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 *(Use amphetamine-dextroamphetamine)*	NP	Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP
ADDERALL TABS *(Use 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	1	MP
amphetamine-dextroamphetamine TABS	1	Generic for Adderall; QL(3 EA daily); 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 CP24 5 MG	1	Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP
dextroamphetamine sulfate SOLN	1	Generic for Procentra; MP; PA
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	1	QL(1 EA daily); MP; PA
lisdexamfetamine dimesylate CHEW	1	MP; PA
methamphetamine hcl	1	Generic for Desoyxn; MP; PA
VYVANSE CAPS	2	QL(1 EA daily); MP; PA
VYVANSE CHEW	2	MP; PA
XELSTRYM	NP	
Analeptics		
caffeine citrate SOLN PO	1	QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP
Anti-Obesity Agents		
IMCIVREE	NP	SP; PA
SAXENDA	2	PA
WEGOVY	2	PA
ZEPBOUND SOAJ	NP	PA
ZEPBOUND SOLN	NP	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	1	Generic for Strattera; AL(At least 6 yrs old); MP
clonidine hcl (adhd) TB12	1	Generic for Kapvay; MP

Drug Name	Drug Tier	Requirements/ Limits
guanfacine hcl (adhd)	1	Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP
QELBREE	NP	MP
Stimulants - Misc.		
AZSTARYS	NP	MP
CONCERTA TBCR *(Use 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 *(Use dexmethylphenidate hcl)*	NP	Generic for Focalin XR; MP; PA
METHYLIN SOLN *(Use methylphenidate hcl)*	2	Generic for Methylin; MP; PA
methylphenidate hcl CHEW	1	MP; PA
methylphenidate hcl CP24 60 MG	1	MP; PA
methylphenidate hcl CP24	1	Generic for Aptensio XR; 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	AL(At least 6 yrs old); MP
methylphenidate hcl TBCR 45 MG, 63 MG	1	AL(At least 6 yrs old)
methylphenidate hcl TBCR 10 MG, 20 MG	1	AL(At least 6 yrs old); MP
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	1	Generic for Concerta; AL(At least 6 yrs old); MP
RELEXXII TBCR 45 MG, 63 MG *(Use methylphenidate hcl)*	2	AL(At least 6 yrs old)
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 *(Use tobramycin)*	2	SP; PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(Use tobramycin)*	2	SP; PA
neomycin sulfate TABS	1	
TOBI NEBU *(Use tobramycin)*	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP; PA
RINVOQ LQ SOLN	2	SP
RINVOQ TB24	2	SP; PA
XELJANZ SOLN	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	2	SP; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	SP; PA
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	2	SP; PA
ADALIMUMAB-AATY (1 PEN) AJKT	2	SP; PA
ADALIMUMAB-AATY (2 PEN) AJKT	2	SP; PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	SP; PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	NP	SP; PA
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	SP; PA
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	NP	SP; PA
ADALIMUMAB-ADAZ SOSY	2	SP; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	2	SP; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2	SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	2	SP; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	2	SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	2	SP; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	2	SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	2	SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	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

Drug Name	Drug Tier	Requirements/ Limits
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	NP	SP; PA
HADLIMA SOSY	NP	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 80 MG/0.8ML	2	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2	SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	2	SP; PA
HUMIRA-PED>/=40KG CROHNS START PSKT	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 (2 PEN) AJKT	NP	SP; PA
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	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		
TOFIDENCE	NP	SP; PA
TYENNE SOAJ	NP	SP; PA
TYENNE SOLN	NP	SP; PA
TYENNE SOSY	NP	SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS *(Use ibuprofen)*	0	MP
celecoxib	1	QL(2 EA daily); PA
CHILDRENS ADVIL SUSP 100 MG/5ML *(Use ibuprofen)*	0	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	0	MP; RX/OTC
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	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
INFANTS ADVIL SUSP *(Use ibuprofen)*	0	MP
ketoprofen CAPS 50 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
MOTRIN CHILDRENS CHEW *(Use ibuprofen)*	0	MP
MOTRIN INFANTS DROPS SUSP *(Use ibuprofen)*	0	MP
nabumetone	1	MP
naproxen sodium TABS 220 MG	1	QL(2 EA daily); MP
naproxen sodium TABS 275 MG, 550 MG	1	MP
naproxen-esomeprazole magnesium	1	PA
naproxen SUSP	1	MP
naproxen TABS	1	MP
naproxen TBEC	1	QL(2 EA daily); MP
oxaprozin TABS	1	MP
piroxicam CAPS	1	MP
sulindac TABS	1	MP
TOLECTIN 600 TABS	2	MP
tolmetin sodium CAPS	1	MP
tolmetin sodium TABS 600 MG	1	MP
Phosphodiesterase 4 (PDE4) Inhibitors		
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	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOSY	2	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
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 Other		
acetaminophen CHEW	0	
acetaminophen ELIX	0	

Drug Name	Drug Tier	Requirements/ Limits
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 SUPP	0	QL(12 EA per fill retail)
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	1	
acetaminophen TABS 325 MG, 500 MG	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 EA per fill retail)
TYLENOL CHILDRENS CHEWABLES CHEW *(Use acetaminophen)*	0	
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
ECOTRIN ARTHRTIS PAIN TBEC *(Use aspirin)*	0	
ECOTRIN TBEC *(Use aspirin)*	0	
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 *(Use 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	1	PA
hydrocodone bitartrate CP12	1	
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 10 MG	1	QL(10 EA daily); PA
methadone hcl TABS 5 MG	1	QL(4 EA daily); PA
morphine sulfate beads	1	PA
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	PA
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	1	QL(240 ML per fill retail)
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	1	QL(16.67 ML daily)
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)
OXAYDO TABS 5 MG	2	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
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 T12A 10 MG, 20 MG, 40 MG	1	QL(2 EA daily); PA
oxycodone hcl T12A 80 MG	1	PA
oxycodone hcl TABS	1	QL(6 EA daily)
oxymorphone hcl TB12 15 MG	1	PA
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1	
tramadol hcl CP24 100 MG, 200 MG, 300 MG	2	PA
tramadol hcl SOLN	1	
TRAMADOL HCL SOLN *(Use tramadol hcl)*	2	
tramadol hcl TABS 25 MG, 75 MG, 100 MG	1	
tramadol hcl TABS 50 MG	1	QL(8 EA daily)
tramadol hcl TB24	1	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-7.5 MG	1	QL(8 EA daily)
hydrocodone-acetaminophen TABS 325 MG-5 MG	1	QL(12 EA daily)
hydrocodone-acetaminophen TABS 325 MG-10 MG	1	QL(6 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 0.5 MG-2 MG	1	QL(12 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	1	QL(6 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 *(Use buprenorphine)*	2	PA

Drug Name	Drug Tier	Requirements/ Limits
SUBLOCADE SOSY	2	1 max fill(s) per 30 day(s) retail; SP
SUBOXONE FILM SL 2 MG-8 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(3 EA daily)
SUBOXONE FILM SL 1 MG-4 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(6 EA daily)
SUBOXONE FILM SL 3 MG-12 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(2 EA daily)
SUBOXONE FILM SL 0.5 MG-2 MG *(Use buprenorphine hcl-naloxone hcl dihydrate)*	NP	QL(12 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 2.9 MG-11.4 MG	2	QL(1.5 EA daily)
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 EA daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
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 %, 25 MG/2.5GM, 50 MG/5GM	1	
testosterone GEL TD 1 %	2	
testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %	1	PA
testosterone SOLN	1	PA
VOGELXO PUMP GEL TD *(Use 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		
phenylephrine-shark liver oil-cocoa butter	1	QL(48 EA per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum	1	QL(12 GM per fill retail)
Rectal Local Anesthetics		
pramoxine hcl (rectal) FOAM EX	1	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX *(Use 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA
EMVERM CHEW	2	QL(1 EA per 14 day(s) retail)
PIN RID CHEW	2	QL(4 EA per fill retail)
pyrantel pamoate SUSP	1	QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail
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 TABS	2	QL(2 EA daily); MP
isosorbide mononitrate TB24	1	QL(1 EA daily); MP
NITRO-BID OINT	2	MP
nitroglycerin CPCR	1	MP
nitroglycerin PT24	1	MP
nitroglycerin SUBL	1	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
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	2	
alprazolam TABS	1	QL(4 EA daily)
alprazolam TB24	1	
alprazolam TBDP	1	
chlordiazepoxide hcl CAPS	1	QL(4 EA daily)
clorazepate dipotassium TABS	1	QL(3 EA daily)
diazepam CONC	1	
DIAZEPAM SOAJ	2	
diazepam SOLN PO 5 MG/5ML	1	QL(500 ML per fill retail)
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	1	

Drug Name	Drug Tier	Requirements/ Limits
DIAZEPAM SOLN IJ 5 MG/ML	2	
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	1	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1	MP
NORPACE CAPS *(Use 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	NP	SP; PA
TEZSPIRE SOSY	NP	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		
ATROVENT HFA	2	QL(0.867 GM daily)
ipratropium bromide SOLN 0.02 %	1	QL(15 ML daily)
SPIRIVA HANDIHALER CAPS *(Use tiotropium bromide monohydrate)*	2	
tiotropium bromide monohydrate CAPS	1	
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	1	
Steroid Inhalants		
ARMONAIR DIGIHALER	NP	
ASMANEX (120 METERED DOSES) AEPB	2	
ASMANEX (14 METERED DOSES) AEPB	2	
ASMANEX (30 METERED DOSES) AEPB	2	
ASMANEX (60 METERED DOSES) AEPB	2	
budesonide (inhalation) SUSP	1	QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT DISKUS AEPB	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT DISKUS AEPB *(Use fluticasone propionate (inhalation))*	2	QL(2 EA daily)
fluticasone propionate (inhalation) AEPB	1	QL(2 EA daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	1	QL(12 GM per 30 day(s) retail)
fluticasone propionate hfa 44 MCG/ACT	1	QL(11 GM per 30 day(s) retail)
PULMICORT FLEXHALER AEPB	NP	QL(1 EA per 25 day(s) retail)
Sympathomimetics		
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	2	QL(2 EA daily)
ADVAIR HFA AERO *(Use fluticasone-salmeterol)*	2	
AIRDUO DIGIHALER	NP	
AIRDUO RESPICLICK 113/14 AEPB *(Use fluticasone-salmeterol)*	2	
AIRDUO RESPICLICK 232/14 AEPB *(Use fluticasone-salmeterol)*	2	
AIRDUO RESPICLICK 55/14 AEPB *(Use fluticasone-salmeterol)*	2	
AIRSUPRA	NP	
albuterol sulfate AERS	0	Limit 2 inhalers per month; QL(0.57 GM daily)
albuterol sulfate AERS	0	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 NEBU 0.083 %	1	QL(375 ML per 25 day(s) retail)
albuterol sulfate NEBU	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	1	QL(375 ML per 30 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	
BREZTRI AEROSPHERE	NP	
budesonide-formoterol fumarate dihydrate	1	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	1	QL(2 EA daily)
fluticasone-salmeterol AERO	1	
ipratropium-albuterol SOLN	1	QL(12 ML daily)
levalbuterol hcl	1	
levalbuterol tartrate	1	
PROAIR DIGIHALER	NP	
PROVENTIL HFA AERS *(Use albuterol sulfate)*	0	Limit 2 inhalers per month; QL(0.45 GM daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	2	QL(11 GM per 30 day(s) retail)
terbutaline sulfate TABS	1	MP

Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS *(Use albuterol sulfate)*	0	Limit 2 inhalers per month; QL(1.2 GM daily)
VENTOLIN HFA AERS *(Use albuterol sulfate)*	0	Limit 2 inhalers per month; QL(0.54 GM daily)
XOPENEX HFA *(Use levalbuterol tartrate)*	2	
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	
theophylline TB24	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	MP
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(4 EA daily)
ELIQUIS TABS	2	QL(4 EA daily)
rivaroxaban TABS 2.5 MG	1	
XARELTO STARTER PACK TBPK	2	
XARELTO SUSR	2	
XARELTO TABS 15 MG	2	QL(2 EA daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 EA daily)
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 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)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	1	QL(60 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 *(Use dabigatran etexilate mesylate)*	2	
PRADAXA PACK	2	SP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1	
clobazam TABS	1	
clonazepam TABS	1	QL(4 EA daily)
clonazepam TBDP	1	
LIBERVANT FILM	NP	
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)

Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Misc.		
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA
carbamazepine CHEW 100 MG	1	MP
carbamazepine CHEW 200 MG	1	
carbamazepine CP12	1	MP
carbamazepine SUSP	1	MP
carbamazepine TABS	1	MP
carbamazepine TB12	1	MP
CARBATROL CP12 *(Use carbamazepine)*	2	MP
ELEPSIA XR TB24	NP	
EPRONTIA SOLN	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
lamotrigine CHEW	1	MP
lamotrigine KIT 25 MG	1	
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	
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
TEGRETOL-XR TB12 *(Use carbamazepine)*	2	MP
TOPAMAX SPRINKLE CPSP *(Use topiramate)*	2	MP
topiramate CPSP 15 MG, 25 MG	1	MP
topiramate TABS 50 MG, 100 MG, 200 MG	1	MP
topiramate TABS 25 MG	1	QL(6 EA daily); MP
TRILEPTAL SUSP *(Use oxcarbazepine)*	2	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		
GABITRIL 12 MG, 16 MG *(Use tiagabine hcl)*	2	
GABITRIL 2 MG, 4 MG *(Use tiagabine hcl)*	2	MP
SABRIL PACK *(Use vigabatrin)*	2	SP; PA
SABRIL TABS *(Use vigabatrin)*	2	SP; PA
tiagabine hcl 12 MG, 16 MG	1	
tiagabine hcl 2 MG, 4 MG	1	MP
vigabatrin PACK	1	SP; PA
vigabatrin TABS	1	SP; PA
Hydantoins		

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN *(Use phenytoin sodium extended)*	NP	MP
DILANTIN INFATABS CHEW *(Use 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 *(Use methsuximide)*	2	
ethosuximide CAPS	1	MP
ethosuximide SOLN	1	MP
methsuximide	1	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR *(Use divalproex sodium)*	2	MP
divalproex sodium CSDR	1	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
mirtazapine TBDP	1	
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
bupropion hcl TABS	1	MP

Drug Name	Drug Tier	Requirements/ Limits
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 450 MG	2	
bupropion hcl TB24 150 MG	1	QL(3 EA daily); MP
FORFIVO XL TB24 *(Use 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	2	
citalopram hydrobromide SOLN	1	
citalopram hydrobromide TABS	1	MP
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS	1	MP
fluoxetine hcl CAPS	1	MP
fluoxetine hcl CPDR	1	
fluoxetine hcl SOLN	1	
fluoxetine hcl TABS 10 MG	1	AL(At least 7 yrs old); MP
fluoxetine hcl TABS 20 MG	1	QL(4 EA daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl TABS 60 MG	1	
FLUOXETINE HCL TABS *(Use fluoxetine hcl)*	2	
fluvoxamine maleate CP24	1	
fluvoxamine maleate TABS	1	
paroxetine hcl TABS	1	MP
paroxetine hcl TB24	1	
SERTRALINE HCL CAPS	2	PA
sertraline hcl CONC	1	
sertraline hcl TABS	1	MP
Serotonin Modulators		
nefazodone hcl	1	
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 *(Use duloxetine hcl)*	NP	QL(1 EA daily); AL(At least 7 yrs old); MP
CYMBALTA CPEP 60 MG *(Use duloxetine hcl)*	NP	QL(2 EA daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	2	
desvenlafaxine succinate 100 MG	1	QL(4 EA daily); MP
desvenlafaxine succinate 25 MG, 50 MG	1	QL(1 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 150 MG	1	QL(2 EA daily); MP
venlafaxine hcl CP24 75 MG	1	QL(5 EA daily); MP
venlafaxine hcl CP24 37.5 MG	1	QL(4 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	1	QL(2 EA daily); MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG	1	QL(1 EA daily); MP
glipizide-metformin hcl	1	MP

Drug Name	Drug Tier	Requirements/ Limits
glyburide-metformin	1	MP
GLYXAMBI	2	
JANUMET XR TB24	2	
JANUMET TABS	2	
JENTADUETO TABS	2	QL(2 EA daily); AL(At least 18 yrs old); MP
KAZANO *(Use alogliptin-metformin hcl)*	2	QL(2 EA daily); MP
KOMBIGLYZE XR *(Use saxagliptin-metformin hcl)*	2	
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG *(Use alogliptin-pioglitazone)*	2	QL(1 EA daily); MP
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl TABS	1	QL(2 EA daily); MP
saxagliptin-metformin hcl	1	
SITAGLIPTIN BASE-METFORMIN HCL TABS	2	
ZITUVIMET TABS	NP	
Biguanides		
metformin hcl SOLN	1	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	MP
metformin hcl TABS 625 MG	1	
metformin hcl TB24 500 MG, 750 MG	1	MP
metformin hcl TB24 500 MG, 1000 MG	1	
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
CVS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
CVS SOFT GLUCOSE CHEW	2	QL(1.67 EA daily); MP
DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 EA daily); MP
diazoxide	1	
GLUCAGEN HYPOKIT	2	MP
glucagon (rdna)	1	QL(1 EA per fill retail); MP
GLUCAGON EMERGENCY *(Use glucagon (rdna))*	2	QL(1 EA per fill retail); MP
GLUCO TO GO CHEW	2	QL(1.67 EA daily); MP
GLUCOSE CHEW	2	QL(1.67 EA daily); MP
GNP GLUCOSE CHEW	2	QL(1.67 EA daily); MP
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 EA daily); MP
GVOKE KIT SOLN	NP	
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 EA daily); MP
mifepristone (hyperglycemia)	1	SP; PA
PROGLYCEM *(Use 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
WALGREENS GLUCOSE CHEW	2	QL(1.67 EA daily); MP
ZEGALOGUE SOAJ	2	
ZEGALOGUE SOSY	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	1	QL(1 EA daily); MP
JANUVIA	2	
NESINA *(Use alogliptin benzoate)*	2	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
ONGLYZA *(Use saxagliptin hcl)*	2	
saxagliptin hcl	1	
SITAGLIPTIN	2	
TRADJENTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP
ZITUVIO	NP	
Incretin Mimetic Agents		
BYETTA 10 MCG PEN SOPN	2	QL(2 ML per 30 day(s) retail); AL(At least 18 yrs old)
BYETTA 5 MCG PEN SOPN	2	QL(1 ML per 30 day(s) retail); AL(At least 18 yrs old)
liraglutide	1	QL(0.3 ML daily)
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	
TRULICITY	2	PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP	QL(30 ML per 30 day(s) retail)
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 (CONCENTRATED) SOLN SC	2	
HUMULIN R U-500 KWIKPEN SOPN SC	2	
HUMULIN R SOLN IJ	2	QL(40 ML per 30 day(s) retail)
INSULIN ASP PROT & ASP FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)
INSULIN ASPART PROT & ASPART SUSP	2	QL(40 ML per 30 day(s) retail)
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ML per 30 day(s) retail)
INSULIN GLARGINE SOLN	2	
INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee
INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee
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)
LANTUS SOLOSTAR SOPN	2	QL(30 ML per 30 day(s) retail)
LEVEMIR FLEXPEN SOPN	2	
LEVEMIR SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
LYUMJEV TEMPO PEN SOPN	NP	
NOVOLOG 70/30 FLEXPEN RELION SUPN	2	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 FLEXPEN SUPN	2	QL(30 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 RELION SUSP	2	QL(40 ML per 30 day(s) retail)
NOVOLOG MIX 70/30 SUSP	2	QL(40 ML per 30 day(s) retail)
REZVOGLAR KWIKPEN	NP	
SEMGLEE (YFGN) SOLN	NP	
SEMGLEE (YFGN) SOPN	NP	
SEMGLEE SOPN	NP	QL(30 ML per 30 day(s) retail)
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 propanediol	1	
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 2.5 MG	1	
glipizide TABS 5 MG, 10 MG	1	MP
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.		
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC
ACIDOPHILUS PEARLS CAPS	2	RX/OTC
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC
ACTIPHLORA CAPS	2	RX/OTC
ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC
ALIGN CAPS 10 MG	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC
BILAC CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC
BIOHM PROBIOTIC/VITAMIN C CAPS	2	RX/OTC
BIO-KULT CAPS	2	RX/OTC
BIOZEN CAPS	2	RX/OTC
bismuth subsalicylate CHEW 262 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1	
COMPLETE PROBIOTIC PEARLS CAPS	2	RX/OTC
CULTURELLE BLOATING & GAS DEF CAPS	2	RX/OTC
CULTURELLE IMMUNE DEFENSE CAPS	2	RX/OTC
CULTURELLE KID PROBIOTIC+FIBER PACK	2	
CULTURELLE KIDS PURELY CHEW	2	
CULTURELLE KIDS PURELY PACK	2	
CULTURELLE KIDS CHEW	2	
CULTURELLE KIDS PACK	2	
CULTURELLE METABOLISM-WEIGHT CAPS	2	RX/OTC
CULTURELLE PROBIOTICS KIDS PACK	2	
CULTURELLE PRO-WELL CAPS	2	RX/OTC
CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
CVS ADULT PROBIOTIC CAPS	2	RX/OTC
CVS DAILY PROBIOTIC CHILDRENS PACK	2	
CVS DAILY PROBIOTIC CAPS	2	RX/OTC
CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC
CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC
CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC
CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
CVS PROBIOTIC PEARLS EX ST CAPS	2	RX/OTC
CVS PROBIOTIC CAPS	2	RX/OTC
CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
DAILY PROBIOTIC CAPS	2	RX/OTC
DAILY ULTIMATE PROBIOTIC-14 CAPS	2	RX/OTC
DERMACINRX PROBISOL CAPS	2	RX/OTC
DERMACINRX PROBITRAN CAPS	2	RX/OTC
DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS	2	RX/OTC
DIGESTIVE ADV LACTOSE SUPPORT CAPS	2	RX/OTC
DIGESTIVE ADV MULTI-STRAIN CAPS	2	RX/OTC
DIGESTIVE ADV+BOWEL SUPPORT CAPS	2	RX/OTC
DIGESTIVE ADV+GAS DEFENSE CAPS	2	RX/OTC
DIGESTIVE ADV+LACTOSE SUPPORT CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC
ENVIVE CAPS	2	RX/OTC
EQ PROBIOTIC CAPS	2	RX/OTC
EQ PROBIOTIC CPDR	2	
EQL DAILY PROBIOTIC CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
ESTROVEN SLIMBIOTICS CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC
FLORAJEN DIGESTION CAPS	2	RX/OTC
FLORAJEN KIDS CAPS	2	RX/OTC
FLORASAVE CPDR	2	
FLORASTOR ADVANCED CAPS	2	RX/OTC
FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC
FLORASTOR SELECT IMMUNITY BOOS CAPS	2	RX/OTC
FLORRAXIS CAPS	2	RX/OTC
FORTIFY 30 BILLION PROBIOT 50+ CPDR	2	
FORTIFY 50 BILLION PROBIOT 50+ CPDR	2	
FORTIFY DAILY PROBIOTIC EX ST CPDR	2	
FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
FORTIFY OPTIMA PROBIOTIC CPDR	2	
FORTIFY OPTIMA WOMENS ADV CARE CPDR	2	
FORTIFY PROBIOTIC WOMENS EX ST CPDR	2	
FORTIFY PROBIOTIC WOMENS CPDR	2	
FT ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC
GENORAVANCE CAPS	2	RX/OTC
GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC
GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
JARRO-DOPHILUS EPS PROBIOTIC CPDR	2	
JARRO-DOPHILUS EPS CPDR	2	
JARRO-DOPHILUS HYPOALLERGENIC CAPS	2	RX/OTC
JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS	2	RX/OTC
JARRO-DOPHILUS VAGINAL PROBIOT CPDR	2	
LACTEROL CAPS	2	RX/OTC
MAGE CPDR	2	
MEGA PROBIOTIC CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC
MICROFLOR CAPS	2	RX/OTC
MOMMY'S BLISS PROBIOTIC PACK	2	
MVW COMPL FORM PROBIOTIC-KIDS CPDR	2	
MVW COMPLETE PROBIOTIC CPDR	2	
NATRUL PROBIOTIC CAPS	2	RX/OTC
NEXABIOTIC CPDR	2	
PEARLS IC CAPS	2	RX/OTC
PHILLIPS COLON HEALTH CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC
PRIMADOPHILUS BIFIDUS CPDR	2	

Drug Name	Drug Tier	Requirements/ Limits
PRIMIDAR CAPS	2	RX/OTC
PROBINATE CAPS	2	RX/OTC
PROBIO DEFENSE CAPS	2	RX/OTC
PROBIOFLEXX CAPS	2	RX/OTC
PROBIOMAX COMPLETE DF CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC
PROBIOMAX IG 26 DF CAPS	2	RX/OTC
PROBIOMAX LEAN DF CAPS	2	RX/OTC
PROBIOMAX SB DF CAPS	2	RX/OTC
PROBIONEXX CAPS	2	RX/OTC
PROBIOTIC & ACIDOPHILUS EX ST CAPS	2	RX/OTC
PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC
PROBIOTIC + TURMERIC EXTRACT CAPS	2	RX/OTC
PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC
PROBIOTIC ACIDOPHILUS BIOBEADS CAPS	2	RX/OTC
PROBIOTIC BLEND CAPS	2	RX/OTC
PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
PROBIOTIC DAILY CAPS	2	RX/OTC
PROBIOTIC DIGESTIVE SUP-INULIN CAPS	2	RX/OTC
PROBIOTIC DIGESTIVE SUPP CAPS	2	RX/OTC
PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC
PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PROBIOTIC PEARLS CAPS	2	RX/OTC
PROBIOTIC PRODUCT CAPS	2	RX/OTC
PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS	2	RX/OTC
PROBITROL CAPS	2	RX/OTC
PROBIZEN CAPS	2	RX/OTC
PRO-FLORA IMMUNE CAPS	2	RX/OTC
PROMELLA IN PREBIOTIC CAPS	2	RX/OTC
PROMEROL CAPS	2	RX/OTC
QUAD-PROBIOTIC CAPS	2	RX/OTC
RA PROBIOTIC COLON CARE CAPS	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS	2	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
RA PROBIOTIC MAX STRENGTH CAPS	2	RX/OTC
RESTORA CAPS	2	RX/OTC
RISAQUAD-2 CAPS	2	RX/OTC
RISAQUAD CAPS	2	RX/OTC
SD PROBIOTIC-10 COMPLEX ULTRA CAPS	2	RX/OTC
SM ACIDOPHILUS CAPS	2	RX/OTC
SM ADVANCED PROBIOTIC CAPS	2	RX/OTC
SUPER PROBIOTIC DIGESTIVE CAPS	2	RX/OTC
SUPER PROBIOTIC CAPS	2	RX/OTC
SUPERIOR PROBIOTIC CAPS	2	RX/OTC
SUREBIOTIC PROBIOTIC SUPPORT CAPS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SV PROBIOTIC EXTRA STRENGTH CAPS	2	RX/OTC
TRUBIOTICS DIGEST + IMM HEALTH CAPS	2	RX/OTC
TRUBIOTICS CAPS	2	RX/OTC
ULTRAFLORA IMMUNE HEALTH CAPS	2	RX/OTC
UP4 PROBIOTICS ADULT CAPS	2	RX/OTC
UP4 PROBIOTICS MENS CAPS	2	RX/OTC
UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC
UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC
VH ESSENTIALS OPTIBALANCE CAPS	2	RX/OTC
VISBIOME GI CARE CAPS	2	RX/OTC
VSL#3 CAPS	2	RX/OTC
WELLPRO 31 CAPS	2	RX/OTC
XYBIOTIC CAPS	2	RX/OTC
ZELAC CAPS	2	RX/OTC
Antidiarrheal/Probiotic Combinations		
CULTURELLE ADULT ULT BALANCE CAPS	2	
CULTURELLE DIGESTIVE DAILY PRO CAPS	2	
CULTURELLE DIGESTIVE DAILY CAPS	2	
CULTURELLE DIGESTIVE HEALTH CAPS	2	
CULTURELLE DIGESTIVE HEALTH CHEW	2	
CULTURELLE HEALTH (INULIN) CAPS	2	
CULTURELLE ULTIMATE STRENGTH CAPS	2	
GNP PROBIOTIC EXTRA STRENGTH CAPS	2	
PROBIOTIC DIGESTIVE SUPPORT CAPS	2	
VIACTIV DIGESTIVE HEALTH CHEW	2	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	2	QL(40 ML daily)
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
BRIDION SOLN	2	PA
deferoxamine mesylate	1	SP; PA
SM IPECAC SYRUP	2	
VISTOGARD	2	
Opioid Antagonists		
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

Drug Name	Drug Tier	Requirements/ Limits
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 0.4 MG/ML	1	
naloxone hcl SOSY 2 MG/2ML	0	QL(18 ML per 90 day(s) retail); MP
naltrexone hcl	0	MP
NARCAN LIQD *(Use 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
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	1	
Antiemetics - Anticholinergic		
meclizine hcl CHEW	1	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	1	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR	2	
doxylamine-pyridoxine TBEC	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	
aprepitant CAPS	1	
aprepitant MISC	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 150 MG	1	QL(2 EA daily)
fluconazole TABS 50 MG	1	QL(7 EA per fill retail)
fluconazole TABS 100 MG	1	QL(1 EA daily)
fluconazole TABS 200 MG	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
clemastine fumarate TABS 1.34 MG	1	QL(2 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	QL(240 ML per fill retail); RX/OTC
cetirizine hcl TABS	1	QL(1 EA daily)
desloratadine TBDP	1	
fexofenadine hcl SUSP	1	
fexofenadine hcl TABS 180 MG	1	QL(1 EA daily)
fexofenadine hcl TABS 60 MG	1	QL(2 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	
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
cholestyramine POWD	1	MP
colestipol hcl GRAN	1	MP
colestipol hcl TABS	1	MP
Fibric Acid Derivatives		
fenofibrate micronized 43 MG, 90 MG, 130 MG	1	
fenofibrate micronized 67 MG	1	QL(2 EA daily); MP
fenofibrate micronized 134 MG, 200 MG	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
fenofibrate CAPS	2	MP
fenofibrate TABS 40 MG, 120 MG	1	
fenofibrate TABS 54 MG	1	QL(3 EA daily); MP
fenofibric acid	1	
FIBRICOR *(Use fenofibric acid)*	NP	
gemfibrozil TABS	1	QL(2 EA daily); MP
LIPOFEN CAPS *(Use fenofibrate)*	NP	MP
HMG CoA Reductase Inhibitors		
ATORVALIQ SUSP	NP	
atorvastatin calcium TABS	1	QL(1 EA daily); MP
fluvastatin sodium CAPS	1	
fluvastatin sodium TB24	1	
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 5 MG, 10 MG, 20 MG, 40 MG	1	QL(1 EA daily); MP
simvastatin TABS 80 MG	1	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		
PRALUENT SOAJ	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	1	
perindopril erbumine	1	
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		
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	1	

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use 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	1	
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	1	QL(2 EA daily); MP
enalapril maleate & hydrochlorothiazide	1	QL(2 EA daily); MP
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	NP	
fosinopril sodium & hydrochlorothiazide	1	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	1	QL(2 EA daily); MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
olmesartan medoxomil-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide 25 MG-20 MG	1	QL(2 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG	1	QL(3 EA daily)
quinapril-hydrochlorothiazide 12.5 MG-20 MG	1	QL(4 EA daily)
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	QL(1 EA daily)
trandolapril-verapamil hcl	1	
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		

Drug Name	Drug Tier	Requirements/ Limits
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG	1	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	
Carbapenems		
ertapenem sodium IJ	1	SP; PA
Glycopeptides		
vancomycin hcl CAPS 125 MG	1	QL(4 EA daily)
vancomycin hcl CAPS 250 MG	1	QL(8 EA daily)
vancomycin hcl SOLR PO 25 MG/ML	1	QL(300 ML per fill retail)
vancomycin hcl SOLR IV 500 MG	1	QL(0.467 EA daily)
vancomycin hcl SOLR IV 1 GM	1	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(0.467 EA daily)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
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 250 MG	0	QL(2 EA daily); MP
chloroquine phosphate TABS 500 MG	0	QL(8 EA per 56 day(s) retail)
DARAPRIM *(Use 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	

Drug Name	Drug Tier	Requirements/ Limits
TRECATOR	2	
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	1	
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 SOLN	2	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	
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

Drug Name	Drug Tier	Requirements/ Limits
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
LUMOXITI	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
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
hydroxyprogesterone caproate (antineoplastic)	1	QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA
letrozole	1	QL(1 EA daily); MP
LEUPROLIDE ACETATE (3 MONTH) INJ	2	
LEUPROLIDE ACETATE-BUPIVACAINE	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
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
XTANDI CAPS	2	SP; PA
ZOLADEX 10.8 MG	2	SP; PA
ZOLADEX 3.6 MG	2	SP; PA
Antineoplastic - Immunomodulators		
POMALYST	2	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

Drug Name	Drug Tier	Requirements/ Limits
bortezomib SOLR IJ	1	SP; PA
BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA
BOSULIF TABS 100 MG, 500 MG	2	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	2	SP; PA
ICLUSIG 15 MG, 45 MG	2	SP; PA
imatinib mesylate TABS	1	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; PA
IMBRUVICA CAPS 140 MG	2	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
NINLARO	2	SP; PA
pazopanib hcl	1	SP; PA
romidepsin SOLR	1	SP; PA
RUBRACA	2	SP; PA
sorafenib tosylate	1	SP; PA
STIVARGA	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
sunitinib malate	1	SP; PA
TAFINLAR CAPS	2	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA
TASIGNA	2	SP; PA
temsirolimus	1	SP; PA
TIBSOVO	2	SP; PA
VITRAKVI CAPS	2	SP; PA
VITRAKVI SOLN	2	SP; PA
VOTRIENT	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		
AZEDRA DOSIMETRIC	2	SP; PA
AZEDRA THERAPEUTIC	2	SP; PA
LUTATHERA	2	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	2	SP; PA
ALFERON N	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
SYNRIBO	2	SP; PA
tretinoin (chemotherapy)	1	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	2	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
dexrazoxane hcl	1	SP; PA
KHAPZORY	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		
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
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

Drug Name	Drug Tier	Requirements/ Limits
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
irinotecan hcl	1	SP; PA
topotecan hcl SOLN	1	SP; PA
TOPOTECAN HCL SOLN	2	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
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 0.25 MG, 3 MG, 4 MG	1	QL(6 EA daily); MP
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	1	QL(3 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 *(Use 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
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	2	1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP
INVEGA HAFYERA	2	1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
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 *(Use 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	
RYKINDO SRER	NP	AL(At least 18 yrs old); SP
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	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
Phenothiazines		
chlorpromazine hcl TABS	1	
fluphenazine decanoate	1	
fluphenazine hcl TABS	1	
perphenazine TABS	1	
prochlorperazine	1	
prochlorperazine edisylate 10 MG/2ML	1	
prochlorperazine maleate TABS	1	
thioridazine hcl	1	
trifluoperazine hcl TABS	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	2	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)

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ML per 28 day(s) retail); AL(At least 18 yrs old); SP
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)
APTIVUS CAPS	0	QL(4 EA daily)
atazanavir sulfate CAPS	0	QL(2 EA daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 EA daily)
BIKTARVY 120 MG-30 MG-15 MG	2	
COMBIVIR *(Use lamivudine-zidovudine)*	0	QL(2 EA daily)
COMPLERA	0	QL(1 EA daily)
darunavir TABS	0	QL(2 EA daily)
DELSTRIGO	0	QL(1 EA daily)
DESCOVY 200 MG-25 MG	0	QL(1 EA daily)
DESCOVY 120 MG-15 MG	2	
DOVATO	0	
EDURANT	0	QL(1 EA daily)
efavirenz CAPS 200 MG	0	QL(1 EA daily)
efavirenz CAPS 50 MG	0	QL(2 EA daily)
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-tenofovir disoproxil fumarate	0	QL(1 EA daily)
EMTRIVA CAPS *(Use emtricitabine)*	0	QL(1 EA daily)
EMTRIVA SOLN	0	QL(24 ML daily)
EPIVIR SOLN *(Use lamivudine)*	0	QL(30 ML daily)
EPIVIR TABS 300 MG *(Use lamivudine)*	0	QL(1 EA daily)
EPIVIR TABS 150 MG *(Use lamivudine)*	0	QL(2 EA daily)
EPZICOM *(Use abacavir sulfate-lamivudine)*	0	QL(1 EA daily)
etravirine 200 MG	0	QL(2 EA daily)
etravirine 100 MG	0	QL(4 EA daily)
EVOTAZ	0	QL(1 EA daily)
fosamprenavir calcium TABS	0	QL(4 EA daily)
GENVOYA	0	QL(1 EA daily)
INTELENCE	0	QL(4 EA daily)
INTELENCE *(Use etravirine)*	0	QL(4 EA daily)
INTELENCE 200 MG *(Use etravirine)*	0	QL(2 EA daily)
ISENTRESS CHEW 100 MG	0	QL(6 EA daily)
ISENTRESS CHEW 25 MG	0	QL(12 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 *(Use lopinavir-ritonavir)*	0	QL(6 EA daily)
KALETRA TABS 25 MG-100 MG *(Use lopinavir-ritonavir)*	0	QL(4 EA daily)
lamivudine SOLN	0	QL(30 ML daily)
lamivudine TABS 300 MG	0	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
lamivudine TABS 150 MG	0	QL(2 EA daily)
lamivudine-zidovudine	0	QL(2 EA daily)
LEXIVA SUSP	0	QL(56 ML daily)
LEXIVA TABS *(Use fosamprenavir calcium)*	0	QL(4 EA daily)
lopinavir-ritonavir SOLN	0	QL(160 ML per fill retail)
lopinavir-ritonavir TABS 50 MG-200 MG	0	QL(6 EA daily)
lopinavir-ritonavir TABS 25 MG-100 MG	0	QL(4 EA daily)
maraviroc TABS 300 MG	0	QL(4 EA daily)
maraviroc TABS 150 MG	0	QL(2 EA daily)
nevirapine SUSP	0	QL(40 ML daily)
nevirapine TABS	0	QL(2 EA daily)
nevirapine TB24 100 MG	0	QL(3 EA daily)
nevirapine TB24 400 MG	0	QL(1 EA daily)
NORVIR CAPS	0	QL(12 EA daily)
NORVIR PACK	0	
NORVIR TABS *(Use ritonavir)*	0	QL(12 EA daily)
ODEFSEY	0	
PIFELTRO	0	QL(1 EA daily)
PREZCOBIX	0	QL(1 EA daily)
PREZISTA SUSP	0	QL(12 ML daily)
PREZISTA TABS 150 MG	0	QL(3 EA daily)
PREZISTA TABS *(Use darunavir)*	0	QL(2 EA daily)
PREZISTA TABS 75 MG, 600 MG, 800 MG	0	QL(2 EA daily)
RETROVIR CAPS *(Use zidovudine)*	0	QL(6 EA daily)
RETROVIR SYRP *(Use zidovudine)*	0	QL(60 ML daily)
REYATAZ CAPS 200 MG, 300 MG *(Use atazanavir sulfate)*	0	QL(2 EA daily)
REYATAZ PACK	0	QL(6 EA daily)
ritonavir TABS	0	QL(12 EA daily)
RUKOBIA	0	
SELZENTRY SOLN	0	QL(35 ML daily)
SELZENTRY TABS 25 MG, 75 MG	NP	
stavudine CAPS	0	QL(2 EA daily)
STRIBILD	0	
SUNLENCA TBPK 300 MG	2	SP
SUSTIVA CAPS 200 MG *(Use efavirenz)*	0	QL(1 EA daily)
SUSTIVA CAPS 50 MG *(Use efavirenz)*	0	QL(2 EA daily)
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	0	QL(1 EA daily)
SYMFI LO *(Use 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	0	
TRIUMEQ PD TBSO	0	
TRIUMEQ TABS	0	
TRIZIVIR	0	QL(2 EA daily)
TRUVADA *(Use 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 *(Use tenofovir disoproxil fumarate)*	0	QL(1 EA daily)
VIREAD TABS	0	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ZIAGEN SOLN *(Use abacavir sulfate)*	0	QL(30 ML daily)
ZIAGEN TABS *(Use abacavir sulfate)*	0	QL(2 EA 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)	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
VIEKIRA PAK TBPK	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	1	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	1	QL(1 EA daily); MP
labetalol hcl TABS 300 MG	1	QL(8 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
labetalol hcl TABS 200 MG	1	QL(6 EA daily); MP
labetalol hcl TABS 100 MG	1	QL(3 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
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	1	QL(4 EA daily); MP
metoprolol succinate TB24 200 MG	1	QL(2 EA daily); MP
metoprolol tartrate TABS 37.5 MG, 75 MG	1	
metoprolol tartrate TABS 25 MG, 50 MG	1	QL(4 EA daily); MP
metoprolol tartrate TABS 100 MG	1	QL(4.5 EA daily); MP
Beta Blockers Non-Selective		
nadolol TABS 20 MG, 40 MG, 80 MG	1	MP
pindolol TABS	1	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
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	1	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	1	QL(1 EA daily); MP
CONJUPRI *(Use levamlodipine maleate)*	2	
diltiazem hcl coated beads CP24 360 MG	1	MP
diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	1	QL(1 EA daily); MP
diltiazem hcl coated beads CP24 240 MG	1	QL(2 EA daily); MP
diltiazem hcl extended release beads	1	QL(1 EA daily); MP
diltiazem hcl CP12	1	QL(2 EA daily); MP
diltiazem hcl CP24 180 MG	1	MP
diltiazem hcl CP24 120 MG, 240 MG	1	QL(1 EA daily); MP
diltiazem hcl TABS	1	QL(3 EA daily); MP
diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	MP
felodipine	1	QL(1 EA daily); MP
isradipine CAPS	1	
levamlodipine maleate	1	
nicardipine hcl CAPS	1	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	1	
nisoldipine	1	
NORLIQVA SOLN	NP	
VERAPAMIL HCL ER CP24 *(Use verapamil hcl)*	2	QL(2 EA daily); MP
verapamil hcl CP24 360 MG	1	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG	1	QL(2 EA daily); MP
verapamil hcl CP24 300 MG	1	MP
verapamil hcl TABS	1	QL(3 EA daily); MP
verapamil hcl TBCR	1	QL(2 EA daily); MP
VERELAN PM CP24 300 MG *(Use verapamil hcl)*	NP	MP
VERELAN PM CP24 100 MG, 200 MG *(Use 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
LANOXIN TABS 125 MCG, 250 MCG *(Use digoxin)*	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	1	
ENTRESTO CPSP	NP	
ENTRESTO TABS	2	
OPSYNVI	NP	SP
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
LETAIRIS *(Use ambrisentan)*	NP	SP
TRACLEER TABS *(Use bosentan)*	NP	SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
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	

Drug Name	Drug Tier	Requirements/ Limits
cefadroxil TABS	1	
cephalexin CAPS 250 MG, 500 MG	1	
cephalexin SUSR	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	2	
cefaclor CAPS	1	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1	
cefprozil SUSR	1	QL(75 ML per fill retail); AL(Up to 12 yrs old)
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
FALESSA	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

Drug Name	Drug Tier	Requirements/ Limits
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
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	0	
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
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

Drug Name	Drug Tier	Requirements/ Limits
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		
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; QL(4 ML per fill retail); PV
medroxyprogesterone acetate (contraceptive) SUSP IM	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; QL(4 ML per fill retail); PV
medroxyprogesterone acetate (contraceptive) SUSY IM	0	Up to 12-month supply of contraceptives and devices allowed; $0 copay; QL(4 ML per fill retail); 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

Drug Name	Drug Tier	Requirements/ Limits
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	1	
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)
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 15 MG/5ML	1	QL(240 ML per fill retail)
prednisolone sodium phosphate SOLN 20 MG/5ML	1	QL(150 ML per fill retail)
prednisolone sodium phosphate SOLN	1	
prednisolone SOLN	1	
PREDNISONE INTENSOL CONC	2	
prednisone SOLN	1	
prednisone TABS	1	
prednisone TBPK	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
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
guaifenesin-codeine SYRP	1	QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail
MAXI-TUSS PE LIQD	2	
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)
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 *(Use 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	
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	1	
benzoyl peroxide LIQD 5 %, 10 %	1	
benzoyl peroxide LOTN 5 %, 10 %	1	
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	1	
clindamycin phosphate-tretinoin	1	
DIFFERIN CREA *(Use adapalene)*	2	
DIFFERIN GEL 0.3 % *(Use adapalene)*	2	
DIFFERIN LOTN	2	
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)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A CREA *(Use tretinoin)*	2	1 package(s) per fill retail; AL(Up to 35 yrs old)
RETIN-A GEL *(Use tretinoin)*	2	1 package(s) per fill retail; AL(Up to 35 yrs old)
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	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 CREA 0.025 %, 0.05 %, 0.1 %	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	1	1 package(s) per fill retail; AL(Up to 35 yrs old)
Antibiotics - Topical		
bacitracin (topical) OINT	1	QL(453.9 EA per fill retail)
bacitracin zinc OINT	1	QL(453.6 GM 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 GM per fill retail)
neomycin-polymyxin w/ pramoxine	1	QL(28.3 GM per fill retail)
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	2	PA
LUZU *(Use luliconazole)*	NP	PA
miconazole nitrate (topical) CREA	1	QL(92 GM per fill retail)
NIZORAL SHAM	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	1	PA
terbinafine hcl (topical) CREA	1	QL(42 GM per fill retail)
tolnaftate CREA	1	QL(30 GM per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
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	2	QL(30 GM per fill retail)
fluorouracil (topical) CREA 5 %	1	QL(40 GM per fill retail)
fluorouracil (topical) CREA 0.5 %	1	QL(30 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 SOSY 160 MG/ML	NP	SP; PA
calcipotriene CREA	1	QL(60 GM per fill retail)
calcipotriene FOAM	1	
CALCIPOTRIENE FOAM	1	
calcipotriene OINT	1	
calcipotriene SOLN	1	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
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
TALTZ SOSY	2	SP; PA
tazarotene CREA	1	QL(60 GM per fill retail); AL(Up to 21 yrs old)
TREMFYA SOAJ 200 MG/2ML	NP	SP; PA
TREMFYA SOLN	NP	SP; PA
TREMFYA SOSY 200 MG/2ML	NP	SP; PA
VTAMA	NP	
ZORYVE 0.3 %	NP	
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1	QL(120 ML per fill retail)
selenium sulfide LOTN 1 %	1	QL(240 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 *(Use penciclovir)*	2	
penciclovir	1	
ZOVIRAX CREA *(Use acyclovir topical)*	2	QL(1 GM daily)
ZOVIRAX OINT *(Use acyclovir topical)*	2	

Drug Name	Drug Tier	Requirements/ Limits
Burn Products		
silver sulfadiazine	1	QL(85 GM per fill retail)
Corticosteroids - Topical		
alclometasone dipropionate CREA	1	
alclometasone dipropionate OINT	1	
amcinonide CREA	1	
amcinonide LOTN	1	
amcinonide OINT	1	
betamethasone dipropionate (topical) CREA	1	1 package(s) per 30 day(s) retail
betamethasone dipropionate (topical) LOTN	1	
betamethasone dipropionate (topical) OINT	1	
betamethasone dipropionate augmented CREA	1	QL(50 GM per fill retail)
betamethasone dipropionate augmented GEL 0.05 %	1	
betamethasone dipropionate augmented LOTN	1	
betamethasone dipropionate augmented OINT	1	
betamethasone valerate CREA	1	QL(45 GM per fill retail)
betamethasone valerate FOAM	1	
betamethasone valerate LOTN	1	QL(60 ML per fill retail)
betamethasone valerate OINT	1	QL(45 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
calcipotriene-betamethasone dipropionate OINT	1	
calcipotriene-betamethasone dipropionate SUSP	1	
CAPEX SHAM	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)
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	1	
CLODAN	NP	
CLODERM *(Use 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 0.25 %	1	
desoximetasone CREA 0.05 %	1	QL(60 GM per fill retail)
desoximetasone GEL	1	
desoximetasone LIQD	1	

Drug Name	Drug Tier	Requirements/ Limits
desoximetasone OINT	1	
diflorasone diacetate CREA	1	QL(60 GM per fill retail)
diflorasone diacetate OINT	1	QL(60 GM per fill retail)
EPIFOAM FOAM	2	
fluocinolone acetonide CREA	1	
fluocinolone acetonide OIL	1	
fluocinolone acetonide OINT	1	
fluocinolone acetonide SOLN	1	
fluocinonide emulsified base	1	QL(60 GM per fill retail)
fluocinonide CREA 0.1 %	1	
fluocinonide CREA 0.05 %	1	QL(60 GM per fill retail)
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	1	
flurandrenolide OINT	1	
fluticasone propionate CREA 0.05 %	1	QL(60 GM per fill retail)
fluticasone propionate LOTN	1	
fluticasone propionate OINT	1	QL(60 GM per fill retail)
halcinonide CREA	1	
halobetasol propionate CREA	1	
halobetasol propionate FOAM	1	
halobetasol propionate OINT	1	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) CREA 2.5 %	1	QL(453.6 GM per fill retail)
hydrocortisone (topical) CREA 0.5 %	1	QL(30 GM per fill retail)
hydrocortisone (topical) CREA 1 %	1	QL(85.2 GM per fill retail); RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1	QL(59 ML per fill retail)
hydrocortisone (topical) LOTN 1 %	1	QL(99 GM per fill retail)
hydrocortisone (topical) OINT 0.5 %	1	
hydrocortisone (topical) OINT 1 %	1	QL(2 GM daily; 56 GM per fill retail); RX/OTC
hydrocortisone (topical) OINT 2.5 %	1	QL(454 GM per fill retail)
hydrocortisone (topical) SOLN 1 %	1	
hydrocortisone acetate (topical) CREA 1 %	1	
hydrocortisone acetate (topical) OINT	1	
HYDROCORTISONE ACETATE CREA	2	
hydrocortisone butyrate hydrophilic lipo base	1	
hydrocortisone butyrate CREA	1	
hydrocortisone butyrate LOTN	1	
hydrocortisone butyrate OINT	1	
hydrocortisone butyrate SOLN	1	QL(60 ML per fill retail)
hydrocortisone valerate CREA	1	
hydrocortisone valerate OINT	1	
HYDROXATE GEL	NP	
HYDROXYM GEL	NP	
IMPEKLO LOTN	NP	

Drug Name	Drug Tier	Requirements/ Limits
LOCOID LIPOCREAM	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)
prednicarbate OINT	1	QL(60 GM per fill retail)
TACLONEX SUSP *(Use calcipotriene-betamethasone dipropionate)*	NP	
triamcinolone acetonide (topical) AERS	1	
triamcinolone acetonide (topical) CREA 0.5 %	1	QL(15 GM per fill retail)
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) LOTN	1	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	
Eczema Agents		
ADBRY SOAJ	2	SP; PA
ADBRY SOSY	2	SP; PA
CIBINQO	NP	SP; PA
DUPIXENT SOAJ	2	SP; PA
DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
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(57 GM per fill retail); RX/OTC
Hair Growth Agents		
LITFULO	NP	SP; PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	QL(48 EA per 180 day(s) retail)
Immunosuppressive Agents - Topical		
ELIDEL *(Use 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
PROTOPIC OINT 0.1 % *(Use tacrolimus (topical))*	NP	PA
PROTOPIC OINT 0.03 % *(Use tacrolimus (topical))*	NP	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		
podofilox SOLN	1	QL(4 ML per fill retail)
salicylic acid GEL 6 %	1	QL(40 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Local Anesthetics - Topical		
capsaicin CREA 0.025 %, 0.075 %	1	QL(60 GM per fill retail)
capsaicin CREA 0.035 %	1	QL(42.5 GM per fill retail)
capsaicin CREA 0.1 %	1	QL(56.6 GM per fill retail)
CASTIVA WARMING LOTN	2	QL(113 GM per fill retail)
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
lidocaine hcl CREA 3 %	1	QL(85 GM per fill retail)
lidocaine hcl GEL 2 %	1	QL(85 ML per fill retail)
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)
Misc. Topical		
CVS LANOLIN CREA	2	
lanolin (topical) CREA	1	
LANOLOR CREA	2	
zinc oxide (topical) OINT 20 %	1	QL(60 GM per fill retail)
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		
ivermectin (pediculicide)	NP	
LICEMD GEL	2	
lindane SHAM	1	
malathion	1	QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail
NATROBA *(Use 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 LIQD EX	1	
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %	1	
pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %	1	
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	1	
SCHOOLTIME SHAMPOO SHAM	2	
SKLICE *(Use ivermectin (pediculicide))*	NP	
spinosad	1	QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old)
Tar Products		
coal tar extract SHAM 0.5 %	1	
Wound Care Products		
APLIGRAF DISK	2	PA
DIAGNOSTIC PRODUCTS		

Drug Name	Drug Tier	Requirements/ Limits
Diagnostic Drugs		
cosyntropin SOLR	1	SP; PA
THYROGEN 0.9 MG	2	SP; PA
Diagnostic Tests		
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	
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH ULTRA BLUE TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUCH ULTRA TEST STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ONETOUCH VERIO STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
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		

Drug Name	Drug Tier	Requirements/ Limits
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 20 MG	1	MP
torsemide TABS 5 MG, 10 MG, 100 MG	1	QL(1 EA daily); MP
Potassium Sparing Diuretics		
amiloride hcl TABS	1	QL(4 EA daily)
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		
alendronate sodium SOLN	1	QL(10.8 ML daily); MP
alendronate sodium TABS 35 MG, 70 MG	1	QL(0.15 EA daily); MP
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 EA daily); MP
calcitonin (salmon) IJ	1	QL(2 ML per 30 day(s) retail)
calcitonin (salmon) NA	1	QL(4 ML per 30 day(s) retail)
EVENITY	2	SP; PA
ibandronate sodium SOLN	1	SP; PA
ibandronate sodium TABS	1	PA
NATPARA	2	SP; PA
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	1	SP; PA
PAMIDRONATE DISODIUM SOLN	2	SP; PA
PROLIA SOSY	2	SP; PA
risedronate sodium TABS 5 MG, 30 MG	1	QL(1 EA daily)
risedronate sodium TABS 35 MG	1	4 per 28 days; QL(4 EA per 28 day(s) retail)
risedronate sodium TABS 150 MG	1	
risedronate sodium TBEC	1	
teriparatide SOPN	1	SP; PA
XGEVA SOLN	2	SP; PA
zoledronic acid CONC	1	SP; PA
zoledronic acid SOLN 5 MG/100ML	1	SP; PA
zoledronic acid SOLN 4 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	2	PA

Drug Name	Drug Tier	Requirements/ Limits
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
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 *(Use sodium phenylbutyrate)*	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
BUPHENYL TABS *(Use sodium phenylbutyrate)*	2	SP; PA
calcitriol CAPS	1	
CARBAGLU *(Use carglumic acid)*	2	SP; PA
carglumic acid	1	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
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	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
REVCOVI	2	SP; PA
sapropterin dihydrochloride PACK	1	SP; PA
sapropterin dihydrochloride TABS	1	SP; PA
sodium phenylbutyrate POWD	1	SP; PA
sodium phenylbutyrate TABS	1	SP; PA
STRENSIQ	2	SP; PA
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		
JYNARQUE TABS	2	SP; PA
JYNARQUE TBPK	2	SP; PA
tolvaptan TABS	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
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1	
ciprofloxacin hcl TABS 100 MG	1	QL(6 EA per fill retail)
ciprofloxacin SUSR	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	1	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Antiflatulents		
simethicone CHEW 80 MG	1	
simethicone LIQD PO	1	QL(30 ML per fill retail)
simethicone SUSP	1	QL(45 ML per fill retail)
Bile Acid Synthesis Disorder Agents		
CHOLBAM	2	QL(5 EA daily); SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	2	SP; PA
Gallstone Solubilizing Agents		
CHENODAL	2	SP; PA
CTEXLI 250 MG	2	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		
ASACOL HD TBEC *(Use mesalamine)*	NP	QL(3 EA daily)
balsalazide disodium CAPS	1	QL(9 EA daily)
CANASA SUPP *(Use mesalamine)*	2	
ENTYVIO PEN SOAJ	NP	SP; PA
LIALDA TBEC *(Use mesalamine)*	2	
mesalamine w/ cleanser	1	
mesalamine ENEM	1	QL(60 ML daily)
mesalamine SUPP	1	
mesalamine TBEC 800 MG	1	QL(3 EA daily)
mesalamine TBEC 1.2 GM	1	
OMVOH SOAJ	NP	SP; PA
OMVOH SOLN	NP	SP; PA
OMVOH SOSY	NP	SP; PA
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
sulfasalazine TABS	1	MP
sulfasalazine TBEC	1	MP
VELSIPITY	NP	SP; PA
ZYMFENTRA (1 PEN) AJKT	NP	SP
ZYMFENTRA (2 PEN) AJKT	NP	SP
ZYMFENTRA (2 SYRINGE) PSKT	NP	SP
Intestinal Acidifiers		
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	1	PA
IBSRELA	NP	PA
LINZESS	2	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	PA
Phosphate Binder Agents		
calcium acetate (phosphate binder) CAPS	1	MP
calcium acetate (phosphate binder) TABS	1	RX/OTC
lanthanum carbonate CHEW	1	
RENAGEL *(Use sevelamer hcl)*	2	

Drug Name	Drug Tier	Requirements/ Limits
RENVELA TABS *(Use 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		
potassium citrate (alkalinizer) TBCR	1	
potassium citrate-citric acid PACK	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 0.9 %	2	
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	1	
ENTADFI	NP	
finasteride	1	QL(1 EA daily); MP
RAPAFLO 4 MG *(Use 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
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

Drug Name	Drug Tier	Requirements/ Limits
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	SP; 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
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III	2	SP; PA
Platelet Aggregation Inhibitors		
aspirin-dipyridamole	1	
BRILINTA	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
cilostazol	1	QL(2 EA daily); MP
clopidogrel bisulfate 300 MG	1	
clopidogrel bisulfate 75 MG	1	QL(1 EA daily); MP
dipyridamole	1	MP
prasugrel hcl	1	QL(1 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	
LYFGENIA	NP	SP; PA
SIKLOS TABS	2	PA
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1	
Folic Acid/Folates		
folic acid TABS 1 MG	1	MP; RX/OTC
folic acid TABS 400 MCG, 800 MCG	1	QL(1 EA daily)
Hematopoietic Gene Therapy		
ZYNTEGLO	2	SP; PA
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	NP	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA	NP	SP; PA
MULPLETA	2	SP; PA
NEULASTA ONPRO PSKT	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	2	SP; PA
NEUPOGEN SOSY	2	SP; PA
NIVESTYM SOLN	NP	SP; PA
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYVEPRIA	2	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA
PROMACTA PACK 12.5 MG	2	SP; PA
PROMACTA TABS	2	SP; PA
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	2	SP; PA
ROLVEDON	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		

Drug Name	Drug Tier	Requirements/ Limits
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 GLUCONATE TABS 324 MG	2	
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 325 MG, 65 MG, 325 MG	1	MP
ferrous sulfate TBEC 325 MG	1	MP
ferrous sulfate TBEC	1	
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 1000 MG	1	SP; PA
aminocaproic acid TABS 500 MG	1	QL(24 EA per fill retail); 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		
diphenhydramine hcl (sleep) CAPS	1	
diphenhydramine hcl (sleep) LIQD	1	
diphenhydramine hcl (sleep) TABS 25 MG	1	QL(4 EA daily)
diphenhydramine hcl (sleep) TABS 50 MG	1	
diphenhydramine hcl (sleep) TBDP	1	
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	
naproxen sodium-diphenhydramine hcl	1	
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	

Drug Name	Drug Tier	Requirements/ Limits
dexmedetomidine hcl SOLN 200 MCG/2ML	1	
estazolam	1	
eszopiclone	1	
flurazepam hcl	1	QL(1 EA daily)
IGALMI FILM	NP	
midazolam hcl SOLN IJ	1	
temazepam 7.5 MG, 22.5 MG	1	
temazepam 15 MG, 30 MG	1	QL(1 EA daily); AL(At least 18 yrs old)
triazolam	1	QL(1 EA daily)
zaleplon	1	QL(1 EA daily)
ZOLPIDEM TARTRATE CAPS	2	
zolpidem tartrate SUBL	1	
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)
NATURAL FIBER LAXATIVE POWD	2	
psyllium CAPS 0.52 GM	1	
psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %	1	
Laxative Combinations		
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	
Saline 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 phosphates ENEM	1	
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 50 MG	1	
docusate sodium CAPS 100 MG, 250 MG	1	QL(3 EA daily)
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	1	
DOCUSATE SODIUM SYRP	2	
docusate sodium TABS	1	
MACROLIDES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Azithromycin		
azithromycin SUSR 200 MG/5ML	0	QL(30 ML per fill retail)
azithromycin SUSR 100 MG/5ML	0	QL(15 ML per fill retail)
azithromycin TABS 600 MG	0	QL(8 EA per 28 day(s) retail)
azithromycin TABS 250 MG	0	QL(6 EA per fill retail)
azithromycin TABS 500 MG	0	QL(4 EA daily)
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 *(Use erythromycin ethylsuccinate)*	2	
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	2	
erythromycin base CPEP	1	
erythromycin base TABS	1	
erythromycin base TBEC	1	
erythromycin ethylsuccinate SUSR	1	
erythromycin ethylsuccinate TABS	1	
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		
1ST TIER UNILET COMFORTOUCH	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily); 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
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 26G	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 HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS PED	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 LANCET ULTRAFINE 30G	2	QL(6.67 EA daily); RX/OTC
BD LANCET ULTRAFINE 33G	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
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 LANCETS	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 21G	2	QL(6.67 EA daily); RX/OTC
CVS LANCETS MICRO THIN 33G	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 LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS ULTRA-THIN 30G	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
DRUG MART LANCETS THIN 26G	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
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
EQL COLOR LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
EQL COLOR LANCETS MICRO 33G	2	QL(6.67 EA daily); RX/OTC
EQL SUPER THIN LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
EQL THIN LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
E-Z JECT LANCET MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
E-Z JECT LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
E-Z JECT LANCETS	2	QL(6.67 EA daily); RX/OTC
E-Z JECT LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
E-Z JECT LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 26G	2	QL(6.67 EA daily); RX/OTC
EZ-LETS LANCETS 28G	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EZ-LETS LANCETS 30G	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
FINE 30	2	QL(6.67 EA daily); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily); RX/OTC
FORA LANCETS	2	QL(6.67 EA daily); RX/OTC
FREDS PHARMACY UNILET LANC 28G	2	QL(6.67 EA daily); RX/OTC
FREDS PHARMACY UNILET LANC 30G	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
GENTLE-LET GP LANCETS	2	QL(6.67 EA daily); RX/OTC
GENTLE-LET LANCETS	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 LANCETS 21G	2	QL(6.67 EA daily); RX/OTC
GNP LANCETS THIN 26G	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
GOODSENSE COLOR LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 26G UNIV	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 30G UNIV	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
GOODSENSE LANCETS 33G UNIV	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
HEALTHY ACCENTS UNILET LANCETS	2	QL(6.67 EA daily); RX/OTC
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 21G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS MICRO THIN 33G	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
KROGER LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
KROGER LANCETS ULTRATHIN 30G	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 THIN	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
LIFESCAN UNISTIK 2	2	QL(6.67 EA daily); RX/OTC
LIFESCAN UNISTIK II 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
LIVE BETTER LANCET ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
LONGS LANCETS STANDARD	2	QL(6.67 EA daily); RX/OTC
LONGS LANCETS THIN	2	QL(6.67 EA daily); RX/OTC
LONGS LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE LITE 25G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LANCETS	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
MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	2	QL(6.67 EA daily); RX/OTC
MEIJER LANCETS THIN	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
MEIJER SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
MICROLET LANCETS	2	QL(6.67 EA daily); RX/OTC
MM TWIST LANCETS	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
MPD SAFETY LANCET 21G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 23G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 28G	2	QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 30G	2	QL(6.67 EA daily); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
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 CLUB LANCETS FINE PT	2	QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA LANCETS 33G	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 FINEPOINT LANCETS	2	QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRA 2 KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT LANCETS	2	QL(6.67 EA daily); RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO REFLECT KIT	2	Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC
ONETOUCH VERIO LIQD	2	
PC LANCETS SUPER THIN 30G	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
PHARMACY COUNTER 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
PRECISION THINS GP LANCETS	2	QL(6.67 EA daily); RX/OTC
PREFERRED PLUS LANCETS COLORED	2	QL(6.67 EA daily); RX/OTC
PREFERRED PLUS LANCETS THIN	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
PSS SELECT GP LANCETS	2	QL(6.67 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily); RX/OTC
PURE COMFORT LANCETS 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	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
RA E-ZJECT LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 EA daily); RX/OTC
RA E-ZJECT LANCETS ULTRA 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

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN PLUS LANCETS	2	QL(6.67 EA daily); RX/OTC
REXALL LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
RIGHTEST GL300 LANCETS	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE	2	QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE PLUS	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
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
SHOPKO ON-THE-GO LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SHOPKO UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
SHOPKO UNILET LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
SINGLE-LET	2	QL(6.67 EA daily); RX/OTC
SM LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
SMART SENSE COLOR LANCETS 33G	2	QL(6.67 EA daily); RX/OTC
SMART SENSE STANDARD LANCETS	2	QL(6.67 EA daily); RX/OTC
SMART SENSE SUPER THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
SMART SENSE THIN LANCETS 26G	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
TECHLITE LANCETS 30G	2	QL(6.67 EA daily); RX/OTC
TGT LANCET MICRO THIN 33G	2	QL(6.67 EA daily); RX/OTC
TGT LANCET THIN 26G	2	QL(6.67 EA daily); RX/OTC
TGT LANCET ULTRA THIN 30G	2	QL(6.67 EA daily); RX/OTC
THINLETS GP LANCETS	2	QL(6.67 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
TOPCARE LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily); RX/OTC
TRAVEL LANCETS	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-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
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

Drug Name	Drug Tier	Requirements/ Limits
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
UNIVERSAL 1 LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
UNIVERSAL 1 LANCETS THIN 33G	2	QL(6.67 EA daily); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN	2	QL(6.67 EA daily); RX/OTC
VALUE PLUS LANCET STANDARD 21G	2	QL(6.67 EA daily); RX/OTC
VALUE PLUS LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
VALUE PLUS LANCETS THIN 26G	2	QL(6.67 EA daily); RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 EA daily); RX/OTC
VALUMARK LANCET ULTRA THIN 28G	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
VIDA MIA UNILET LANCETS 28G	2	QL(6.67 EA daily); RX/OTC
VIDA MIA UNILET LANCETS 30G	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
WALGREENS ADV TRAVEL LANCETS	2	QL(6.67 EA daily); RX/OTC
WALGREENS LANCETS	2	QL(6.67 EA daily); RX/OTC
WALGREENS LANCETS MICRO THIN	2	QL(6.67 EA daily); RX/OTC
WALGREENS LANCETS SUPER THIN	2	QL(6.67 EA daily); RX/OTC
WALGREENS THIN LANCETS	2	QL(6.67 EA daily); RX/OTC
WALGREENS ULTRA THIN LANCETS	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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
RA 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
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

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE MICRO U/F	2	QL(5 EA daily)
BD PEN NEEDLE MINI U/F	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO U/F	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIGINAL U/F	2	QL(5 EA daily)
BD PEN NEEDLE SHORT U/F	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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 FLO-VU W/MASK MISC	2	QL(2 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU 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
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
AEROTRACH PLUS MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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
HUDSON RCI AEROSOL MASK ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	2	QL(2 EA per 365 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

Drug Name	Drug Tier	Requirements/ Limits
PILLOW MASK/ADULT MISC	2	QL(1 EA per 360 day(s) retail); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 365 day(s) retail); RX/OTC
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	PA
QULIPTA	2	PA
UBRELVY	2	PA
ZAVZPRET	NP	PA
Migraine Combinations		
ergotamine w/ caffeine TABS	1	
sumatriptan-naproxen sodium	1	
Migraine Products		
dihydroergotamine mesylate SOLN NA 4 MG/ML	1	
Serotonin Agonists		
almotriptan malate	1	
eletriptan hydrobromide	1	QL(0.2 EA daily)
frovatriptan succinate	1	
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	1	QL(0.67 ML daily)
sumatriptan succinate SOAJ 4 MG/0.5ML	1	
sumatriptan succinate SOCT 6 MG/0.5ML	1	QL(0.67 ML daily)
sumatriptan succinate SOCT 4 MG/0.5ML	1	
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	2	
zolmitriptan TABS	1	QL(6 EA per 30 day(s) retail)
zolmitriptan TBDP	1	QL(6 EA per 30 day(s) retail)
ZOMIG SOLN 2.5 MG *(Use zolmitriptan)*	NP	
MINERALS & ELECTROLYTES		
Calcium		
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 0.125 MG/DROP	1	
sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SOLUVITA SOLN	2	RX/OTC
Magnesium		
magnesium oxide (mg supplement) TABS	1	
Phosphate		
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	QL(8 EA daily)
Potassium		
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
REVLIMID	2	SP; PA
THALOMID	2	SP; PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA
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
cyclosporine SOLN IV 50 MG/ML	1	PA
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
PROGRAF SOLN	2	PA
SANDIMMUNE CAPS *(Use cyclosporine)*	2	PA
SANDIMMUNE SOLN IV 50 MG/ML	2	PA
sirolimus SOLN	1	PA
sirolimus TABS	1	PA
tacrolimus CAPS	1	PA
THYMOGLOBULIN	2	SP; PA
Lymphatic Agents		

Drug Name	Drug Tier	Requirements/ Limits
SYLVANT	2	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPK	2	SP; PA
Potassium Removing Agents		
LOKELMA	2	
sodium polystyrene sulfonate POWD	1	QL(454 GM per fill retail)
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		
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
BIOTENE DRY MOUTH MOISTURIZING SOLN	2	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	2	QL(900 ML per fill retail); RX/OTC
CVS DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ML per fill retail); RX/OTC
MOI-STIR SOLN	2	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	2	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE SOLN	2	QL(900 ML per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ML per fill retail); RX/OTC
ORAL RELIEF SPRAY SOLN	2	QL(900 ML per fill retail); RX/OTC
pilocarpine hcl (oral) 5 MG	1	QL(6 EA daily)
RA DRY MOUTH SOLN	2	QL(900 ML per fill retail); RX/OTC
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)
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	1	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
b-complex w/ c & folic acid TABS	1	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Iron		
multiple vitamins w/ iron TABS	1	QL(1 EA daily)
TAB-A-VITE/IRON/BETA CAROTENE TABS	2	QL(1 EA daily)
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		
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		
AQUADEKS SOLN	2	
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		
ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML	2	
MULTIVITAMIN DROPS/IRON SOLN	2	
MULTIVITAMIN INFANT & TODDLER SOLN	2	
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		

Drug Name	Drug Tier	Requirements/ Limits
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		
MACI	2	SP; PA
Central Muscle Relaxants		
baclofen SOLN PO 5 MG/5ML	1	
baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	1	SP; PA
baclofen SOLN PO 10 MG/5ML	2	
baclofen SOLN PO 10 MG/5ML	2	
baclofen SUSP	1	
baclofen TABS 10 MG, 20 MG	1	MP
baclofen TABS 5 MG	1	PA
baclofen TABS 15 MG	1	
carisoprodol TABS 350 MG	1	MP; PA
carisoprodol TABS 250 MG	1	PA
chlorzoxazone TABS 500 MG	1	MP
chlorzoxazone TABS 250 MG, 375 MG, 750 MG	1	
cyclobenzaprine hcl CP24	1	
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	QL(3 EA daily)
cyclobenzaprine hcl TABS 7.5 MG	1	QL(4 EA daily)
cyclobenzaprine hcl TABS 7.5 MG	NP	QL(4 EA daily)
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
LIORESAL SOLN IT	2	SP; PA
LYVISPAH PACK	NP	
metaxalone	1	
methocarbamol TABS 500 MG	1	MP
methocarbamol TABS 750 MG	1	
orphenadrine citrate TB12	1	
OZOBAX DS SOLN PO *(Use baclofen)*	NP	
OZOBAX SOLN PO *(Use baclofen)*	2	
tizanidine hcl CAPS	1	
tizanidine hcl TABS	1	
Direct Muscle Relaxants		
dantrolene sodium CAPS	1	
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	NP	
orphenadrine w/ aspirin & caff	1	
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

Drug Name	Drug Tier	Requirements/ Limits
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 - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	1	
RYALTRIS	NP	
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	2	QL(90 ML per fill retail)
LITTLE REMEDIES SALINE SOLN	2	QL(90 ML per fill retail)
saline SOLN 0.65 %	1	QL(90 ML per fill retail)
Nasal Antiallergy		
azelastine hcl	1	QL(30 ML per fill retail); RX/OTC
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)	1	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 GM per fill retail); AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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	1	QL(5 ML per fill retail)
brimonidine tartrate-timolol maleate	1	
carteolol hcl (ophth)	1	1 max fill(s) per 30 day(s) retail
COMBIGAN *(Use 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)
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 0.5 %	1	
TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %	2	
TIMOPTIC OCUDOSE SOLN 0.25 % *(Use timolol maleate (ophth))*	NP	QL(60 EA per fill retail)
TIMOPTIC-XE SOLG 0.25 % *(Use timolol maleate (ophth))*	NP	

Drug Name	Drug Tier	Requirements/ Limits
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	1	QL(4 GM per fill retail)
atropine sulfate (ophthalmic) SOLN	1	QL(5 ML per fill retail)
ATROPINE SULFATE SOLN 1 %	2	QL(5 EA per fill retail)
CYCLOGYL 0.5 %	2	QL(15 ML per fill retail)
cyclopentolate hcl 0.5 %	1	QL(15 ML per fill retail)
cyclopentolate hcl 1 %	1	QL(5 ML per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ML per fill retail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	1	QL(5 ML per fill retail)
tropicamide SOLN 1 %	1	QL(3 ML per fill retail)
tropicamide SOLN 0.5 %	1	QL(15 ML per fill retail)
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA
BEVACIZUMAB IZ 2.75 MG/0.11ML	2	PA
EYLEA SOLN	2	SP; PA
LUCENTIS SOSY	2	SP; PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(Use brimonidine tartrate)*	2	
apraclonidine hcl	1	
brimonidine tartrate 0.1 %, 0.15 %	1	
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)	1	
gentamicin sulfate (ophth) OINT	1	QL(4 GM per fill retail)
gentamicin sulfate (ophth) SOLN	1	QL(5 ML per fill retail)
levofloxacin (ophth) 0.5 %	1	
moxifloxacin hcl (ophth) SOLN OP	1	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)
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		

Drug Name	Drug Tier	Requirements/ Limits
CEQUA SOLN	NP	
cyclosporine (ophth) EMUL	1	
RESTASIS MULTIDOSE EMUL	2	
RESTASIS EMUL *(Use cyclosporine (ophth))*	2	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	2	PA
Ophthalmic Kinase Inhibitors		
ROCKLATAN	2	PA
Ophthalmic Local Anesthetics		
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	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)

Drug Name	Drug Tier	Requirements/ Limits
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.		
azelastine hcl (ophth)	1	QL(6 ML per fill retail)
bromfenac sodium (ophth)	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)	1	
flurbiprofen sodium	1	QL(3 ML per fill retail)
ILEVRO	NP	
ketorolac tromethamine (ophth) 0.4 %	1	1 max fill(s) per 30 day(s) retail
ketorolac tromethamine (ophth) 0.5 %	1	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
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1	
IYUZEH SOLN	NP	
TRAVATAN Z SOLN *(Use travoprost)*	2	

Drug Name	Drug Tier	Requirements/ Limits
travoprost SOLN	1	
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 *(Use ciprofloxacin hcl (otic))*	2	
ciprofloxacin hcl (otic)	1	
ofloxacin (otic)	1	QL(5 ML per fill retail)
Otic Combinations		
CIPRODEX *(Use ciprofloxacin-dexamethasone)*	2	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
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)
pramoxine-hc-chloroxylenol	1	QL(15 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	2	SP; PA
GAMASTAN	2	SP; PA
GAMMAGARD	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	2	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA
HYPERRHO S/D SOSY IM 250 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-250 MG	1	QL(30 EA per fill retail)
amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG	1	QL(20 EA per fill retail)
amoxicillin & pot clavulanate TB12	1	QL(1.34 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	2	QL(1816 GM per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASY MIX	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	1	
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
hydroxyprogesterone caproate OIL	1	SP; PA
MAKENA SOAJ	NP	SP; PA
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 AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		

Drug Name	Drug Tier	Requirements/ Limits
acamprosate calcium	1	
disulfiram 250 MG	1	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		
ADLARITY PTWK	NP	
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 *(Use rivastigmine)*	2	QL(1 EA daily)
EXELON 13.3 MG/24HR *(Use rivastigmine)*	2	
galantamine hydrobromide CP24	1	QL(1 EA daily)
galantamine hydrobromide SOLN	1	QL(6 ML daily)
galantamine hydrobromide TABS	1	QL(2 EA daily)
memantine hcl CP24	1	
memantine hcl SOLN 2 MG/ML	1	QL(10 ML daily)
memantine hcl TABS	1	QL(2 EA daily); MP
memantine hcl TABS	2	QL(1 EA per 28 day(s) retail)
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	NP	QL(1 EA per 28 day(s) retail)
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	1	QL(1 EA daily)
rivastigmine 13.3 MG/24HR	1	
rivastigmine tartrate CAPS	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	2	SP; PA
Combination Psychotherapeutics		
LYBALVI	NP	
perphenazine-amitriptyline	1	QL(4 EA daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	2	QL(55 EA per 365 day(s) retail); PA
SAVELLA TABS	2	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	2	SP; PA
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	1	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 *(Use 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
GILENYA *(Use fingolimod hcl)*	NP	SP; PA
GILENYA	NP	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
glatiramer acetate SOSY	1	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
MAYZENT TABS	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS 10 MG	1	AL(At least 7 yrs old)
fluoxetine hcl (pmdd) TABS 20 MG	1	QL(4 EA daily); AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1	
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 EA daily); AL(At least 13 yrs old)
bupropion hcl (smoking deterrent)	0	AL(At least 13 yrs old)
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	0	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	0	QL(2 EA daily); AL(At least 13 yrs old)
varenicline tartrate TBPK	0	AL(At least 13 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	1	
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
PROLASTIN-C SOLR	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		
OFEV	2	SP; PA
pirfenidone CAPS	1	SP; PA
pirfenidone TABS 534 MG	1	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
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
ARMOUR THYROID TABS	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
SYNTHROID TABS *(Use 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 *(Use levothyroxine sodium)*	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	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)
DIPHTHERIA-TETANUS TOXOIDS DT SUSP	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)
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 INJ	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		
dicyclomine hcl CAPS	1	

Drug Name	Drug Tier	Requirements/ Limits
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 800 MG	1	QL(500 EA per fill retail)
cimetidine TABS 300 MG, 400 MG	1	
cimetidine TABS 200 MG	1	MP; RX/OTC
famotidine TABS 20 MG, 40 MG	1	MP; RX/OTC
famotidine TABS 10 MG	1	
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	RX/OTC
lansoprazole TBDD	1	PA; RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(Use esomeprazole magnesium)*	NP	RX/OTC
NEXIUM 24HR CPDR *(Use esomeprazole magnesium)*	NP	RX/OTC
NEXIUM CPDR 20 MG *(Use esomeprazole magnesium)*	NP	RX/OTC
NEXIUM PACK 10 MG, 20 MG, 40 MG *(Use esomeprazole magnesium)*	2	
omeprazole CPDR	1	QL(2 EA daily)
omeprazole TBEC	1	QL(1 EA daily)
pantoprazole sodium PACK	1	
pantoprazole sodium TBEC 20 MG	1	QL(1 EA daily)
pantoprazole sodium TBEC 40 MG	1	QL(2 EA daily)
PROTONIX PACK *(Use pantoprazole sodium)*	2	
rabeprazole sodium TBEC	1	
Ulcer Drugs - Prostaglandins		
misoprostol	1	
Ulcer Therapy Combinations		
KONVOMEP SUSR	NP	
omeprazole-sodium bicarbonate CAPS	1	RX/OTC
omeprazole-sodium bicarbonate PACK	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	1	
fesoterodine fumarate	1	
oxybutynin chloride SOLN	1	
oxybutynin chloride TABS 2.5 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
oxybutynin chloride TABS 5 MG	1	QL(3 EA daily); MP
oxybutynin chloride TB24	1	QL(2 EA daily); MP
solifenacin succinate TABS	1	
tolterodine tartrate CP24	1	QL(1 EA daily)
tolterodine tartrate TABS	1	QL(2 EA daily)
TOVIAZ *(Use fesoterodine fumarate)*	NP	
trospium chloride CP24	1	
trospium chloride TABS	1	QL(2 EA daily)
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	NP	
mirabegron TB24	1	
MYRBETRIQ TB24 *(Use mirabegron)*	2	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	AL(At least 19 yrs old)
BCG VACCINE	0	AL(At least 19 yrs old)
BEXSERO	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)
MENACTRA	0	AL(At least 19 yrs old)
MENQUADFI	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)
PEDVAX HIB SUSP	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 13	0	AL(At least 19 yrs old)
PREVNAR 20	0	AL(At least 19 yrs old)
TRUMENBA	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)
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	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 SUSP	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)

Drug Name	Drug Tier	Requirements/ Limits
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 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)
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 QUADRIVALENT	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 SUSP	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 QUADRIVALENT 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE SUSY	0	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSP	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	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
GARDASIL 9 SUSY	0	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
HAVRIX	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	0	AL(At least 19 yrs old)
IXCHIQ	0	AL(At least 19 yrs old)
IXIARO	0	AL(At least 19 yrs old)
JANSSEN COVID-19 VACCINE	0	
JYNNEOS	0	AL(At least 19 yrs old)
M-M-R II SOLR	0	AL(At least 19 yrs old)
MODERNA COVID-19 BIVAL 6M-5Y	0	
MODERNA COVID-19 BIVALENT	0	
MODERNA COVID-19 VAC (BOOSTER) SUSP	0	
MODERNA COVID-19 VAC 6M-11Y SUSP	0	
MODERNA COVID-19 VAC 6M-11Y SUSY	0	
MODERNA COVID-19 VACC 6M-5Y SUSP	0	
MODERNA COVID-19 VACCINE SUSP	0	
NOVAVAX COVID-19 VACCINE SUSP	0	
NOVAVAX COVID-19 VACCINE SUSY	0	
PFIZER COVID-19 BIVAL 6MO-4YR	0	
PFIZER COVID-19 VAC BIVAL 5-11	0	
PFIZER COVID-19 VAC BIVALENT	0	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	0	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	0	
PFIZER-BIONTECH COVID-19 VACC SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
ROTARIX SUSR	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 50 yrs old)
SPIKEVAX COVID-19 VACCINE SUSP	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	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 INJ	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)
SHUR-SEAL CONTRACEPTIVE GEL	2	QL(24 EA per fill retail)
VCF VAGINAL CONTRACEPTIVE FILM	2	QL(9 EA per fill retail)
VCF VAGINAL CONTRACEPTIVE GEL	2	
Vaginal Anti-infectives		
clindamycin phosphate vaginal CREA	1	QL(40 GM per fill retail)
CLINDESSE	2	
clotrimazole vaginal CREA 1 %	1	QL(45 GM per fill retail)
clotrimazole vaginal CREA 2 %	1	QL(21 GM per fill retail)
GYNAZOLE-1	2	
metronidazole vaginal	1	QL(70 GM per fill retail)
miconazole nitrate vaginal CREA 2 %	1	QL(45 GM per fill retail)
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)
MONISTAT 3 CREA	2	QL(15 GM daily)
NUVESSA	2	

Drug Name	Drug Tier	Requirements/ Limits
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)
tioconazole vaginal 6.5 %	1	QL(5 GM per fill retail)
VANDAZOLE	NP	QL(70 GM per fill retail)
XACIATO GEL	NP	
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	1	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 0.15 MG/0.15ML, 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail; 180 EA per 180 days mail)
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 EA per 180 day(s) retail)
epinephrine (anaphylaxis) 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)
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	2	QL(6 EA per 180 day(s) retail)
EPIPEN JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	2	QL(6 EA per 180 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	1	SP; PA
Vasopressors		
midodrine hcl	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CAPS	1	
cholecalciferol CAPS 1.25 MG, 50000 UNIT	1	QL(0.267 EA daily)
cholecalciferol CAPS 125 MCG, 5000 UNIT	1	QL(2 EA daily)
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 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)
B-1 TABS	2	QL(2.94 EA daily)
NIACIN ER CPCR	2	
NIACIN ER TBCR	2	

Drug Name	Drug Tier	Requirements/ Limits
niacin CPCR 250 MG, 500 MG	1	
niacin TABS 500 MG	1	
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)

INDEX