastatin sodium)*	NP	
lovastatin TABS 40 MG	1	QL(2 EA daily); MP
lovastatin TABS 10 MG, 20 MG	1	QL(1 EA daily); MP
pravastatin sodium	1	QL(1 EA daily); MP
rosuvastatin calcium TABS	1	QL(1 EA daily); MP
simvastatin TABS 80 MG	1	MP
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	1	QL(1 EA daily); MP
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	1	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP; PA
PRALUENT SOAJ	2	SP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	2	SP; PA
REPATHA SURECLICK SOAJ	2	SP; PA
REPATHA SOSY	2	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
benazepril hcl 40 MG	1	QL(2 EA daily); MP
benazepril hcl 5 MG, 10 MG, 20 MG	1	QL(1 EA daily); MP
captopril	1	QL(3 EA daily); MP
enalapril maleate TABS	1	QL(2 EA daily); MP
fosinopril sodium	1	QL(1 EA daily); MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1	MP
moexipril hcl	NP	
perindopril erbumine	NP	

Drug Name	Drug Tier	Requirements/ Limits
quinapril hcl	1	QL(1 EA daily); MP
ramipril CAPS	1	QL(2 EA daily); MP
trandolapril 1 MG, 2 MG	1	QL(1 EA daily); MP
trandolapril 4 MG	1	QL(2 EA daily); MP
Agents for Pheochromocytoma		
metyrosine	1	SP; PA
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	NP	
candesartan cilexetil	1	
irbesartan	1	QL(1 EA daily); MP
losartan potassium	1	QL(1 EA daily); MP
olmesartan medoxomil	1	
telmisartan	1	
valsartan SOLN	NP	
valsartan TABS	1	QL(1 EA daily); MP
Antiadrenergic Antihypertensives		
clonidine hcl TABS	1	MP
doxazosin mesylate	1	MP
guanfacine hcl	1	MP
methyldopa TABS	1	MP
prazosin hcl CAPS	1	MP
terazosin hcl	1	MP
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG *(quinapril-hydrochlorothiazide)*	NP	QL(3 EA daily)
amlodipine besylate-benazepril hcl	1	QL(1 EA daily); MP
amlodipine besylate-olmesartan medoxomil	1	
amlodipine besylate-valsartan	1	
amlodipine-valsartan-hydrochlorothiazide	NP	
atenolol & chlorthalidone	1	QL(1 EA daily); MP
benazepril & hydrochlorothiazide	1	QL(1 EA daily); MP
bisoprolol & hydrochlorothiazide	1	QL(1 EA daily); MP
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	NP	QL(2 EA daily); MP
enalapril maleate & hydrochlorothiazide	1	QL(2 EA daily); MP
EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)*	NP	
fosinopril sodium & hydrochlorothiazide	NP	QL(1 EA daily); MP
irbesartan-hydrochlorothiazide	1	QL(1 EA daily); MP
lisinopril & hydrochlorothiazide	1	MP
losartan potassium & hydrochlorothiazide	1	QL(1 EA daily); MP
metoprolol & hydrochlorothiazide TABS	NP	QL(2 EA daily); MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
olmesartan medoxomil-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide 12.5 MG-20 MG	1	QL(4 EA daily)
quinapril-hydrochlorothiazide 25 MG-20 MG	1	QL(2 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG	1	QL(3 EA daily)
telmisartan-amlodipine	1	

Drug Name	Drug Tier	Requirements/ Limits
telmisartan-hydrochlorothiazide	1	QL(1 EA daily)
trandolapril-verapamil hcl	NP	
valsartan-hydrochlorothiazide	1	QL(1 EA daily); MP
Antihypertensives - Misc.		
VECAMYL	2	SP; PA
Vasodilators		
hydralazine hcl TABS	1	MP
minoxidil 2.5 MG, 10 MG	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS 250 MG, 500 MG	1	
trimethoprim TABS	1	
Anti-infective Misc. - Combinations		
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG	1	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	
URETRON D/S TABS 81.6 MG	2	
Carbapenems		
ertapenem sodium IJ	1	SP; PA
Glycopeptides		
vancomycin hcl CAPS 250 MG	1	QL(8 EA daily)
vancomycin hcl CAPS 125 MG	1	QL(4 EA daily)
vancomycin hcl SOLR IV 1 GM	1	QL(14 EA per fill retail)
vancomycin hcl SOLR IV 500 MG	1	QL(0.467 EA daily)
vancomycin hcl SOLR PO 25 MG/ML	1	QL(300 ML per fill retail)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
Leprostatics		
dapsone	1	
Lincosamides		
clindamycin hcl 150 MG, 300 MG	1	
clindamycin palmitate hydrochloride	1	QL(100 ML per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		
SIVEXTRO TABS	2	QL(6 EA per fill retail); PA
Urinary Anti-infectives		
methenamine mandelate	1	
nitrofurantoin	1	QL(40 ML daily)
nitrofurantoin macrocrystal 50 MG, 100 MG	1	
nitrofurantoin monohyd macro	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 EA per fill retail)
Antimalarials		
chloroquine phosphate TABS 500 MG	0	QL(8 EA per 56 day(s) retail)
chloroquine phosphate TABS 250 MG	0	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
DARAPRIM *(pyrimethamine)*	NP	SP; PA
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
mefloquine hcl	1	
pyrimethamine	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TBCR	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl TABS	1	MP
isoniazid SYRP	1	MP
isoniazid TABS	1	MP
pyrazinamide	1	
rifampin CAPS	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	2	SP; PA
BENDAMUSTINE HCL SOLN	2	SP; PA
bendamustine hcl SOLR	1	SP; PA
BENDEKA SOLN	2	SP; PA
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	1	SP; PA
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	1	SP; PA
CISPLATIN SOLR	2	SP; PA
cyclophosphamide CAPS 50 MG	1	
CYCLOPHOSPHAMIDE TABS	2	
EVOMELA IV	2	SP; PA
KEMOPLAT SOLN	2	SP; PA
LEUKERAN	2	
melphalan hcl IV	1	SP; PA
MYLERAN TABS	2	
TEMODAR SOLR	2	SP; PA
temozolomide CAPS	1	SP; PA
VIVIMUSTA SOLN	2	SP; PA
YONDELIS	2	SP; PA
Antimetabolites		
azacitidine SUSR	1	SP; PA
capecitabine	1	SP; PA
cladribine 10 MG/10ML	1	SP; PA
cytarabine SOLN	1	SP; PA
decitabine	1	SP; PA
fludarabine phosphate SOLN	1	SP; PA
fludarabine phosphate SOLR	1	SP; PA
FOLOTYN	2	SP; PA
mercaptopurine SUSP 2000 MG/100ML	1	
mercaptopurine TABS	1	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
methotrexate sodium TABS 2.5 MG	1	MP
pemetrexed disodium SOLR 100 MG, 500 MG	1	SP; PA
pralatrexate	1	SP; PA
TABLOID	2	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN	2	SP; PA
CYRAMZA	2	SP; PA
INLYTA	2	SP; PA
LENVIMA (10 MG DAILY DOSE)	2	SP; PA
LENVIMA (12 MG DAILY DOSE)	2	SP; PA
LENVIMA (14 MG DAILY DOSE)	2	SP; PA
LENVIMA (18 MG DAILY DOSE)	2	SP; PA
LENVIMA (20 MG DAILY DOSE)	2	SP; PA
LENVIMA (24 MG DAILY DOSE)	2	SP; PA
LENVIMA (4 MG DAILY DOSE)	2	SP; PA
LENVIMA (8 MG DAILY DOSE)	2	SP; PA
MVASI	2	SP; PA
ZALTRAP	2	SP; PA
Antineoplastic - Antibodies		
ADCETRIS	2	SP; PA
ARZERRA	2	SP; PA
BLINCYTO	2	SP; PA
DARZALEX	2	SP; PA
EMPLICITI	2	SP; PA
GAZYVA	2	SP; PA
KADCYLA	2	SP; PA
KEYTRUDA	2	SP; PA
LIBTAYO	2	SP; PA
OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA
POLIVY 140 MG	2	SP; PA
POTELIGEO	2	SP; PA
RITUXAN	2	SP; PA
TECENTRIQ	2	SP; PA
UNITUXIN	2	SP; PA
YERVOY	2	SP; PA
ZEVALIN Y-90	2	SP; PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI 420 MG	2	SP; PA
PERJETA	2	SP; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	SP; PA
VENCLEXTA TABS	2	SP; PA
Antineoplastic - Cellular Immunotherapy		
KYMRIAH	2	SP; PA
PROVENGE	2	SP; PA
YESCARTA	2	SP; PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	2	SP; PA
erlotinib hcl	1	SP; PA
gefitinib	1	SP; PA
GILOTRIF	2	SP; PA
PORTRAZZA	2	SP; PA
TAGRISSO	2	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA
VIZIMPRO	2	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	SP; PA
ERIVEDGE	2	SP; PA
ODOMZO	2	SP; PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	1	SP; PA
anastrozole	1	MP
bicalutamide	1	QL(1 EA daily)
CAMCEVI	2	SP
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD KIT SC 7.5 MG	2	SP; PA
EMCYT	2	SP; PA
ERLEADA 60 MG	2	SP; PA
EULEXIN	2	
exemestane	1	
FIRMAGON 80 MG	2	SP; PA
FIRMAGON (240 MG DOSE)	2	SP; PA
letrozole	1	QL(1 EA daily); MP
leuprolide acetate (3 month) INJ 22.5 MG	1	
LEUPROLIDE ACETATE-BUPIVACAINE	2	SP; PA
leuprolide acetate KIT IJ 1 MG/0.2ML	1	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA
LUPRON DEPOT (4-MONTH) IM	2	SP; PA
LUPRON DEPOT (6-MONTH) IM	2	SP; PA
LUTRATE DEPOT INJ 22.5 MG	2	
LYSODREN	2	SP; PA
megestrol acetate SUSP	1	
megestrol acetate TABS	1	
tamoxifen citrate TABS	1	MP
toremifene citrate	1	PA
TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA
TRELSTAR MIXJECT 3.75 MG	2	SP; PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	2	SP; PA
VABRINTY KIT SC 7.5 MG	2	SP; PA
XTANDI CAPS	2	SP; PA
ZOLADEX 10.8 MG	2	SP; PA
ZOLADEX 3.6 MG	2	SP; PA
Antineoplastic - Immunomodulators		
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	1	SP; PA
Antineoplastic Antibiotics		
daunorubicin hcl SOLN 50 MG/10ML	1	SP; PA
ELLENCE SOLN	2	SP; PA
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	1	SP; PA
valrubicin	1	SP; PA
Antineoplastic Combinations		
HERCEPTIN HYLECTA	2	SP; PA
LONSURF	2	SP; PA
Antineoplastic Enzyme Inhibitors		
ALECENSA	2	SP; PA
BELEODAQ	2	SP; PA
bortezomib SOLR IJ	1	SP; PA
bosutinib TABS 100 MG, 500 MG	1	SP; PA
BRAFTOVI 75 MG	2	SP; PA
CABOMETYX TABS	2	SP; PA
CAPRELSA	2	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; PA
COTELLIC	2	SP; PA
dasatinib	1	SP; PA
everolimus TABS	1	SP; PA
everolimus TBSO	1	SP; PA
IBRANCE CAPS 100 MG, 125 MG	2	SP; PA
ICLUSIG 15 MG, 45 MG	2	SP; PA
imatinib mesylate TABS	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA CAPS 140 MG	2	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA
IMBRUVICA TABS	2	QL(1 EA daily); SP; PA
JAKAFI	2	SP; PA
KYPROLIS	2	SP; PA
lapatinib ditosylate	1	SP; PA
LORBRENA	2	SP; PA
MEKINIST TABS	2	SP; PA
MEKTOVI	2	SP; PA
nilotinib hcl 50 MG, 150 MG, 200 MG	1	SP; PA
NINLARO	2	SP; PA
pazopanib hcl	1	SP; PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	2	SP; PA
romidepsin SOLR	1	SP; PA
RUBRACA	2	SP; PA
sorafenib tosylate	1	SP; PA
STIVARGA	2	SP; PA
sunitinib malate	1	SP; PA
TAFINLAR CAPS	2	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA
temsirolimus	1	SP; PA
TIBSOVO	2	SP; PA
VITRAKVI CAPS	2	SP; PA
VITRAKVI SOLN	2	SP; PA
XALKORI CAPS	2	SP; PA
XOSPATA	2	SP; PA
ZELBORAF	2	SP; PA
ZOLINZA	2	SP; PA
ZYDELIG	2	SP; PA
ZYKADIA TABS	2	SP; PA
Antineoplastic Enzymes		
ONCASPAR	2	SP; PA
Antineoplastic Radiopharmaceuticals		
LUTATHERA	2	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
arsenic trioxide 12 MG/6ML	1	SP; PA
bexarotene	1	SP; PA
hydroxyurea	1	MP
MATULANE	2	SP; PA
PHOTOFRIN	2	SP; PA
PROLEUKIN	2	SP; PA
tretinoin (chemotherapy)	1	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
dexrazoxane hcl	1	SP; PA
KHAPZORY 175 MG	2	SP; PA
leucovorin calcium TABS 5 MG, 25 MG	1	
levoleucovorin calcium SOLN	1	SP; PA
levoleucovorin calcium SOLR	1	SP; PA
mesna SOLN	1	SP; PA
mesna TABS	1	SP; PA
MESNEX TABS	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
AVOPEF SOLN 100 MG/5ML, 500 MG/25ML	2	SP; PA
docetaxel CONC 160 MG/8ML	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
docetaxel SOLN	1	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
DOCIVYX SOLN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
eribulin mesylate	1	SP; PA
etoposide CAPS	1	SP; PA
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	1	SP; PA
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA
PACLITAXEL PROTEIN-BOUND PART	2	SP; PA
paclitaxel protein-bound particles	1	SP; PA
vincristine sulfate	1	SP; PA
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
irinotecan hcl	1	SP; PA
topotecan hcl SOLN	1	SP; PA
topotecan hcl SOLR	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	1	MP
trihexyphenidyl hcl SOLN	1	MP
trihexyphenidyl hcl TABS	1	MP
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	MP
amantadine hcl SOLN	1	MP
amantadine hcl TABS	1	MP
APOKYN SOCT	2	SP; PA
apomorphine hydrochloride SOCT	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa TABS	1	MP
carbidopa-levodopa TBCR	1	MP
DHIVY TABS	2	MP
pramipexole dihydrochloride TABS	1	QL(3 EA daily); AL(At least 18 yrs old)
pramipexole dihydrochloride TB24	1	
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	1	QL(3 EA daily); MP
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	1	QL(6 EA daily); MP
ropinirole hydrochloride TB24	1	
Antiparkinson Monoamine Oxidase Inhibitors		
selegiline hcl CAPS	1	MP
selegiline hcl TABS	1	MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1	
lithium carbonate CAPS	1	
lithium carbonate TABS	1	
lithium carbonate TBCR	1	
LITHOBID TBCR *(lithium carbonate)*	2	
Antipsychotics - Misc.		
CAPLYTA	NP	
lurasidone hcl	1	
NUPLAZID CAPS	2	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	2	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR CAPS	2	
ziprasidone hcl	1	
ziprasidone mesylate	1	
Benzisoxazoles		
ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	NP	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
ERZOFRI 351 MG/2.25ML	NP	SP
FANAPT TITRATION PACK B	NP	
FANAPT TITRATION PACK C	NP	
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP
INVEGA SUSTENNA	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
INVEGA TRINZA	2	1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP
paliperidone	1	
RISPERDAL CONSTA *(risperidone microspheres)*	2	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
risperidone microspheres	1	QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP
risperidone SOLN	1	
risperidone TABS	1	
risperidone TBDP	1	

Drug Name	Drug Tier	Requirements/ Limits
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
Butyrophenones		
haloperidol decanoate	1	
haloperidol lactate CONC	1	
haloperidol lactate SOLN	1	
haloperidol TABS	1	
Dibenzapines		
clozapine TABS	0	
clozapine TBDP	0	
loxapine succinate	1	
olanzapine SOLR	1	
olanzapine TABS	1	AL(At least 10 yrs old)
olanzapine TBDP	1	
quetiapine fumarate TABS	1	
quetiapine fumarate TB24	1	
ZYPREXA RELPREVV	NP	SP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	NP	
COBENFY CAPS	NP	
Phenothiazines		
chlorpromazine hcl TABS	1	
fluphenazine decanoate	1	
fluphenazine hcl TABS	1	
perphenazine TABS	1	
prochlorperazine	1	
prochlorperazine edisylate 10 MG/2ML	1	

Drug Name	Drug Tier	Requirements/ Limits
prochlorperazine maleate TABS	1	
thioridazine hcl	1	
trifluoperazine hcl TABS	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	2	QL(3.2 ML per 56 day(s) retail; 3 ML per 56 days mail); AL(At least 18 yrs old); SP
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	2	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA PRSY	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MAINTENA SRER	2	QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP
ABILIFY MYCITE MAINTENANCE KIT	NP	SP
ABILIFY MYCITE STARTER KIT	NP	SP
aripiprazole SOLN PO	1	QL(30 ML daily)
aripiprazole TABS	1	QL(1 EA daily)
aripiprazole TBDP	1	QL(2 EA daily)
ARISTADA 882 MG/3.2ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP
ARISTADA 662 MG/2.4ML	2	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP
ARISTADA 441 MG/1.6ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP
OPIPZA FILM	NP	
Thioxanthenes		
thiothixene	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	0	QL(1 EA daily)
abacavir sulfate SOLN	0	QL(30 ML daily)
abacavir sulfate TABS	0	QL(2 EA daily)
APRETUDE	0	
APTIVUS CAPS	0	QL(4 EA daily)
atazanavir sulfate CAPS	0	QL(2 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	0	
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)
COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	0	QL(1 EA daily)
darunavir TABS	0	QL(2 EA daily)
DELSTRIGO	0	QL(1 EA daily)
DESCOVY 120 MG-15 MG	0	
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)
DOVATO	0	
EDURANT 25 MG *(rilpivirine hcl)*	0	QL(1 EA daily)
EDURANT PED PO 2.5 MG	0	
efavirenz CAPS 200 MG	0	QL(1 EA daily)
efavirenz CAPS 50 MG	0	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
efavirenz-emtricitabine-tenofovir disoproxil fumarate	0	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	0	QL(1 EA daily)
efavirenz TABS	0	QL(1 EA daily)
emtricitabine CAPS	0	QL(1 EA daily)
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	0	QL(1 EA daily)
emtricitabine-tenofovir disoproxil fumarate	0	QL(1 EA daily)
EMTRIVA CAPS *(emtricitabine)*	0	QL(1 EA daily)
EMTRIVA SOLN	0	QL(24 ML daily)
EPIVIR SOLN *(lamivudine)*	0	QL(30 ML daily)
EPIVIR TABS 300 MG *(lamivudine)*	0	QL(1 EA daily)
EPIVIR TABS 150 MG *(lamivudine)*	0	QL(2 EA daily)
etravirine 100 MG	0	QL(4 EA daily)
etravirine 200 MG	0	QL(2 EA daily)
EVOTAZ	0	QL(1 EA daily)
fosamprenavir calcium TABS	0	QL(4 EA daily)
GENVOYA	0	QL(1 EA daily)
IDVYNSO TABS PO	0	
INTELENCE 200 MG *(etravirine)*	0	QL(2 EA daily)
INTELENCE *(etravirine)*	0	QL(4 EA daily)
INTELENCE	0	QL(4 EA daily)
ISENTRESS CHEW 25 MG	0	QL(12 EA daily)
ISENTRESS CHEW 100 MG	0	QL(6 EA daily)
ISENTRESS PACK	0	QL(2 EA daily)
ISENTRESS TABS	0	QL(2 EA daily)
KALETRA SOLN	0	QL(160 ML per fill retail)
KALETRA TABS 50 MG-200 MG *(lopinavir-ritonavir)*	0	QL(6 EA daily)
KALETRA TABS 25 MG-100 MG *(lopinavir-ritonavir)*	0	QL(4 EA daily)
lamivudine SOLN	0	QL(30 ML daily)
lamivudine TABS 150 MG	0	QL(2 EA daily)
lamivudine TABS 300 MG	0	QL(1 EA daily)
lamivudine-zidovudine	0	QL(2 EA daily)
lopinavir-ritonavir SOLN	0	QL(160 ML per fill retail)
lopinavir-ritonavir TABS 25 MG-100 MG	0	QL(4 EA daily)
lopinavir-ritonavir TABS 50 MG-200 MG	0	QL(6 EA daily)
maraviroc TABS 150 MG	0	QL(2 EA daily)
maraviroc TABS 300 MG	0	QL(4 EA daily)
nevirapine SUSP	0	QL(40 ML daily)
nevirapine TABS	0	QL(2 EA daily)
nevirapine TB24 400 MG	0	QL(1 EA daily)
NORVIR PACK	0	
NORVIR TABS *(ritonavir)*	0	QL(12 EA daily)
ODEFSEY	0	
PIFELTRO	0	QL(1 EA daily)
PREZCOBIX	0	
PREZCOBIX	0	QL(1 EA daily)
PREZISTA SUSP	0	QL(12 ML daily)
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)
PREZISTA TABS 150 MG	0	QL(3 EA daily)
PREZISTA TABS *(darunavir)*	0	QL(2 EA daily)
RETROVIR CAPS *(zidovudine)*	0	QL(6 EA daily)
RETROVIR SYRP *(zidovudine)*	0	QL(60 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)*	0	QL(2 EA daily)
REYATAZ PACK	0	QL(6 EA daily)
rilpivirine hcl 25 MG	0	QL(1 EA daily)
ritonavir TABS	0	QL(12 EA daily)
RUKOBIA	0	
SELZENTRY SOLN	0	QL(35 ML daily)
STRIBILD	0	
SUNLENCA SOLN	0	SP
SUNLENCA TABS PO 300 MG	0	SP
SUNLENCA TBPK 300 MG	0	SP
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	0	QL(1 EA daily)
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	0	QL(1 EA daily)
SYMTUZA	0	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	0	QL(1 EA daily)
TIVICAY PD TBSO	0	
TIVICAY TABS 50 MG	0	
TRIUMEQ PD TBSO	0	
TRIUMEQ TABS	0	
TRUVADA *(emtricitabine-tenofovir disoproxil fumarate)*	0	QL(1 EA daily)
TYBOST	0	QL(1 EA daily)
VIRACEPT TABS 250 MG	0	QL(9 EA daily)
VIRACEPT TABS 625 MG	0	QL(4 EA daily)
VIREAD POWD	0	
VIREAD TABS	0	QL(1 EA daily)
VIREAD TABS *(tenofovir disoproxil fumarate)*	0	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	0	SP

Drug Name	Drug Tier	Requirements/ Limits
YEZTUGO TABS PO 300 MG	0	SP
ZIAGEN SOLN *(abacavir sulfate)*	0	QL(30 ML daily)
zidovudine CAPS	0	QL(6 EA daily)
zidovudine SYRP	0	QL(60 ML daily)
zidovudine TABS	0	QL(2 EA daily)
Antiviral Combinations		
PAXLOVID (150/100)	0	
PAXLOVID (300/100 & 150/100)	0	
PAXLOVID (300/100)	0	
CMV Agents		
PREVYMIS SOLN	2	SP; PA
PREVYMIS TABS	2	SP; PA
valganciclovir hcl TABS	1	QL(2 EA daily)
Hepatitis Agents		
EPCLUSA PACK	NP	SP; PA
EPCLUSA TABS	NP	SP; PA
HARVONI PACK	NP	SP; PA
HARVONI TABS	NP	SP; PA
LEDIPASVIR-SOFOSBUVIR TABS	2	SP
MAVYRET PACK	2	SP
MAVYRET TABS	2	SP
PEGASYS SOLN	2	SP; PA
PEGASYS SOSY	2	SP; PA
ribavirin (hepatitis c) CAPS	1	SP; PA
ribavirin (hepatitis c) TABS 200 MG	1	SP; PA
SOFOSBUVIR-VELPATASVIR TABS	2	SP
SOVALDI PACK	NP	SP; PA
SOVALDI TABS	NP	SP; PA
VOSEVI	NP	SP; PA
ZEPATIER	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Herpes Agents		
acyclovir CAPS	1	QL(50 EA per 30 day(s) retail)
acyclovir SUSP	1	QL(400 ML per 30 day(s) retail)
acyclovir TABS PO 800 MG	1	QL(50 EA per 30 day(s) retail)
acyclovir TABS PO 400 MG	1	QL(3 EA daily)
famciclovir	1	
valacyclovir hcl 1 GM	1	QL(42 EA per 21 day(s) retail)
valacyclovir hcl 500 MG	1	QL(2 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS 30 MG	1	QL(20 EA per fill retail)
oseltamivir phosphate CAPS 45 MG, 75 MG	1	QL(10 EA per fill retail)
oseltamivir phosphate SUSR	1	QL(120 ML per fill retail)
rimantadine hydrochloride TABS	NP	PA
XOFLUZA (40 MG DOSE) 40 MG	NP	
XOFLUZA (80 MG DOSE) 80 MG	NP	
Misc. Antivirals		
LAGEVRIO	0	
TPOXX CAPS	2	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	1	QL(3 EA daily); MP
carvedilol 25 MG	1	QL(4 EA daily); MP
carvedilol phosphate	NP	QL(1 EA daily); MP
COREG CR *(carvedilol phosphate)*	NP	QL(1 EA daily); MP
labetalol hcl TABS 100 MG	1	QL(3 EA daily); MP
labetalol hcl TABS 400 MG	1	
labetalol hcl TABS 200 MG	1	QL(6 EA daily); MP
labetalol hcl TABS 300 MG	1	QL(8 EA daily); MP
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1	MP
atenolol TABS	1	QL(2 EA daily); MP
betaxolol hcl	1	
bisoprolol fumarate	1	QL(1 EA daily); MP
bisoprolol fumarate 2.5 MG	1	
LOPRESSOR SOLN PO 10 MG/ML	NP	
LOPRESSOR TABS 12.5 MG *(metoprolol tartrate)*	NP	
metoprolol succinate TB24 200 MG	1	QL(2 EA daily); MP
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	1	QL(4 EA daily); MP
metoprolol tartrate TABS 12.5 MG, 37.5 MG, 75 MG	1	
metoprolol tartrate TABS 100 MG	1	QL(4.5 EA daily); MP
metoprolol tartrate TABS 25 MG, 50 MG	1	QL(4 EA daily); MP
Beta Blockers Non-Selective		
nadolol TABS 20 MG, 40 MG, 80 MG	1	MP
pindolol TABS	NP	MP
propranolol hcl CP24	1	QL(2 EA daily); MP
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	MP
propranolol hcl TABS	1	MP

Drug Name	Drug Tier	Requirements/ Limits
sotalol hcl (afib/afl)	1	QL(2 EA daily); MP
sotalol hcl TABS 240 MG	1	MP
sotalol hcl TABS 80 MG, 120 MG, 160 MG	1	QL(2 EA daily); MP
timolol maleate TABS	NP	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	1	QL(1 EA daily); MP
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG *(diltiazem hcl)*	NP	MP
CONJUPRI *(levamlodipine maleate)*	2	
diltiazem hcl coated beads CP24 240 MG	1	QL(2 EA daily); MP
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	1	QL(1 EA daily); MP
diltiazem hcl coated beads CP24 360 MG	1	MP
diltiazem hcl extended release beads	1	QL(1 EA daily); MP
diltiazem hcl CP12	1	QL(2 EA daily); MP
diltiazem hcl CP24 120 MG, 240 MG	1	QL(1 EA daily); MP
diltiazem hcl CP24 180 MG	1	MP
diltiazem hcl TABS	1	QL(3 EA daily); MP
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NP	MP
felodipine	1	QL(1 EA daily); MP
isradipine CAPS	NP	
levamlodipine maleate	1	
nicardipine hcl CAPS	NP	MP
nifedipine CAPS	1	QL(4 EA daily); MP
nifedipine TB24 30 MG, 90 MG	1	QL(1 EA daily); MP
nifedipine TB24 60 MG	1	QL(2 EA daily); MP
nimodipine CAPS	NP	
nisoldipine 8.5 MG, 17 MG, 34 MG	NP	
NORLIQVA SOLN	NP	
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	NP	
VERAPAMIL HCL ER CP24 *(verapamil hcl)*	NP	QL(2 EA daily); MP
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG	NP	QL(2 EA daily); MP
verapamil hcl CP24 300 MG	NP	MP
verapamil hcl CP24 360 MG	NP	QL(1 EA daily); MP
verapamil hcl TABS	1	QL(3 EA daily); MP
verapamil hcl TBCR	1	QL(2 EA daily); MP
VERELAN PM CP24 100 MG, 200 MG *(verapamil hcl)*	NP	QL(2 EA daily); MP
VERELAN PM CP24 300 MG *(verapamil hcl)*	NP	MP
VERELAN CP24 360 MG *(verapamil hcl)*	NP	QL(1 EA daily); MP
VERELAN CP24 120 MG, 180 MG, 240 MG *(verapamil hcl)*	NP	QL(2 EA daily); MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	1	MP
digoxin TABS 125 MCG, 250 MCG	1	MP

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS 125 MCG, 250 MCG *(digoxin)*	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	NP	
ENTRESTO CPSP	NP	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(sacubitril-valsartan)*	NP	
OPSYNVI	NP	SP; PA
sacubitril-valsartan TABS	1	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
epoprostenol sodium	1	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP
ORENITRAM MONTH 2 TEPK	NP	SP
ORENITRAM MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
treprostinil SOLN IJ	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	1	SP
bosentan TABS	1	SP

Drug Name	Drug Tier	Requirements/ Limits
LETAIRIS *(ambrisentan)*	NP	SP
TRACLEER TABS *(bosentan)*	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
sildenafil citrate (pulmonary hypertension) SOLN	1	SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	1	SP; PA
sildenafil citrate (pulmonary hypertension) TABS	1	SP; PA
tadalafil (pulmonary hypertension) TABS	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 EA daily); SP; PA
VYNDAQEL	2	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	
cephalexin CAPS 250 MG, 500 MG	1	
cephalexin SUSR	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	
cefaclor CAPS	1	
cefaclor SUSR 250 MG/5ML	1	
cefprozil SUSR	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
cefprozil TABS	1	QL(20 EA per fill retail)
cefuroxime axetil TABS	1	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	QL(20 EA per fill retail)
cefdinir SUSR	1	QL(60 ML per fill retail)
cefixime CAPS	1	
cefixime SUSR	1	
cefpodoxime proxetil SUSR	1	
cefpodoxime proxetil TABS	1	
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	1	QL(3 EA per fill retail); 1 max fill(s) per 30 day(s) retail
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
desogestrel & ethinyl estradiol	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
desogestrel-ethinyl estradiol (biphasic)	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
desogestrel-ethinyl estradiol (triphasic)	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
drospirenone-ethinyl estradiol	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
drospirenone-ethinyl estradiol-levomefolate calcium	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
ethynodiol diacet & eth estrad	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
levonorgestrel & eth estradiol TABS	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
levonorgestrel-eth estradiol (triphasic)	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
levonorgestrel-ethinyl estradiol (continuous)	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
LO LOESTRIN FE TABS	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV

Drug Name	Drug Tier	Requirements/ Limits
norethin acet & estrad-fe CAPS	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norethin acet & estrad-fe CHEW	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG	0	
norethindrone & eth estradiol 35 MCG-1 MG	0	
norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norethindrone & ethinyl estradiol-fe	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norethindrone acet & eth estra TABS	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norethindrone acetate-ethinyl estradiol-fe	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norethindrone-eth estradiol (triphasic)	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norgestimate-ethinyl estradiol	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norgestimate-ethinyl estradiol (triphasic)	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol	0	PV
Copper Contraceptives - IUD		
MIUDELLA	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; SP; PV

Drug Name	Drug Tier	Requirements/ Limits
PARAGARD INTRAUTERINE COPPER	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; SP; PV
Emergency Contraceptives		
ELLA	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
levonorgestrel (emergency oc) 1.5 MG	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
Progestin Contraceptives - Implants		
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; SP; PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
medroxyprogesterone acetate (contraceptive) SUSP IM	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
medroxyprogesterone acetate (contraceptive) SUSY IM	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
Progestin Contraceptives - IUD		
KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; SP; PV
LILETTA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; SP; PV
MIRENA (52 MG)	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; SP; PV
SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; SP; PV
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide TB24	NP	
CORTISONE ACETATE TABS	2	
deflazacort SUSP	1	SP; PA
deflazacort TABS	1	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	1	QL(150 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	2	QL(150 ML per 30 day(s) retail)
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	1	QL(150 ML per 30 day(s) retail)
dexamethasone ELIX	1	
dexamethasone SOLN	1	
dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG	1	
hydrocortisone TABS	1	
methylprednisolone TABS 4 MG, 8 MG	1	
methylprednisolone TBPK	1	
prednisolone sodium phosphate SOLN 20 MG/5ML	1	QL(150 ML per fill retail)
prednisolone sodium phosphate SOLN 5 MG/5ML	1	
prednisolone sodium phosphate SOLN 15 MG/5ML	1	QL(240 ML per fill retail)
prednisolone SOLN	1	
PREDNISONE INTENSOL CONC	2	
prednisone SOLN	1	
prednisone TABS	1	
prednisone TBPK	1	
UCERIS TB24 *(budesonide)*	NP	
ZILRETTA SRER	2	SP; PA
Mineralocorticoids		
fludrocortisone acetate TABS	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate 200 MG	1	QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)
benzonatate 100 MG	1	AL(At least 10 yrs old)
hydrocodone bitartrate-homatropine methylbromide SOLN	1	
Cough/Cold/Allergy Combinations		
brompheniramine & phenyleph ELIX	1	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail
brompheniramine & pseudoeph ELIX	1	QL(120 ML per fill retail)
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	1	QL(120 ML per fill retail)
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	1	QL(240 ML per fill retail)
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	1	QL(240 ML per fill retail)
guaifenesin-codeine SOLN	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML	2	QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	1	QL(240 ML per fill retail)
phenylephrine-dm SOLN	1	QL(240 ML per fill retail)
promethazine & phenylephrine SYRP	1	QL(240 ML per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
promethazine w/codeine SOLN	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
promethazine w/codeine SYRP	1	QL(240 ML per fill retail); AL(At least 6 yrs old)
pseudoephedrine-ibuprofen TABS	1	
Expectorants		
potassium iodide (expectorant) SOLN	1	
Misc. Respiratory Inhalants		
sodium chloride (inhalant) AERS	1	QL(240 ML per fill retail)
sodium chloride (inhalant) NEBU 0.9 %, 7 %	1	
Mucolytics		
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 40 MG *(isotretinoin)*	NP	QL(2 EA daily); AL(At least 12 yrs old)
adapalene-benzoyl peroxide GEL	1	
adapalene CREA	1	
adapalene GEL	1	RX/OTC
adapalene GEL	1	
ADAPALENE SOLN	2	
AKLIEF	NP	
ATRALIN GEL *(tretinoin)*	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
BENZAC AC WASH LIQD 5 %	2	RX/OTC
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	1	
benzoyl peroxide LIQD 5 %, 10 %	1	
benzoyl peroxide LOTN 5 %, 10 %	1	
BENZOYL PEROXIDE LOTN 5 %, 10 %	2	
clindamycin phosphate (topical) GEL	1	QL(75 ML per fill retail)
clindamycin phosphate (topical) LOTN	1	QL(60 ML per fill retail)
clindamycin phosphate (topical) SOLN	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %	1	
clindamycin phosphate-tretinoin	NP	
DIFFERIN CREA *(adapalene)*	NP	
DIFFERIN GEL 0.3 % *(adapalene)*	NP	
DIFFERIN LOTN	NP	
EPIDUO FORTE GEL *(adapalene-benzoyl peroxide)*	NP	
erythromycin (acne aid) GEL	1	QL(60 GM per fill retail)
erythromycin (acne aid) SOLN	1	
isotretinoin 10 MG, 20 MG, 40 MG	1	QL(2 EA daily); AL(At least 12 yrs old)
RETIN-A MICRO *(tretinoin microsphere)*	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
RETIN-A MICRO PUMP *(tretinoin microsphere)*	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
sulfacetamide sodium (acne)	1	QL(120 ML per fill retail)
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	1	QL(60 GM per fill retail)
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	1	QL(30 GM per fill retail)
tretinoin microsphere	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
tretinoin CREA 0.05 %, 0.1 %	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
tretinoin CREA 0.025 %	1	QL(20 GM per fill retail); AL(Up to 35 yrs old)
tretinoin GEL 0.01 %, 0.025 %	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
tretinoin GEL 0.05 %	NP	1 package(s) per fill retail; AL(Up to 35 yrs old)
ZIANA *(clindamycin phosphate-tretinoin)*	NP	
Antibiotics - Topical		
bacitracin (topical) OINT	1	QL(453.9 EA per fill retail)
bacitracin zinc OINT	1	QL(453.6 EA per fill retail)
gentamicin sulfate (topical) CREA	1	QL(30 GM per fill retail)
gentamicin sulfate (topical) OINT	1	QL(30 GM per fill retail)
mupirocin calcium (topical)	1	
mupirocin OINT	1	QL(30 GM per fill retail)
neomycin-bacitracin-polymyxin OINT	1	QL(56 EA per fill retail)
neomycin-polymyxin w/ pramoxine	1	QL(28.3 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Antifungals - Topical		
ciclopirox SOLN	1	PA
clotrimazole (topical) CREA	1	QL(60 GM per fill retail); RX/OTC
clotrimazole (topical) SOLN	1	QL(60 ML per fill retail); RX/OTC
clotrimazole w/ betamethasone CREA	1	QL(45 GM per fill retail)
clotrimazole w/ betamethasone LOTN	1	QL(30 ML per fill retail)
econazole nitrate CREA	1	QL(85 GM per fill retail)
ketoconazole (topical) CREA	1	QL(60 GM per fill retail)
ketoconazole (topical) SHAM 2 %	1	QL(120 ML per fill retail)
luliconazole	NP	PA
LUZU *(luliconazole)*	NP	PA
miconazole nitrate (topical) CREA	1	QL(92 GM per fill retail)
NIZORAL A-D 2-IN-1 SHAM 1 %	2	QL(200 ML per fill retail)
NIZORAL ANTI-DANDRUFF SHAM 1 %	2	QL(200 ML per fill retail)
nystatin (topical) CREA	1	QL(30 GM per fill retail)
nystatin (topical) OINT	1	QL(30 GM per fill retail)
nystatin (topical) POWD EX	1	QL(60 GM per fill retail)
nystatin-triamcinolone CREA	1	QL(60 GM per fill retail)
nystatin-triamcinolone OINT	1	QL(60 GM per fill retail)
oxiconazole nitrate CREA	NP	PA
terbinafine hcl (topical) CREA	1	QL(42 GM per fill retail)
tolnaftate CREA	1	QL(30 GM per fill retail)
Antihistamines-Topical		

Drug Name	Drug Tier	Requirements/ Limits
ITCH RELIEF CREA	2	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) GEL EX	1	QL(6.68 GM daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	1	SP; PA
CARAC CREA *(fluorouracil (topical))*	2	QL(30 GM per fill retail)
fluorouracil (topical) CREA 0.5 %	1	QL(30 GM per fill retail)
fluorouracil (topical) CREA 5 %	1	QL(40 GM per fill retail)
fluorouracil (topical) SOLN	1	QL(10 ML per fill retail)
LEVULAN KERASTICK SOLR	2	SP; PA
Antipruritics - Topical		
camphor & menthol LOTN	1	QL(59 ML per fill retail)
Antipsoriatics		
BIMZELX SOAJ 160 MG/ML	NP	SP; PA
BIMZELX SOAJ 320 MG/2ML	NP	SP; PA
BIMZELX SOSY 320 MG/2ML	NP	SP; PA
BIMZELX SOSY 160 MG/ML	NP	SP; PA
calcipotriene CREA	1	QL(60 GM per fill retail)
CALCIPOTRIENE FOAM	NP	
calcipotriene OINT	NP	
calcipotriene SOLN	NP	QL(60 ML per fill retail)
COSENTYX (300 MG DOSE) SOSY	NP	SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	NP	SP; PA
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
OTULFI SOLN SC 45 MG/0.5ML	NP	SP; PA
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
PELLIX SOLN 0.005 % *(calcipotriene)*	NP	QL(60 ML per fill retail)
PYZCHIVA SC 45 MG/0.5ML	2	SP; PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	2	SP; PA
PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
SELARSDI SOLN SC 45 MG/0.5ML	NP	SP; PA
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	NP	SP; PA
SPEVIGO SOSY	NP	SP; PA
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	2	SP; PA
STEQEYMA	NP	SP; PA
STEQEYMA SC	NP	SP; PA
TALTZ SOSY	2	SP; PA
tazarotene CREA	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	NP	SP; PA
USTEKINUMAB-TTWE SC	NP	SP; PA
USTEKINUMAB-TTWE	NP	SP; PA
VTAMA	NP	PA
YESINTEK SOLN 45 MG/0.5ML	NP	SP; PA
YESINTEK SOSY	NP	SP; PA
Antiseborrheic Products		
selenium sulfide LOTN 1 %	1	QL(240 ML per fill retail)
selenium sulfide LOTN 2.5 %	1	QL(120 ML per fill retail)
selenium sulfide SHAM 1 %	1	QL(240 ML per fill retail)
sulfacetamide sodium LIQD	1	QL(480 ML per fill retail)
Antivirals - Topical		
acyclovir topical CREA	1	QL(1 GM daily)
acyclovir topical OINT	1	
DENAVIR *(penciclovir)*	2	
penciclovir	NP	
ZOVIRAX CREA *(acyclovir topical)*	NP	QL(1 GM daily)
ZOVIRAX OINT *(acyclovir topical)*	2	
Burn Products		
silver sulfadiazine	1	QL(85 GM per fill retail)
Corticosteroids - Topical		
alclometasone dipropionate CREA	1	
alclometasone dipropionate OINT	1	

Drug Name	Drug Tier	Requirements/ Limits
amcinonide CREA	NP	
amcinonide OINT	NP	
betamethasone dipropionate (topical) CREA	NP	1 package(s) per 30 day(s) retail
betamethasone dipropionate (topical) LOTN	1	
betamethasone dipropionate (topical) OINT	1	
betamethasone dipropionate augmented CREA	NP	QL(50 GM per fill retail)
betamethasone dipropionate augmented GEL 0.05 %	NP	
betamethasone dipropionate augmented LOTN	1	
betamethasone dipropionate augmented OINT	NP	
betamethasone valerate CREA	NP	QL(45 GM per fill retail)
betamethasone valerate FOAM	NP	
betamethasone valerate LOTN	NP	QL(60 ML per fill retail)
betamethasone valerate OINT	NP	QL(45 GM per fill retail)
calcipotriene-betamethasone dipropionate OINT	1	
calcipotriene-betamethasone dipropionate SUSP	NP	
clobetasol propionate emollient base 0.05 %	1	QL(60 GM per fill retail)
clobetasol propionate emulsion	1	
clobetasol propionate CREA 0.05 %	1	QL(60 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate FOAM	1	
clobetasol propionate GEL 0.05 %	1	QL(60 GM per fill retail)
clobetasol propionate LIQD	1	
clobetasol propionate LOTN	1	
clobetasol propionate OINT 0.05 %	1	QL(60 GM per fill retail)
clobetasol propionate SHAM	1	
clobetasol propionate SOLN 0.05 %	1	QL(50 ML per fill retail)
clocortolone pivalate	NP	
CLODERM *(clocortolone pivalate)*	NP	
desonide CREA	1	1 package(s) per fill retail
desonide LOTN	1	
desonide OINT	1	1 package(s) per fill retail
desoximetasone CREA 0.05 %	NP	QL(60 GM per fill retail)
desoximetasone CREA 0.25 %	NP	
desoximetasone GEL	NP	
desoximetasone LIQD	NP	
desoximetasone OINT	1	
diflorasone diacetate CREA	NP	QL(60 GM per fill retail)
diflorasone diacetate OINT	NP	QL(60 GM per fill retail)
DIPROLENE OINT *(betamethasone dipropionate augmented)*	NP	
EPIFOAM FOAM	2	
fluocinolone acetonide CREA	NP	
fluocinolone acetonide OIL	1	
fluocinolone acetonide OINT	NP	
fluocinolone acetonide SOLN	NP	
fluocinonide emulsified base	NP	QL(60 GM per fill retail)
fluocinonide CREA 0.05 %	1	QL(60 GM per fill retail)
fluocinonide CREA 0.1 %	1	
fluocinonide GEL	1	QL(60 GM per fill retail)
fluocinonide OINT	1	QL(60 GM per fill retail)
fluocinonide SOLN	1	QL(60 ML per fill retail)
flurandrenolide CREA	1	
flurandrenolide LOTN	NP	
fluticasone propionate CREA 0.05 %	1	QL(60 GM per fill retail)
fluticasone propionate LOTN	NP	
fluticasone propionate OINT	1	QL(60 GM per fill retail)
halcinonide CREA	NP	
halobetasol propionate CREA	1	
halobetasol propionate OINT	1	
HALOG CREA *(halcinonide)*	NP	
HYDRALYN GEL 2 %	NP	
HYDRAVEX GEL 2 %	NP	
hydrocortisone (topical) CREA 2.5 %	1	QL(453.6 GM per fill retail)
hydrocortisone (topical) CREA 1 %	1	QL(85.2 EA per fill retail); RX/OTC
hydrocortisone (topical) CREA 0.5 %	1	QL(30 GM per fill retail)
hydrocortisone (topical) LOTN 2.5 %	1	QL(59 ML per fill retail)
hydrocortisone (topical) LOTN 1 %	1	QL(99 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) OINT 0.5 %	1	
hydrocortisone (topical) OINT 2.5 %	1	QL(454 GM per fill retail)
hydrocortisone (topical) OINT 1 %	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC
hydrocortisone (topical) SOLN 1 %	1	
hydrocortisone acetate (topical) CREA 2.5 %	1	
hydrocortisone acetate (topical) OINT	1	
HYDROCORTISONE ACETATE CREA	2	
hydrocortisone butyrate CREA	NP	
hydrocortisone butyrate LOTN	NP	
hydrocortisone butyrate OINT	NP	
hydrocortisone butyrate SOLN	NP	QL(60 ML per fill retail)
hydrocortisone valerate CREA	1	
hydrocortisone valerate OINT	NP	
HYDROCORTISONE GEL 2 %	NP	
HYDROXATE GEL	NP	
HYDROXYM GEL	NP	
KENALOG AERS *(triamcinolone acetonide (topical))*	NP	
LOCOID LIPOCREAM	NP	
LOCOID LOTN *(hydrocortisone butyrate)*	NP	
mometasone furoate CREA	1	QL(50 GM per fill retail)
mometasone furoate OINT	1	QL(45 GM per fill retail)
mometasone furoate SOLN	1	QL(60 ML per fill retail)
SANADERMRX SKIN REPAIR 0.1 %-5 %	2	
SYNALAR CREA *(fluocinolone acetonide)*	NP	
SYNALAR OINT *(fluocinolone acetonide)*	NP	
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	NP	
TOPICORT SPRAY LIQD *(desoximetasone)*	NP	
TOPICORT CREA 0.05 % *(desoximetasone)*	NP	QL(60 GM per fill retail)
TOPICORT CREA 0.25 % *(desoximetasone)*	NP	
TOPICORT GEL *(desoximetasone)*	NP	
triamcinolone acetonide (topical) AERS	NP	
triamcinolone acetonide (topical) CREA 0.1 %	1	QL(85.2 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.025 %	1	QL(160 GM per fill retail)
triamcinolone acetonide (topical) CREA 0.5 %	1	QL(15 GM per fill retail)
triamcinolone acetonide (topical) LOTN	NP	QL(60 ML per fill retail)
triamcinolone acetonide (topical) OINT 0.05 %	1	
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	1	QL(80 GM per fill retail)
triamcinolone acetonide (topical) OINT 0.5 %	1	QL(15 GM per fill retail)
triamcinolone acetonide-dimethicone-silicone	1	
TRIVIX 0.1 %-5 %	2	
Eczema Agents		
ADBRY SOAJ	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ADBRY SOSY	2	SP; PA
ANZUPGO CREA EX 20 MG/GM	NP	PA
CIBINQO	NP	SP; PA
DUPIXENT SOAJ	2	SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	2	SP; PA
DUPIXENT SOSY 300 MG/2ML	2	SP; PA
EBGLYSS SOAJ	2	SP; PA
EBGLYSS SOSY	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
GORDONS UREA CREA 40 %	2	QL(85.05 GM per fill retail); RX/OTC
urea CREA 40 %	1	QL(85.05 GM per fill retail); RX/OTC
urea LOTN 40 %	1	QL(325 GM per fill retail)
Emollients		
lactic acid (ammonium lactate) CREA	1	QL(385 GM per fill retail); RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	QL(400 GM per fill retail; 400 per fill mail); RX/OTC
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	NP	SP; PA
LITFULO	NP	SP; PA
Immunomodulating Agents - Systemic		
NEMLUVIO	NP	SP; PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	QL(48 EA per 180 day(s) retail)
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	2	QL(1 GM daily); AL(At least 2 yrs old); PA
pimecrolimus	1	QL(1 GM daily); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.03 %	1	QL(1 GM daily); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.1 %	1	PA
Keratolytic/Antimitotic/Vesicant Agents		
DERMACINRX SALICYLIC ACID GEL 6 %	2	QL(40 GM per fill retail)
podofilox SOLN	1	QL(4 ML per fill retail)
salicylic acid GEL 6 %	1	QL(40 GM per fill retail)
Local Anesthetics - Topical		
capsaicin CREA 0.035 %	1	QL(120 ML per fill retail; 120 per fill mail)
capsaicin CREA 0.1 %	1	QL(56.6 GM per fill retail)
capsaicin CREA 0.025 %, 0.075 %	1	QL(60 GM per fill retail)
CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)
COLLAVERA GEL 2 %	2	QL(85 GM per fill retail); RX/OTC
DERMACINRX LIDOCAINE CREA 3 %	2	QL(85 GM per fill retail); RX/OTC
dibucaine	1	QL(56.7 GM per fill retail)
lidocaine hcl CREA 4 %	1	1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
lidocaine hcl CREA 3 %	1	QL(85 GM per fill retail); RX/OTC
lidocaine hcl GEL 2 %	1	QL(85 GM per fill retail); RX/OTC
lidocaine hcl PRSY	1	QL(85 ML per fill retail)
lidocaine CREA 4 %	1	QL(76.5 GM per fill retail)
LIDOCAINE CREA	2	QL(85 GM per fill retail)
lidocaine-prilocaine CREA	1	QL(5800 GM per fill retail)
LIDOMAX GEL 2 %	2	QL(85 GM per fill retail); RX/OTC
PROXIVOL GEL 2 %	2	QL(85 GM per fill retail); RX/OTC
Misc. Topical		
lanolin (topical) CREA	1	
zinc oxide (topical) OINT 20 %	1	QL(60 GM per fill retail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
ZORYVE CREA EX	NP	PA
ZORYVE FOAM EX	NP	
Rosacea Agents		
metronidazole (topical) CREA	1	QL(45 GM per fill retail)
metronidazole (topical) GEL 0.75 %	1	QL(45 GM per fill retail)
metronidazole (topical) LOTN	1	
Scabicides & Pediculicides		
BEDDING SPRAY LICE TREATMENT AERO 0.5 %	2	
CVS LICE-BEDBUG-MITE AERO 0.5 %	2	
ELIMITE CREA *(permethrin)*	NP	QL(60 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
FT LICE-BEDBUG-MITE AERO 0.5 %	2	
GNP HOME LICE/BEDBUG/DUST MITE AERO 0.5 %	2	
ivermectin (pediculicide)	NP	
malathion	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail
NATROBA *(spinosad)*	2	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
NIX LICE KILLING SPRAY LIQD XX	2	
permethrin AERO	1	
permethrin CREA	1	QL(60 GM per fill retail)
PERMETHRIN CREA 5 % *(permethrin)*	NP	QL(60 GM per fill retail)
permethrin LIQD EX	1	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	1	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	1	
SB LICE TREATMENT LIQD 3 %-2.4 %-0.3 %-1.2 %	2	
SCHOOLTIME SHAMPOO SHAM	2	
spinosad	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
STOP LICE STEP 3 AERO 0.5 %	2	
STOP LICE AERO 0.5 %	2	

Drug Name	Drug Tier	Requirements/ Limits
Tar Products		
coal tar extract SHAM 0.5 %	1	
Wound Care Products		
APLIGRAF DISK	2	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
cosyntropin SOLR	1	SP; PA
THYROGEN 0.9 MG	2	SP; PA
Diagnostic Tests		
2SAN COVID-19 RAPID SELF TEST KIT	0	
ACCU-CHEK GUIDE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ACCULA SARS-COV-2	0	
ADVIN COVID-19 ANTIGEN TEST KIT	0	
BD VERITOR SYSTEM SARS-COV-2	0	
BINAXNOW COVID-19 AG CARD	0	
BINAXNOW COVID-19 AG HOME TEST KIT	0	
BINAXNOW COVID-19 ANTIGEN SELF KIT	0	
CARESTART COVID-19 HOME TEST KIT	0	
CHEMSTRIP K STRP	2	
CLEARDETECT COVID-19 AG HOME KIT	0	
CLINITEST RAPID COVID-19 TEST KIT	0	
COBAS LIAT SARS-COV-2 ASSAY	0	
COBAS LIAT SARS-COV-2 CONTROL	0	RX/OTC
COVID-19 AT HOME ANTIGEN TEST KIT	0	
COVID-19 AT-HOME TEST KIT	0	
COVID-19 OTC ANTIGEN 1-PACK KIT	0	
COVID-19 OTC ANTIGEN 2-PACK KIT	0	
CVS COVID-19 AT HOME TEST KIT KIT	0	
DIATRUST COVID-19 HOME TEST KIT	0	
ELLUME COVID-19 HOME TEST KIT	0	
FASTEP COVID-19 ANTIGEN TEST KIT	0	
FLOWFLEX COVID-19 AG HOME TEST KIT	0	
GENABIO COVID-19 RAPID TEST KIT	0	
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	
ID NOW COVID-19	0	
ID NOW COVID-19 2.0 CONTROL	0	RX/OTC
ID NOW COVID-19 2.0 TEST	0	
ID NOW COVID-19 CONTROL	0	RX/OTC
IHEALTH COVID-19 RAPID TEST KIT	0	
INDICAID COVID-19 RAPID TEST KIT	0	
INTELISWAB COVID-19 RAPID TEST KIT	0	
KETONE TEST STRP	2	
KETOSTIX STRP	2	

Drug Name	Drug Tier	Requirements/ Limits
LUCIRA CHECK IT COVID-19 TEST KIT	0	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE KIT	0	RX/OTC
LYRA DIRECT SARS-COV-2 ASSAY	0	
LYRA SARS-COV-2 ASSAY	0	
OHC COVID-19 ANTIGEN SELF TEST KIT	0	
ON/GO COVID-19 ANTIGEN TEST KIT	0	
ON/GO ONE COVID-19 HOME TEST KIT	0	
PILOT COVID-19 AT-HOME TEST KIT	0	
QUICKVUE AT-HOME COVID-19 TEST KIT	0	
QUICKVUE SARS ANTIGEN TEST	0	
RAPID RESPONSE COVID-19	0	
RELION KETONE TEST STRP	2	
SOFIA SARS ANTIGEN FIA	0	
SOFIA2 SARS ANTIGEN FIA	0	
SPEEDY SWAB COVID-19 ANTIGEN KIT	0	
XPERT XPRESS SARS-COV-2	0	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
SUCRAID	2	SP; PA
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	1	MP
acetazolamide TABS	1	MP
methazolamide TABS	1	MP
Diuretic Combinations		
amiloride & hydrochlorothiazide	1	QL(1 EA daily)
spironolactone & hydrochlorothiazide	1	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	QL(1 EA daily); MP
triamterene & hydrochlorothiazide TABS	1	QL(1 EA daily); MP
Loop Diuretics		
bumetanide TABS	1	MP
furosemide SOLN PO 8 MG/ML, 10 MG/ML	1	MP
furosemide TABS	1	MP
SOAANZ TABS 20 MG	2	MP
torsemide TABS 5 MG, 10 MG, 100 MG	1	QL(1 EA daily); MP
torsemide TABS 20 MG	1	MP
Potassium Sparing Diuretics		
amiloride hcl TABS	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
spironolactone TABS	1	MP
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1	MP
hydrochlorothiazide CAPS	1	MP
hydrochlorothiazide TABS 25 MG, 50 MG	1	MP
indapamide TABS 1.25 MG, 2.5 MG	1	MP
metolazone	1	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG *(risedronate sodium)*	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)
ACTONEL TABS 150 MG *(risedronate sodium)*	NP	
alendronate sodium SOLN	NP	QL(10.8 ML daily); MP
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 EA daily); MP
alendronate sodium TABS 35 MG, 70 MG	1	QL(0.15 EA daily); MP
ATELVIA TBEC *(risedronate sodium)*	NP	
BONSITY SOPN 560 MCG/2.24ML	2	PA
calcitonin (salmon) NA	1	QL(4 ML per 30 day(s) retail)
calcitonin (salmon) IJ	1	QL(2 ML per 30 day(s) retail)
EVENITY	2	SP; PA
ibandronate sodium SOLN	1	SP; PA
ibandronate sodium TABS	1	PA
NATPARA	2	PA
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PAMIDRONATE DISODIUM SOLN	2	SP; PA
PROLIA SOSY	2	SP; PA
risedronate sodium TABS 35 MG	NP	4 per 28 days; QL(4 EA per 28 day(s) retail)
risedronate sodium TABS 5 MG, 30 MG	NP	QL(1 EA daily)
risedronate sodium TABS 150 MG	NP	
risedronate sodium TBEC	NP	
teriparatide SOPN	1	PA
TERIPARATIDE SOPN	2	PA
XGEVA SOLN	2	SP; PA
zoledronic acid CONC	1	SP; PA
zoledronic acid SOLN 5 MG/100ML	1	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA
Corticotropin		
ACTHAR GEL	2	SP; PA
CORTROPHIN GEL	2	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	2	PA
NOVAREL IM 5000 UNIT	2	PA
PREGNYL IM	2	PA
GnRH/LHRH Antagonists		
ORILISSA	2	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	2	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	2	SP; PA
GENOTROPIN CART SC	2	SP; PA
NGENLA	NP	SP; PA
NORDITROPIN FLEXPRO SOPN	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
OMNITROPE SOCT	NP	SP; PA
SKYTROFA	NP	SP; PA
SOGROYA	2	SP; PA
Hormone Receptor Modulators		
raloxifene hcl	1	QL(1 EA daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	2	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	2	SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	SP; PA
SUPPRELIN LA	NP	SP; PA
SYNAREL	2	SP; PA
Metabolic Modifiers		
ALDURAZYME	2	SP; PA
betaine	1	SP; PA
BUPHENYL POWD *(sodium phenylbutyrate)*	2	SP; PA
BUPHENYL TABS *(sodium phenylbutyrate)*	2	SP; PA
calcitriol CAPS	1	
CARBAGLU *(carglumic acid)*	2	SP; PA
carglumic acid	NP	SP; PA
cinacalcet hcl	1	SP; PA
CRYSVITA	2	SP; PA
ELAPRASE	2	SP; PA
FABRAZYME	2	SP; PA
GALAFOLD	2	QL(0.5 EA daily); SP; PA
glycerol phenylbutyrate 1.1 GM/ML	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
IMCIVREE SOLN SC	NP	SP; PA
KANUMA	2	SP; PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	1	QL(30 ML daily)
levocarnitine (metabolic modifiers) TABS	1	QL(3 EA daily)
LUMIZYME	2	SP; PA
MYALEPT	2	SP; PA
NAGLAZYME	2	SP; PA
nitisinone CAPS	1	SP; PA
OLPRUVA (2 GM DOSE) THPK	NP	SP
OLPRUVA (3 GM DOSE) THPK	NP	SP
OLPRUVA (4 GM DOSE) THPK	NP	SP
OLPRUVA (5 GM DOSE) THPK	NP	SP
OLPRUVA (6 GM DOSE) THPK	NP	SP
OLPRUVA (6.67 GM DOSE) THPK	NP	SP
ORFADIN SUSP	2	SP; PA
PALYNZIQ	2	SP; PA
paricalcitol SOLN	1	SP; PA
PARSABIV	2	SP; PA
PHEBURANE PLLT	2	PA
RAVICTI 1.1 GM/ML *(glycerol phenylbutyrate)*	2	SP; PA
REVCOVI	2	SP; PA
sapropterin dihydrochloride PACK	1	SP; PA
sapropterin dihydrochloride TABS	1	SP; PA
sodium phenylbutyrate POWD	NP	SP; PA
sodium phenylbutyrate TABS	NP	SP; PA
STRENSIQ	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
VIMIZIM	2	SP; PA
XPHOZAH	NP	SP
Posterior Pituitary Hormones		
desmopressin acetate spray	1	QL(5 ML per fill retail)
desmopressin acetate spray refrigerated 0.01 %	1	QL(5 ML per fill retail)
desmopressin acetate SOLN IJ	1	SP; PA
DESMOPRESSIN ACETATE SOLN NA	2	SP; PA
desmopressin acetate TABS	1	QL(6 EA daily)
Somatostatic Agents		
lanreotide acetate	1	SP; PA
LANREOTIDE ACETATE	2	SP; PA
octreotide acetate KIT	1	SP; PA
octreotide acetate SOLN	1	SP; PA
octreotide acetate SOSY	1	SP; PA
SIGNIFOR	2	SP; PA
SIGNIFOR LAR	2	SP; PA
SOMATULINE DEPOT	2	SP; PA
Vasopressin Receptor Antagonists		
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	1	SP; PA
tolvaptan TABS	1	SP; PA
tolvaptan TBPK	1	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
COMBIPATCH PTTW	2	QL(8 EA per 28 day(s) retail)
estradiol & norethindrone acetate TABS	1	
MYFEMBREE	2	
norethindrone acetate-ethinyl estradiol	0	
ORIAHNN	2	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily); MP
estradiol PTTW	1	QL(0.29 EA daily); MP
estradiol PTWK	1	QL(0.143 EA daily); MP
estradiol TABS	1	MP
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1	
CIPRO SUSR	2	
levofloxacin SOLN PO	1	
levofloxacin TABS	1	QL(1 EA daily; 14 EA per fill retail)
moxifloxacin hcl TABS	1	
ofloxacin 300 MG, 400 MG	NP	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS RELIEF LIQD PO 40 MG/0.6ML	2	QL(30 ML per fill retail)
simethicone CHEW 80 MG	1	
simethicone LIQD PO	1	QL(30 ML per fill retail)
simethicone SUSP	1	QL(45 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Bile Acid Synthesis Disorder Agents		
CHOLBAM	2	QL(5 EA daily); SP; PA
CTEXLI TABS PO 250 MG	2	SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	2	SP; PA
Gallstone Solubilizing Agents		
chenodiol	1	SP; PA
ursodiol CAPS	1	QL(3 EA daily); MP
ursodiol TABS 250 MG	1	QL(7 EA daily); MP
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1	
metoclopramide hcl TABS 5 MG	1	MP
metoclopramide hcl TABS 10 MG	1	
Inflammatory Bowel Agents		
balsalazide disodium CAPS	1	QL(9 EA daily)
CANASA SUPP *(mesalamine)*	NP	
ENTYVIO PEN SOAJ	NP	SP; PA
IMULDOSA SOLN IV 130 MG/26ML	NP	SP; PA
LIALDA TBEC *(mesalamine)*	NP	
mesalamine w/ cleanser	1	
mesalamine ENEM	1	QL(60 ML daily)
mesalamine SUPP	1	
mesalamine TBEC 1.2 GM	1	
mesalamine TBEC 800 MG	NP	QL(3 EA daily)
OMVOH (300 MG DOSE) SOAJ	NP	SP; PA
OMVOH (300 MG DOSE) SOSY	NP	SP; PA
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
SELARSDI SOLN IV 130 MG/26ML	NP	SP
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
STARJEMZA SOLN IV 130 MG/26ML	2	SP; PA
sulfasalazine TABS	1	MP
sulfasalazine TBEC	1	MP
TREMFYA PEN SOAJ SC 200 MG/2ML	NP	SP; PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	NP	SP; PA
TREMFYA SOLN IV	NP	SP; PA
TREMFYA SOSY SC 200 MG/2ML	NP	SP; PA
VELSIPITY	NP	SP; PA
ZYMFENTRA (1 PEN) AJKT	NP	SP; PA
ZYMFENTRA (2 PEN) AJKT	NP	SP; PA
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP; PA
Intestinal Acidifiers		
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	NP	PA
IBSRELA	NP	PA
LINZESS	2	PA
LOTRONEX *(alosetron hcl)*	NP	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	PA

Drug Name	Drug Tier	Requirements/ Limits
Phosphate Binder Agents		
calcium acetate (phosphate binder) CAPS	1	MP
calcium acetate (phosphate binder) TABS	1	RX/OTC
calcium acetate (phosphate binder) TABS	NP	RX/OTC
calcium acetate (phosphate binder) TABS	2	RX/OTC
ferric citrate	1	
FOSRENOL CHEW *(lanthanum carbonate)*	2	
lanthanum carbonate CHEW	NP	
RENVELA TABS *(sevelamer carbonate)*	NP	
sevelamer carbonate PACK	1	
sevelamer carbonate TABS	1	
sevelamer hcl	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX	2	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	2	
potassium citrate (alkalinizer) TBCR	1	
sodium citrate & citric acid	1	QL(16.67 ML daily); RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	2	SP; PA
PROCYSBI CPDR	2	SP; PA
PROCYSBI PACK	2	SP; PA
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 EA daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	
dutasteride	1	
dutasteride-tamsulosin hcl	NP	
ENTADFI	NP	
finasteride	1	QL(1 EA daily); MP
JALYN *(dutasteride-tamsulosin hcl)*	NP	
RAPAFLO 4 MG *(silodosin)*	NP	
silodosin	1	
tamsulosin hcl	1	QL(2 EA daily); MP
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	1	
Urinary Stone Agents		
tiopronin TABS	1	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	2	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	MP
Gout Agents		
allopurinol 100 MG, 300 MG	1	MP
colchicine TABS	1	1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail
KRYSTEXXA	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Uricosurics		
probenecid	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	2	SP; PA
ADYNOVATE	2	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	2	SP; PA
ALPHANATE SOLR	2	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	2	SP; PA
ALPROLIX	2	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	2	SP; PA
BENEFIX KIT	2	SP; PA
COAGADEX	2	SP; PA
CORIFACT	2	SP; PA
ELOCTATE	2	SP; PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
FEIBA	2	SP; PA
FIBRYGA	2	SP; PA
HEMGENIX	2	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	2	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	2	SP; PA
HUMATE-P SOLR	2	SP; PA
IDELVION	2	SP; PA
IXINITY SOLR	2	SP; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	2	SP; PA
KCENTRA	2	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	2	SP; PA
KOATE SOLR	2	SP; PA
KOGENATE FS KIT	2	SP; PA
KOVALTRY	2	SP; PA
NOVOEIGHT	2	SP; PA
NOVOSEVEN RT	2	SP; PA
NUWIQ KIT	2	SP; PA
NUWIQ SOLR	2	SP; PA
OBIZUR	2	SP; PA
PROFILNINE	2	SP; PA
REBINYN	2	SP; PA
RECOMBINATE SOLR	2	SP; PA
RIASTAP	2	SP; PA
RIXUBIS SOLR	2	SP; PA
ROCTAVIAN	2	PA
SEVENFACT	2	SP; PA
TRETTEN	2	SP; PA
VONVENDI	2	SP; PA
WILATE KIT	2	SP; PA
XYNTHA	2	SP; PA
XYNTHA SOLOFUSE	2	SP; PA
Bradykinin B2 Receptor Antagonists		
icatibant acetate SOSY	1	SP; PA
Complement Inhibitors		
BERINERT KIT	2	SP; PA
CINRYZE SOLR IV	2	SP; PA
RUCONEST	2	SP; PA
SOLIRIS	2	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	2	SP; PA
Hematorheologic Agents		
pentoxifylline	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III 500 UNIT	2	SP; PA
Platelet Aggregation Inhibitors		
aspirin-dipyridamole	1	
BRILINTA 60 MG, 90 MG *(ticagrelor)*	NP	QL(2 EA daily)
cilostazol	1	QL(2 EA daily); MP
clopidogrel bisulfate 75 MG	1	QL(1 EA daily); MP
clopidogrel bisulfate 300 MG	1	
dipyridamole	1	MP
prasugrel hcl	1	QL(1 EA daily)
ticagrelor 60 MG, 90 MG	1	QL(2 EA daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA
ELELYSO	2	SP; PA
miglustat	1	SP; PA
VPRIV	2	SP; PA
Agents for Sickle Cell Disease		
CASGEVY	2	SP; PA
DROXIA CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1	
Folic Acid/Folates		
folic acid TABS 400 MCG, 800 MCG	1	QL(1 EA daily)
folic acid TABS 1 MG	1	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	2	SP; PA
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA
eltrombopag olamine PACK 12.5 MG	1	SP; PA
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	1	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	2	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN 300 MCG/ML	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA
MULPLETA	2	SP; PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	NP	SP; PA
NEULASTA SOLN SC 4 MG/0.4ML	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	2	SP; PA
NEUPOGEN SOSY	2	SP; PA
NIVESTYM SOLN	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYPOZI	NP	SP
NYVEPRIA	NP	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
RELEUKO SOSY	NP	SP
RETACRIT	2	SP; PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
ROLVEDON	NP	SP
RYZNEUTA SOSY SC 20 MG/ML	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	1	QL(1 EA daily)
HEMATINIC PLUS VIT/MINERALS TABS	2	QL(1 EA daily)
Iron		
FERRETTS TABS	2	QL(2 EA daily)
ferrous fumarate TABS	1	QL(2 EA daily)
ferrous gluconate TABS	1	
ferrous sulfate dried TBCR	1	
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	1	QL(3.4 ML daily)
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	1	QL(16 ML daily)
ferrous sulfate TABS	1	MP
ferrous sulfate TBEC	1	
ferrous sulfate TBEC 325 MG	1	MP
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	
polysaccharide iron complex CAPS	1	QL(1 EA daily)
Stem Cell Mobilizers		
plerixafor	1	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid SOLN PO 0.25 GM/ML	1	SP; PA
aminocaproic acid TABS 500 MG	1	QL(24 EA per fill retail); SP; PA
aminocaproic acid TABS 1000 MG	1	SP; PA
tranexamic acid TABS	1	QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
ALEVE PM 25 MG-220 MG	2	
diphenhydramine hcl (sleep) CAPS	1	
diphenhydramine hcl (sleep) LIQD	1	
diphenhydramine hcl (sleep) TABS 50 MG	1	
diphenhydramine hcl (sleep) TABS 25 MG	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG	1	
doxylamine succinate (sleep)	1	
ibuprofen-diphenhydramine citrate	1	
ibuprofen-diphenhydramine hcl	1	
UNISOM SLEEPMELTS TBDP 25 MG	2	
WAL-SLEEP Z TBDP 25 MG	2	
WAL-SOM TBDP 25 MG	2	
Barbiturate Hypnotics		
phenobarbital ELIX	1	
phenobarbital TABS	1	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	1	
Non-Barbiturate Hypnotics		
dexmedetomidine hcl in sodium chloride SOLN	1	
dexmedetomidine hcl SOLN 200 MCG/2ML	1	
estazolam	1	
eszopiclone	1	
flurazepam hcl	NP	QL(1 EA daily)
IGALMI FILM	NP	
midazolam hcl SOLN IJ	1	
MIDAZOLAM HCL SOLN IJ	2	
RESTORIL 22.5 MG *(temazepam)*	NP	
temazepam 15 MG, 30 MG	1	QL(1 EA daily); AL(At least 18 yrs old)
temazepam 22.5 MG	NP	
temazepam 7.5 MG	1	
triazolam	1	QL(1 EA daily)
zaleplon	1	QL(1 EA daily)
ZOLPIDEM TARTRATE CAPS	NP	
zolpidem tartrate SUBL	NP	
zolpidem tartrate TABS	1	QL(1 EA daily)
zolpidem tartrate TBCR	1	
Orexin Receptor Antagonists		
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
ramelteon	1	
tasimelteon CAPS	1	SP; PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil TABS	1	QL(10 EA daily)
psyllium CAPS 0.36 GM, 0.52 GM	1	
psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %	1	
SB FIB LAX ORANGE POWD 33 %	2	
Electrolyte-based Osmotic Laxatives		
magnesium citrate 1.745 GM/30ML	1	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	1	QL(33 ML daily)
sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML	1	
Laxative Combinations		

Drug Name	Drug Tier	Requirements/ Limits
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	1	QL(4000 ML per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	QL(4000 ML per fill retail)
sennosides-docusate sodium TABS	1	QL(4 EA daily)
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 2 GM	1	
lactulose SOLN	1	
polyethylene glycol 3350 PACK	1	QL(34 EA daily)
polyethylene glycol 3350 POWD	1	QL(34 GM daily)
SORBITOL PO 70 %	2	
Stimulant Laxatives		
bisacodyl SUPP	1	QL(12 EA per fill retail)
bisacodyl TBEC	1	QL(1 EA daily)
sennosides TABS 8.6 MG	1	
Surfactant Laxatives		
docusate sodium CAPS 100 MG, 250 MG	1	QL(3 EA daily)
docusate sodium CAPS 50 MG	1	
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	1	
DOCUSATE SODIUM SYRP	2	
docusate sodium TABS	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin SUSR 100 MG/5ML	1	QL(15 ML per fill retail)
azithromycin SUSR 200 MG/5ML	1	QL(30 ML per fill retail)
azithromycin TABS 250 MG	1	QL(6 EA per fill retail)
azithromycin TABS 500 MG	1	QL(4 EA daily)
azithromycin TABS 600 MG	1	QL(8 EA per 28 day(s) retail)
Clarithromycin		
clarithromycin SUSR	1	QL(200 ML per fill retail)
clarithromycin TABS	1	QL(28 EA per fill retail)
clarithromycin TB24	1	QL(14 EA per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	NP	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	NP	
erythromycin base CPEP	NP	
erythromycin base TABS	1	
erythromycin base TBEC	1	
erythromycin ethylsuccinate SUSR	1	
erythromycin ethylsuccinate TABS	NP	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALCOHOL PREP PADS-MISC	2	OTC
Contraceptives		
CONDOMS-MISC	2	QL(36 ea per fill retail)
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	2	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE ME KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
ACCU-CHEK GUIDE KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily); RX/OTC
ACCUTREND PLUS	2	
ACTI-LANCE 28G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily); RX/OTC
ADVANTAGE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
AQUALANCE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
AURORA LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
BD MICROTAINER LANCETS	2	QL(6.67 EA daily); RX/OTC
CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
CAREONE LANCET THIN 23G	2	QL(6.67 EA daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 EA daily); RX/OTC
CARESENS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CHOSEN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHEK LANCETS	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
COAGUCHEK LANCETS	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily); RX/OTC
CVS LANCETS ORIGINAL	2	QL(6.67 EA daily); RX/OTC
CVS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 EA daily); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily); RX/OTC
DROPSAFE MEDLANCE LANCET 30G	2	QL(6.67 EA daily); RX/OTC
DRUG MART ON-THE-GO LANCET 30G	2	QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC
FONDCIRCLE SINGLE USE LANCETS	2	QL(6.67 EA daily); RX/OTC
FORA LANCETS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LANCETS	2	QL(6.67 EA daily); RX/OTC
FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail); PA
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail); PA
FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 28 day(s) retail); PA
FREESTYLE LIBRE 3 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 3 SENSOR	2	QL(2 EA per 28 day(s) retail); PA
FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail); PA
FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily); RX/OTC
GAUZE SPONGES	2	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
GOJJI STERILE LANCETS	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
HY-VEE LANCETS	2	QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
LANCETS	2	QL(6.67 EA daily); RX/OTC
LANCETS 28G THIN	2	QL(6.67 EA daily); RX/OTC
LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily); RX/OTC
LITE TOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
LITETOUCH LANCETS	2	QL(6.67 EA daily); RX/OTC
LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily); RX/OTC
MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC
MICROLET NEXT LANCETS	2	QL(6.67 EA daily); RX/OTC
MM TWIST LANCETS	2	QL(6.67 EA daily); RX/OTC
MOBILE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
MONOLET LANCETS	2	QL(6.67 EA daily); RX/OTC
MONOLET OPD LANCETS	2	QL(6.67 EA daily); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PIP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PRODIGY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
QC LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	QL(6.67 EA daily); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 EA daily); RX/OTC
RELION LANCET DEVICES 30G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
RIGHTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
SB LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
SB LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
SENSILANCE SAFETY LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
SENSILANCE SAFETY LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
SENSILANCE SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SINGLE-LET	2	QL(6.67 EA daily); RX/OTC
SMARTEST LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
STERILANCE TL	2	QL(6.67 EA daily); RX/OTC
SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SURELITE LANCETS	2	QL(6.67 EA daily); RX/OTC
TECHLITE AST LANCETS	2	QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS	2	QL(6.67 EA daily); RX/OTC
TECHLITE LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily); RX/OTC
ULTILET LANCETS	2	QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ULTRA-CARE SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily); RX/OTC
ULTRA-THIN II LANCETS	2	QL(6.67 EA daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE	2	QL(6.67 EA daily); RX/OTC
UNILET EXCELITE II	2	QL(6.67 EA daily); RX/OTC
UNILET G.P. LANCET	2	QL(6.67 EA daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
UNILET LANCET	2	QL(6.67 EA daily); RX/OTC
UNILET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
UNILET SUPERLITE LANCET	2	QL(6.67 EA daily); RX/OTC
UNILET SUPER-THIN 30G	2	QL(6.67 EA daily); RX/OTC
UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK 1	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 EA daily); RX/OTC
UNISTIK 2 SUPER	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 COMFORT	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 EXTRA	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 GENTLE	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 NEONATAL	2	QL(6.67 EA daily); RX/OTC
UNISTIK 3 NORMAL	2	QL(6.67 EA daily); RX/OTC
UNISTIK CZT COMFORT	2	QL(6.67 EA daily); RX/OTC
UNISTIK CZT NORMAL	2	QL(6.67 EA daily); RX/OTC
UNISTIK NORMAL	2	QL(6.67 EA daily); RX/OTC
UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALCOH-GLOVE CONTOURED WIPE	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ALCOHOL SWABSTICK	2	QL(6.67 EA daily); RX/OTC
AUM ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
BD SWAB SINGLE USE REGULAR	2	QL(6.67 EA daily); RX/OTC
CARETOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
COMFORT TOUCH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
CURITY ALCOHOL PREPS	2	QL(6.67 EA daily); RX/OTC
CVS ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
CVS PREP	2	QL(6.67 EA daily); RX/OTC
DROPSAFE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
EASY COMFORT ALCOHOL PADS	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC
EQL ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
FIFTY50 ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
GLOBAL ALCOHOL PREP EASE	2	QL(6.67 EA daily); RX/OTC
GNP ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
GOODSENSE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL ALCOHOL	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HM STERILE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
MEIJER ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
PHARMACIST CHOICE ALCOHOL	2	QL(6.67 EA daily); RX/OTC
PRO COMFORT ALCOHOL	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
QC ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
REALITY SWABS	2	QL(6.67 EA daily); RX/OTC
RELION ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
SAPS CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SB ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SM ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
SURE COMFORT ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	2	QL(6.67 EA daily); RX/OTC
ULTICARE ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ULTILET ALCOHOL SWABS	2	QL(6.67 EA daily); RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	2	QL(6.67 EA daily); RX/OTC
WEBCOL ALCOHOL PREP LARGE	2	QL(6.67 EA daily); RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ZEVRX STERILE ALCOHOL PREP PAD	2	QL(6.67 EA daily); RX/OTC
Parenteral Therapy Supplies		
BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	QL(5 EA daily)
BD PEN NEEDLE MINI ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	QL(5 EA daily)
BD PEN NEEDLE SHORT ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)
INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE EASE NEB MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
BUBBLES THE FISH II PEDI MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
EASIVENT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
FILTER AIR PP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLEXICHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)
INSPIREASE MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
MICROCHAMBER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
MICROSPACER MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI BABY CONVERSION KIT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI EXPIRATORY FILTER SET DEVI	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI MASK SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC PED MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PFLEX MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PILLOW MASK/CHILD MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
RITEFLO DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
SAMI THE SEAL FILTERS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SILICONE MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SILICONE MASK/INFANT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SILICONE MASK/PEDIATRIC MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 ADULT MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 MED CUP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
THRESHOLD IMT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
TUBING/WING TIP MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WINDMILL TRAINER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	SP; PA
AJOVY SOSY	2	SP; PA
EMGALITY (300 MG DOSE) SOSY	NP	SP; PA
EMGALITY SOAJ	2	SP; PA
EMGALITY SOSY	2	SP; PA
NURTEC	2	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); PA
QULIPTA	2	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
UBRELVY	2	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); PA
ZAVZPRET	NP	PA
Migraine Combinations		
ergotamine w/ caffeine TABS	1	
sumatriptan-naproxen sodium	NP	
SYMBRAVO TABS PO	NP	
TREXIMET *(sumatriptan-naproxen sodium)*	NP	
Migraine Products		
dihydroergotamine mesylate SOLN NA 4 MG/ML	1	
Serotonin Agonists		
almotriptan malate	NP	
eletriptan hydrobromide	1	QL(0.2 EA daily)
frovatriptan succinate	1	
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	NP	
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	NP	QL(0.67 ML daily)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	NP	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(sumatriptan succinate)*	NP	QL(0.67 ML daily)
naratriptan hcl	1	QL(0.3 EA daily); AL(At least 18 yrs old)
rizatriptan benzoate TABS	1	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)
rizatriptan benzoate TBDP	1	
sumatriptan	1	QL(6 EA per 30 day(s) retail)
sumatriptan succinate SOAJ 6 MG/0.5ML	NP	QL(0.67 ML daily)
sumatriptan succinate SOAJ 4 MG/0.5ML	NP	
sumatriptan succinate SOCT 4 MG/0.5ML	NP	
sumatriptan succinate SOCT 6 MG/0.5ML	NP	QL(0.67 ML daily)
sumatriptan succinate SOLN 6 MG/0.5ML	1	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
sumatriptan succinate TABS	1	QL(9 EA per 30 day(s) retail)
zolmitriptan SOLN 2.5 MG	NP	
zolmitriptan TABS	1	QL(6 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
zolmitriptan TBDP	1	QL(6 EA per 30 day(s) retail)
ZOMIG SOLN	NP	
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM ACETATE	2	
calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG	1	QL(2 EA daily)
oyster shell	1	
Fluoride		
sodium fluoride CHEW	1	
sodium fluoride SOLN 0.5 MG/ML	1	RX/OTC
SODIUM FLUORIDE SOLN 0.5 MG/ML	2	RX/OTC
Magnesium		
magnesium oxide (mg supplement) TABS	1	
Phosphate		
PHOSPHA 250 NEUTRAL	2	QL(8 EA daily); RX/OTC
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	QL(8 EA daily); RX/OTC
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	2	QL(8 EA daily); RX/OTC
Potassium		
EFFER-K TBEF 25 MEQ	2	
KLOR-CON TBCR 8 MEQ *(potassium chloride)*	2	MP
potassium bicarbonate TBEF	1	
potassium chloride microencapsulated crystals er	1	MP
potassium chloride CPCR 10 MEQ	1	MP
potassium chloride CPCR 8 MEQ	1	QL(1 EA daily); MP
potassium chloride PACK PO 20 MEQ	1	
potassium chloride SOLN PO 10 %, 20 %, 10 %	1	MP
potassium chloride TBCR 8 MEQ, 10 MEQ	1	MP
Zinc		
zinc sulfate CAPS	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
penicillamine TABS	1	
trientine hcl 250 MG	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	2	SP; PA
Immunomodulators		
lenalidomide	1	SP; PA
RHAPSIDO TABS PO 25 MG	2	SP; PA
THALOMID 50 MG, 100 MG, 200 MG	2	SP; PA
Immunosuppressive Agents		
ATGAM	2	SP; PA
azathioprine TABS 75 MG, 100 MG	1	
azathioprine TABS 50 MG	1	MP
cyclosporine modified (for microemulsion) CAPS	1	PA
cyclosporine modified (for microemulsion) SOLN	1	PA
cyclosporine CAPS	1	PA

Drug Name	Drug Tier	Requirements/ Limits
everolimus (immunosuppressant)	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
mycophenolate mofetil hcl	1	PA
mycophenolate mofetil CAPS	1	PA
mycophenolate mofetil SUSR	1	PA
mycophenolate mofetil TABS	1	PA
mycophenolate sodium	1	PA
NULOJIX	2	SP; PA
PROGRAF PACK	2	PA
SANDIMMUNE CAPS *(cyclosporine)*	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
sirolimus SOLN	1	PA
sirolimus TABS	1	PA
tacrolimus CAPS	1	PA
tacrolimus CP24 0.5 MG, 1 MG, 5 MG	1	PA
tacrolimus SOLN 5 MG/ML	1	PA
THYMOGLOBULIN	2	SP; PA
Lymphatic Agents		
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPK	2	SP; PA
Potassium Removing Agents		
LOKELMA	2	
LOKELMA	NP	
sodium polystyrene sulfonate POWD	1	QL(454 GM per fill retail)
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	NP	
VELTASSA	NP	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOLR	2	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	1	QL(100 ML per fill retail)
Anti-infectives - Throat		
nystatin (mouth-throat)	1	QL(100 ML per fill retail)
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1	
Dental Products		
FLUORIDEX DAILY RENEWAL CONC 0.63 %	2	RX/OTC
PERIOMED CONC 0.63 %	2	RX/OTC
sodium fluoride (dental) CREA	1	QL(57 GM per fill retail)
sodium fluoride (dental) GEL	1	QL(60 GM per fill retail)
sodium fluoride (dental) SOLN 0.2 %	1	
stannous fluoride CONC	1	RX/OTC
Periodontal Products		
ARESTIN	2	SP; PA
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	1	QL(5 GM per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	2	QL(900 ML per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
artificial saliva SOLN	1	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC
pilocarpine hcl (oral) 5 MG	1	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins CAPS	1	QL(1 EA daily)
b-complex vitamins TABS	1	QL(1 EA daily)
B-Complex w/ C		
b complex w/ c CAPS	1	QL(1 EA daily); RX/OTC
LUMAVEX CAPS	2	QL(1 EA daily); RX/OTC
LUNAVIRA CAPS	2	QL(1 EA daily); RX/OTC
B-Complex w/ Folic Acid		
ACTIVITE TABS 1 MG	2	QL(1 EA daily); RX/OTC
b-complex w/ c & folic acid CAPS	1	QL(1 EA daily); RX/OTC
b-complex w/ c & folic acid TABS 60 MG-10 MG-300 MCG-1 MG-20 MG-0.01 MCG-10 MG-1.7 MG-1.5 MG, 1 MG	1	QL(1 EA daily); RX/OTC
DIALYVITE TABS 100 MG-10 MG-0.3 MG-1 MG-1.5 MG-0.006 MG-10 MG-1.7 MG-20 MG	2	QL(1 EA daily); RX/OTC
METAVAX TABS 1 MG	2	QL(1 EA daily); RX/OTC
MI-VITE RX TABS 1 MG	2	QL(1 EA daily); RX/OTC
MYNEPHRON CAPS 1 MG	2	QL(1 EA daily); RX/OTC
NUTRIBOOST CAPS 1 MG	2	QL(1 EA daily); RX/OTC
NUTRIVIO CAPS 1 MG	2	QL(1 EA daily); RX/OTC
RENAL CAPS 1 MG	2	QL(1 EA daily); RX/OTC
RENO CAPS CAPS 1 MG	2	QL(1 EA daily); RX/OTC
TM-VITE RX TABS 1 MG	2	QL(1 EA daily); RX/OTC
TRIPHROCAPS CAPS 1 MG	2	QL(1 EA daily); RX/OTC
TRONVITE TABS 1 MG	2	QL(1 EA daily); RX/OTC
TRUEBOOST TABS 1 MG	2	QL(1 EA daily); RX/OTC
VITASURE TABS 1 MG	2	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Iron		
DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG	2	QL(1 EA daily); RX/OTC
DERMACINRX BOOSTERVITE TABS	2	QL(1 EA daily); RX/OTC
DESTRESS-IRON TABS	2	QL(1 EA daily); RX/OTC
FLORAVITA MINI TABS	2	QL(1 EA daily); RX/OTC
MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG	2	QL(1 EA daily); RX/OTC
multiple vitamins w/ iron TABS	1	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT	2	QL(1 EA daily); RX/OTC
MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG	2	QL(1 EA daily); RX/OTC
MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	2	QL(1 EA daily); RX/OTC
NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT	2	QL(1 EA daily); RX/OTC
ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	2	QL(1 EA daily); RX/OTC
ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG	2	QL(1 EA daily); RX/OTC
ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT	2	QL(1 EA daily); RX/OTC
QC DAILY MULTIVITAMINS/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT	2	QL(1 EA daily); RX/OTC
STRESS B COMPLEX/IRON TABS 600 MG-5 MG-45 MCG-400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG-15 MG-30 UNIT	2	QL(1 EA daily); RX/OTC
STRESS FORMULA/IRON/ENERGY TABS	2	QL(1 EA daily); RX/OTC
STRESS FORMULA/IRON TABS	2	QL(1 EA daily); RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily); RX/OTC
TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG	2	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC
Multivitamins		

Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
MVW COMPLETE FORMULATION SOLN	2	
Ped MV w/ Fluoride		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
pediatric vitamins acd w/ fluoride SOLN	1	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
VITAMINS ACD-FLUORIDE SOLN	2	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	2	
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2	
MULTIVITAMIN DROPS/IRON SOLN	2	
MULTIVITAMIN INFANT & TODDLER SOLN	2	
MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML	2	
NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML	2	QL(60 ML per fill retail)
PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	QL(60 ML per fill retail)
POLY-VITA/IRON SOLN	2	QL(60 ML per fill retail)
POLY-VITE/IRON SOLN	2	
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN PO	2	
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2	
POLY-VI-SOL SOLN PO	2	
POLY-VITA SOLN PO	2	
POLY-VITE PEDIATRIC SOLN PO	2	
Prenatal Vitamins		
PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
Vitamins w/ Lipotropics		
vitamins w/ lipotropics CAPS	1	QL(1 EA daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Articular Cartilage Repair Therapy		

Drug Name	Drug Tier	Requirements/ Limits
MACI	2	SP; PA
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	NP	
baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	1	SP; PA
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	NP	
baclofen SUSP	NP	
baclofen TABS 10 MG, 20 MG	1	MP
baclofen TABS 5 MG, 15 MG	1	
carisoprodol TABS 250 MG	NP	PA
carisoprodol TABS 350 MG	1	MP; PA
chlorzoxazone TABS 500 MG	1	MP
chlorzoxazone TABS 250 MG, 375 MG, 750 MG	1	
cyclobenzaprine hcl CP24	NP	
cyclobenzaprine hcl TABS 7.5 MG	1	QL(4 EA daily)
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	QL(3 EA daily); MP
FLEQSUVY SUSP *(baclofen)*	NP	
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
LIORESAL SOLN IT	2	SP; PA
LYVISPAH PACK	NP	
metaxalone	1	
METAXALONE 640 MG	NP	
methocarbamol TABS 1000 MG	NP	
methocarbamol TABS 750 MG, 1000 MG	1	
methocarbamol TABS 500 MG	1	MP
orphenadrine citrate TB12	1	
OZOBAX DS SOLN PO *(baclofen)*	NP	
SOMA TABS 250 MG *(carisoprodol)*	NP	PA
tizanidine hcl CAPS 8 MG	2	
tizanidine hcl CAPS	1	
tizanidine hcl TABS	1	
ZANAFLEX CAPS 8 MG *(tizanidine hcl)*	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	NP	
dantrolene sodium CAPS	NP	
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff	NP	
Viscosupplements		
EUFLEXXA SOSY	2	SP; PA
GEL-ONE	2	SP; PA
GELSYN-3 SOSY	2	SP; PA
GENVISC 850 SOSY	2	SP; PA
HYALGAN SOLN	2	SP; PA
HYALGAN SOSY	2	SP; PA
HYMOVIS	2	SP; PA
MONOVISC	2	SP; PA
ORTHOVISC	2	SP; PA
SUPARTZ FX SOSY	2	SP; PA
SYNOJOYNT SOSY	2	SP; PA
SYNVISC ONE SOSY	2	SP; PA
SYNVISC SOSY	2	SP; PA
TRILURON SOSY	2	SP; PA
TRIVISC SOSY	2	SP; PA
VISCO-3 SOSY	2	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL -		

Drug Name	Drug Tier	Requirements/ Limits
Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	1	
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
saline SOLN 0.65 %	1	QL(90 ML per fill retail)
Nasal Antiallergy		
azelastine hcl	1	QL(30 ML per fill retail)
cromolyn sodium (nasal) 5.2 MG/ACT	1	QL(26 ML per fill retail)
olopatadine hcl (nasal)	1	
Nasal Anticholinergics		
ipratropium bromide (nasal) 0.06 %	1	QL(15 ML per 30 day(s) retail)
ipratropium bromide (nasal) 0.03 %	1	QL(30 ML per 30 day(s) retail)
Nasal Steroids		
flunisolide (nasal)	NP	QL(25 ML per fill retail)
fluticasone propionate (nasal) SUSP	1	QL(16 ML per fill retail); RX/OTC
mometasone furoate (nasal) SUSP	1	QL(17 ML per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
ADRENALIN 0.1 %	2	
epinephrine hcl (nasal)	1	
phenylephrine hcl (oral) TABS	1	QL(24 EA per fill retail)
pseudoephedrine hcl TABS	1	
pseudoephedrine hcl TB12	1	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	2	
SUDAFED PE CHILDRENS SOLN	2	QL(120 ML per fill retail)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
riluzole TABS	1	PA
TEGLUTIK SUSP	2	SP; PA
TIGLUTIK SUSP	2	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	2	SP; PA
ELEVIDYS 10.0-10.4 KG	2	SP; PA
ELEVIDYS 10.5-11.4 KG	2	SP; PA
ELEVIDYS 11.5-12.4 KG	2	SP; PA
ELEVIDYS 12.5-13.4 KG	2	SP; PA
ELEVIDYS 13.5-14.4 KG	2	SP; PA
ELEVIDYS 14.5-15.4 KG	2	SP; PA
ELEVIDYS 15.5-16.4 KG	2	SP; PA
ELEVIDYS 16.5-17.4 KG	2	SP; PA
ELEVIDYS 17.5-18.4 KG	2	SP; PA
ELEVIDYS 18.5-19.4 KG	2	SP; PA
ELEVIDYS 19.5-20.4 KG	2	SP; PA
ELEVIDYS 20.5-21.4 KG	2	SP; PA
ELEVIDYS 21.5-22.4 KG	2	SP; PA
ELEVIDYS 22.5-23.4 KG	2	SP; PA
ELEVIDYS 23.5-24.4 KG	2	SP; PA
ELEVIDYS 24.5-25.4 KG	2	SP; PA
ELEVIDYS 25.5-26.4 KG	2	SP; PA
ELEVIDYS 26.5-27.4 KG	2	SP; PA
ELEVIDYS 27.5-28.4 KG	2	SP; PA
ELEVIDYS 28.5-29.4 KG	2	SP; PA
ELEVIDYS 29.5-30.4 KG	2	SP; PA
ELEVIDYS 30.5-31.4 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 31.5-32.4 KG	2	SP; PA
ELEVIDYS 32.5-33.4 KG	2	SP; PA
ELEVIDYS 33.5-34.4 KG	2	SP; PA
ELEVIDYS 34.5-35.4 KG	2	SP; PA
ELEVIDYS 35.5-36.4 KG	2	SP; PA
ELEVIDYS 36.5-37.4 KG	2	SP; PA
ELEVIDYS 37.5-38.4 KG	2	SP; PA
ELEVIDYS 38.5-39.4 KG	2	SP; PA
ELEVIDYS 39.5-40.4 KG	2	SP; PA
ELEVIDYS 40.5-41.4 KG	2	SP; PA
ELEVIDYS 41.5-42.4 KG	2	SP; PA
ELEVIDYS 42.5-43.4 KG	2	SP; PA
ELEVIDYS 43.5-44.4 KG	2	SP; PA
ELEVIDYS 44.5-45.4 KG	2	SP; PA
ELEVIDYS 45.5-46.4 KG	2	SP; PA
ELEVIDYS 46.5-47.4 KG	2	SP; PA
ELEVIDYS 47.5-48.4 KG	2	SP; PA
ELEVIDYS 48.5-49.4 KG	2	SP; PA
ELEVIDYS 49.5-50.4 KG	2	SP; PA
ELEVIDYS 50.5-51.4 KG	2	SP; PA
ELEVIDYS 51.5-52.4 KG	2	SP; PA
ELEVIDYS 52.5-53.4 KG	2	SP; PA
ELEVIDYS 53.5-54.4 KG	2	SP; PA
ELEVIDYS 54.5-55.4 KG	2	SP; PA
ELEVIDYS 55.5-56.4 KG	2	SP; PA
ELEVIDYS 56.5-57.4 KG	2	SP; PA
ELEVIDYS 57.5-58.4 KG	2	SP; PA
ELEVIDYS 58.5-59.4 KG	2	SP; PA
ELEVIDYS 59.5-60.4 KG	2	SP; PA
ELEVIDYS 60.5-61.4 KG	2	SP; PA
ELEVIDYS 61.5-62.4 KG	2	SP; PA
ELEVIDYS 62.5-63.4 KG	2	SP; PA
ELEVIDYS 63.5-64.4 KG	2	SP; PA
ELEVIDYS 64.5-65.4 KG	2	SP; PA
ELEVIDYS 65.5-66.4 KG	2	SP; PA
ELEVIDYS 66.5-67.4 KG	2	SP; PA
ELEVIDYS 67.5-68.4 KG	2	SP; PA
ELEVIDYS 68.5-69.4 KG	2	SP; PA
ELEVIDYS 69.5 KG PLUS	2	SP; PA
EXONDYS 51	2	SP; PA
VILTEPSO	2	SP; PA
VYONDYS 53	2	SP; PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	2	SP; PA
DYSPORT	2	SP; PA
MYOBLOC	2	SP; PA
XEOMIN	2	SP; PA
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	2	SP; PA
EVRYSDI PO 5 MG	2	SP
ITVISMA SUSP IT	NP	SP; PA
SPINRAZA	2	SP; PA
SPINRAZA	2	SP; PA
ZOLGENSMA 20.6-21.0 KG	2	SP; PA
ZOLGENSMA 10.1-10.5 KG	2	SP; PA
ZOLGENSMA 10.6-11.0 KG	2	SP; PA
ZOLGENSMA 11.1-11.5 KG	2	SP; PA
ZOLGENSMA 11.6-12.0 KG	2	SP; PA
ZOLGENSMA 12.1-12.5 KG	2	SP; PA
ZOLGENSMA 12.6-13.0 KG	2	SP; PA
ZOLGENSMA 13.1-13.5 KG	2	SP; PA
ZOLGENSMA 13.6-14.0 KG	2	SP; PA
ZOLGENSMA 14.1-14.5 KG	2	SP; PA
ZOLGENSMA 14.6-15.0 KG	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 15.1-15.5 KG	2	SP; PA
ZOLGENSMA 15.6-16.0 KG	2	SP; PA
ZOLGENSMA 16.1-16.5 KG	2	SP; PA
ZOLGENSMA 16.6-17.0 KG	2	SP; PA
ZOLGENSMA 17.1-17.5 KG	2	SP; PA
ZOLGENSMA 17.6-18.0 KG	2	SP; PA
ZOLGENSMA 18.1-18.5 KG	2	SP; PA
ZOLGENSMA 18.6-19.0 KG	2	SP; PA
ZOLGENSMA 19.1-19.5 KG	2	SP; PA
ZOLGENSMA 19.6-20.0 KG	2	SP; PA
ZOLGENSMA 2.6-3.0 KG	2	SP; PA
ZOLGENSMA 20.1-20.5 KG	2	SP; PA
ZOLGENSMA 3.1-3.5 KG	2	SP; PA
ZOLGENSMA 3.6-4.0 KG	2	SP; PA
ZOLGENSMA 4.1-4.5 KG	2	SP; PA
ZOLGENSMA 4.6-5.0 KG	2	SP; PA
ZOLGENSMA 5.1-5.5 KG	2	SP; PA
ZOLGENSMA 5.6-6.0 KG	2	SP; PA
ZOLGENSMA 6.1-6.5 KG	2	SP; PA
ZOLGENSMA 6.6-7.0 KG	2	SP; PA
ZOLGENSMA 7.1-7.5 KG	2	SP; PA
ZOLGENSMA 7.6-8.0 KG	2	SP; PA
ZOLGENSMA 8.1-8.5 KG	2	SP; PA
ZOLGENSMA 8.6-9.0 KG	2	SP; PA
ZOLGENSMA 9.1-9.5 KG	2	SP; PA
ZOLGENSMA 9.6-10.0 KG	2	SP; PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
polyvinyl alcohol 1.4 %	1	QL(15 ML per fill retail)
white petrolatum-mineral oil	1	QL(5 GM per fill retail)
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	NP	QL(5 ML per fill retail)
brimonidine tartrate-timolol maleate	NP	
carteolol hcl (ophth)	1	1 max fill(s) per 30 day(s) retail
COMBIGAN *(brimonidine tartrate-timolol maleate)*	2	
DORZOLAMIDE HCL-TIMOLOL MAL	2	QL(10 ML per fill retail)
dorzolamide hcl-timolol maleate	1	
dorzolamide hcl-timolol maleate	1	QL(10 ML per fill retail)
ISTALOL SOLN *(timolol maleate (ophth))*	2	
levobunolol hcl 0.5 %	1	
timolol maleate (ophth) SOLG 0.25 %	1	
timolol maleate (ophth) SOLN	1	QL(5 ML per fill retail)
timolol maleate (ophth) SOLN	NP	QL(60 EA per fill retail)
timolol maleate (ophth) SOLN 0.5 %	NP	
TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	NP	QL(60 EA per fill retail)
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	1	QL(4 GM per fill retail)
atropine sulfate (ophthalmic) SOLN	1	QL(5 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
cyclopentolate hcl 1 %	1	QL(5 ML per fill retail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	1	QL(5 ML per fill retail)
tropicamide SOLN 0.5 %	1	QL(15 ML per fill retail)
tropicamide SOLN 1 %	1	QL(3 ML per fill retail)
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML	2	SP; PA
EYLEA SOLN	2	SP; PA
LUCENTIS SOSY	2	SP; PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	2	
apraclonidine hcl	NP	
brimonidine tartrate 0.1 %, 0.15 %	NP	
brimonidine tartrate 0.2 %	1	QL(5 ML per fill retail)
SIMBRINZA	2	
Ophthalmic Anti-infectives		
bacitracin-polymyxin b (ophth)	1	QL(4 GM per fill retail)
ciprofloxacin hcl (ophth) SOLN	1	QL(5 ML per fill retail)
ERYTHROMYCIN	2	QL(4 GM per fill retail)
erythromycin (ophth)	1	QL(4 GM per fill retail)
gatifloxacin (ophth)	NP	
gentamicin sulfate (ophth) SOLN	1	QL(5 ML per fill retail)
levofloxacin (ophth) 0.5 %	1	
moxifloxacin hcl (ophth) SOLN OP	1	
moxifloxacin hcl (ophth) SOLN OP	NP	QL(3 ML per fill retail)
neomycin-bacitracin zn-polymyxin	1	QL(4 GM per fill retail)
neomycin-polymyxin-gramicidin	1	QL(10 ML per fill retail)
ofloxacin (ophth)	1	QL(5 ML per fill retail)
polymyxin b-trimethoprim	1	QL(10 ML per fill retail)
sulfacetamide sodium (ophth) SOLN	1	QL(15 ML per fill retail)
tobramycin (ophth) SOLN	1	QL(5 ML per fill retail)
TOBREX OINT	2	QL(4 GM per fill retail)
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	NP	QL(3 ML per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.315 %-0.027 %	1	QL(0.5 ML daily)
naphazoline w/ pheniramine 0.3 %-0.025 %	1	1 max fill(s) per 30 day(s) retail
tetrahydrozoline hcl (ophth) 0.05 %	1	QL(30 ML per fill retail)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
cyclosporine (ophth) EMUL	NP	
RESTASIS MULTIDOSE EMUL	NP	
RESTASIS EMUL *(cyclosporine (ophth))*	2	
VEVYE SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Integrin Antagonists		
XIIDRA	2	PA
Ophthalmic Kinase Inhibitors		
ROCKLATAN	2	PA
Ophthalmic Local Anesthetics		
TETRACAINE HCL 0.5 %	2	
tetracaine hcl (ophth)	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	2	SP; PA
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	2	SP; PA
Ophthalmic Steroids		
dexamethasone sodium phosphate (ophth)	1	QL(5 ML per fill retail)
DEXTENZA INST	2	SP; PA
EYSUVIS SUSP	NP	
fluorometholone (ophth) SUSP	1	QL(5 ML per fill retail)
ILUVIEN	2	SP; PA
neomycin-polymy-dexameth OINT	1	QL(4 GM per fill retail)
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1	QL(5 ML per fill retail)
neomycin-polymyxin-hc (ophth)	1	QL(8 ML per fill retail)
OZURDEX IMPL	2	SP; PA
PRED MILD	2	QL(10 ML per fill retail)
prednisolone acetate (ophth)	1	QL(5 ML per fill retail)
PREDNISOLONE ACETATE P-F	2	QL(5 ML per fill retail)
PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ML per fill retail)
RETISERT	2	SP; PA
sulfacetamide sod-prednisolone SOLN	1	QL(5 ML per fill retail)
TOBRADEX OINT	2	QL(4 GM per fill retail)
tobramycin-dexamethasone SUSP	1	QL(5 ML per fill retail)
YUTIQ	2	SP
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	NP	QL(5 ML per fill retail)
ACULAR LS *(ketorolac tromethamine (ophth))*	2	1 max fill(s) per 30 day(s) retail
azelastine hcl (ophth)	1	QL(6 ML per fill retail)
bromfenac sodium (ophth) 0.09 %	1	
cromolyn sodium (ophth)	1	QL(10 ML per fill retail)
CYSTARAN	2	SP; PA
diclofenac sodium (ophth)	1	QL(5 ML per fill retail)
dorzolamide hcl	1	QL(10 ML per fill retail)
DORZOLAMIDE HCL	2	QL(10 ML per fill retail)
epinastine hcl (ophth)	NP	
flurbiprofen sodium	1	QL(3 ML per fill retail)
ILEVRO	NP	
ketorolac tromethamine (ophth) 0.4 %	NP	1 max fill(s) per 30 day(s) retail
ketorolac tromethamine (ophth) 0.5 %	NP	QL(5 ML per fill retail)
ketotifen fumarate (ophth) 0.035 %	1	QL(5 ML per fill retail)
MIEBO	NP	
olopatadine hcl	1	RX/OTC
TRYPTYR SOLN OP 0.003 %	NP	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
IYUZEH SOLN	NP	

Drug Name	Drug Tier	Requirements/ Limits
TRAVATAN Z SOLN *(travoprost)*	2	
travoprost SOLN	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	QL(15 ML per fill retail)
carbamide peroxide (otic) 6.5 %	1	QL(0.5 ML daily)
Otic Anti-infectives		
CETRAXAL *(ciprofloxacin hcl (otic))*	2	
ciprofloxacin hcl (otic)	1	
ofloxacin (otic)	1	QL(10 ML per fill retail; 10 per fill mail)
Otic Combinations		
ciprofloxacin-dexamethasone	1	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
neomycin-polymyxin-hc (otic) SOLN	1	QL(10 ML per fill retail)
neomycin-polymyxin-hc (otic) SUSP	1	QL(10 ML per fill retail)
Otic Steroids		
fluocinolone acetonide (otic)	1	QL(20 ML per fill retail)
hydrocortisone w/acetic acid	1	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	2	SP; PA
CUVITRU SOLN	2	SP; PA
CYTOGAM SOLN	2	SP; PA
FLEBOGAMMA DIF SOLN 5 GM/100ML, 10 GM/200ML, 20 GM/400ML	2	SP; PA
GAMASTAN IM	2	SP; PA
GAMMAGARD	2	SP; PA
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	2	SP; PA
GAMMAGARD S/D LESS IGA SOLR	2	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA
GAMMAPLEX SOLN	2	SP; PA
GAMUNEX-C	2	SP; PA
HEPAGAM B SOLN IJ	2	SP; PA
HIZENTRA SOLN	2	SP; PA
HIZENTRA SOSY 10 GM/50ML	2	SP; PA
HYPERHEP B SOLN IM	2	SP; PA
HYPERHEP B SOSY 110 UNIT/0.5ML	2	SP; PA
HYPERRHO MINI-DOSE SOSY IM 250 UNIT	2	SP; PA
HYPERRHO SOSY IM 1500 UNIT	2	SP; PA
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
NABI-HB SOLN IM	2	SP; PA
OCTAGAM SOLN	2	SP; PA
PANZYGA	2	SP; PA
PRIVIGEN SOLN	2	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
RHOPHYLAC SOSY IJ	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
Monoclonal Antibodies		
BEYFORTUS	0	AL(At least 19 yrs old); SP
SYNAGIS SOLN	2	SP; PA
ZINPLAVA	2	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1	
amoxicillin CHEW 125 MG, 250 MG	1	
amoxicillin SUSR	1	
amoxicillin TABS 875 MG	1	
ampicillin CAPS 500 MG	1	
Natural Penicillins		
penicillin v potassium SOLR	1	
penicillin v potassium TABS	1	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	1	QL(20 EA per fill retail)
amoxicillin & pot clavulanate SUSR	1	
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG	1	QL(20 EA per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-250 MG	1	QL(30 EA per fill retail)
amoxicillin & pot clavulanate TB12	1	QL(1.34 EA daily)
AMOXICILLIN-POT CLAVULANATE CHEW	2	QL(20 EA per fill retail)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK EASY MIX	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 1	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 2	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASYMIX LEVEL 3	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
glycine diluent	1	SP; PA
STERILE DILUENT FLOLAN PH 12	2	SP; PA
Semi Solid Vehicles		
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	1	MP
norethindrone acetate TABS	1	MP
progesterone CAPS 200 MG	1	QL(20 EA per 30 day(s) retail)
progesterone CAPS 100 MG	1	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL		

Drug Name	Drug Tier	Requirements/ Limits
AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	
disulfiram 250 MG	1	
Anti-Cataplectic Agents		
sodium oxybate SOLN	1	SP; PA
Antidementia Agents		
donepezil hydrochloride TABS 23 MG	1	
donepezil hydrochloride TABS 5 MG, 10 MG	1	QL(1 EA daily); MP
donepezil hydrochloride TBDP	1	
EXELON 4.6 MG/24HR, 9.5 MG/24HR *(rivastigmine)*	2	QL(1 EA daily)
EXELON 13.3 MG/24HR *(rivastigmine)*	2	
galantamine hydrobromide CP24	NP	QL(1 EA daily)
galantamine hydrobromide SOLN	NP	QL(6 ML daily)
galantamine hydrobromide TABS	1	QL(2 EA daily)
memantine hcl CP24	1	
memantine hcl SOLN	NP	QL(10 ML daily)
memantine hcl TABS	1	QL(2 EA daily); MP
memantine hcl TABS	NP	QL(1 EA per 28 day(s) retail)
NAMENDA TITRATION PAK TABS *(memantine hcl)*	NP	QL(1 EA per 28 day(s) retail)
rivastigmine 13.3 MG/24HR	NP	
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	NP	QL(1 EA daily)
rivastigmine tartrate CAPS	1	QL(2 EA daily)
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	NP	
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	2	SP; PA
Combination Psychotherapeutics		
LYBALVI	NP	
perphenazine-amitriptyline	1	QL(4 EA daily)
Fibromyalgia Agents		
milnacipran hcl MISC	1	QL(55 EA per 365 day(s) retail); PA
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	1	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA
AUSTEDO XR TB24	2	SP; PA
AUSTEDO XR TB24	2	SP; PA
AUSTEDO TABS	2	SP; PA
INGREZZA CAPS	2	SP; PA
INGREZZA CPSP	2	SP; PA
tetrabenazine	NP	SP; PA
XENAZINE *(tetrabenazine)*	NP	SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	2	SP; PA
AVONEX PREFILLED PSKT	2	SP; PA
BAFIERTAM	NP	SP
BRIUMVI	NP	SP
COPAXONE SOSY *(glatiramer acetate)*	2	SP; PA
dalfampridine	1	SP; PA
dimethyl fumarate CDPK	1	SP; PA
dimethyl fumarate CPDR	1	SP; PA
fingolimod hcl	1	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
GILENYA *(fingolimod hcl)*	NP	SP; PA
GILENYA	NP	SP; PA
glatiramer acetate SOSY	NP	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
OCREVUS ZUNOVO	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
TYRUKO CONC IV 300 MG/15ML	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS 20 MG	1	QL(4 EA daily); AL(At least 7 yrs old)
fluoxetine hcl (pmdd) TABS 10 MG	1	AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1	
Smoking Deterrents		
bupropion hcl (smoking deterrent)	0	AL(At least 13 yrs old)
CHANTIX CONTINUING MONTH PAK TABS *(varenicline tartrate)*	2	QL(2 EA daily); AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)*	2	AL(At least 13 yrs old)
CHANTIX TABS *(varenicline tartrate)*	2	QL(2 EA daily); AL(At least 13 yrs old)
nicotine polacrilex GUM	0	AL(At least 13 yrs old)
nicotine polacrilex LOZG	0	AL(At least 13 yrs old)
NICOTINE KIT	0	AL(At least 13 yrs old)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	0	AL(At least 13 yrs old)
NICOTROL NS SOLN	NP	AL(At least 13 yrs old); PA
NICOTROL INHA	NP	AL(At least 13 yrs old); PA
varenicline tartrate TABS	1	QL(2 EA daily); AL(At least 13 yrs old)
varenicline tartrate TBPK	1	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA
GLASSIA SOLN	2	SP; PA
ZEMAIRA SOLR 1000 MG	2	SP; PA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	2	SP; PA
KALYDECO TABS	2	SP; PA
ORKAMBI PACK	2	SP; PA
ORKAMBI TABS	2	SP; PA
PULMOZYME	2	SP; PA
SYMDEKO	2	SP; PA
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Requirements/ Limits
JASCAYD TABS PO 9 MG, 18 MG	NP	SP
nintedanib esylate 100 MG, 150 MG	1	SP; PA
OFEV 100 MG, 150 MG *(nintedanib esylate)*	2	SP; PA
pirfenidone CAPS	1	SP; PA
pirfenidone TABS 534 MG	1	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1	
doxycycline (monohydrate) TABS 50 MG, 100 MG	1	
doxycycline hyclate CAPS	1	
doxycycline hyclate TABS 100 MG	1	
minocycline hcl CAPS	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1	MP
propylthiouracil	1	MP
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2	MP
ARMOUR THYROID TABS	2	MP
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	2	MP
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	1	
levothyroxine sodium TABS	1	MP
liothyronine sodium TABS	1	MP
NIVA THYROID TABS	2	MP
NP THYROID TABS	2	MP
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
SYNTHROID TABS *(levothyroxine sodium)*	2	MP
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG *(levothyroxine sodium)*	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	AL(At least 19 yrs old)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	0	AL(At least 19 yrs old)
BOOSTRIX SUSP	0	AL(At least 19 yrs old)
BOOSTRIX SUSY	0	AL(At least 19 yrs old)
DAPTACEL	0	AL(At least 19 yrs old)
INFANRIX	0	AL(At least 19 yrs old)
KINRIX SUSY	0	AL(At least 19 yrs old)
PEDIARIX SUSY	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PENTACEL	0	AL(At least 19 yrs old)
QUADRACEL SUSP	0	AL(At least 19 yrs old)
QUADRACEL SUSY	0	AL(At least 19 yrs old)
TDVAX SUSP	0	AL(At least 19 yrs old)
TENIVAC SUSP 2 LFU-5 LFU	0	AL(At least 19 yrs old)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	0	AL(At least 19 yrs old)
VAXELIS SUSP	0	AL(At least 19 yrs old)
VAXELIS SUSY	0	AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
DERMACINRX DIGENYX TABS 0.125 MG	2	
dicyclomine hcl CAPS	1	
dicyclomine hcl SOLN PO	1	QL(40 ML daily)
dicyclomine hcl TABS	1	
glycopyrrolate TABS 1 MG, 2 MG	1	QL(4 EA daily)
hyoscyamine sulfate ELIX	1	
hyoscyamine sulfate SOLN PO 0.125 MG/ML	1	
hyoscyamine sulfate SUBL 0.125 MG	1	
hyoscyamine sulfate TABS 0.125 MG	1	
hyoscyamine sulfate TB12 0.375 MG	1	
hyoscyamine sulfate TBDP 0.125 MG	1	
H-2 Antagonists		
cimetidine TABS 200 MG	1	MP; RX/OTC
cimetidine TABS 800 MG	1	QL(500 EA per fill retail)
cimetidine TABS 300 MG, 400 MG	1	
famotidine TABS 10 MG	1	
famotidine TABS 20 MG, 40 MG	1	MP; RX/OTC
ranitidine hcl TABS 150 MG, 300 MG	1	QL(2 EA daily); MP
Misc. Anti-Ulcer		
sucralfate SUSP	1	QL(420 ML per fill retail)
sucralfate TABS	1	QL(4 EA daily); MP
Proton Pump Inhibitors		
esomeprazole magnesium CPDR	1	RX/OTC
esomeprazole magnesium PACK	1	
lansoprazole CPDR	1	
lansoprazole TBDD	1	PA; RX/OTC
NEXIUM 24HR CPDR *(esomeprazole magnesium)*	NP	RX/OTC
NEXIUM CPDR 20 MG *(esomeprazole magnesium)*	NP	RX/OTC
NEXIUM PACK 10 MG, 20 MG, 40 MG *(esomeprazole magnesium)*	NP	
omeprazole CPDR	1	QL(2 EA daily)
omeprazole TBEC	1	QL(1 EA daily)
pantoprazole sodium PACK	NP	
pantoprazole sodium TBEC 20 MG	1	QL(1 EA daily)
pantoprazole sodium TBEC 40 MG	1	QL(2 EA daily)
PROTONIX PACK *(pantoprazole sodium)*	2	
rabeprazole sodium TBEC	1	
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/ Limits
misoprostol	1	
Ulcer Therapy Combinations		
KONVOMEP SUSR	NP	
omeprazole-sodium bicarbonate CAPS	NP	RX/OTC
omeprazole-sodium bicarbonate PACK	NP	
ZEGERID CAPS *(omeprazole-sodium bicarbonate)*	NP	RX/OTC
ZEGERID PACK *(omeprazole-sodium bicarbonate)*	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	
DETROL LA CP24 *(tolterodine tartrate)*	NP	QL(1 EA daily)
fesoterodine fumarate	1	
oxybutynin chloride SOLN	1	
oxybutynin chloride TABS 5 MG	1	QL(3 EA daily); MP
oxybutynin chloride TABS 2.5 MG	NP	
oxybutynin chloride TB24	1	QL(2 EA daily); MP
solifenacin succinate TABS	1	
tolterodine tartrate CP24	NP	QL(1 EA daily)
tolterodine tartrate TABS	1	QL(2 EA daily)
TOVIAZ *(fesoterodine fumarate)*	NP	
trospium chloride CP24	NP	
trospium chloride TABS	1	QL(2 EA daily)
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
mirabegron TB24	NP	
MYRBETRIQ TB24 *(mirabegron)*	2	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	NP	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	AL(At least 19 yrs old)
BCG VACCINE	0	AL(At least 19 yrs old)
BEXSERO 0.5 ML	0	AL(At least 19 yrs old)
BIOTHRAX	0	AL(At least 19 yrs old)
HIBERIX SOLR IJ	0	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	0	AL(At least 19 yrs old)
MENVEO SOLN	0	AL(At least 19 yrs old)
MENVEO SOLR	0	AL(At least 19 yrs old)
PEDVAXHIB SUSP 7.5 MCG/0.5ML	0	AL(At least 19 yrs old)
PENBRAYA	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOLN	0	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	0	AL(At least 19 yrs old)
PREVNAR 20	0	AL(At least 19 yrs old)
TRUMENBA 0.5 ML	0	AL(At least 19 yrs old)
TYPHIM VI SOLN	0	AL(At least 19 yrs old)
TYPHIM VI SOSY	0	AL(At least 19 yrs old)
VAXCHORA	0	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VAXNEUVANCE	0	AL(At least 19 yrs old)
VIVOTIF	0	AL(At least 19 yrs old)
Viral Vaccines		
ABRYSVO	0	QL(1 EA per fill retail); AL(At least 60 yrs old)
ACAM2000 SOLR IJ	0	AL(At least 19 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSY 0.5 ML	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AREXVY	0	QL(1 EA per fill retail); AL(At least 19 yrs old)
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	0	
COMIRNATY SUSP	0	
COMIRNATY SUSY	0	
DENGVAXIA	0	AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUAD	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUAD QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK SOSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUMIST	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUMIST QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE QUADRIVALENT	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSP	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
GARDASIL 9 SUSP 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	0	AL(At least 19 yrs old)
HEPLISAV-B SOSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
IMOVAX RABIES SUSR	0	AL(At least 19 yrs old)
IPOL IJ	0	AL(At least 19 yrs old)
IXCHIQ	0	AL(At least 19 yrs old)
IXIARO	0	AL(At least 19 yrs old)
JYNNEOS	0	AL(At least 19 yrs old)
M-M-R II SOLR	0	AL(At least 19 yrs old)
MNEXSPIKE SUSY 10 MCG/0.2ML	0	
MODERNA COVID-19 VAC 6M-11Y SUSP	0	
MODERNA COVID-19 VAC 6M-11Y SUSY	0	
NOVAVAX COVID-19 VACCINE SUSP	0	
NOVAVAX COVID-19 VACCINE SUSY	0	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	0	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
PREHEVBRIO	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PRIORIX SUSR	0	AL(At least 19 yrs old)
PROQUAD SUSR	0	AL(At least 19 yrs old)
RABAVERT	0	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ROTARIX SUSP	0	AL(At least 19 yrs old)
ROTATEQ SOLN	0	AL(At least 19 yrs old)
SHINGRIX	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SHINGRIX IM 50 MCG/0.5ML	0	Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	0	
SPIKEVAX SUSP	0	
SPIKEVAX SUSY	0	
STAMARIL SUSR	0	AL(At least 19 yrs old)
TICOVAC	0	AL(At least 19 yrs old)
TWINRIX SUSY	0	AL(At least 19 yrs old)
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	0	AL(At least 19 yrs old)
VAQTA	0	AL(At least 19 yrs old)
VARIVAX SUSR	0	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
YF-VAX SUSR	0	AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	2	QL(12 EA per fill retail)
OPTIONS GYNOL II CONTRACEPTIVE GEL	2	QL(86 GM per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)
VCF VAGINAL CONTRACEPTIVE GEL	2	
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	2	QL(40 GM per fill retail)
clindamycin phosphate vaginal CREA	NP	QL(40 GM per fill retail)
CLINDESSE	NP	
clotrimazole vaginal CREA 2 %	1	QL(21 GM per fill retail)
clotrimazole vaginal CREA 1 %	1	QL(45 GM per fill retail)
GYNAZOLE-1	2	
metronidazole vaginal	1	
metronidazole vaginal	1	QL(70 GM per fill retail)
MICONAZOLE 7 SUPP 100 MG	2	QL(7 EA per fill retail)
miconazole nitrate vaginal CREA 2 %	1	QL(45 GM per fill retail)
miconazole nitrate vaginal CREA 4 %	1	QL(15 GM daily)
miconazole nitrate vaginal KIT	1	QL(24 EA per fill retail)
miconazole nitrate vaginal SUPP 100 MG	1	QL(7 EA per fill retail)
miconazole nitrate vaginal SUPP 200 MG	1	QL(3 EA per fill retail)
NUVESSA	2	
terconazole vaginal CREA 0.4 %	1	QL(45 GM per fill retail)
terconazole vaginal CREA 0.8 %	1	QL(20 GM per fill retail)
terconazole vaginal SUPP	1	QL(3 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
tioconazole vaginal 6.5 %	1	QL(5 GM per fill retail)
VANDAZOLE	NP	QL(70 GM per fill retail)
XACIATO GEL	2	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	1	QL(85.2 GM per fill retail)
MONISTAT CARE INSTANT ITCH RLF 1 %	2	QL(85.2 GM per fill retail)
Vaginal Estrogens		
estradiol vaginal CREA	1	QL(43 GM per 30 day(s) retail)
estradiol vaginal TABS	1	
PREMARIN	2	QL(43 GM per 30 day(s) retail)
Vaginal Progestins		
CRINONE GEL	2	AL(At least 15 yrs old)
FIRST-PROGESTERONE VGS SUPP	2	AL(At least 15 yrs old)
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	2	QL(6 EA per 180 day(s) retail)
AUVI-Q SOAJ 0.15 MG/0.15ML	2	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
epinephrine (anaphylaxis) SOAJ	1	QL(6 EA per 180 day(s) retail)
epinephrine (anaphylaxis) SOAJ	1	QL(6 EA per 180 day(s) retail)
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	1	QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	2	QL(6 EA per 180 day(s) retail)
NEFFY SOLN NA	2	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	1	SP; PA
Vasopressors		
midodrine hcl	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	1	QL(0.267 EA daily)
cholecalciferol CAPS	1	
cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	1	
ergocalciferol CAPS	1	
KEY-E CHEW	2	QL(2 EA daily)
phytonadione TABS 5 MG	1	
VITAMIN D3 LIQD PO 125 MCG/ML	2	
VITAMIN E/D-ALPHA CAPS 200 UNIT	2	QL(2 EA daily)
vitamin e CAPS	1	QL(2 EA daily)
VITAMIN E CAPS	2	QL(2 EA daily)
VITAMIN E CHEW	2	QL(2 EA daily)
Water Soluble Vitamins		
ascorbic acid TABS	1	QL(100 EA per 34 day(s) retail)
NIACIN ER CPCR	2	
NIACIN ER TBCR	2	
niacin CPCR 250 MG	1	
niacin TABS 500 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
niacin TBCR	1	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	1	
riboflavin TABS	1	QL(2.94 EA daily)
thiamine hcl TABS	1	QL(2.94 EA daily)
thiamine mononitrate TABS 100 MG	1	QL(2.94 EA daily)

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