PREFERRED DRUG LIST

Coordinated Care of Washington, Inc.

Apple Health Medicaid

coordinated care™

Pharmacy Program

Coordinated Care of Washington, Inc. (Coordinated Care) in conjunction with the Washington State Health Care Authority, is committed to providing appropriate, high quality, and cost-effective drug therapy.

Coordinated Care covers most prescription medications and certain over-the-counter (OTC) medications in accordance with the Apple Health Preferred Drug List, which is subject to state requirements including generic substitution, controlled substance limitations, and coverage preference over brand or generic drugs. Some medications may require prior authorization (PA) or have limitations on age, dosage, or quantity.

Preferred Drug List

The Preferred Drug List (PDL) is a list of drugs or products that includes information regarding coverage status and any limitations. The Preferred drugs within a chosen therapeutic class are selected based on clinical evidence of safety, efficacy, and effectiveness. The drugs within a chosen therapeutic class are evaluated by the Drug Use Review Board, which makes recommendations to HCA regarding the selection of preferred drugs. Members can fill most of these drugs or products at retail pharmacies, others may only be covered when supplied by a specialty pharmacy. Drugs or products that need to be supplied by a specialty pharmacy will have a "SP" indicator on the PDL.

Specialty Pharmacy Program

Certain medications are only covered when supplied by Coordinated Care's specialty pharmacy. AcariaHealth is the preferred specialty pharmacy of Coordinated Care for most specialty drugs. Other specialty drugs may only be available at certain limited distribution pharmacies. Most specialty drugs, such as biopharmaceuticals and injectables, require a PA to be approved for payment by Coordinated Care.

AcariaHealth provides the following services:

- A dedicated, multilingual team available 24 hours a day, 7 days a week to meet the unique needs of each member
- Disease-specific product education and training
- Customized treatment programs and compliance monitoring
- Prior authorization support
- Timely delivery to the physician's office or the member's home, as requested

Centene Pharmacy Services

Coordinated Care works with Centene Pharmacy Services to administer the prior authorization (PA) process. Some drugs and products on the PDL require PA.

Dispensing Limits

Drugs or products may be dispensed up to a maximum of a 34-day supply for each new prescription or refill. A total of 80% of the days' supply must elapse before a prescription can be refilled.

Members may also be able to obtain a 90-day (3-month supply) of maintenance drugs from participating pharmacies. Maintenance drugs are used to treat long-term conditions or illnesses. Additional information about the Maintenance Drug Program can be found at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Appropriate Use and Safety Edits

The health and safety of our members is a priority of Coordinated Care. 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.

Additional information about what drugs are part of the Appropriate Use and Safety Edits can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/

Second Opinion Program

The Washington Health Care Authority (HCA) requires that Managed Care Organizations (MCOs) participate in the Second Opinion Program. The HCA developed the second opinion program to improve prescribing practices in children 17 years of age and younger. In collaboration with The Pediatric Mental Health Advisory Group and the Drug Utilization Review Board, HCA has established pediatric mental health guidelines to identify children who may be at high risk due to off-label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers.

Members 17 years of age and younger who are prescribed drugs outside of the established pediatric mental health guidelines, will be referred to the HCA to initiate the process of a second opinion review with an HCA-designated mental health specialist from the Second Opinion Network. After the second opinion review has been completed, Coordinated Care will receive a copy of the second opinion from the HCA. The second opinion review will have recommendations issuing an approval or denial.

Prior Authorizations

If a medication is not listed on the PDL or there is a "PA" indicator next to a drug or product, a Prior Authorization (PA) is needed. The PA request should be submitted by the prescriber to Centene Pharmacy Services on the Medication Prior Authorization Form or via CoverMyMeds. The PA form can be faxed to Centene Pharmacy Services at 1-833-645-2734, which can be found on Coordinated Care's website at www.coordinatedcarehealth.com/for-providers/pharmacy-program/.

In addition, prescribers can conduct a telephonic PA by calling 855-757-6565 from 5am – 5pm PST Monday - Friday, for all non-specialty drug requests. Please visit www.coordinatedcarehealth.com/for-providers/pharmacy-program/ for more details.

Coordinated Care will cover the medication if it is determined that:

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

All reviews are performed by a licensed clinical pharmacist. Once a PA is approved, Centene Pharmacy Services will notify the member and prescriber. If the clinical information provided does not meet the coverage criteria for the requested medication, Coordinated Care will notify the member and their prescriber and provide information regarding the appeal process.

Non-preferred Medications

Some medications that are listed on the PDL may require that other preferred medications be tried and failed first before the member can receive the requested medication. If additional information is needed showing that the preferred medications were tried and failed first, and it is not received, the request will be denied. The member and their prescriber will be notified and provided information regarding the appeal process.

Quantity Limits

There may be limits on how much of a medication a member can get at one time or over a certain time period. If there is a medically necessary reason that the member needs a larger amount, then the prescriber can submit a PA request for a larger quantity. If the PA is not approved, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Age Limits

Some medications may have age limit restrictions. These are set in place for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care.

30-Day Emergency Supply Policy

Up to a 30-day supply of a medication can be dispensed while a member is awaiting a PA if a licensed pharmacist has used his or her professional judgment in identifying that the member has an emergency medical condition for which lack of immediate access to pharmaceutical treatment would result in either placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in

serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Pharmacies needing an emergency fill must call Centene Pharmacy Services at 1-866-716-5099.

Exclusions

The PDL does not cover all drugs and products. Some exclusions may include:

- Drugs or products that are not approved by the FDA
- Drugs or products from a manufacturer that does not have a federal rebate agreement
- Drugs prescribed for weight loss or weight gain
- Drugs prescribed for infertility, frigidity, or impotence
- Drugs prescribed for sexual or erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Nutritional supplements
- Drug Efficacy Study Implementation (DESI), Identical, Related, or Similar (IRS), or Less Than Effective (LTE) drugs
- Non-covered OTC drugs
- Drugs and drug-related supplies for multiple patient use
- Drugs prescribed for an indication that is not evidence-based
- Drugs prescribed for a non-medically accepted indication or dosing level

Newly Approved Products

New drugs that come out to the market are reviewed for safety and effectiveness. Access to these medications will be considered through the PA review process. If Coordinated Care does not approve the PA, Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Over-the-Counter Medications

The PDL covers a variety of Over-the-Counter (OTC) medications. For a list of covered OTC medications, please refer to the PDL. Members can get a prescription for a covered OTC medication from a licensed prescriber that meets all the legal requirements for a prescription.

Generic Drugs

In most cases, when generic drugs are available, the brand-name drug will not be covered without prior authorization from Coordinated Care. Generic drugs have the same active ingredient as brand-name drugs. If the member or their prescriber feels a brand-name drug is medically necessary, the prescriber can submit a PA request. Coordinated Care will cover the brand-name drug according to clinical guidelines if there is a medical reason that the member needs a particular brand name drug. If Coordinated Care does not approve the PA,

Coordinated Care will notify the member and their prescriber of the denial and provide information regarding the appeal process.

Drug Efficacy Study and Implementation Products

Drug Efficacy Study and Implementation (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 Coordinated Care.

Filling a Prescription

Members can have prescriptions filled at any Coordinated Care network pharmacy. If a member decides to have a prescription filled at a network pharmacy, they can locate a network pharmacy near them by contacting a Coordinated Care Member Services Representative or utilizing the Find a Provider tool on Coordinated Care's website. At the pharmacy, members will need to provide the pharmacist with the prescription and their Coordinated Care ID card.

Copayments

Washington Apple Health members will not have copayments for drugs filled at a network pharmacy.

Contact Information

Coordinated Care Provider Services:

Phone: 1-877-644-4613

Centene Pharmacy Services Prior Authorization:

Phone: 1-866-716-5099
Fax: 1-833-645-2734

Centene Pharmacy Services Help Desk:

Phone: 1-877-250-6176

Tier Description

Drug Tier	Tier Description
1	Preferred Generic
2	Preferred Brand
NF	Non-formulary
NP	Non-preferred drug
CO	Carve-out (Non-contracted) drug

Legend Description

Legend		**Description**
AL	Age Limit	Drug is limited to specific age.
MDD	Max Daily Dose	A limit on the number of times the drug can be taken per day.
MPL	Max Package Limit	A limit on the amount of drug covered per prescription.
MFL	Max Fill Limit	There is a limit on the number of times this drug can be refilled.
MDS	Max Days' Supply	There is a limit on the amount of this drug that is covered.
PA	Prior Authorization	Prior Authorization required before prescription can be filled.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame.
Rx/OTC	Rx/OTC	Product has both Rx and OTC National Drug Codes.
SP	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions and may be limited to a specific pharmacy.
MP	Maintenance Product	Maintenance Products are used to treat long-term conditions or illnesses. Maintenance products can be filled for up to a 90-day supply.

SON	Second Opinion Network	A Second Opinion Network (SON) review is required for members between the ages of 0-17 years old when medication(s) exceed established pediatric mental health guidelines. For more information, please visit: Pediatric Mental Health Guidelines (coordinatedcarehealth.com)

Dose Form Description

Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated
AEPF	Aerosol, Powder, Breath Activated
AERB	Aerosol, breath activated
AERO	Aerosol
AERP	Aerosol, Powder
AERS	Aerosol, Solution
AJKT	Auto-injector Kit
AUIJ	Auto-injector
BAR	Bar
BEAD	Beads
C12A	Capsule ER 12 Hour Abuse-Deterrent
C24A	Capsule ER 24 Hour Abuse-Deterrent
C2PK	Capsule ER 12 Hour Therapy Pack
C4PK	Capsule ER 24 Hour Therapy Pack
CAPA	Capsule Abuse-Deterrent
CAPS	Capsule
CART	Cartridge
CDPK	Capsule Delayed Release Therapy Pack
CEPK	Capsule Extended Release Therapy Pack

CHEW	Tablet Chewable
CONC	Concentrate
CP12	Capsule ER 12 HR
CP24	Capsule ER 24 HR
CPCR	Capsule ER
CPCW	Capsule Chewable
CPDR	Capsule Delayed Release
CPEA	Capsule Extended Release Abuse-Deterrent
CPEC	Capsule Delayed Release
CPEP	Capsule Enteric Coated Particles
CPPK	Capsule Therapy Pack
CPSP	Capsule Sprinkle
CREA	Cream
CRYS	Crystals
CS12	Capsule ER 12 Hour Sprinkle
CS24	Capsule ER 24 Hour Sprinkle
CSER	Capsule Extended Release Sprinkle
CTKT	Cartridge Kit
DEVI	Device
DISK	Disk
DPRH	Diaphragm
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EXTR	Fluid Extract
FILM	Film
FLAK	Flakes
FOAM	Foam
GAS	Gas

GEL	Gel (Jelly)
GRAN	Granules
GREF	Granules Effervescent
GUM	Gum
IMPL	Implant
INHA	Inhaler
INJ	Injectable
INST	Insert
IUD	Intrauterine Device
JTAJ	Jet-injector
JTKT	Jet-injector Kit (Needleless)
KIT	Kit
LEAV	Leaves
LIQD	Liquid
LOTN	Lotion
LOZG	Lozenge
LPOP	Lollipop
LQCR	Liquid ER
LQPK	Liquid Therapy Pack
MISC	Miscellaneous
NEBU	Nebulization solution
OIL	Oil
OINT	Ointment
PACK	Packet
PADS	Pads
PDEF	Powder Efferfescent
PEN	Pen-injector
PLLT	Pellet

PNKT	Pen-injector Kit
POWD	Powder
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PSTE	Paste
PT24	Patch 24 Hour
PT72	Patch 72 Hour
PTCH	Patch
PTTW	Patch Biweekly
PTWK	Patch Weekly
PUDG	Pudding
RING	Ring
SHAM	Shampoo
SHEE	Sheet
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOLG	Gel Forming Solution
SOLN	Solution
SOLR	Solution Reconstituted
SOPK	Solution Therapy Pack
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SOTJ	Solution Jet-injector
SPRT	Spirit
SRER	Suspension Reconstituted ER
STCK	Stick
STRP	Strip
SUAJ	Suspension Auto-injector
SUBL	Tablet Sublingual

SUCT	Suspension Cartridge
SUER	Suspension Extended Release
SUPK	Suspension Therapy Pack
SUPN	Suspension Pen-injector
SUPP	Suppository
SUSP	Suspension
SUSR	Suspension Reconstituted
SUSY	Suspension Prefilled Syringe
SUTJ	Suspension Jet-injector
SWAB	Swab
SYRP	Syrup
T12A	Tablet ER 12 Hour Abuse-Deterrent
T24A	Tablet ER 24 Hour Abuse-Deterrent
T2PK	Tablet ER 12 Hour Therapy Pack
T4PK	Tablet ER 24 Hour Therapy Pack
TABA	Tablet Abuse-Deterrent
TABS	Tablets
TAMP	Tampon
TAPE	Tape
TAR	Tar
TB12	Tablet ER 12 Hour
TB24	Tablet ER 24 Hour
TBCR	Tablet ER
TBDP	Tablet Dispersible
TBDR	Tablet Delayed Release
TBEA	Tablet Extended Release Abuse-Deterrent
TBEC	Tablet Enteric Coated
TBEF	Tablet Effervescent

TBPK	Tablet Therapy Pack
TBSO	Tablet Soluble
TDPK	Tablet Delayed Release Therapy Pack
TEPK	Tablet Extended Release Therapy Pack
TEST	Diagnostic Test
THPK	Therapy Pack
TINC	Tincture
TPPK	Tablet Dispersible Therapy Pack
TROC	Troche
WAFR	Wafer
WAX	Wax

Please note that the preferred drug list may change throughout the year. If you have any questions, please contact Coordinated Care at 1-877-644-4613 (TTY: 711)

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)*	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
ADDERALL TABS *(Use amphetamine-dextroamphetamine)*	4	4 max fill(s) per 30 day(s) retail; PA
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG *(Use amphetamine)*	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
amphetamine sulfate TABS	4	4 max fill(s) per 30 day(s) retail
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
amphetamine-dextroamphetamine TABS	1	4 max fill(s) per 30 day(s) retail
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
DEXEDRINE CP24 10 MG *(Use dextroamphetamine sulfate)*	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA
DEXEDRINE CP24 15 MG *(Use dextroamphetamine sulfate)*	4	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; PA
dextroamphetamine sulfate CP24 15 MG	1	QL(4 EA daily); 4 max fill(s) per 30 day(s) retail
dextroamphetamine sulfate CP24 5 MG, 10 MG	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
dextroamphetamine sulfate SOLN	4	4 max fill(s) per 30 day(s) retail
dextroamphetamine sulfate TABS	4	4 max fill(s) per 30 day(s) retail; PA
dextroamphetamine sulfate TABS 5 MG, 10 MG, 20 MG, 30 MG	4	4 max fill(s) per 30 day(s) retail
DYANAVEL XR SUER	4	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail
DYANAVEL XR TBCR	4	4 max fill(s) per 30 day(s) retail
EVEKEO TABS *(Use amphetamine sulfate)*	4	4 max fill(s) per 30 day(s) retail; PA
EVEKEO TABS *(Use amphetamine sulfate)*	9	4 max fill(s) per 30 day(s) retail
lisdexamfetamine dimesylate CAPS	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
lisdexamfetamine dimesylate CHEW	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
methamphetamine hcl	4	2 max fill(s) per 30 day(s) retail; PA
MYDAYIS CP24 *(Use amphetamine-dextroamphetamine)*	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
VYVANSE CAPS	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
VYVANSE CHEW	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
XELSTRYM	4	4 max fill(s) per 30 day(s) retail; PA
Analeptics		
caffeine citrate SOLN PO	1	QL(45 ML per fill retail)
Anti-Obesity Agents		

Drug Name	Drug Tier	Requirements/ Limits
liraglutide (weight management) 18 MG/3ML	CO	
SAXENDA 18 MG/3ML *(Use liraglutide (weight management))*	CO	
WEGOVY	CO	2 max fill(s) per 30 day(s) retail
ZEPBOUND SOAJ	CO	
ZEPBOUND SOLN	CO	
ZEPBOUND SOLN	CO	2 max fill(s) per 30 day(s) retail
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	1	2 max fill(s) per 30 day(s) retail
clonidine hcl (adhd) TB12	1	2 max fill(s) per 30 day(s) retail
guanfacine hcl (adhd)	1	2 max fill(s) per 30 day(s) retail
INTUNIV *(Use guanfacine hcl (adhd))*	4	2 max fill(s) per 30 day(s) retail; PA
KAPVAY TB12 *(Use clonidine hcl (adhd))*	9	2 max fill(s) per 30 day(s) retail
ONYDA XR SUER	4	2 max fill(s) per 30 day(s) retail; PA
QELBREE 100 MG, 150 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
QELBREE 200 MG	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
STRATTERA *(Use atomoxetine hcl)*	4	2 max fill(s) per 30 day(s) retail; PA
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Stimulants - Misc.		
APTENSIO XR CP24 *(Use methylphenidate hcl)*	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
armodafinil	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
AZSTARYS	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
CONCERTA TBCR *(Use methylphenidate hcl)*	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
COTEMPLA XR-ODT TBED	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA
DAYTRANA PTCH *(Use methylphenidate)*	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
dexmethylphenidate hcl CP24	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
dexmethylphenidate hcl TABS	1	4 max fill(s) per 30 day(s) retail
FOCALIN XR CP24 15 MG, 20 MG, 40 MG *(Use dexmethylphenidate hcl)*	9	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
FOCALIN XR CP24 *(Use dexmethylphenidate hcl)*	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
FOCALIN TABS *(Use dexmethylphenidate hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
FOCALIN TABS 2.5 MG, 10 MG *(Use dexmethylphenidate hcl)*	9	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
JORNAY PM CP24	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
METHYLIN SOLN *(Use methylphenidate hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
methylphenidate hcl CHEW	4	4 max fill(s) per 30 day(s) retail; PA
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
methylphenidate hcl CP24	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
methylphenidate hcl CPCR	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail
methylphenidate hcl SOLN	1	4 max fill(s) per 30 day(s) retail
methylphenidate hcl TABS	1	4 max fill(s) per 30 day(s) retail
methylphenidate hcl TB24	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	1	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
methylphenidate hcl TBCR 10 MG, 20 MG	1	QL(3 EA daily); 4 max fill(s) per 30 day(s) retail
methylphenidate hcl TBCR 45 MG, 63 MG	4	2 max fill(s) per 30 day(s) retail
methylphenidate hcl TBCR 72 MG	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
methylphenidate PTCH	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
modafinil 200 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
modafinil 100 MG	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
NUVIGIL *(Use armodafinil)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
PROVIGIL 200 MG *(Use modafinil)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
PROVIGIL 100 MG *(Use modafinil)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
QUILLICHEW ER CHER	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
QUILLIVANT XR SRER	4	QL(12 ML daily); 4 max fill(s) per 30 day(s) retail; PA
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail
RELEXXII TBCR 72 MG	4	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA
RELEXXII TBCR 45 MG, 63 MG *(Use methylphenidate hcl)*	4	2 max fill(s) per 30 day(s) retail
RITALIN LA CP24 *(Use methylphenidate hcl)*	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
RITALIN TABS *(Use methylphenidate hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ODACTRA SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
ORALAIR SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (12 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (120 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (160 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (20 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (200 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (240 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (3 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (300 MG MAINTENANCE) PACK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (300 MG TITRATION) PACK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (40 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (6 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA (80 MG DAILY DOSE) CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
PALFORZIA INITIAL ESCALATION CSPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
RAGWITEK SUBL	2	2 max fill(s) per 30 day(s) retail; SP; PA
ALTERNATIVE MEDICINES		
Alternative Medicine - U		
ubiquinol	8	
AMEBICIDES		
Amebicides		
SOLOSEC	2	2 max fill(s) per 30 day(s) retail
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	1	
ARIKAYCE	4	QL(8.4 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA
BETHKIS NEBU *(Use tobramycin)*	2	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	1	
gentamicin sulfate IJ	1	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(Use tobramycin)*	2	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP
neomycin sulfate TABS	1	4 max fill(s) per 30 day(s) retail
streptomycin sulfate SOLR	1	
TOBI PODHALER CAPS	4	QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP
TOBI NEBU *(Use tobramycin)*	4	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; 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	
tobramycin sulfate SOLR	1	
tobramycin NEBU	1	QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP
tobramycin NEBU	2	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP
tobramycin NEBU	1	QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	4	2 max fill(s) per 30 day(s) retail; SP; PA
RINVOQ LQ SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
RINVOQ TB24	4	2 max fill(s) per 30 day(s) retail; SP; PA
XELJANZ XR TB24	4	2 max fill(s) per 30 day(s) retail; SP; PA
XELJANZ SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
XELJANZ TABS	2	2 max fill(s) per 30 day(s) retail; 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	2 max fill(s) per 30 day(s) retail; 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	2 max fill(s) per 30 day(s) retail; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ABRILADA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ABRILADA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	2	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-AATY (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-ADAZ SOAJ	2	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADAZ SOSY	2	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	2	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	2	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	2	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-RYVK (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
AMJEVITA-PED 10KG TO <15KG SOSY	4	2 max fill(s) per 30 day(s) retail; PA
AMJEVITA-PED 15KG TO <30KG SOSY	4	2 max fill(s) per 30 day(s) retail; PA
AMJEVITA SOAJ	4	2 max fill(s) per 30 day(s) retail; PA
AMJEVITA SOSY	4	2 max fill(s) per 30 day(s) retail; PA
CYLTEZO (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
CYLTEZO (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; PA
HADLIMA PUSHTOUCH SOAJ	4	2 max fill(s) per 30 day(s) retail; PA
HADLIMA SOSY	4	2 max fill(s) per 30 day(s) retail; PA
HULIO (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
HULIO (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
HUMIRA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
HUMIRA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
HYRIMOZ-CROHNS/UC STARTER SOAJ	4	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ-PED>/=40KG CROHN START SOSY	4	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	4	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ SOAJ	4	2 max fill(s) per 30 day(s) retail; PA
HYRIMOZ SOSY 20 MG/0.2ML	4	2 max fill(s) per 30 day(s) retail; PA
IDACIO (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
IDACIO (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
IDACIO-CROHNS/UC STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; PA
IDACIO-PSORIASIS STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; PA
SIMLANDI (1 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
SIMLANDI (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
SIMPONI ARIA SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
SIMPONI SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
SIMPONI SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	2 max fill(s) per 30 day(s) retail; PA
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
YUFLYMA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; PA
YUFLYMA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; PA
YUFLYMA-CD/UC/HS STARTER AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
YUSIMRY	4	2 max fill(s) per 30 day(s) retail; PA
Gold Compounds		
AURANOFIN 3 MG	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
RIDAURA	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
Interleukin-1 Blockers		
ARCALYST	4	2 max fill(s) per 30 day(s) retail; SP; PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
Interleukin-1beta Blockers		
ILARIS SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
ACTEMRA SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
KEVZARA SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
KEVZARA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
TOFIDENCE	4	2 max fill(s) per 30 day(s) retail; SP; PA
TYENNE SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
TYENNE SOLN	4	2 max fill(s) per 30 day(s) retail; PA
TYENNE SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS *(Use ibuprofen)*	9	2 max fill(s) per 30 day(s) retail
ALEVE ALL DAY STRONG TABS 220 MG *(Use naproxen sodium)*	9	2 max fill(s) per 30 day(s) retail
ALEVE TABS *(Use naproxen sodium)*	9	2 max fill(s) per 30 day(s) retail
ARTHROTEC TBEC *(Use diclofenac w/ misoprostol)*	4	2 max fill(s) per 30 day(s) retail; PA
CELEBREX *(Use celecoxib)*	4	2 max fill(s) per 30 day(s) retail; PA
CELEBREX *(Use celecoxib)*	9	2 max fill(s) per 30 day(s) retail
celecoxib	4	2 max fill(s) per 30 day(s) retail
CHILDRENS ADVIL SUSP 100 MG/5ML *(Use ibuprofen)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	2	2 max fill(s) per 30 day(s) retail; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(Use ibuprofen)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
DAYPRO TABS *(Use oxaprozin)*	4	2 max fill(s) per 30 day(s) retail; PA
diclofenac potassium CAPS	4	2 max fill(s) per 30 day(s) retail; PA
diclofenac potassium TABS 25 MG	4	2 max fill(s) per 30 day(s) retail; PA
diclofenac potassium TABS	1	2 max fill(s) per 30 day(s) retail
diclofenac sodium TB24	1	2 max fill(s) per 30 day(s) retail
diclofenac sodium TBEC	1	2 max fill(s) per 30 day(s) retail
diclofenac w/ misoprostol TBEC	4	2 max fill(s) per 30 day(s) retail; PA
DUEXIS *(Use ibuprofen-famotidine)*	4	2 max fill(s) per 30 day(s) retail; PA
etodolac CAPS	4	2 max fill(s) per 30 day(s) retail
etodolac TABS	4	2 max fill(s) per 30 day(s) retail
etodolac TB24	4	2 max fill(s) per 30 day(s) retail
FELDENE CAPS 10 MG *(Use piroxicam)*	9	2 max fill(s) per 30 day(s) retail
FELDENE CAPS 20 MG *(Use piroxicam)*	4	2 max fill(s) per 30 day(s) retail; PA
fenoprofen calcium CAPS 400 MG	4	2 max fill(s) per 30 day(s) retail
fenoprofen calcium TABS	4	2 max fill(s) per 30 day(s) retail; PA
FENOPRON CAPS	4	2 max fill(s) per 30 day(s) retail
flurbiprofen TABS 100 MG	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen CHEW	1	2 max fill(s) per 30 day(s) retail
ibuprofen-famotidine	4	2 max fill(s) per 30 day(s) retail; PA
ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML	1	2 max fill(s) per 30 day(s) retail; RX/OTC
ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	1	2 max fill(s) per 30 day(s) retail
ibuprofen TABS 300 MG	4	2 max fill(s) per 30 day(s) retail; PA
indomethacin CAPS 25 MG, 50 MG	1	2 max fill(s) per 30 day(s) retail
indomethacin CPCR	4	2 max fill(s) per 30 day(s) retail
indomethacin SUPP	1	2 max fill(s) per 30 day(s) retail
indomethacin SUSP	4	2 max fill(s) per 30 day(s) retail; PA
INFANTS ADVIL SUSP *(Use ibuprofen)*	9	2 max fill(s) per 30 day(s) retail
ketoprofen CAPS 25 MG	4	2 max fill(s) per 30 day(s) retail
ketoprofen CP24	4	2 max fill(s) per 30 day(s) retail
ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	1	2 max fill(s) per 30 day(s) retail; PA
ketorolac tromethamine TABS	1	2 max fill(s) per 30 day(s) retail
LURBIRO TABS 100 MG *(Use flurbiprofen)*	1	2 max fill(s) per 30 day(s) retail
meclofenamate sodium CAPS	4	2 max fill(s) per 30 day(s) retail
mefenamic acid CAPS	4	2 max fill(s) per 30 day(s) retail; PA
meloxicam CAPS	4	2 max fill(s) per 30 day(s) retail; PA
meloxicam TABS	1	2 max fill(s) per 30 day(s) retail
MOTRIN CHILDRENS CHEW *(Use ibuprofen)*	9	2 max fill(s) per 30 day(s) retail
MOTRIN INFANTS DROPS SUSP *(Use ibuprofen)*	9	2 max fill(s) per 30 day(s) retail
nabumetone	1	2 max fill(s) per 30 day(s) retail
NALFON CAPS *(Use fenoprofen calcium)*	4	2 max fill(s) per 30 day(s) retail; PA
NALFON TABS 600 MG	4	2 max fill(s) per 30 day(s) retail; PA
NAPRELAN TB24 *(Use naproxen sodium)*	4	2 max fill(s) per 30 day(s) retail; PA
NAPRELAN TB24 500 MG *(Use naproxen sodium)*	9	2 max fill(s) per 30 day(s) retail
NAPROSYN SUSP *(Use naproxen)*	4	2 max fill(s) per 30 day(s) retail; PA
naproxen sodium TABS 220 MG	1	2 max fill(s) per 30 day(s) retail
naproxen sodium TABS 275 MG, 550 MG	4	2 max fill(s) per 30 day(s) retail
naproxen sodium TB24 375 MG, 500 MG	4	2 max fill(s) per 30 day(s) retail
naproxen sodium TB24 750 MG	4	2 max fill(s) per 30 day(s) retail; PA
naproxen-esomeprazole magnesium	4	2 max fill(s) per 30 day(s) retail; PA
naproxen SUSP	4	2 max fill(s) per 30 day(s) retail; PA
naproxen TABS	1	2 max fill(s) per 30 day(s) retail
naproxen TBEC	1	2 max fill(s) per 30 day(s) retail
oxaprozin TABS	4	2 max fill(s) per 30 day(s) retail
piroxicam CAPS	4	2 max fill(s) per 30 day(s) retail
RELAFEN DS	4	2 max fill(s) per 30 day(s) retail
sulindac TABS	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
tolmetin sodium CAPS	4	2 max fill(s) per 30 day(s) retail
tolmetin sodium TABS 600 MG	4	2 max fill(s) per 30 day(s) retail; PA
tolmetin sodium TABS 600 MG	4	2 max fill(s) per 30 day(s) retail
VIMOVO 375 MG-20 MG *(Use naproxen-esomeprazole magnesium)*	9	2 max fill(s) per 30 day(s) retail
VIMOVO 500 MG-20 MG *(Use naproxen-esomeprazole magnesium)*	4	2 max fill(s) per 30 day(s) retail; PA
VYSCOXA PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; PA
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	4	2 max fill(s) per 30 day(s) retail; SP; PA
OTEZLA/OTEZLA XR INITIATION PK TBPK	4	2 max fill(s) per 30 day(s) retail; SP; PA
OTEZLA TABS	2	2 max fill(s) per 30 day(s) retail; SP; PA
OTEZLA TBPK	2	2 max fill(s) per 30 day(s) retail; SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA *(Use leflunomide)*	4	2 max fill(s) per 30 day(s) retail; PA
leflunomide	1	2 max fill(s) per 30 day(s) retail
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
ORENCIA SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA
ORENCIA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ENBREL SURECLICK SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
ENBREL SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
ENBREL SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	4	2 max fill(s) per 30 day(s) retail
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	2 max fill(s) per 30 day(s) retail
BUTALBITAL-APAP-CAFFEINE SOLN	4	2 max fill(s) per 30 day(s) retail; PA
butalbital-aspirin-caffeine CAPS	4	2 max fill(s) per 30 day(s) retail
ESGIC TABS *(Use butalbital-acetaminophen-caffeine)*	4	2 max fill(s) per 30 day(s) retail; PA
FIORICET CAPS *(Use butalbital-acetaminophen-caffeine)*	4	2 max fill(s) per 30 day(s) retail; PA
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	4	2 max fill(s) per 30 day(s) retail; PA
Analgesics Other		

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen CHEW	1	2 max fill(s) per 30 day(s) retail
acetaminophen ELIX 160 MG/5ML	8	
acetaminophen LIQD 160 MG/5ML	1	2 max fill(s) per 30 day(s) retail
acetaminophen LIQD 160 MG/5ML	8	2 max fill(s) per 30 day(s) retail
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	1	2 max fill(s) per 30 day(s) retail
acetaminophen SUPP 120 MG, 650 MG	1	2 max fill(s) per 30 day(s) retail
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	2	2 max fill(s) per 30 day(s) retail
acetaminophen SUSP 160 MG/5ML	1	2 max fill(s) per 30 day(s) retail
acetaminophen TABS 325 MG, 500 MG	1	2 max fill(s) per 30 day(s) retail
acetaminophen TBCR	1	2 max fill(s) per 30 day(s) retail
FEVERALL JUNIOR STRENGTH SUPP	1	2 max fill(s) per 30 day(s) retail
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR *(Use acetaminophen)*	9	2 max fill(s) per 30 day(s) retail
TYLENOL 8 HOUR TBCR *(Use acetaminophen)*	9	2 max fill(s) per 30 day(s) retail
TYLENOL CHILDRENS CHEWABLES CHEW *(Use acetaminophen)*	9	2 max fill(s) per 30 day(s) retail
TYLENOL CHILDRENS PAIN + FEVER SUSP *(Use acetaminophen)*	9	2 max fill(s) per 30 day(s) retail
TYLENOL CHILDRENS SUSP *(Use acetaminophen)*	9	2 max fill(s) per 30 day(s) retail
TYLENOL EXTRA STRENGTH TABS *(Use acetaminophen)*	9	2 max fill(s) per 30 day(s) retail
TYLENOL FOR CHILDREN + ADULTS SUSP *(Use acetaminophen)*	9	2 max fill(s) per 30 day(s) retail
TYLENOL INFANTS PAIN+FEVER SUSP *(Use acetaminophen)*	9	2 max fill(s) per 30 day(s) retail
Salicylates		
aspirin CHEW	1	2 max fill(s) per 30 day(s) retail
aspirin TABS 325 MG	1	2 max fill(s) per 30 day(s) retail
aspirin TBEC 81 MG, 325 MG	1	2 max fill(s) per 30 day(s) retail
diflunisal TABS	4	2 max fill(s) per 30 day(s) retail
DOLOBID TABS	4	2 max fill(s) per 30 day(s) retail; PA
ECOTRIN TBEC *(Use aspirin)*	9	2 max fill(s) per 30 day(s) retail
salsalate	4	2 max fill(s) per 30 day(s) retail
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP 400 MCG *(Use fentanyl citrate)*	NF	
codeine sulfate TABS 30 MG	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
CODEINE SULFATE TABS	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
CONZIP CP24 *(Use tramadol hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
DEMEROL SOLN IJ *(Use meperidine hcl)*	NF	
DILAUDID LIQD *(Use hydromorphone hcl)*	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID TABS *(Use hydromorphone hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
DSUVIA SUBL	8	
fentanyl citrate LPOP 200 MCG, 1200 MCG	4	4 max fill(s) per 30 day(s) retail; PA
fentanyl citrate SOLN IJ 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	NP	
fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	4 max fill(s) per 30 day(s) retail; PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	4 max fill(s) per 30 day(s) retail
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	4	4 max fill(s) per 30 day(s) retail
FENTORA TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG *(Use fentanyl citrate)*	9	4 max fill(s) per 30 day(s) retail
FENTORA TABS 100 MCG *(Use fentanyl citrate)*	NF	
hydrocodone bitartrate CP12	4	4 max fill(s) per 30 day(s) retail
hydrocodone bitartrate T24A	4	4 max fill(s) per 30 day(s) retail
hydromorphone hcl LIQD	4	4 max fill(s) per 30 day(s) retail
HYDROMORPHONE HCL SUPP	1	4 max fill(s) per 30 day(s) retail
hydromorphone hcl TABS	1	4 max fill(s) per 30 day(s) retail
hydromorphone hcl TB24	4	4 max fill(s) per 30 day(s) retail
HYSINGLA ER T24A	4	4 max fill(s) per 30 day(s) retail; PA
levorphanol tartrate TABS	4	4 max fill(s) per 30 day(s) retail
meperidine hcl SOLN PO 50 MG/5ML	4	4 max fill(s) per 30 day(s) retail
meperidine hcl TABS 50 MG	4	4 max fill(s) per 30 day(s) retail
methadone hcl CONC	4	4 max fill(s) per 30 day(s) retail; PA
METHADONE HCL POWD	NP	
methadone hcl SOLN PO	4	4 max fill(s) per 30 day(s) retail; PA
methadone hcl TABS	4	4 max fill(s) per 30 day(s) retail; PA
methadone hcl TBSO	4	4 max fill(s) per 30 day(s) retail; PA
METHADOSE SUGAR-FREE CONC *(Use methadone hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
METHADOSE CONC *(Use methadone hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
morphine sulfate beads	4	4 max fill(s) per 30 day(s) retail
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	4	4 max fill(s) per 30 day(s) retail
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML	4	4 max fill(s) per 30 day(s) retail
morphine sulfate SUPP	1	4 max fill(s) per 30 day(s) retail
morphine sulfate TABS	1	4 max fill(s) per 30 day(s) retail
morphine sulfate TBCR	1	4 max fill(s) per 30 day(s) retail
MS CONTIN TBCR *(Use morphine sulfate)*	4	4 max fill(s) per 30 day(s) retail; PA
oxycodone hcl CAPS	4	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
oxycodone hcl CONC 100 MG/5ML	4	4 max fill(s) per 30 day(s) retail
oxycodone hcl SOLN	1	4 max fill(s) per 30 day(s) retail
oxycodone hcl T12A 20 MG, 40 MG	4	4 max fill(s) per 30 day(s) retail
oxycodone hcl TABS	1	4 max fill(s) per 30 day(s) retail
OXYCONTIN T12A	4	4 max fill(s) per 30 day(s) retail; PA
oxymorphone hcl TABS	4	4 max fill(s) per 30 day(s) retail
oxymorphone hcl TB12	4	4 max fill(s) per 30 day(s) retail
QDOLO SOLN *(Use tramadol hcl)*	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
ROXICODONE TABS 15 MG, 30 MG *(Use oxycodone hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
ROXYBOND TABA	4	4 max fill(s) per 30 day(s) retail; PA
tramadol hcl CP24 100 MG, 200 MG, 300 MG	4	4 max fill(s) per 30 day(s) retail
tramadol hcl SOLN	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
TRAMADOL HCL SOLN *(Use tramadol hcl)*	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
tramadol hcl TABS 75 MG	2	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
tramadol hcl TABS 100 MG	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
tramadol hcl TABS 25 MG	4	2 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
tramadol hcl TABS 50 MG	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
tramadol hcl TB24	1	4 max fill(s) per 30 day(s) retail
tramadol hcl TB24	4	4 max fill(s) per 30 day(s) retail
Opioid Combinations		
acetaminophen w/ codeine SOLN	1	4 max fill(s) per 30 day(s) retail
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	1	4 max fill(s) per 30 day(s) retail
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	4	4 max fill(s) per 30 day(s) retail
APADAZ	4	4 max fill(s) per 30 day(s) retail; PA
BENZHYDROCODONE-ACETAMINOPHEN	4	4 max fill(s) per 30 day(s) retail
butalbital-acetaminophen-caffeine w/ codeine	1	4 max fill(s) per 30 day(s) retail
butalbital-aspirin-caffeine w/cod	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
butalbital-aspirin-caffeine w/cod	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(Use butalbital-acetaminophen-caffeine w/ codeine)*	4	4 max fill(s) per 30 day(s) retail; PA
hydrocodone-acetaminophen SOLN	1	4 max fill(s) per 30 day(s) retail; PA
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML, 325 MG/15ML-7.5 MG/15ML	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	2	4 max fill(s) per 30 day(s) retail
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	4 max fill(s) per 30 day(s) retail
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	1	4 max fill(s) per 30 day(s) retail
NALOCET TABS	4	4 max fill(s) per 30 day(s) retail; PA
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	4 max fill(s) per 30 day(s) retail
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	4	4 max fill(s) per 30 day(s) retail; PA
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG *(Use oxycodone w/ acetaminophen)*	4	4 max fill(s) per 30 day(s) retail; PA
PROLATE SOLN	4	4 max fill(s) per 30 day(s) retail; PA
PROLATE TABS	4	4 max fill(s) per 30 day(s) retail; PA
SEGLENTIS	4	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA
tramadol-acetaminophen	1	4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	2	2 max fill(s) per 30 day(s) retail; PA
BRIXADI (WEEKLY) SOSY	2	4 max fill(s) per 30 day(s) retail
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	2	2 max fill(s) per 30 day(s) retail
buprenorphine hcl-naloxone hcl dihydrate FILM SL	4	PA required if > 32mg buprenorphine per day; 5 max fill(s) per 30 day(s) retail; PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL	4	5 max fill(s) per 30 day(s) retail; PA
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	PA required if > 32mg buprenorphine per day; 5 max fill(s) per 30 day(s) retail
buprenorphine hcl SOLN	NP	
buprenorphine hcl SUBL 8 MG	1	QL(6 EA daily); 5 max fill(s) per 30 day(s) retail
buprenorphine hcl SUBL 2 MG	1	QL(24 EA daily); 5 max fill(s) per 30 day(s) retail
buprenorphine PTWK	1	2 max fill(s) per 30 day(s) retail
butorphanol tartrate NA 10 MG/ML	4	4 max fill(s) per 30 day(s) retail
BUTRANS PTWK *(Use buprenorphine)*	2	2 max fill(s) per 30 day(s) retail
SUBLOCADE SOSY	2	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM SL *(Use buprenorphine hcl-naloxone hcl dihydrate)*	2	PA required if > 32mg buprenorphine per day; 5 max fill(s) per 30 day(s) retail
ZUBSOLV SUBL	4	5 max fill(s) per 30 day(s) retail; PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD *(Use testosterone)*	4	QL(150 GM per 28 day(s) retail; 450 GM per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
AVEED SOLN	4	2 max fill(s) per 30 day(s) retail; ST; MP
AZMIRO SOSY	4	2 max fill(s) per 30 day(s) retail; ST; MP
danazol CAPS	1	2 max fill(s) per 30 day(s) retail
FORTESTA GEL TD *(Use testosterone)*	9	2 max fill(s) per 30 day(s) retail; MP
JATENZO CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
methyltestosterone CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
methyltestosterone TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
NATESTO GEL NA	4	2 max fill(s) per 30 day(s) retail; MP; PA
TESTIM GEL TD *(Use testosterone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
testosterone cypionate SOLN IM	1	2 max fill(s) per 30 day(s) retail; MP; PA
testosterone cypionate SOLN IM	4	2 max fill(s) per 30 day(s) retail; MP; PA
testosterone enanthate SOLN IM	4	2 max fill(s) per 30 day(s) retail; ST; MP
testosterone GEL TD 1 %	2	2 max fill(s) per 30 day(s) retail; MP; PA
testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM	4	2 max fill(s) per 30 day(s) retail; ST; MP
testosterone GEL TD 1 %, 50 MG/5GM	1	2 max fill(s) per 30 day(s) retail; MP; PA
testosterone GEL TD 1.62 %, 1.62 %	1	QL(150 GM per 28 day(s) retail; 450 GM per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
testosterone SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
TLANDO CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
UNDECATREX CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
VOGELXO PUMP GEL TD *(Use testosterone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
VOGELXO GEL TD *(Use testosterone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
XYOSTED SOAJ	4	2 max fill(s) per 30 day(s) retail; ST; MP
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
CORTENEMA *(Use hydrocortisone (intrarectal))*	4	4 max fill(s) per 30 day(s) retail; PA
CORTIFOAM EX 10 %	4	4 max fill(s) per 30 day(s) retail
hydrocortisone (intrarectal)	1	4 max fill(s) per 30 day(s) retail
Rectal Combinations		
hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %	1	4 max fill(s) per 30 day(s) retail
PROCTOFOAM HC FOAM EX	2	4 max fill(s) per 30 day(s) retail
Rectal Steroids		
hydrocortisone (rectal) EX	1	4 max fill(s) per 30 day(s) retail; RX/OTC
hydrocortisone (rectal) EX 2.5 %	4	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone acetate (rectal)	1	4 max fill(s) per 30 day(s) retail
Vasodilating Agents		
nitroglycerin (intra-anal)	1	2 max fill(s) per 30 day(s) retail; PA
RECTIV *(Use nitroglycerin (intra-anal))*	4	2 max fill(s) per 30 day(s) retail; PA
ANTACIDS		
Antacid Combinations		
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	1	2 max fill(s) per 30 day(s) retail; MP
aluminum hydroxide-mag carb SUSP 237.5 MG/5ML-254 MG/5ML	2	2 max fill(s) per 30 day(s) retail; MP
MAG-AL LIQD	2	2 max fill(s) per 30 day(s) retail; MP
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	1	2 max fill(s) per 30 day(s) retail; MP
CALCIUM CARBONATE ANTACID SUSP	1	2 max fill(s) per 30 day(s) retail; MP
CALCIUM CARBONATE ANTACID TABS	1	2 max fill(s) per 30 day(s) retail; MP
TUMS E-X 750 CHEW *(Use calcium carbonate (antacid))*	9	2 max fill(s) per 30 day(s) retail; MP
TUMS EXTRA STRENGTH 750 CHEW *(Use calcium carbonate (antacid))*	9	2 max fill(s) per 30 day(s) retail; MP
TUMS EXTRA STRENGTH CHEW *(Use calcium carbonate (antacid))*	9	2 max fill(s) per 30 day(s) retail; MP
TUMS LASTING EFFECTS CHEW *(Use calcium carbonate (antacid))*	9	2 max fill(s) per 30 day(s) retail; MP
TUMS SMOOTHIES CHEW *(Use calcium carbonate (antacid))*	9	2 max fill(s) per 30 day(s) retail; MP
TUMS ULTRA 1000 CHEW *(Use calcium carbonate (antacid))*	9	2 max fill(s) per 30 day(s) retail; MP
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	2 max fill(s) per 30 day(s) retail
BENZNIDAZOLE	4	2 max fill(s) per 30 day(s) retail; PA
BILTRICIDE *(Use praziquantel)*	4	2 max fill(s) per 30 day(s) retail; PA
EMVERM CHEW	4	2 max fill(s) per 30 day(s) retail; PA
ivermectin	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ivermectin	4	2 max fill(s) per 30 day(s) retail; PA
praziquantel	4	2 max fill(s) per 30 day(s) retail; PA
STROMECTOL *(Use ivermectin)*	4	2 max fill(s) per 30 day(s) retail; PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ranolazine TB12 1000 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ranolazine TB12 500 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Nitrates		
isosorbide dinitrate TABS	1	2 max fill(s) per 30 day(s) retail; MP
isosorbide mononitrate TABS	1	2 max fill(s) per 30 day(s) retail; MP
ISOSORBIDE MONONITRATE TABS	1	2 max fill(s) per 30 day(s) retail; MP
isosorbide mononitrate TB24	1	2 max fill(s) per 30 day(s) retail; MP
NITRO-BID OINT	1	2 max fill(s) per 30 day(s) retail; MP
NITRO-DUR PT24	2	2 max fill(s) per 30 day(s) retail; MP
NITRO-DUR PT24 *(Use nitroglycerin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
nitroglycerin CPCR	1	2 max fill(s) per 30 day(s) retail; MP
nitroglycerin PT24	1	2 max fill(s) per 30 day(s) retail; MP
nitroglycerin SOLN TL 0.4 MG/SPRAY	4	2 max fill(s) per 30 day(s) retail; MP; PA
NITROGLYCERIN SOLN IV	4	2 max fill(s) per 30 day(s) retail; MP; PA
nitroglycerin SUBL	1	2 max fill(s) per 30 day(s) retail; MP
NITROLINGUAL SOLN TL *(Use nitroglycerin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
NITROSTAT SUBL 0.3 MG *(Use nitroglycerin)*	9	2 max fill(s) per 30 day(s) retail; MP
NITROSTAT SUBL *(Use nitroglycerin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	4	2 max fill(s) per 30 day(s) retail; PA
buspirone hcl	1	2 max fill(s) per 30 day(s) retail
droperidol SOLN 2.5 MG/ML	1	2 max fill(s) per 30 day(s) retail; PA
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1	2 max fill(s) per 30 day(s) retail; PA
hydroxyzine hcl SYRP	1	2 max fill(s) per 30 day(s) retail
hydroxyzine hcl TABS	1	2 max fill(s) per 30 day(s) retail
hydroxyzine pamoate CAPS	1	2 max fill(s) per 30 day(s) retail
meprobamate	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
VISTARIL CAPS 25 MG *(Use hydroxyzine pamoate)*	9	2 max fill(s) per 30 day(s) retail
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	4	2 max fill(s) per 30 day(s) retail
alprazolam TABS	1	2 max fill(s) per 30 day(s) retail
alprazolam TB24	4	2 max fill(s) per 30 day(s) retail
alprazolam TBDP	4	2 max fill(s) per 30 day(s) retail
ATIVAN SOLN *(Use lorazepam)*	4	2 max fill(s) per 30 day(s) retail; PA
chlordiazepoxide hcl CAPS	1	2 max fill(s) per 30 day(s) retail
clorazepate dipotassium TABS	4	2 max fill(s) per 30 day(s) retail
diazepam CONC	1	2 max fill(s) per 30 day(s) retail
diazepam SOLN PO 5 MG/5ML	1	2 max fill(s) per 30 day(s) retail
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	1	2 max fill(s) per 30 day(s) retail; PA
diazepam TABS	1	2 max fill(s) per 30 day(s) retail
lorazepam CONC	1	2 max fill(s) per 30 day(s) retail
lorazepam CONC	4	2 max fill(s) per 30 day(s) retail; PA
lorazepam SOLN	1	2 max fill(s) per 30 day(s) retail; PA
lorazepam TABS	1	2 max fill(s) per 30 day(s) retail
LOREEV XR CS24	4	2 max fill(s) per 30 day(s) retail; PA
oxazepam CAPS	4	2 max fill(s) per 30 day(s) retail
XANAX XR TB24 *(Use alprazolam)*	4	2 max fill(s) per 30 day(s) retail; PA
XANAX XR TB24 0.5 MG, 2 MG, 3 MG *(Use alprazolam)*	9	2 max fill(s) per 30 day(s) retail
XANAX TABS *(Use alprazolam)*	4	2 max fill(s) per 30 day(s) retail; PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
adenosine SOLN	1	PA
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1	2 max fill(s) per 30 day(s) retail; MP
NORPACE CR CP12	4	2 max fill(s) per 30 day(s) retail; MP
NORPACE CAPS *(Use disopyramide phosphate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
quinidine gluconate TBCR	1	2 max fill(s) per 30 day(s) retail; MP
quinidine sulfate TABS	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Antiarrhythmics Type I-B		
mexiletine hcl	1	2 max fill(s) per 30 day(s) retail; MP
Antiarrhythmics Type I-C		
flecainide acetate	1	2 max fill(s) per 30 day(s) retail; MP
propafenone hcl CP12	1	2 max fill(s) per 30 day(s) retail; MP
propafenone hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
RYTHMOL SR CP12 *(Use propafenone hcl)*	9	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
Antiarrhythmics Type III		
amiodarone hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
amiodarone hcl TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
CORVERT *(Use ibutilide fumarate)*	2	PA
dofetilide	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ibutilide fumarate	1	PA
MULTAQ	4	2 max fill(s) per 30 day(s) retail; MP
TIKOSYN *(Use dofetilide)*	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TIKOSYN *(Use dofetilide)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	2	2 max fill(s) per 30 day(s) retail; SP; PA
FASENRA PEN SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
FASENRA SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
NUCALA SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
NUCALA SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA
NUCALA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
TEZSPIRE SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
TEZSPIRE SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
XOLAIR SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
XOLAIR SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
XOLAIR SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	4 max fill(s) per 30 day(s) retail; MP
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	4 max fill(s) per 30 day(s) retail; MP
INCRUSE ELLIPTA	4	2 max fill(s) per 30 day(s) retail; MP
ipratropium bromide SOLN 0.02 %	1	4 max fill(s) per 30 day(s) retail; MP
SPIRIVA HANDIHALER CAPS IN *(Use tiotropium bromide)*	2	2 max fill(s) per 30 day(s) retail; MP
SPIRIVA RESPIMAT AERS IN	4	2 max fill(s) per 30 day(s) retail; MP; PA
tiotropium bromide CAPS IN 18 MCG	1	2 max fill(s) per 30 day(s) retail; MP
TUDORZA PRESSAIR	4	2 max fill(s) per 30 day(s) retail; MP
YUPELRI	4	2 max fill(s) per 30 day(s) retail; MP
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/ Limits
ACCOLATE *(Use zafirlukast)*	9	2 max fill(s) per 30 day(s) retail; MP
ACCOLATE *(Use zafirlukast)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
montelukast sodium CHEW	1	2 max fill(s) per 30 day(s) retail; MP
montelukast sodium PACK	1	2 max fill(s) per 30 day(s) retail; MP
montelukast sodium TABS	1	2 max fill(s) per 30 day(s) retail; MP
SINGULAIR CHEW *(Use montelukast sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
SINGULAIR PACK *(Use montelukast sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
SINGULAIR TABS *(Use montelukast sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
zafirlukast	1	2 max fill(s) per 30 day(s) retail; MP
zileuton TB12	4	2 max fill(s) per 30 day(s) retail; MP
ZYFLO TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	4	2 max fill(s) per 30 day(s) retail; MP; PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(Use roflumilast)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
roflumilast	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
Steroid Inhalants		
ALVESCO	4	2 max fill(s) per 30 day(s) retail; MP
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT *(Use fluticasone furoate (inhalation))*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ASMANEX (120 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX (14 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX (30 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX (60 METERED DOSES) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
ASMANEX HFA AERO	4	2 max fill(s) per 30 day(s) retail; MP
budesonide (inhalation) SUSP	1	2 max fill(s) per 30 day(s) retail; MP
FLOVENT DISKUS AEPB *(Use fluticasone propionate (inhalation))*	9	2 max fill(s) per 30 day(s) retail; MP
FLOVENT HFA *(Use fluticasone propionate hfa)*	9	2 max fill(s) per 30 day(s) retail; MP
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	4	2 max fill(s) per 30 day(s) retail; MP
fluticasone propionate (inhalation) AEPB	2	2 max fill(s) per 30 day(s) retail; MP
fluticasone propionate hfa	2	2 max fill(s) per 30 day(s) retail; MP
PULMICORT FLEXHALER AEPB	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT SUSP *(Use budesonide (inhalation))*	4	2 max fill(s) per 30 day(s) retail; MP; PA
QVAR REDIHALER	4	2 max fill(s) per 30 day(s) retail; MP
Sympathomimetics		
ADVAIR DISKUS AEPB 250 MCG/ACT-50 MCG/ACT *(Use fluticasone-salmeterol)*	9	2 max fill(s) per 30 day(s) retail; MP
ADVAIR DISKUS AEPB *(Use fluticasone-salmeterol)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ADVAIR HFA AERO *(Use fluticasone-salmeterol)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
AIRDUO RESPICLICK 113/14 AEPB *(Use fluticasone-salmeterol)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
AIRDUO RESPICLICK 232/14 AEPB *(Use fluticasone-salmeterol)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
AIRDUO RESPICLICK 55/14 AEPB *(Use fluticasone-salmeterol)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
AIRSUPRA	4	2 max fill(s) per 30 day(s) retail; MP; PA
albuterol sulfate AERS	2	4 max fill(s) per 30 day(s) retail; MP
albuterol sulfate AERS	1	4 max fill(s) per 30 day(s) retail; MP
albuterol sulfate NEBU	1	4 max fill(s) per 30 day(s) retail; MP
albuterol sulfate SYRP	1	4 max fill(s) per 30 day(s) retail; MP
albuterol sulfate TABS	1	4 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(Use umeclidinium-vilanterol)*	2	2 max fill(s) per 30 day(s) retail; MP; PA
arformoterol tartrate	4	4 max fill(s) per 30 day(s) retail; MP
BEVESPI AEROSPHERE	4	2 max fill(s) per 30 day(s) retail; MP
BREO ELLIPTA *(Use fluticasone furoate-vilanterol)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
BREO ELLIPTA	4	2 max fill(s) per 30 day(s) retail; MP; PA
BREZTRI AEROSPHERE	4	2 max fill(s) per 30 day(s) retail; MP
BROVANA *(Use arformoterol tartrate)*	4	4 max fill(s) per 30 day(s) retail; MP; PA
BROVANA *(Use arformoterol tartrate)*	9	4 max fill(s) per 30 day(s) retail; MP
budesonide-formoterol fumarate dihydrate	1	2 max fill(s) per 30 day(s) retail; MP
COMBIVENT RESPIMAT AERS	2	4 max fill(s) per 30 day(s) retail; MP
DUAKLIR PRESSAIR	4	2 max fill(s) per 30 day(s) retail; MP; PA
DULERA	2	2 max fill(s) per 30 day(s) retail; MP
fluticasone furoate-vilanterol	4	2 max fill(s) per 30 day(s) retail; MP
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	2 max fill(s) per 30 day(s) retail; MP
fluticasone-salmeterol AEPB	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
fluticasone-salmeterol AERO	2	2 max fill(s) per 30 day(s) retail; MP
formoterol fumarate NEBU	4	4 max fill(s) per 30 day(s) retail; MP
ipratropium-albuterol SOLN	1	4 max fill(s) per 30 day(s) retail; MP
levalbuterol hcl	4	4 max fill(s) per 30 day(s) retail; MP
levalbuterol tartrate	4	4 max fill(s) per 30 day(s) retail; MP
PERFOROMIST NEBU *(Use formoterol fumarate)*	4	4 max fill(s) per 30 day(s) retail; MP; PA
PROAIR RESPICLICK AEPB	4	4 max fill(s) per 30 day(s) retail; MP
PROVENTIL HFA AERS *(Use albuterol sulfate)*	9	4 max fill(s) per 30 day(s) retail; MP
SEREVENT DISKUS	2	4 max fill(s) per 30 day(s) retail; MP
STIOLTO RESPIMAT	2	2 max fill(s) per 30 day(s) retail; MP
STRIVERDI RESPIMAT	4	4 max fill(s) per 30 day(s) retail; MP
SYMBICORT *(Use budesonide-formoterol fumarate dihydrate)*	2	2 max fill(s) per 30 day(s) retail; MP
terbutaline sulfate SOLN	1	4 max fill(s) per 30 day(s) retail; MP; PA
terbutaline sulfate TABS	4	4 max fill(s) per 30 day(s) retail; MP
TRELEGY ELLIPTA	4	2 max fill(s) per 30 day(s) retail; MP
umeclidinium-vilanterol	2	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS *(Use albuterol sulfate)*	4	4 max fill(s) per 30 day(s) retail; MP; PA
XOPENEX HFA *(Use levalbuterol tartrate)*	9	4 max fill(s) per 30 day(s) retail; MP
XOPENEX HFA *(Use levalbuterol tartrate)*	4	4 max fill(s) per 30 day(s) retail; MP; PA
Xanthines		
AMINOPHYLLINE SOLN 25 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
THEO-24 CP24	2	2 max fill(s) per 30 day(s) retail; MP
theophylline ELIX	1	2 max fill(s) per 30 day(s) retail; MP
theophylline SOLN	1	2 max fill(s) per 30 day(s) retail; MP
theophylline TB12 300 MG, 450 MG	1	2 max fill(s) per 30 day(s) retail; MP
theophylline TB24	1	2 max fill(s) per 30 day(s) retail; MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	2 max fill(s) per 30 day(s) retail; MP
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
ELIQUIS (2 MG PACK) TBSO PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
ELIQUIS DVT/PE STARTER PACK TBPK	2	2 max fill(s) per 30 day(s) retail; MP
ELIQUIS CPSP PO 0.15 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS TABS	2	2 max fill(s) per 30 day(s) retail; MP
ELIQUIS TBSO PO 0.5 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
rivaroxaban SUSR 1 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
rivaroxaban TABS 2.5 MG	1	2 max fill(s) per 30 day(s) retail; MP
SAVAYSA	4	2 max fill(s) per 30 day(s) retail; MP
XARELTO STARTER PACK TBPK	2	2 max fill(s) per 30 day(s) retail; MP
XARELTO SUSR 1 MG/ML *(Use rivaroxaban)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG *(Use rivaroxaban)*	2	2 max fill(s) per 30 day(s) retail; MP
XARELTO TABS	2	2 max fill(s) per 30 day(s) retail; MP
Heparins And Heparinoid-Like Agents		
ARIXTRA *(Use fondaparinux sodium)*	4	2 max fill(s) per 30 day(s) retail; PA
enoxaparin sodium SOLN IJ 300 MG/3ML	1	2 max fill(s) per 30 day(s) retail
enoxaparin sodium SOSY	1	2 max fill(s) per 30 day(s) retail
fondaparinux sodium	4	2 max fill(s) per 30 day(s) retail
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	4	2 max fill(s) per 30 day(s) retail
FRAGMIN SOSY	4	2 max fill(s) per 30 day(s) retail
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1	2 max fill(s) per 30 day(s) retail; PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.9 %-2000 UNIT/L *(Use heparin (porcine) in sodium chloride)*	2	2 max fill(s) per 30 day(s) retail; PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L *(Use heparin (porcine) in sodium chloride)*	1	2 max fill(s) per 30 day(s) retail; PA
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.9 %-2000 UNIT/L	2	2 max fill(s) per 30 day(s) retail; PA
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1	2 max fill(s) per 30 day(s) retail; PA
HEPARIN SOD (PORCINE) IN D5W	1	2 max fill(s) per 30 day(s) retail; PA
heparin sodium (porcine) lock flush 10 UNIT/ML	1	2 max fill(s) per 30 day(s) retail; PA
HEPARIN SODIUM (PORCINE) PF SOLN IJ	2	2 max fill(s) per 30 day(s) retail; PA
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	2 max fill(s) per 30 day(s) retail; PA
heparin sodium (porcine) SOLN IJ 5000 UNIT/0.5ML	2	2 max fill(s) per 30 day(s) retail; PA
HEPARIN SODIUM (PORCINE) SOSY IJ	2	2 max fill(s) per 30 day(s) retail; PA
LOVENOX SOLN IJ 300 MG/3ML *(Use enoxaparin sodium)*	4	2 max fill(s) per 30 day(s) retail; PA
LOVENOX SOSY *(Use enoxaparin sodium)*	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	1	2 max fill(s) per 30 day(s) retail; MP
PRADAXA CAPS 75 MG *(Use dabigatran etexilate mesylate)*	9	2 max fill(s) per 30 day(s) retail; MP
PRADAXA CAPS *(Use dabigatran etexilate mesylate)*	2	2 max fill(s) per 30 day(s) retail; MP
PRADAXA PACK	4	2 max fill(s) per 30 day(s) retail; MP; PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	2	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG *(Use perampanel)*	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail
clobazam TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
clonazepam TABS	1	2 max fill(s) per 30 day(s) retail
clonazepam TBDP	4	2 max fill(s) per 30 day(s) retail; PA
DIASTAT ACUDIAL GEL *(Use diazepam (anticonvulsant))*	9	2 max fill(s) per 30 day(s) retail; MP
DIASTAT PEDIATRIC GEL *(Use diazepam (anticonvulsant))*	9	2 max fill(s) per 30 day(s) retail; MP
diazepam (anticonvulsant) GEL 10 MG, 20 MG	1	2 max fill(s) per 30 day(s) retail; MP
KLONOPIN TABS *(Use clonazepam)*	4	2 max fill(s) per 30 day(s) retail; PA
KLONOPIN TABS 1 MG *(Use clonazepam)*	9	2 max fill(s) per 30 day(s) retail
LIBERVANT FILM	4	2 max fill(s) per 30 day(s) retail; 10 day(s) max supply per 28 day(s) retail; 10 day(s) max supply per 28 day(s) mail; MP
NAYZILAM	4	2 max fill(s) per 30 day(s) retail; MP
ONFI SUSP *(Use clobazam)*	4	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA
ONFI TABS *(Use clobazam)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SYMPAZAN FILM	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
VALTOCO 10 MG DOSE LIQD	2	2 max fill(s) per 30 day(s) retail; MP
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	2	2 max fill(s) per 30 day(s) retail; MP
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	2	2 max fill(s) per 30 day(s) retail; MP
VALTOCO 5 MG DOSE LIQD	2	2 max fill(s) per 30 day(s) retail; MP
Anticonvulsants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
APTIOM 200 MG, 400 MG, 600 MG, 800 MG *(Use eslicarbazepine acetate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
BANZEL SUSP *(Use rufinamide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
BANZEL TABS *(Use rufinamide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT SOLN PO 10 MG/ML	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT SOLN IV 50 MG/5ML	2	2 max fill(s) per 30 day(s) retail; MP; PA
BRIVIACT TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
carbamazepine CHEW 200 MG	2	2 max fill(s) per 30 day(s) retail; MP
carbamazepine CHEW 100 MG	1	2 max fill(s) per 30 day(s) retail; MP
carbamazepine CP12	1	2 max fill(s) per 30 day(s) retail; MP
carbamazepine SUSP	1	2 max fill(s) per 30 day(s) retail; MP
carbamazepine TABS	1	2 max fill(s) per 30 day(s) retail; MP
carbamazepine TB12	1	2 max fill(s) per 30 day(s) retail; MP
CARBATROL CP12 *(Use carbamazepine)*	2	2 max fill(s) per 30 day(s) retail; MP
DIACOMIT CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
DIACOMIT PACK	4	2 max fill(s) per 30 day(s) retail; MP; PA
ELEPSIA XR TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
EPIDIOLEX	4	2 max fill(s) per 30 day(s) retail; MP; PA
EPRONTIA SOLN 25 MG/ML *(Use topiramate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
FINTEPLA	4	2 max fill(s) per 30 day(s) retail; MP; PA
gabapentin CAPS	1	2 max fill(s) per 30 day(s) retail; MP
gabapentin SOLN	1	2 max fill(s) per 30 day(s) retail; MP
gabapentin TABS 600 MG, 800 MG	1	2 max fill(s) per 30 day(s) retail; MP
GABARONE TABS 100 MG, 400 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
KEPPRA XR TB24 *(Use levetiracetam)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
KEPPRA SOLN PO 100 MG/ML *(Use levetiracetam)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
KEPPRA TABS *(Use levetiracetam)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
lacosamide SOLN IV 200 MG/20ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP
lacosamide TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT KIT *(Use lamotrigine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL ODT TBDP *(Use lamotrigine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL STARTER KIT 25 MG *(Use lamotrigine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL XR KIT	4	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL XR TB24 *(Use lamotrigine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL CHEW *(Use lamotrigine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
LAMICTAL TABS *(Use lamotrigine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
lamotrigine CHEW	1	2 max fill(s) per 30 day(s) retail; MP
lamotrigine KIT 25 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
lamotrigine TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
lamotrigine TABS	1	2 max fill(s) per 30 day(s) retail; MP
lamotrigine TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
lamotrigine TBDP	4	2 max fill(s) per 30 day(s) retail; MP; PA
LEVETIRACETAM IN NACL	2	2 max fill(s) per 30 day(s) retail; MP; PA
LEVETIRACETAM IN NACL *(Use levetiracetam in sodium chloride)*	1	2 max fill(s) per 30 day(s) retail; MP; PA
levetiracetam in sodium chloride	1	2 max fill(s) per 30 day(s) retail; MP; PA
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	2 max fill(s) per 30 day(s) retail; MP
levetiracetam SOLN IV 500 MG/5ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
levetiracetam TABS 500 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
levetiracetam TABS	1	2 max fill(s) per 30 day(s) retail; MP
levetiracetam TB24	1	2 max fill(s) per 30 day(s) retail; MP
LEVETIRACETAM TB3D	4	2 max fill(s) per 30 day(s) retail; MP; PA
LYRICA CAPS *(Use pregabalin)*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LYRICA SOLN *(Use pregabalin)*	4	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LYRICA SOLN *(Use pregabalin)*	9	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
MOTPOLY XR CP24	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN CAPS *(Use gabapentin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN SOLN *(Use gabapentin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
NEURONTIN SOLN *(Use gabapentin)*	9	2 max fill(s) per 30 day(s) retail; MP
NEURONTIN TABS *(Use gabapentin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
oxcarbazepine SUSP	1	2 max fill(s) per 30 day(s) retail; MP
oxcarbazepine TABS	1	2 max fill(s) per 30 day(s) retail; MP
oxcarbazepine TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
OXTELLAR XR TB24 *(Use oxcarbazepine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
pregabalin CAPS	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
pregabalin SOLN	1	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
primidone 125 MG	2	2 max fill(s) per 30 day(s) retail; MP
primidone 50 MG, 250 MG	1	2 max fill(s) per 30 day(s) retail; MP
QUDEXY XR CS24 *(Use topiramate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
rufinamide SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
rufinamide TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
SPRITAM TB3D	4	2 max fill(s) per 30 day(s) retail; MP; PA
SPRITAM TB3D	4	2 max fill(s) per 30 day(s) retail; MP; PA
TEGRETOL SUSP *(Use carbamazepine)*	2	2 max fill(s) per 30 day(s) retail; MP
TEGRETOL TABS *(Use carbamazepine)*	2	2 max fill(s) per 30 day(s) retail; MP
TEGRETOL-XR TB12 *(Use carbamazepine)*	2	2 max fill(s) per 30 day(s) retail; MP
TOPAMAX SPRINKLE CPSP *(Use topiramate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
TOPAMAX TABS *(Use topiramate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
topiramate CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA
topiramate CPSP 50 MG	2	2 max fill(s) per 30 day(s) retail; MP
topiramate CPSP	1	2 max fill(s) per 30 day(s) retail; MP
topiramate CS24	4	2 max fill(s) per 30 day(s) retail; MP; PA
topiramate SOLN 25 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
topiramate TABS	1	2 max fill(s) per 30 day(s) retail; MP
TRILEPTAL SUSP *(Use oxcarbazepine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
TRILEPTAL TABS *(Use oxcarbazepine)*	9	2 max fill(s) per 30 day(s) retail; MP
TRILEPTAL TABS *(Use oxcarbazepine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
TROKENDI XR CP24 25 MG, 50 MG, 100 MG *(Use topiramate)*	9	2 max fill(s) per 30 day(s) retail; MP
TROKENDI XR CP24 *(Use topiramate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
VIMPAT SOLN PO 10 MG/ML *(Use lacosamide)*	4	QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
VIMPAT SOLN IV 200 MG/20ML *(Use lacosamide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
VIMPAT TABS *(Use lacosamide)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ZONISADE SUSP	2	2 max fill(s) per 30 day(s) retail; MP
zonisamide CAPS	1	2 max fill(s) per 30 day(s) retail; MP
ZTALMY	CO	
Carbamates		
felbamate SUSP	1	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
felbamate TABS 600 MG	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
felbamate TABS 400 MG	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP
FELBATOL SUSP *(Use felbamate)*	9	QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP
FELBATOL TABS 600 MG *(Use felbamate)*	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
FELBATOL TABS 400 MG *(Use felbamate)*	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
XCOPRI (250 MG DAILY DOSE) TBPK	4	2 max fill(s) per 30 day(s) retail; MP
XCOPRI (350 MG DAILY DOSE) TBPK	4	2 max fill(s) per 30 day(s) retail; MP
XCOPRI TABS	4	2 max fill(s) per 30 day(s) retail; MP
XCOPRI TBPK	4	2 max fill(s) per 30 day(s) retail; MP
GABA Modulators		
SABRIL PACK *(Use vigabatrin)*	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SABRIL TABS *(Use vigabatrin)*	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
tiagabine hcl 2 MG, 4 MG, 12 MG	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
tiagabine hcl 16 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
vigabatrin PACK	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
vigabatrin TABS	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
VIGAFYDE SOLN	4	2 max fill(s) per 30 day(s) retail; MP
Hydantoins		
CEREBYX *(Use fosphenytoin sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
DILANTIN 30 MG	2	2 max fill(s) per 30 day(s) retail; MP
DILANTIN *(Use phenytoin sodium extended)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
DILANTIN INFATABS CHEW *(Use phenytoin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN-125 SUSP *(Use phenytoin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
DILANTIN SUSP *(Use phenytoin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
fosphenytoin sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA
phenytoin sodium extended 200 MG, 300 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	2 max fill(s) per 30 day(s) retail; MP
phenytoin sodium SOLN	1	2 max fill(s) per 30 day(s) retail; MP; PA
phenytoin CHEW	1	2 max fill(s) per 30 day(s) retail; MP
phenytoin SUSP 125 MG/5ML	1	2 max fill(s) per 30 day(s) retail; MP
Succinimides		
CELONTIN *(Use methsuximide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ethosuximide CAPS	1	2 max fill(s) per 30 day(s) retail; MP
ethosuximide SOLN	1	2 max fill(s) per 30 day(s) retail; MP
methsuximide	4	2 max fill(s) per 30 day(s) retail; MP
ZARONTIN CAPS *(Use ethosuximide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZARONTIN SOLN *(Use ethosuximide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Valproic Acid		
DEPAKOTE ER TB24 *(Use divalproex sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
DEPAKOTE ER TB24 250 MG *(Use divalproex sodium)*	9	2 max fill(s) per 30 day(s) retail; MP
DEPAKOTE SPRINKLES CSDR *(Use divalproex sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
DEPAKOTE TBEC 500 MG *(Use divalproex sodium)*	9	2 max fill(s) per 30 day(s) retail; MP
DEPAKOTE TBEC *(Use divalproex sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
divalproex sodium CSDR	1	2 max fill(s) per 30 day(s) retail; MP
divalproex sodium TB24	1	2 max fill(s) per 30 day(s) retail; MP
divalproex sodium TBEC	1	2 max fill(s) per 30 day(s) retail; MP
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP
valproic acid CAPS	1	2 max fill(s) per 30 day(s) retail; MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	2 max fill(s) per 30 day(s) retail; MP
mirtazapine TBDP	1	2 max fill(s) per 30 day(s) retail; MP
REMERON SOLTAB TBDP *(Use mirtazapine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
REMERON TABS 15 MG, 30 MG *(Use mirtazapine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antidepressant Combinations		
AUVELITY	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antidepressants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
bupropion hcl TB12	1	2 max fill(s) per 30 day(s) retail; MP
bupropion hcl TB24 450 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
bupropion hcl TB24 150 MG, 300 MG	1	2 max fill(s) per 30 day(s) retail; MP
FORFIVO XL TB24 *(Use bupropion hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
FORFIVO XL TB24 *(Use bupropion hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
WELLBUTRIN SR TB12 *(Use bupropion hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE 20 MG, 25 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZURZUVAE 30 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	2	2 max fill(s) per 30 day(s) retail; MP
MARPLAN	2	2 max fill(s) per 30 day(s) retail; MP
NARDIL *(Use phenelzine sulfate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
phenelzine sulfate	1	2 max fill(s) per 30 day(s) retail; MP
tranylcypromine sulfate	1	2 max fill(s) per 30 day(s) retail; MP
Selective Serotonin Reuptake Inhibitors (SSRIs)		

Drug Name	Drug Tier	Requirements/ Limits
CELEXA TABS *(Use citalopram hydrobromide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
CITALOPRAM HYDROBROMIDE CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
citalopram hydrobromide SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
citalopram hydrobromide TABS	1	2 max fill(s) per 30 day(s) retail; MP
ESCITALOPRAM OXALATE CAPS PO 15 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
escitalopram oxalate SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
escitalopram oxalate TABS	1	2 max fill(s) per 30 day(s) retail; MP
fluoxetine hcl CAPS	1	2 max fill(s) per 30 day(s) retail; MP
fluoxetine hcl CPDR	4	2 max fill(s) per 30 day(s) retail; MP; PA
fluoxetine hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP
fluoxetine hcl TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
FLUOXETINE HCL TABS *(Use fluoxetine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
fluvoxamine maleate CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA
fluvoxamine maleate TABS	1	2 max fill(s) per 30 day(s) retail; MP
LEXAPRO TABS *(Use escitalopram oxalate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
paroxetine hcl SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
paroxetine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
paroxetine hcl TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
PAXIL CR TB24 *(Use paroxetine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
PAXIL SUSP *(Use paroxetine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
PAXIL TABS *(Use paroxetine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
PROZAC CAPS *(Use fluoxetine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
sertraline hcl CAPS 150 MG, 200 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
SERTRALINE HCL CAPS 150 MG, 200 MG *(Use sertraline hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
sertraline hcl CONC	4	2 max fill(s) per 30 day(s) retail; MP; PA
sertraline hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
ZOLOFT CONC *(Use sertraline hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZOLOFT TABS *(Use sertraline hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZOLOFT TABS 25 MG *(Use sertraline hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
Serotonin Modulators		
EXXUA TITRATION PACK TB24 PO 18.2 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
nefazodone hcl 200 MG	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
nefazodone hcl 50 MG, 100 MG, 150 MG, 250 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
RALDESY SOLN PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
trazodone hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
TRINTELLIX	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
VIIBRYD TABS *(Use vilazodone hcl)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
vilazodone hcl TABS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(Use duloxetine hcl)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
DESVENLAFAXINE ER	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
desvenlafaxine succinate	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DRIZALMA SPRINKLE CSDR	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
duloxetine hcl CPEP	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
EFFEXOR XR CP24 *(Use venlafaxine hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
FETZIMA TITRATION C4PK	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
FETZIMA CP24	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
PRISTIQ *(Use desvenlafaxine succinate)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
PRISTIQ 50 MG *(Use desvenlafaxine succinate)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
VENLAFAXINE BESYLATE ER	4	2 max fill(s) per 30 day(s) retail; MP; PA
venlafaxine hcl CP24	1	2 max fill(s) per 30 day(s) retail; MP
venlafaxine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
venlafaxine hcl TB24 225 MG	1	2 max fill(s) per 30 day(s) retail; MP
Tricyclic Agents		
amitriptyline hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
amoxapine	4	2 max fill(s) per 30 day(s) retail; MP
ANAFRANIL *(Use clomipramine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
clomipramine hcl	1	2 max fill(s) per 30 day(s) retail; MP
desipramine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
doxepin hcl CAPS	1	2 max fill(s) per 30 day(s) retail; MP
doxepin hcl CONC	1	2 max fill(s) per 30 day(s) retail; MP
imipramine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
imipramine pamoate	4	2 max fill(s) per 30 day(s) retail; MP
NORPRAMIN TABS 10 MG, 25 MG *(Use desipramine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
nortriptyline hcl CAPS	1	2 max fill(s) per 30 day(s) retail; MP
nortriptyline hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP
PAMELOR CAPS *(Use nortriptyline hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
protriptyline hcl	4	2 max fill(s) per 30 day(s) retail; MP
trimipramine maleate CAPS	4	2 max fill(s) per 30 day(s) retail; MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	2 max fill(s) per 30 day(s) retail; MP
miglitol	4	2 max fill(s) per 30 day(s) retail; MP
Antidiabetic - Amylin Analogs		

Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 120 SOPN	2	QL(10.8 ML per 28 day(s) retail; 32 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
SYMLINPEN 60 SOPN	2	QL(6 ML per 28 day(s) retail; 18 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
Antidiabetic - Cellular Therapy		
LANTIDRA	CO	2 max fill(s) per 30 day(s) retail; SP
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(Use pioglitazone hcl-metformin hcl)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
alogliptin-metformin hcl	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DUETACT *(Use pioglitazone hcl-glimepiride)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
glipizide-metformin hcl	1	2 max fill(s) per 30 day(s) retail; MP
glyburide-metformin	1	2 max fill(s) per 30 day(s) retail; MP
GLYXAMBI	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG, 500 MG-150 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
INVOKAMET XR TB24 500 MG-50 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
INVOKAMET TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
JANUMET XR TB24 1000 MG-50 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
JANUMET TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
JENTADUETO XR TB24	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
JENTADUETO TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
KAZANO *(Use alogliptin-metformin hcl)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
KOMBIGLYZE XR *(Use saxagliptin-metformin hcl)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG *(Use alogliptin-pioglitazone)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
pioglitazone hcl-glimepiride	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
pioglitazone hcl-metformin hcl TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
QTERN	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
saxagliptin-metformin hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SEGLUROMET	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SITAGLIPT BASE-METFORM HCL ER TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
SITAGLIPTIN BASE-METFORMIN HCL TABS	2	2 max fill(s) per 30 day(s) retail; MP
SOLIQUA	4	2 max fill(s) per 30 day(s) retail; MP; PA
STEGLUJAN	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SYNJARDY TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG, 1000 MG-5 MG-10 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TRIJARDY XR 1000 MG-5 MG-25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
XIGDUO XR *(Use dapagliflozin propanediol-metformin hcl)*	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
XIGDUO XR *(Use dapagliflozin propanediol-metformin hcl)*	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
XULTOPHY	4	2 max fill(s) per 30 day(s) retail; PA
ZITUVIMET XR TB24	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZITUVIMET TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antidiabetic-Antibodies		
TZIELD	CO	
Biguanides		
metformin hcl SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
metformin hcl TABS 500 MG, 750 MG, 850 MG, 1000 MG	1	2 max fill(s) per 30 day(s) retail; MP
metformin hcl TABS 625 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
metformin hcl TB24 500 MG, 750 MG	1	2 max fill(s) per 30 day(s) retail; MP
metformin hcl TB24 500 MG, 1000 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
RIOMET SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
Diabetic Other		
BAQSIMI ONE PACK POWD	2	2 max fill(s) per 30 day(s) retail; MP; PA
BAQSIMI TWO PACK POWD	2	2 max fill(s) per 30 day(s) retail; MP; PA
CVS GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
CVS SOFT GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
DEX4	1	2 max fill(s) per 30 day(s) retail; MP
DEX4 NATURALS	1	2 max fill(s) per 30 day(s) retail; MP
diazoxide	1	2 max fill(s) per 30 day(s) retail; MP
GLUCAGON EMERGENCY	4	2 max fill(s) per 30 day(s) retail; MP; PA
GLUCAGON EMERGENCY SOLR IJ 1 MG *(Use glucagon)*	2	2 max fill(s) per 30 day(s) retail; MP
glucagon SOLR IJ 1 MG	1	2 max fill(s) per 30 day(s) retail; MP
GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
GLUCOSE LIQD	2	2 max fill(s) per 30 day(s) retail; MP
GNP GLUCOSE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
GVOKE HYPOPEN 1-PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
GVOKE HYPOPEN 2-PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
GVOKE KIT SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
GVOKE PFS SOSY 1 MG/0.2ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
KORLYM *(Use mifepristone (hyperglycemia))*	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
mifepristone (hyperglycemia)	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
PROGLYCEM *(Use diazoxide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
PX GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
RA GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
TRUEPLUS GLUCOSE CHEW	2	2 max fill(s) per 30 day(s) retail; MP
WALGREENS GLUCOSE	1	2 max fill(s) per 30 day(s) retail; MP
ZEGALOGUE SOAJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZEGALOGUE SOSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
BRYNOVIN SOLN PO 25 MG/ML	4	QL(4 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
JANUVIA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
NESINA *(Use alogliptin benzoate)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ONGLYZA *(Use saxagliptin hcl)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
saxagliptin hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
SITAGLIPTIN	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TRADJENTA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ZITUVIO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	4	2 max fill(s) per 30 day(s) retail; MP; PA
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	2	QL(3.4 ML per 28 day(s) retail; 10 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; PA
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(Use exenatide)*	2	2 max fill(s) per 30 day(s) retail; PA
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(Use exenatide)*	2	2 max fill(s) per 30 day(s) retail; PA
exenatide SOPN 5 MCG/0.02ML, 10 MCG/0.04ML	1	2 max fill(s) per 30 day(s) retail; PA
liraglutide	1	2 max fill(s) per 30 day(s) retail; PA
MOUNJARO	4	2 max fill(s) per 30 day(s) retail; PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	4	2 max fill(s) per 30 day(s) retail; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	4	2 max fill(s) per 30 day(s) retail; PA
OZEMPIC (2 MG/DOSE) SOPN	4	2 max fill(s) per 30 day(s) retail; PA
RYBELSUS TABS	4	2 max fill(s) per 30 day(s) retail; PA
TRULICITY	4	2 max fill(s) per 30 day(s) retail; PA
VICTOZA *(Use liraglutide)*	4	2 max fill(s) per 30 day(s) retail; PA
Insulin		
ADMELOG SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
ADMELOG SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	4	2 max fill(s) per 30 day(s) retail; MP; PA
APIDRA SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP
APIDRA SOLN	4	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
BASAGLAR KWIKPEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP
FIASP FLEXTOUCH SOPN	4	2 max fill(s) per 30 day(s) retail; MP
FIASP PENFILL SOCT	4	2 max fill(s) per 30 day(s) retail; MP
FIASP SOLN	4	2 max fill(s) per 30 day(s) retail; MP
HUMALOG JUNIOR KWIKPEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG KWIKPEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
HUMALOG MIX 50/50 KWIKPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG MIX 75/25 KWIKPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG MIX 75/25 SUSP	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG TEMPO PEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
HUMALOG SOCT	2	2 max fill(s) per 30 day(s) retail; MP
HUMALOG SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
HUMULIN 70/30 KWIKPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP
HUMULIN 70/30 SUSP	2	2 max fill(s) per 30 day(s) retail; MP
HUMULIN N KWIKPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP
HUMULIN N SUSP	2	2 max fill(s) per 30 day(s) retail; MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	2 max fill(s) per 30 day(s) retail; MP
HUMULIN R U-500 KWIKPEN SOPN SC	2	2 max fill(s) per 30 day(s) retail; MP
HUMULIN R SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN ASP PROT & ASP FLEXPEN SUPN	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN ASPART FLEXPEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN ASPART PENFILL SOCT	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN ASPART PROT & ASPART SUSP	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN ASPART SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	4	2 max fill(s) per 30 day(s) retail; MP
INSULIN DEGLUDEC SOLN	4	2 max fill(s) per 30 day(s) retail; MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP
INSULIN GLARGINE-YFGN SOLN	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN GLARGINE-YFGN SOPN	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO PROT & LISPRO SUPN	2	2 max fill(s) per 30 day(s) retail; MP
INSULIN LISPRO SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP
KIRSTY SOLN IJ 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP
KIRSTY SOPN SC 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP
LANTUS SOLOSTAR SOPN	2	2 max fill(s) per 30 day(s) retail; MP
LANTUS SOLN	2	2 max fill(s) per 30 day(s) retail; MP
LEVEMIR SOLN	4	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV KWIKPEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV TEMPO PEN SOPN	4	2 max fill(s) per 30 day(s) retail; MP
LYUMJEV SOLN	4	2 max fill(s) per 30 day(s) retail; MP
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP
MERILOG SOLN SC 100 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN 70/30 FLEXPEN SUPN	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN 70/30 RELION SUSP	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN 70/30 SUSP	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN N FLEXPEN RELION SUPN	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN N FLEXPEN SUPN	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN N RELION SUSP	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN N SUSP	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN R FLEXPEN RELION SOPN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
NOVOLIN R FLEXPEN SOPN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
NOVOLIN R RELION SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLIN R SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
NOVOLOG FLEXPEN RELION SOPN	2	2 max fill(s) per 30 day(s) retail; MP
NOVOLOG FLEXPEN SOPN	2	2 max fill(s) per 30 day(s) retail; MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
NOVOLOG MIX 70/30 RELION SUSP	2	2 max fill(s) per 30 day(s) retail; MP
NOVOLOG MIX 70/30 SUSP	4	2 max fill(s) per 30 day(s) retail; MP
NOVOLOG PENFILL SOCT	2	2 max fill(s) per 30 day(s) retail; MP
NOVOLOG RELION SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG SOLN IJ	2	2 max fill(s) per 30 day(s) retail; MP
REZVOGLAR KWIKPEN	4	2 max fill(s) per 30 day(s) retail; MP; PA
SEMGLEE (YFGN) SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
SEMGLEE (YFGN) SOPN	4	2 max fill(s) per 30 day(s) retail; MP; PA
TOUJEO MAX SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP
TOUJEO SOLOSTAR SOPN	4	2 max fill(s) per 30 day(s) retail; MP
TRESIBA FLEXTOUCH SOPN	4	2 max fill(s) per 30 day(s) retail; MP
TRESIBA SOLN	4	2 max fill(s) per 30 day(s) retail; MP
Insulin Sensitizing Agents		
ACTOS *(Use pioglitazone hcl)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
pioglitazone hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Meglitinide Analogues		
nateglinide	1	2 max fill(s) per 30 day(s) retail; MP
repaglinide	1	2 max fill(s) per 30 day(s) retail; MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
FARXIGA *(Use dapagliflozin propanediol)*	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
INVOKANA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
JARDIANCE	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
STEGLATRO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Sulfonylureas		
glimepiride 3 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
glimepiride 1 MG, 2 MG, 4 MG	1	2 max fill(s) per 30 day(s) retail; MP
glipizide TABS 2.5 MG	2	2 max fill(s) per 30 day(s) retail; MP
glipizide TABS 5 MG, 10 MG	1	2 max fill(s) per 30 day(s) retail; MP
glipizide TB24	1	2 max fill(s) per 30 day(s) retail; MP
GLUCOTROL XL TB24 *(Use glipizide)*	9	2 max fill(s) per 30 day(s) retail; MP
GLUCOTROL XL TB24 5 MG, 10 MG *(Use glipizide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	2 max fill(s) per 30 day(s) retail; MP
glyburide TABS	1	2 max fill(s) per 30 day(s) retail; MP
GLYNASE *(Use glyburide micronized)*	9	2 max fill(s) per 30 day(s) retail; MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs		

Drug Name	Drug Tier	Requirements/ Limits
to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	2	2 max fill(s) per 30 day(s) retail; PA
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	1	2 max fill(s) per 30 day(s) retail
bismuth subsalicylate SUSP 525 MG/30ML	1	2 max fill(s) per 30 day(s) retail
bismuth subsalicylate TABS	1	2 max fill(s) per 30 day(s) retail
PEPTO BISMOL SUSP 525 MG/30ML *(Use bismuth subsalicylate)*	9	2 max fill(s) per 30 day(s) retail
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	4	2 max fill(s) per 30 day(s) retail
diphenoxylate w/ atropine TABS	4	2 max fill(s) per 30 day(s) retail
IMODIUM A-D CAPS *(Use loperamide hcl)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
IMODIUM A-D TABS *(Use loperamide hcl)*	9	2 max fill(s) per 30 day(s) retail
LOMOTIL TABS *(Use diphenoxylate w/ atropine)*	4	2 max fill(s) per 30 day(s) retail; PA
loperamide hcl CAPS	4	2 max fill(s) per 30 day(s) retail; RX/OTC
loperamide hcl TABS	1	2 max fill(s) per 30 day(s) retail
MOTOFEN	4	2 max fill(s) per 30 day(s) retail
opium tincture	4	2 max fill(s) per 30 day(s) retail; PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	4	2 max fill(s) per 30 day(s) retail; PA
deferasirox PACK	1	2 max fill(s) per 30 day(s) retail; SP
deferasirox TABS	1	2 max fill(s) per 30 day(s) retail; SP
deferasirox TBSO	1	2 max fill(s) per 30 day(s) retail; SP
deferiprone TABS	4	2 max fill(s) per 30 day(s) retail; SP; PA
EXJADE TBSO *(Use deferasirox)*	4	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX TWICE-A-DAY TABS	4	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
FERRIPROX TABS *(Use deferiprone)*	4	2 max fill(s) per 30 day(s) retail; SP; PA
JADENU SPRINKLE PACK *(Use deferasirox)*	4	2 max fill(s) per 30 day(s) retail; SP; PA
JADENU TABS *(Use deferasirox)*	4	2 max fill(s) per 30 day(s) retail; SP; PA
Antidotes and Specific Antagonists		
deferoxamine mesylate	1	SP
DESFERAL 500 MG *(Use deferoxamine mesylate)*	NF	SP
VISTOGARD	2	
Cholinesterase Inhibitors		
PYRIDOSTIGMINE BROMIDE ER TB24 PO 105 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
Opioid Antagonists		
KLOXXADO LIQD	2	2 max fill(s) per 30 day(s) retail
naloxone hcl LIQD	1	2 max fill(s) per 30 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
naloxone hcl SOCT	1	2 max fill(s) per 30 day(s) retail
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	1	2 max fill(s) per 30 day(s) retail
naloxone hcl SOSY	1	2 max fill(s) per 30 day(s) retail
naltrexone hcl	1	2 max fill(s) per 30 day(s) retail
NARCAN LIQD *(Use naloxone hcl)*	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
OPVEE NA	2	2 max fill(s) per 30 day(s) retail
REXTOVY LIQD	4	2 max fill(s) per 30 day(s) retail; PA
VIVITROL	2	2 max fill(s) per 30 day(s) retail
ZIMHI SOSY	2	2 max fill(s) per 30 day(s) retail
ZURNAI IJ 1.5 MG/0.5ML	2	2 max fill(s) per 30 day(s) retail
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	4	2 max fill(s) per 30 day(s) retail; PA
granisetron hcl TABS	4	2 max fill(s) per 30 day(s) retail
ondansetron hcl SOLN PO 4 MG/5ML	1	2 max fill(s) per 30 day(s) retail
ondansetron hcl SOSY	1	2 max fill(s) per 30 day(s) retail
ondansetron hcl TABS 4 MG, 8 MG	1	2 max fill(s) per 30 day(s) retail
ondansetron TBDP 4 MG, 8 MG	1	2 max fill(s) per 30 day(s) retail
ondansetron TBDP 16 MG	4	2 max fill(s) per 30 day(s) retail; PA
palonosetron hcl SOLN	4	2 max fill(s) per 30 day(s) retail; PA
PALONOSETRON HCL SOLN	4	2 max fill(s) per 30 day(s) retail; PA
palonosetron hcl SOSY	4	2 max fill(s) per 30 day(s) retail; PA
POSFREA SOLN	4	2 max fill(s) per 30 day(s) retail; PA
SANCUSO PTCH	4	2 max fill(s) per 30 day(s) retail
SUSTOL PRSY	4	2 max fill(s) per 30 day(s) retail
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(Use meclizine hcl)*	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
ANTIVERT TABS 50 MG *(Use meclizine hcl)*	2	2 max fill(s) per 30 day(s) retail
DIMENHYDRINATE SOLN	4	2 max fill(s) per 30 day(s) retail; PA
meclizine hcl CHEW	1	2 max fill(s) per 30 day(s) retail; RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	1	2 max fill(s) per 30 day(s) retail; RX/OTC
meclizine hcl TABS 50 MG	2	2 max fill(s) per 30 day(s) retail
scopolamine	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail
TIGAN SOLN	4	2 max fill(s) per 30 day(s) retail; PA
TRANSDERM SCOP 1 MG/3DAYS *(Use scopolamine)*	4	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
TRANSDERM-SCOP *(Use scopolamine)*	4	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
trimethobenzamide hcl CAPS	1	2 max fill(s) per 30 day(s) retail
Antiemetics - Miscellaneous		
AKYNZEO	4	2 max fill(s) per 30 day(s) retail; PA
AKYNZEO (READY-TO-USE) SOLN	2	2 max fill(s) per 30 day(s) retail; PA
AKYNZEO (TO-BE-DILUTED) SOLN	2	2 max fill(s) per 30 day(s) retail; PA
AKYNZEO SOLR	2	2 max fill(s) per 30 day(s) retail; PA
BONJESTA TBCR	4	2 max fill(s) per 30 day(s) retail; PA
DICLEGIS TBEC *(Use doxylamine-pyridoxine)*	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
doxylamine-pyridoxine TBEC	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
dronabinol CAPS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
MARINOL CAPS 2.5 MG *(Use dronabinol)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
MARINOL CAPS 5 MG, 10 MG *(Use dronabinol)*	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	4	2 max fill(s) per 30 day(s) retail; PA
aprepitant CAPS	1	2 max fill(s) per 30 day(s) retail
aprepitant CAPS	4	2 max fill(s) per 30 day(s) retail; PA
CINVANTI EMUL	4	2 max fill(s) per 30 day(s) retail; PA
EMEND BIPACK CAPS 80 MG *(Use aprepitant)*	4	2 max fill(s) per 30 day(s) retail; PA
EMEND TRIPACK CAPS *(Use aprepitant)*	4	2 max fill(s) per 30 day(s) retail; PA
EMEND SOLR *(Use fosaprepitant dimeglumine)*	4	2 max fill(s) per 30 day(s) retail; PA
EMEND SUSR	4	2 max fill(s) per 30 day(s) retail; PA
FOCINVEZ SOLN	4	2 max fill(s) per 30 day(s) retail; PA
fosaprepitant dimeglumine SOLR	4	2 max fill(s) per 30 day(s) retail; PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	4	2 max fill(s) per 30 day(s) retail; PA
CANCIDAS *(Use caspofungin acetate)*	4	4 max fill(s) per 30 day(s) retail; PA
caspofungin acetate	1	4 max fill(s) per 30 day(s) retail; PA
CASPOFUNGIN ACETATE	1	4 max fill(s) per 30 day(s) retail; PA
ERAXIS	2	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
micafungin sodium	1	4 max fill(s) per 30 day(s) retail; PA
MICAFUNGIN SODIUM	1	4 max fill(s) per 30 day(s) retail; PA
MICAFUNGIN SODIUM-NACL	2	2 max fill(s) per 30 day(s) retail; PA
MYCAMINE	4	4 max fill(s) per 30 day(s) retail; PA
REZZAYO	2	2 max fill(s) per 30 day(s) retail; PA
Antifungals		
AMBISOME *(Use amphotericin b liposome)*	4	4 max fill(s) per 30 day(s) retail; PA
amphotericin b IV	1	4 max fill(s) per 30 day(s) retail; PA
amphotericin b liposome	1	4 max fill(s) per 30 day(s) retail; PA
flucytosine	4	2 max fill(s) per 30 day(s) retail
griseofulvin microsize SUSP	1	2 max fill(s) per 30 day(s) retail
griseofulvin microsize TABS	4	2 max fill(s) per 30 day(s) retail
griseofulvin ultramicrosize	4	2 max fill(s) per 30 day(s) retail
nystatin TABS	1	2 max fill(s) per 30 day(s) retail
terbinafine hcl TABS	1	2 max fill(s) per 30 day(s) retail
Imidazole-Related Antifungals		
CRESEMBA CAPS	4	2 max fill(s) per 30 day(s) retail; PA
CRESEMBA SOLR	2	4 max fill(s) per 30 day(s) retail; PA
DIFLUCAN SUSR 40 MG/ML *(Use fluconazole)*	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
DIFLUCAN SUSR 10 MG/ML *(Use fluconazole)*	9	2 max fill(s) per 30 day(s) retail
DIFLUCAN TABS 100 MG, 150 MG, 200 MG *(Use fluconazole)*	9	2 max fill(s) per 30 day(s) retail
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	1	4 max fill(s) per 30 day(s) retail; PA
fluconazole SUSR	1	2 max fill(s) per 30 day(s) retail
fluconazole TABS	1	2 max fill(s) per 30 day(s) retail
itraconazole CAPS	1	2 max fill(s) per 30 day(s) retail
itraconazole SOLN	4	2 max fill(s) per 30 day(s) retail; PA
ketoconazole	4	2 max fill(s) per 30 day(s) retail; PA
NOXAFIL PACK	4	2 max fill(s) per 30 day(s) retail; PA
NOXAFIL SOLN *(Use posaconazole)*	4	4 max fill(s) per 30 day(s) retail; PA
NOXAFIL SUSP *(Use posaconazole)*	4	2 max fill(s) per 30 day(s) retail; PA
NOXAFIL TBEC *(Use posaconazole)*	4	2 max fill(s) per 30 day(s) retail; PA
posaconazole SOLN	1	4 max fill(s) per 30 day(s) retail; PA
posaconazole SUSP	4	2 max fill(s) per 30 day(s) retail; PA
posaconazole TBEC	4	2 max fill(s) per 30 day(s) retail
SPORANOX CAPS *(Use itraconazole)*	4	2 max fill(s) per 30 day(s) retail; PA
SPORANOX SOLN *(Use itraconazole)*	4	2 max fill(s) per 30 day(s) retail; PA
TOLSURA CAPS	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
VFEND IV SOLR *(Use voriconazole)*	4	4 max fill(s) per 30 day(s) retail; PA
VFEND IV SOLR *(Use voriconazole)*	9	4 max fill(s) per 30 day(s) retail
VFEND SUSR *(Use voriconazole)*	4	2 max fill(s) per 30 day(s) retail; PA
VFEND TABS 200 MG *(Use voriconazole)*	9	2 max fill(s) per 30 day(s) retail
VIVJOA	4	2 max fill(s) per 30 day(s) retail; PA
voriconazole SOLR	1	4 max fill(s) per 30 day(s) retail; PA
VORICONAZOLE SOLR	2	4 max fill(s) per 30 day(s) retail; PA
VORICONAZOLE SOLR	1	4 max fill(s) per 30 day(s) retail; PA
voriconazole SUSR	4	2 max fill(s) per 30 day(s) retail; PA
voriconazole TABS	1	2 max fill(s) per 30 day(s) retail
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate TABS	1	2 max fill(s) per 30 day(s) retail
dexchlorpheniramine maleate SOLN	4	2 max fill(s) per 30 day(s) retail; PA
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD *(Use diphenhydramine hcl)*	9	2 max fill(s) per 30 day(s) retail
BENADRYL ALLERGY ULTRATABS TABS *(Use diphenhydramine hcl)*	9	2 max fill(s) per 30 day(s) retail
BENADRYL ALLERGY TABS *(Use diphenhydramine hcl)*	9	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
carbinoxamine maleate SOLN	4	2 max fill(s) per 30 day(s) retail
carbinoxamine maleate SUER	4	2 max fill(s) per 30 day(s) retail
carbinoxamine maleate TABS	4	2 max fill(s) per 30 day(s) retail
carbinoxamine maleate TABS 6 MG	4	2 max fill(s) per 30 day(s) retail; PA
clemastine fumarate SYRP	4	2 max fill(s) per 30 day(s) retail
clemastine fumarate TABS 2.68 MG	4	2 max fill(s) per 30 day(s) retail
CLEMSZA TABS 2.68 MG *(Use clemastine fumarate)*	4	2 max fill(s) per 30 day(s) retail
diphenhydramine hcl CAPS	1	2 max fill(s) per 30 day(s) retail
diphenhydramine hcl ELIX 12.5 MG/5ML	1	2 max fill(s) per 30 day(s) retail
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML	1	2 max fill(s) per 30 day(s) retail
diphenhydramine hcl SOLN 50 MG/ML	1	2 max fill(s) per 30 day(s) retail; PA
diphenhydramine hcl TABS 25 MG	1	2 max fill(s) per 30 day(s) retail
KARBINAL ER SUER *(Use carbinoxamine maleate)*	4	2 max fill(s) per 30 day(s) retail; PA
Antihistamines - Non-Sedating		
cetirizine hcl SOLN PO	1	2 max fill(s) per 30 day(s) retail; RX/OTC
cetirizine hcl TABS	1	2 max fill(s) per 30 day(s) retail
CLARINEX TABS *(Use desloratadine)*	4	2 max fill(s) per 30 day(s) retail; PA
CLARINEX TABS *(Use desloratadine)*	9	2 max fill(s) per 30 day(s) retail
CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)*	9	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN SOLN *(Use loratadine)*	9	2 max fill(s) per 30 day(s) retail
CLARITIN TABS *(Use loratadine)*	9	2 max fill(s) per 30 day(s) retail
desloratadine TABS	4	2 max fill(s) per 30 day(s) retail
desloratadine TBDP	4	2 max fill(s) per 30 day(s) retail; PA
levocetirizine dihydrochloride SOLN	4	2 max fill(s) per 30 day(s) retail; RX/OTC
levocetirizine dihydrochloride TABS	4	2 max fill(s) per 30 day(s) retail; RX/OTC
loratadine SOLN	1	2 max fill(s) per 30 day(s) retail
loratadine TABS	1	2 max fill(s) per 30 day(s) retail
ZYRTEC ALLERGY TABS *(Use cetirizine hcl)*	9	2 max fill(s) per 30 day(s) retail
ZYRTEC CHILDRENS ALLERGY SOLN PO *(Use cetirizine hcl)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN IJ *(Use promethazine hcl)*	4	2 max fill(s) per 30 day(s) retail; PA
promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	4	2 max fill(s) per 30 day(s) retail; PA
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	2 max fill(s) per 30 day(s) retail
promethazine hcl SUPP	4	2 max fill(s) per 30 day(s) retail; PA
promethazine hcl SUPP 12.5 MG, 25 MG	1	2 max fill(s) per 30 day(s) retail
promethazine hcl TABS	1	2 max fill(s) per 30 day(s) retail
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	2 max fill(s) per 30 day(s) retail
cyproheptadine hcl TABS	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Angiopoietin-like Protein Inhibitors		
EVKEEZA	CO	SP
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	4	2 max fill(s) per 30 day(s) retail; MP; PA
NEXLIZET	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
VYTORIN *(Use ezetimibe-simvastatin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antihyperlipidemics - Misc.		
icosapent ethyl 1 GM	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
icosapent ethyl 0.5 GM	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LOVAZA *(Use omega-3-acid ethyl esters)*	9	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
omega-3-acid ethyl esters	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Bile Acid Sequestrants		
cholestyramine light PACK	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
cholestyramine light PACK	4	2 max fill(s) per 30 day(s) retail; MP; PA
cholestyramine light POWD	1	2 max fill(s) per 30 day(s) retail; MP
cholestyramine light POWD	4	2 max fill(s) per 30 day(s) retail; MP; PA
cholestyramine PACK	1	2 max fill(s) per 30 day(s) retail; MP
cholestyramine POWD	1	2 max fill(s) per 30 day(s) retail; MP
colesevelam hcl PACK	4	2 max fill(s) per 30 day(s) retail; MP
colesevelam hcl TABS	4	2 max fill(s) per 30 day(s) retail; MP
COLESTID FLAVORED GRAN *(Use colestipol hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
COLESTID FLAVORED PACK *(Use colestipol hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
COLESTID GRAN *(Use colestipol hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
COLESTID PACK *(Use colestipol hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
COLESTID TABS *(Use colestipol hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
colestipol hcl GRAN	1	2 max fill(s) per 30 day(s) retail; MP
colestipol hcl PACK	1	2 max fill(s) per 30 day(s) retail; MP
colestipol hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
QUESTRAN LIGHT POWD *(Use cholestyramine light)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
QUESTRAN PACK *(Use cholestyramine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
QUESTRAN POWD *(Use cholestyramine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
WELCHOL PACK *(Use colesevelam hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
WELCHOL TABS *(Use colesevelam hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Fibric Acid Derivatives		
choline fenofibrate	4	2 max fill(s) per 30 day(s) retail; MP; PA
fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
fenofibrate CAPS	2	2 max fill(s) per 30 day(s) retail; MP
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1	2 max fill(s) per 30 day(s) retail; MP
fenofibrate TABS 40 MG, 120 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
fenofibrate TABS 40 MG, 120 MG	8	2 max fill(s) per 30 day(s) retail; MP; PA
fenofibric acid	4	2 max fill(s) per 30 day(s) retail; MP
FIBRICOR *(Use fenofibric acid)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
gemfibrozil TABS	1	2 max fill(s) per 30 day(s) retail; MP
LIPOFEN CAPS *(Use fenofibrate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
LOPID TABS *(Use gemfibrozil)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
TRICOR TABS *(Use fenofibrate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
TRILIPIX *(Use choline fenofibrate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	4	2 max fill(s) per 30 day(s) retail; MP
ATORVALIQ SUSP	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
atorvastatin calcium TABS	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
CRESTOR TABS *(Use rosuvastatin calcium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
EZALLOR SPRINKLE CPSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
fluvastatin sodium CAPS	4	2 max fill(s) per 30 day(s) retail; MP
fluvastatin sodium TB24	4	2 max fill(s) per 30 day(s) retail; MP
LESCOL XL TB24 *(Use fluvastatin sodium)*	9	2 max fill(s) per 30 day(s) retail; MP
LESCOL XL TB24 *(Use fluvastatin sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
LIPITOR TABS *(Use atorvastatin calcium)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LIPITOR TABS *(Use atorvastatin calcium)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
LIVALO *(Use pitavastatin calcium)*	4	2 max fill(s) per 30 day(s) retail; MP
lovastatin TABS	1	2 max fill(s) per 30 day(s) retail; MP
pitavastatin calcium	4	2 max fill(s) per 30 day(s) retail; MP
pravastatin sodium	1	2 max fill(s) per 30 day(s) retail; MP
rosuvastatin calcium TABS	1	2 max fill(s) per 30 day(s) retail; MP
simvastatin TABS	1	2 max fill(s) per 30 day(s) retail; MP
ZOCOR TABS 10 MG, 20 MG, 40 MG *(Use simvastatin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZYPITAMAG 2 MG, 4 MG	4	2 max fill(s) per 30 day(s) retail; MP
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ZETIA *(Use ezetimibe)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
JUXTAPID 20 MG, 30 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	1	2 max fill(s) per 30 day(s) retail; MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
LEQVIO	4	QL(4.5 ML per 365 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
PRALUENT SOAJ	4	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA PUSHTRONEX SYSTEM SOCT	2	QL(7 ML per 28 day(s) retail; 7 ML per days mail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA SURECLICK SOAJ	2	QL(7 ML per 28 day(s) retail; 7 ML per 90 days mail); 2 max fill(s) per 30 day(s) retail; PA
REPATHA SOSY	2	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(Use quinapril hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ALTACE CAPS 1.25 MG, 5 MG, 10 MG *(Use ramipril)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
benazepril hcl	1	2 max fill(s) per 30 day(s) retail; MP
captopril	1	2 max fill(s) per 30 day(s) retail; MP
enalapril maleate SOLN	4	2 max fill(s) per 30 day(s) retail; MP
enalapril maleate TABS	1	2 max fill(s) per 30 day(s) retail; MP
enalaprilat SOLN	1	2 max fill(s) per 30 day(s) retail; MP
EPANED SOLN *(Use enalapril maleate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
fosinopril sodium	1	2 max fill(s) per 30 day(s) retail; MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1	2 max fill(s) per 30 day(s) retail; MP
LOTENSIN 10 MG, 20 MG, 40 MG *(Use benazepril hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
moexipril hcl	4	2 max fill(s) per 30 day(s) retail; MP
perindopril erbumine	4	2 max fill(s) per 30 day(s) retail; MP
QBRELIS SOLN	4	2 max fill(s) per 30 day(s) retail; MP
quinapril hcl	1	2 max fill(s) per 30 day(s) retail; MP
ramipril CAPS	1	2 max fill(s) per 30 day(s) retail; MP
trandolapril	4	2 max fill(s) per 30 day(s) retail; MP
ZESTRIL TABS *(Use lisinopril)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Agents for Pheochromocytoma		
metyrosine	1	2 max fill(s) per 30 day(s) retail; MP
phenoxybenzamine hcl	1	2 max fill(s) per 30 day(s) retail
Angiotensin II Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
ARBLI PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
ATACAND *(Use candesartan cilexetil)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
AVAPRO 150 MG, 300 MG *(Use irbesartan)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
BENICAR *(Use olmesartan medoxomil)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
candesartan cilexetil	4	2 max fill(s) per 30 day(s) retail; MP
COZAAR 50 MG, 100 MG *(Use losartan potassium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
COZAAR 25 MG *(Use losartan potassium)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
DIOVAN TABS *(Use valsartan)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
EDARBI	4	2 max fill(s) per 30 day(s) retail; MP
irbesartan	1	2 max fill(s) per 30 day(s) retail; MP
losartan potassium 50 MG, 100 MG	1	2 max fill(s) per 30 day(s) retail; MP
losartan potassium 25 MG	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
MICARDIS *(Use telmisartan)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
olmesartan medoxomil	1	2 max fill(s) per 30 day(s) retail; MP
telmisartan	1	2 max fill(s) per 30 day(s) retail; MP
valsartan SOLN	1	2 max fill(s) per 30 day(s) retail; MP
valsartan SOLN	2	2 max fill(s) per 30 day(s) retail; MP
valsartan TABS	1	2 max fill(s) per 30 day(s) retail; MP
Antiadrenergic Antihypertensives		
CARDURA *(Use doxazosin mesylate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
CARDURA 8 MG *(Use doxazosin mesylate)*	9	2 max fill(s) per 30 day(s) retail; MP
clonidine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
clonidine PTWK	1	2 max fill(s) per 30 day(s) retail; MP
clonidine TB24	2	2 max fill(s) per 30 day(s) retail; MP; PA
doxazosin mesylate	1	2 max fill(s) per 30 day(s) retail; MP
guanfacine hcl	1	2 max fill(s) per 30 day(s) retail; MP
methyldopa TABS	1	2 max fill(s) per 30 day(s) retail; MP
MINIPRESS CAPS *(Use prazosin hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
NEXICLON XR TB24 *(Use clonidine)*	2	2 max fill(s) per 30 day(s) retail; MP; PA
prazosin hcl CAPS	1	2 max fill(s) per 30 day(s) retail; MP
terazosin hcl	1	2 max fill(s) per 30 day(s) retail; MP
TEZRULY PO 1 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antihypertensive Combinations		

Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(Use quinapril-hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
amlodipine besylate-benazepril hcl	1	2 max fill(s) per 30 day(s) retail; MP
amlodipine besylate-olmesartan medoxomil	1	2 max fill(s) per 30 day(s) retail; MP
amlodipine besylate-valsartan	1	2 max fill(s) per 30 day(s) retail; MP
amlodipine-valsartan-hydrochlorothiazide	4	2 max fill(s) per 30 day(s) retail; MP; PA
ATACAND HCT *(Use candesartan cilexetil-hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
atenolol & chlorthalidone	1	2 max fill(s) per 30 day(s) retail; MP
AVALIDE *(Use irbesartan-hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
AZOR *(Use amlodipine besylate-olmesartan medoxomil)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
benazepril & hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
BENICAR HCT *(Use olmesartan medoxomil-hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
bisoprolol & hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
candesartan cilexetil-hydrochlorothiazide	4	2 max fill(s) per 30 day(s) retail; MP; PA
captopril & hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
DIOVAN HCT *(Use valsartan-hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
EDARBYCLOR	4	2 max fill(s) per 30 day(s) retail; MP; PA
enalapril maleate & hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
EXFORGE *(Use amlodipine besylate-valsartan)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
EXFORGE HCT *(Use amlodipine-valsartan-hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
fosinopril sodium & hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
HYZAAR *(Use losartan potassium & hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
irbesartan-hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
lisinopril & hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
losartan potassium & hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(Use benazepril & hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(Use amlodipine besylate-benazepril hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
metoprolol & hydrochlorothiazide TABS	1	2 max fill(s) per 30 day(s) retail; MP
MICARDIS HCT *(Use telmisartan-hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
olmesartan medoxomil-amlodipine-hydrochlorothiazide	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil-hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
quinapril-hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
telmisartan-amlodipine	4	2 max fill(s) per 30 day(s) retail; MP; PA
telmisartan-hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
TENORETIC 100 *(Use atenolol & chlorthalidone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
TENORETIC 100 *(Use atenolol & chlorthalidone)*	9	2 max fill(s) per 30 day(s) retail; MP
TENORETIC 50 *(Use atenolol & chlorthalidone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
TENORETIC 50 *(Use atenolol & chlorthalidone)*	9	2 max fill(s) per 30 day(s) retail; MP
trandolapril-verapamil hcl	4	2 max fill(s) per 30 day(s) retail; MP; PA
TRIBENZOR *(Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
valsartan-hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
ZESTORETIC *(Use lisinopril & hydrochlorothiazide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Direct Renin Inhibitors		
aliskiren fumarate	4	2 max fill(s) per 30 day(s) retail; MP; PA
TEKTURNA *(Use aliskiren fumarate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Endothelin Receptor Antagonists		
TRYVIO	2	2 max fill(s) per 30 day(s) retail; MP; PA
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	2 max fill(s) per 30 day(s) retail; MP
INSPRA *(Use eplerenone)*	9	2 max fill(s) per 30 day(s) retail; MP
INSPRA *(Use eplerenone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Vasodilators		
hydralazine hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP; PA
hydralazine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
minoxidil 2.5 MG, 10 MG	1	2 max fill(s) per 30 day(s) retail; MP
NIPRIDE RTU *(Use nitroprusside sodium-sodium chloride)*	2	2 max fill(s) per 30 day(s) retail; MP; PA
nitroprusside sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA
nitroprusside sodium-sodium chloride	1	2 max fill(s) per 30 day(s) retail; MP; PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS *(Use metronidazole)*	4	2 max fill(s) per 30 day(s) retail; PA
LIKMEZ SUSP	4	2 max fill(s) per 30 day(s) retail; PA
metronidazole CAPS	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
metronidazole TABS 250 MG, 500 MG	1	2 max fill(s) per 30 day(s) retail
metronidazole TABS 125 MG	4	2 max fill(s) per 30 day(s) retail; PA
NEBUPENT IN *(Use pentamidine isethionate)*	2	4 max fill(s) per 30 day(s) retail; PA
PENTAM IJ *(Use pentamidine isethionate)*	NF	PA
pentamidine isethionate IN	1	4 max fill(s) per 30 day(s) retail; PA
tinidazole	1	2 max fill(s) per 30 day(s) retail
trimethoprim TABS	1	4 max fill(s) per 30 day(s) retail
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(Use sulfamethoxazole-trimethoprim)*	4	2 max fill(s) per 30 day(s) retail; PA
BACTRIM TABS *(Use sulfamethoxazole-trimethoprim)*	4	2 max fill(s) per 30 day(s) retail; PA
methenamine-hyoscamine-methylene blue-sodium phosphate TABS	4	4 max fill(s) per 30 day(s) retail
methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS	4	4 max fill(s) per 30 day(s) retail
methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81 MG	4	4 max fill(s) per 30 day(s) retail
sulfamethoxazole-trimethoprim SOLN	1	4 max fill(s) per 30 day(s) retail; PA
sulfamethoxazole-trimethoprim SUSP	1	2 max fill(s) per 30 day(s) retail
sulfamethoxazole-trimethoprim SUSP	4	2 max fill(s) per 30 day(s) retail; PA
sulfamethoxazole-trimethoprim TABS	1	2 max fill(s) per 30 day(s) retail
URIBEL	4	4 max fill(s) per 30 day(s) retail
UROGESIC-BLUE TABS *(Use methenamine-hyoscamine-methylene blue-sodium phosphate)*	4	4 max fill(s) per 30 day(s) retail; PA
XACDURO	2	2 max fill(s) per 30 day(s) retail; PA
Antiprotozoal Agents		
atovaquone	1	4 max fill(s) per 30 day(s) retail
LAMPIT	2	4 max fill(s) per 30 day(s) retail; PA
MEPRON *(Use atovaquone)*	4	4 max fill(s) per 30 day(s) retail; PA
nitazoxanide TABS	4	4 max fill(s) per 30 day(s) retail; PA
Carbapenems		
ertapenem sodium IJ	1	SP; PA
Glycopeptides		
FIRVANQ SOLR PO *(Use vancomycin hcl)*	4	2 max fill(s) per 30 day(s) retail; PA
VANCOCIN CAPS *(Use vancomycin hcl)*	4	2 max fill(s) per 30 day(s) retail; PA
vancomycin hcl CAPS	1	2 max fill(s) per 30 day(s) retail
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	1	2 max fill(s) per 30 day(s) retail
vancomycin hcl SOLR PO 25 MG/ML	2	2 max fill(s) per 30 day(s) retail
vancomycin hcl SOLR IV 1 GM	1	QL(14 EA per fill retail)
vancomycin hcl SOLR IV 500 MG	1	QL(14 EA per 30 day(s) retail)
VANCOMYCIN HCL SOLR IV 500 MG	2	QL(14 EA per 30 day(s) retail)
VANCOMYCIN HCL SOLR IV 1 GM	2	QL(14 EA per fill retail)
Leprostatics		

Drug Name	Drug Tier	Requirements/ Limits
dapsone	1	4 max fill(s) per 30 day(s) retail
Lincosamides		
CLEOCIN *(Use clindamycin palmitate hydrochloride)*	4	4 max fill(s) per 30 day(s) retail; PA
CLEOCIN *(Use clindamycin hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
clindamycin hcl	1	4 max fill(s) per 30 day(s) retail
clindamycin palmitate hydrochloride	1	4 max fill(s) per 30 day(s) retail
LINCOCIN *(Use lincomycin hcl)*	NF	PA
lincomycin hcl	1	PA
Monobactams		
CAYSTON	2	QL(3 ML daily); 4 max fill(s) per 30 day(s) retail; SP; PA
Oxazolidinones		
LINEZOLID IN SODIUM CHLORIDE	2	2 max fill(s) per 30 day(s) retail; PA
linezolid SOLN	1	2 max fill(s) per 30 day(s) retail; PA
linezolid SUSR	1	2 max fill(s) per 30 day(s) retail
linezolid TABS	1	2 max fill(s) per 30 day(s) retail
SIVEXTRO SOLR	2	2 max fill(s) per 30 day(s) retail; PA
SIVEXTRO TABS	4	2 max fill(s) per 30 day(s) retail
ZYVOX SOLN *(Use linezolid)*	2	2 max fill(s) per 30 day(s) retail; PA
ZYVOX SOLN	2	2 max fill(s) per 30 day(s) retail; PA
ZYVOX SUSR *(Use linezolid)*	4	2 max fill(s) per 30 day(s) retail; PA
ZYVOX TABS *(Use linezolid)*	4	2 max fill(s) per 30 day(s) retail; PA
Penems		
ORLYNVAH TABS PO	4	2 max fill(s) per 30 day(s) retail; PA
Urinary Anti-infectives		
BLUJEPA TABS PO 750 MG	4	4 max fill(s) per 30 day(s) retail
fosfomycin tromethamine	4	4 max fill(s) per 30 day(s) retail
HIPREX *(Use methenamine hippurate)*	9	4 max fill(s) per 30 day(s) retail
MACROBID *(Use nitrofurantoin monohyd macro)*	4	4 max fill(s) per 30 day(s) retail; PA
MACRODANTIN *(Use nitrofurantoin macrocrystal)*	9	4 max fill(s) per 30 day(s) retail
methenamine hippurate	1	4 max fill(s) per 30 day(s) retail
methenamine mandelate	1	4 max fill(s) per 30 day(s) retail
MONUROL *(Use fosfomycin tromethamine)*	9	4 max fill(s) per 30 day(s) retail
nitrofurantoin	1	4 max fill(s) per 30 day(s) retail
NITROFURANTOIN	2	
nitrofurantoin macrocrystal 25 MG	4	4 max fill(s) per 30 day(s) retail
nitrofurantoin macrocrystal 50 MG, 100 MG	1	4 max fill(s) per 30 day(s) retail
nitrofurantoin monohyd macro	1	4 max fill(s) per 30 day(s) retail
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	4 max fill(s) per 30 day(s) retail
COARTEM	2	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
MALARONE *(Use atovaquone-proguanil hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
Antimalarials		
chloroquine phosphate TABS	1	4 max fill(s) per 30 day(s) retail
DARAPRIM *(Use pyrimethamine)*	CO	4 max fill(s) per 30 day(s) retail; MP
hydroxychloroquine sulfate 300 MG	1	2 max fill(s) per 30 day(s) retail
hydroxychloroquine sulfate 100 MG, 200 MG, 400 MG	1	4 max fill(s) per 30 day(s) retail
KRINTAFEL	4	4 max fill(s) per 30 day(s) retail; PA
mefloquine hcl	1	4 max fill(s) per 30 day(s) retail
primaquine phosphate TABS	1	4 max fill(s) per 30 day(s) retail
PRIMAQUINE PHOSPHATE TABS *(Use primaquine phosphate)*	2	4 max fill(s) per 30 day(s) retail
pyrimethamine	CO	4 max fill(s) per 30 day(s) retail; MP
QUALAQUIN CAPS *(Use quinine sulfate)*	4	4 max fill(s) per 30 day(s) retail; PA
quinine sulfate CAPS 324 MG	1	4 max fill(s) per 30 day(s) retail
SOVUNA 300 MG	4	2 max fill(s) per 30 day(s) retail; PA
SOVUNA 200 MG	4	4 max fill(s) per 30 day(s) retail; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV *(Use neostigmine methylsulfate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
BLOXIVERZ SOSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
FIRDAPSE	CO	SP; MP
NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
NEOSTIGMINE METHYLSULFATE RFID SOSY *(Use neostigmine methylsulfate)*	1	2 max fill(s) per 30 day(s) retail; MP; PA
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
neostigmine methylsulfate SOSY	1	2 max fill(s) per 30 day(s) retail; MP; PA
NEOSTIGMINE METHYLSULFATE SOSY *(Use neostigmine methylsulfate)*	1	2 max fill(s) per 30 day(s) retail; MP; PA
pyridostigmine bromide SOLN PO	1	2 max fill(s) per 30 day(s) retail; MP
pyridostigmine bromide TABS 60 MG	1	2 max fill(s) per 30 day(s) retail; MP
pyridostigmine bromide TABS 30 MG	2	2 max fill(s) per 30 day(s) retail; MP
pyridostigmine bromide TBCR	1	2 max fill(s) per 30 day(s) retail; MP
REGONOL SOLN IV	1	2 max fill(s) per 30 day(s) retail; MP; PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ethambutol hcl TABS	1	4 max fill(s) per 30 day(s) retail
isoniazid SOLN	1	2 max fill(s) per 30 day(s) retail; PA
isoniazid SYRP	1	4 max fill(s) per 30 day(s) retail
isoniazid TABS	1	4 max fill(s) per 30 day(s) retail
MYAMBUTOL TABS 400 MG *(Use ethambutol hcl)*	9	4 max fill(s) per 30 day(s) retail
MYCOBUTIN *(Use rifabutin)*	9	4 max fill(s) per 30 day(s) retail
PRETOMANID	2	4 max fill(s) per 30 day(s) retail
PRIFTIN	2	4 max fill(s) per 30 day(s) retail
pyrazinamide	1	4 max fill(s) per 30 day(s) retail
rifabutin	1	4 max fill(s) per 30 day(s) retail
RIFADIN SOLR *(Use rifampin)*	2	2 max fill(s) per 30 day(s) retail; PA
rifampin CAPS	1	4 max fill(s) per 30 day(s) retail
rifampin SOLR	1	2 max fill(s) per 30 day(s) retail; PA
SIRTURO	2	4 max fill(s) per 30 day(s) retail
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	1	4 max fill(s) per 30 day(s) retail
CYCLOPHOSPHAMIDE TABS	2	4 max fill(s) per 30 day(s) retail
GLEOSTINE 10 MG, 40 MG, 100 MG	CO	SP
temozolomide CAPS	1	4 max fill(s) per 30 day(s) retail; PA
Antimetabolites		
capecitabine	CO	

Drug Name	Drug Tier	Requirements/ Limits
JYLAMVO SOLN PO	4	2 max fill(s) per 30 day(s) retail; PA
mercaptopurine SUSP 2000 MG/100ML	CO	
mercaptopurine TABS	CO	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	2 max fill(s) per 30 day(s) retail
methotrexate sodium SOLR	1	2 max fill(s) per 30 day(s) retail
methotrexate sodium TABS 2.5 MG	1	2 max fill(s) per 30 day(s) retail
ONUREG TABS	CO	SP
PURIXAN SUSP 2000 MG/100ML *(Use mercaptopurine)*	CO	
TABLOID	CO	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2	2 max fill(s) per 30 day(s) retail
XATMEP SOLN PO	2	2 max fill(s) per 30 day(s) retail
XELODA *(Use capecitabine)*	CO	
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	CO	SP
INLYTA	CO	SP
LENVIMA (10 MG DAILY DOSE)	CO	SP
LENVIMA (12 MG DAILY DOSE)	CO	SP
LENVIMA (14 MG DAILY DOSE)	CO	SP
LENVIMA (18 MG DAILY DOSE)	CO	SP
LENVIMA (20 MG DAILY DOSE)	CO	SP
LENVIMA (24 MG DAILY DOSE)	CO	SP
LENVIMA (4 MG DAILY DOSE)	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (8 MG DAILY DOSE)	CO	SP
Antineoplastic - Anti-HER2 Agents		
HERNEXEOS TABS PO 60 MG	CO	
TUKYSA	CO	SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	CO	SP
VENCLEXTA TABS	CO	SP
Antineoplastic - Cellular Immunotherapy		
ABECMA	CO	SP
AMTAGVI	CO	SP
AUCATZYL	CO	SP
BREYANZI	CO	SP
CARVYKTI	CO	SP
KYMRIAH	CO	SP
OMISIRGE	CO	SP
PROVENGE	CO	SP
TECARTUS	CO	SP
TECELRA	CO	SP
YESCARTA	CO	SP
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	CO	
EXKIVITY	CO	SP
gefitinib	CO	SP
GILOTRIF	CO	SP
IRESSA *(Use gefitinib)*	CO	SP
LAZCLUZE	CO	SP
TAGRISSO	CO	SP
TARCEVA *(Use erlotinib hcl)*	CO	
VIZIMPRO	CO	SP
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	CO	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	CO	SP
ERIVEDGE	CO	SP
ODOMZO	CO	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	CO	SP
AKEEGA	CO	SP
anastrozole	CO	
ARIMIDEX *(Use anastrozole)*	CO	
AROMASIN *(Use exemestane)*	CO	
bicalutamide	CO	
CAMCEVI	2	4 max fill(s) per 30 day(s) retail; SP; PA
CASODEX *(Use bicalutamide)*	CO	
ELIGARD SC	2	4 max fill(s) per 30 day(s) retail; SP; PA
EMCYT	CO	
ERLEADA	CO	SP
EULEXIN	CO	
exemestane	CO	
FARESTON *(Use toremifene citrate)*	CO	
FEMARA *(Use letrozole)*	CO	
INLURIYO TABS PO 200 MG	2	QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP; PA
letrozole	CO	
leuprolide acetate (3 month) INJ 22.5 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA
leuprolide acetate KIT IJ 1 MG/0.2ML	1	4 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	4 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (3-MONTH) KIT IM	2	4 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT (4-MONTH) IM	2	4 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT (6-MONTH) IM	2	4 max fill(s) per 30 day(s) retail; SP; PA
LUTRATE DEPOT INJ 22.5 MG	2	4 max fill(s) per 30 day(s) retail; SP; PA
LYSODREN	CO	SP
megestrol acetate SUSP	1	4 max fill(s) per 30 day(s) retail
NILANDRON *(Use nilutamide)*	CO	
nilutamide	CO	
NUBEQA	CO	SP
ORGOVYX	CO	SP
ORSERDU	CO	
SOLTAMOX SOLN	CO	
tamoxifen citrate TABS	CO	
toremifene citrate	CO	
TRELSTAR MIXJECT	2	4 max fill(s) per 30 day(s) retail; SP; PA
XTANDI CAPS	CO	SP
XTANDI TABS	CO	SP
YONSA	CO	SP
ZYTIGA *(Use abiraterone acetate)*	CO	SP
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	CO	SP
Antineoplastic - Immunomodulators		
POMALYST	CO	SP
Antineoplastic - Menin Inhibitors		
REVUFORJ	CO	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	CO	SP
Antineoplastic - Protease Activators		
MODEYSO CAPS PO 125 MG	CO	
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	CO	SP
XPOVIO (40 MG ONCE WEEKLY)	CO	SP
XPOVIO (40 MG TWICE WEEKLY) 40 MG	CO	SP
XPOVIO (60 MG ONCE WEEKLY) 60 MG	CO	SP
XPOVIO (60 MG TWICE WEEKLY)	CO	SP
XPOVIO (80 MG ONCE WEEKLY) 40 MG	CO	SP
XPOVIO (80 MG TWICE WEEKLY)	CO	SP
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THPK PO	CO	SP
INQOVI	CO	SP
KISQALI FEMARA (200 MG DOSE)	CO	SP
KISQALI FEMARA (400 MG DOSE)	CO	SP
KISQALI FEMARA (600 MG DOSE)	CO	SP
LONSURF	CO	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(Use everolimus)*	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
AFINITOR TABS *(Use everolimus)*	4	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
ALECENSA	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG TABS	CO	SP
ALUNBRIG TBPK	CO	SP
AUGTYRO 160 MG	CO	SP
AUGTYRO 40 MG	CO	
BALVERSA	CO	SP
BELEODAQ	CO	SP
BOSULIF CAPS	CO	SP
BOSULIF TABS	CO	SP
BRAFTOVI 75 MG	CO	SP
BRUKINSA PO 160 MG	CO	
BRUKINSA	CO	SP
CABOMETYX TABS	CO	SP
CALQUENCE	CO	SP
CAPRELSA	CO	SP
COMETRIQ (100 MG DAILY DOSE) KIT	CO	SP
COMETRIQ (140 MG DAILY DOSE) KIT	CO	SP
COMETRIQ (60 MG DAILY DOSE) KIT	CO	SP
COPIKTRA	CO	SP
COTELLIC	CO	SP
DANZITEN	CO	SP
dasatinib	CO	SP
ENSACOVE CAPS PO 25 MG, 100 MG	CO	SP
everolimus TABS	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
everolimus TBSO	1	QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA
FOTIVDA	CO	SP
FYARRO	CO	SP
GAVRETO	CO	SP
GLEEVEC TABS *(Use imatinib mesylate)*	CO	SP
GOMEKLI CAPS PO 1 MG, 2 MG	CO	SP
GOMEKLI TBSO PO 1 MG	CO	SP
IBRANCE CAPS	CO	SP
IBRANCE TABS	CO	SP
IBTROZI CAPS PO 200 MG	CO	
ICLUSIG	CO	SP
IDHIFA	CO	SP
imatinib mesylate TABS	CO	SP
IMBRUVICA CAPS	CO	SP
IMBRUVICA SUSP	CO	SP
IMBRUVICA TABS	CO	SP
IMKELDI SOLN	CO	SP
INREBIC	CO	SP
ISTODAX SOLR *(Use romidepsin)*	CO	SP
ITOVEBI	CO	SP
JAKAFI	CO	SP
JAYPIRCA	CO	
KISQALI (200 MG DOSE)	CO	SP
KISQALI (400 MG DOSE)	CO	SP
KISQALI (600 MG DOSE)	CO	SP
KOSELUGO PO 5 MG, 7.5 MG	CO	
KOSELUGO	CO	SP
KRAZATI	CO	SP
lapatinib ditosylate	CO	SP
LORBRENA	CO	SP
LUMAKRAS	CO	SP
LYNPARZA TABS	CO	SP
LYTGOBI (12 MG DAILY DOSE)	CO	SP
LYTGOBI (16 MG DAILY DOSE)	CO	SP
LYTGOBI (20 MG DAILY DOSE)	CO	SP
MEKINIST SOLR	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST TABS	CO	SP
MEKTOVI	CO	SP
NERLYNX	CO	SP
NEXAVAR *(Use sorafenib tosylate)*	CO	SP
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	CO	
nilotinib hcl 50 MG, 150 MG, 200 MG	CO	SP
NINLARO	CO	SP
OGSIVEO	CO	SP
OJEMDA SUSR	CO	SP
OJEMDA TABS	CO	SP
OJJAARA	CO	SP
pazopanib hcl	CO	SP
PAZOPANIB HCL 400 MG	CO	
PEMAZYRE	CO	SP
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	CO	SP
PIQRAY (200 MG DAILY DOSE)	CO	SP
PIQRAY (250 MG DAILY DOSE)	CO	SP
PIQRAY (300 MG DAILY DOSE)	CO	SP
QINLOCK	CO	SP
RETEVMO CAPS	CO	SP
RETEVMO TABS	CO	SP
REZLIDHIA	CO	SP
ROMIDEPSIN SOLN	CO	SP
romidepsin SOLR	CO	SP
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	CO	SP
ROZLYTREK CAPS	CO	SP
ROZLYTREK PACK	CO	SP
RUBRACA	CO	SP
RYDAPT	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
SCEMBLIX	CO	SP
sorafenib tosylate	CO	SP
SPRYCEL *(Use dasatinib)*	CO	SP
STIVARGA	CO	SP
sunitinib malate	CO	SP
SUTENT *(Use sunitinib malate)*	CO	SP
TABRECTA	CO	SP
TAFINLAR CAPS	CO	SP
TAFINLAR TBSO	CO	SP
TALZENNA	CO	SP
TASIGNA 50 MG, 150 MG, 200 MG *(Use nilotinib hcl)*	CO	SP
TAZVERIK	CO	
TEPMETKO	CO	SP
TIBSOVO	CO	SP
TRUQAP TABS	CO	SP
TRUQAP TBPK	CO	SP
TURALIO 125 MG	CO	SP
TYKERB *(Use lapatinib ditosylate)*	CO	SP
VANFLYTA	CO	SP
VERZENIO	CO	SP
VITRAKVI CAPS	CO	SP
VITRAKVI SOLN	CO	SP
VONJO	CO	SP
VORANIGO	CO	SP
VOTRIENT *(Use pazopanib hcl)*	CO	SP
XALKORI CAPS	CO	SP
XALKORI CPSP	CO	SP
XOSPATA	CO	SP
ZEJULA CAPS	CO	SP
ZEJULA TABS	CO	SP
ZELBORAF	CO	SP
ZOLINZA	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
ZYDELIG	CO	SP
ZYKADIA TABS	CO	SP
Antineoplastic Radiopharmaceuticals		
LUTATHERA	CO	SP
PLUVICTO	CO	SP
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	CO	2 max fill(s) per 30 day(s) retail; SP
BESREMI	2	SP; PA
bexarotene	CO	SP
HYDREA *(Use hydroxyurea)*	4	4 max fill(s) per 30 day(s) retail; PA
hydroxyurea	1	4 max fill(s) per 30 day(s) retail
MATULANE	4	4 max fill(s) per 30 day(s) retail; PA
TARGRETIN *(Use bexarotene)*	CO	SP
tretinoin (chemotherapy)	CO	SP
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	CO	SP
leucovorin calcium TABS	1	4 max fill(s) per 30 day(s) retail
mesna TABS	1	4 max fill(s) per 30 day(s) retail
MESNEX TABS	4	4 max fill(s) per 30 day(s) retail; PA
Mitotic Inhibitors		
etoposide CAPS	CO	
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	CO	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1	2 max fill(s) per 30 day(s) retail; MP
NOURIANZ	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	1	2 max fill(s) per 30 day(s) retail; MP
benztropine mesylate TABS	1	2 max fill(s) per 30 day(s) retail; MP
trihexyphenidyl hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP
trihexyphenidyl hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
Antiparkinson COMT Inhibitors		
COMTAN *(Use entacapone)*	9	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
entacapone	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ONGENTYS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
tolcapone	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	2 max fill(s) per 30 day(s) retail; MP
amantadine hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP
amantadine hcl TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
APOKYN SOCT	4	2 max fill(s) per 30 day(s) retail; MP; PA
apomorphine hydrochloride SOCT	4	2 max fill(s) per 30 day(s) retail; MP
bromocriptine mesylate CAPS	4	2 max fill(s) per 30 day(s) retail; MP
bromocriptine mesylate TABS 2.5 MG	4	2 max fill(s) per 30 day(s) retail; MP
carbidopa-levodopa CPCR	4	2 max fill(s) per 30 day(s) retail; MP; PA
carbidopa-levodopa-entacapone	4	2 max fill(s) per 30 day(s) retail; MP; PA
carbidopa-levodopa TABS	1	2 max fill(s) per 30 day(s) retail; MP
carbidopa-levodopa TBCR	1	2 max fill(s) per 30 day(s) retail; MP
carbidopa-levodopa TBDP	1	2 max fill(s) per 30 day(s) retail; MP
CREXONT CPCR	4	2 max fill(s) per 30 day(s) retail; MP; PA
DHIVY TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
DUOPA SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
GOCOVRI CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA
INBRIJA CAPS	4	2 max fill(s) per 30 day(s) retail; MP; PA
MIRAPEX ER TB24 1.5 MG, 2.25 MG, 3 MG, 3.75 MG *(Use pramipexole dihydrochloride)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 4.5 MG *(Use pramipexole dihydrochloride)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
NEUPRO	4	2 max fill(s) per 30 day(s) retail; MP
ONAPGO SOCT 98 MG/20ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
OSMOLEX ER TB24 129 MG, 193 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
PARLODEL CAPS *(Use bromocriptine mesylate)*	9	2 max fill(s) per 30 day(s) retail; MP
PARLODEL TABS *(Use bromocriptine mesylate)*	9	2 max fill(s) per 30 day(s) retail; MP
pramipexole dihydrochloride TABS	1	2 max fill(s) per 30 day(s) retail; MP
pramipexole dihydrochloride TB24	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ropinirole hydrochloride TABS	1	2 max fill(s) per 30 day(s) retail; MP
ropinirole hydrochloride TB24	1	2 max fill(s) per 30 day(s) retail; MP
RYTARY CPCR	4	2 max fill(s) per 30 day(s) retail; MP; PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(Use carbidopa-levodopa)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
STALEVO 100 *(Use carbidopa-levodopa-entacapone)*	9	2 max fill(s) per 30 day(s) retail; MP
STALEVO 125 *(Use carbidopa-levodopa-entacapone)*	9	2 max fill(s) per 30 day(s) retail; MP
STALEVO 150 *(Use carbidopa-levodopa-entacapone)*	9	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 200 *(Use carbidopa-levodopa-entacapone)*	9	2 max fill(s) per 30 day(s) retail; MP
STALEVO 50 *(Use carbidopa-levodopa-entacapone)*	9	2 max fill(s) per 30 day(s) retail; MP
STALEVO 75 *(Use carbidopa-levodopa-entacapone)*	9	2 max fill(s) per 30 day(s) retail; MP
VYALEV SOLN SC	4	2 max fill(s) per 30 day(s) retail; PA
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(Use rasagiline mesylate)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
rasagiline mesylate	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
selegiline hcl CAPS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
selegiline hcl TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
XADAGO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1	2 max fill(s) per 30 day(s) retail; MP
lithium carbonate CAPS	1	2 max fill(s) per 30 day(s) retail; MP
lithium carbonate TABS	1	2 max fill(s) per 30 day(s) retail; MP
lithium carbonate TBCR	1	2 max fill(s) per 30 day(s) retail; MP
LITHOBID TBCR *(Use lithium carbonate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Antipsychotics - Misc.		
CAPLYTA	4	2 max fill(s) per 30 day(s) retail; MP
EQUETRO	2	2 max fill(s) per 30 day(s) retail; MP; PA
GEODON *(Use ziprasidone hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
GEODON *(Use ziprasidone mesylate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
GEODON *(Use ziprasidone mesylate)*	9	2 max fill(s) per 30 day(s) retail; MP
GEODON 40 MG, 60 MG *(Use ziprasidone hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
LATUDA *(Use lurasidone hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
lurasidone hcl	1	2 max fill(s) per 30 day(s) retail; MP
NUPLAZID CAPS	2	2 max fill(s) per 30 day(s) retail; SP; PA
NUPLAZID TABS 10 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA
VRAYLAR CAPS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ziprasidone hcl	1	2 max fill(s) per 30 day(s) retail; MP
ziprasidone mesylate	1	2 max fill(s) per 30 day(s) retail; MP
Benzisoxazoles		

Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI	4	2 max fill(s) per 30 day(s) retail; MP; PA
FANAPT	4	2 max fill(s) per 30 day(s) retail; MP
FANAPT TITRATION PACK A	4	2 max fill(s) per 30 day(s) retail; MP; PA
FANAPT TITRATION PACK B	4	2 max fill(s) per 30 day(s) retail; MP; PA
FANAPT TITRATION PACK C	4	2 max fill(s) per 30 day(s) retail; MP; PA
INVEGA 3 MG, 6 MG, 9 MG *(Use paliperidone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
INVEGA HAFYERA	2	2 max fill(s) per 30 day(s) retail; MP; PA
INVEGA SUSTENNA	2	2 max fill(s) per 30 day(s) retail; MP
INVEGA TRINZA	2	2 max fill(s) per 30 day(s) retail; MP
paliperidone	4	2 max fill(s) per 30 day(s) retail; MP
PERSERIS PRSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
RISPERDAL CONSTA *(Use risperidone microspheres)*	2	3 max fill(s) per 30 day(s) retail; MP
RISPERDAL SOLN *(Use risperidone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(Use risperidone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
risperidone microspheres	1	3 max fill(s) per 30 day(s) retail; MP
risperidone SOLN	1	2 max fill(s) per 30 day(s) retail; MP
risperidone TABS	1	2 max fill(s) per 30 day(s) retail; MP
risperidone TBDP	1	2 max fill(s) per 30 day(s) retail; MP
RYKINDO SRER	2	3 max fill(s) per 30 day(s) retail; MP
UZEDY SUSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
Butyrophenones		
HALDOL DECANOATE *(Use haloperidol decanoate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
haloperidol decanoate	1	2 max fill(s) per 30 day(s) retail; MP
haloperidol lactate CONC	1	2 max fill(s) per 30 day(s) retail; MP
haloperidol lactate SOLN	1	2 max fill(s) per 30 day(s) retail; MP
haloperidol TABS	1	2 max fill(s) per 30 day(s) retail; MP
Dibenzapines		
ADASUVE	4	2 max fill(s) per 30 day(s) retail; MP; PA
asenapine maleate	4	2 max fill(s) per 30 day(s) retail; MP
clozapine TABS	1	2 max fill(s) per 30 day(s) retail; MP
clozapine TBDP	4	2 max fill(s) per 30 day(s) retail; MP; PA
CLOZARIL TABS *(Use clozapine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
loxapine succinate	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
olanzapine SOLR	1	2 max fill(s) per 30 day(s) retail; MP
olanzapine TABS	1	2 max fill(s) per 30 day(s) retail; MP
olanzapine TBDP	1	2 max fill(s) per 30 day(s) retail; MP
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	2 max fill(s) per 30 day(s) retail; MP
quetiapine fumarate TABS 150 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
quetiapine fumarate TB24	1	2 max fill(s) per 30 day(s) retail; MP
SAPHRIS 5 MG, 10 MG *(Use asenapine maleate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
SAPHRIS *(Use asenapine maleate)*	4	2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA
SECUADO	4	2 max fill(s) per 30 day(s) retail; MP
SEROQUEL XR TB24 *(Use quetiapine fumarate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
SEROQUEL TABS *(Use quetiapine fumarate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
VERSACLOZ SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZYPREXA RELPREVV	4	2 max fill(s) per 30 day(s) retail; MP
ZYPREXA ZYDIS TBDP *(Use olanzapine)*	9	2 max fill(s) per 30 day(s) retail; MP
ZYPREXA SOLR *(Use olanzapine)*	9	2 max fill(s) per 30 day(s) retail; MP
ZYPREXA TABS 2.5 MG, 5 MG, 20 MG *(Use olanzapine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZYPREXA TABS *(Use olanzapine)*	9	2 max fill(s) per 30 day(s) retail; MP
Dihydroindolones		
molindone hcl	1	2 max fill(s) per 30 day(s) retail; MP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	2	2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); PA
COBENFY CAPS	2	2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA
Phenothiazines		
chlorpromazine hcl CONC	4	2 max fill(s) per 30 day(s) retail; MP; PA
chlorpromazine hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP
chlorpromazine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
fluphenazine decanoate	1	2 max fill(s) per 30 day(s) retail; MP
fluphenazine hcl CONC	1	2 max fill(s) per 30 day(s) retail; MP
fluphenazine hcl ELIX	1	2 max fill(s) per 30 day(s) retail; MP
fluphenazine hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP
fluphenazine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
perphenazine TABS	1	2 max fill(s) per 30 day(s) retail; MP
prochlorperazine	4	2 max fill(s) per 30 day(s) retail; PA
prochlorperazine edisylate 10 MG/2ML	1	2 max fill(s) per 30 day(s) retail; PA
prochlorperazine maleate TABS	1	2 max fill(s) per 30 day(s) retail
thioridazine hcl	1	2 max fill(s) per 30 day(s) retail; MP
trifluoperazine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	4	2 max fill(s) per 30 day(s) retail; MP; PA
ABILIFY MAINTENA PRSY	2	2 max fill(s) per 30 day(s) retail; MP
ABILIFY MAINTENA SRER	2	2 max fill(s) per 30 day(s) retail; MP
ABILIFY MYCITE MAINTENANCE KIT	4	2 max fill(s) per 30 day(s) retail; MP; PA
ABILIFY MYCITE STARTER KIT	4	2 max fill(s) per 30 day(s) retail; MP; PA
ABILIFY TABS *(Use aripiprazole)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
aripiprazole SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
aripiprazole TABS	1	2 max fill(s) per 30 day(s) retail; MP
aripiprazole TBDP	4	2 max fill(s) per 30 day(s) retail; MP; PA
ARISTADA	2	2 max fill(s) per 30 day(s) retail; MP
ARISTADA INITIO	4	2 max fill(s) per 30 day(s) retail; MP
OPIPZA FILM	4	2 max fill(s) per 30 day(s) retail; MP; PA
REXULTI	4	2 max fill(s) per 30 day(s) retail; MP
Thioxanthenes		
thiothixene	1	2 max fill(s) per 30 day(s) retail; MP
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde SOLN 10 %	1	QL(90 ML per fill retail)
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	CO	
abacavir sulfate SOLN	CO	
abacavir sulfate TABS	CO	
APRETUDE	CO	
APTIVUS CAPS	CO	
atazanavir sulfate CAPS	CO	
BIKTARVY	CO	
CABENUVA	CO	
CIMDUO	CO	
COMBIVIR *(Use lamivudine-zidovudine)*	CO	
COMPLERA 200 MG-300 MG-25 MG *(Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	CO	
darunavir TABS	CO	
DELSTRIGO	CO	
DESCOVY	CO	
DOVATO	CO	
EDURANT	CO	

Drug Name	Drug Tier	Requirements/ Limits
EDURANT PED PO 2.5 MG	CO	
efavirenz CAPS	CO	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	CO	
efavirenz-lamivudine-tenofovir disoproxil fumarate	CO	
efavirenz TABS	CO	
emtricitabine CAPS	CO	
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	CO	
emtricitabine-tenofovir disoproxil fumarate	CO	
EMTRIVA CAPS *(Use emtricitabine)*	CO	
EMTRIVA SOLN	CO	
EPIVIR SOLN *(Use lamivudine)*	CO	
EPIVIR TABS *(Use lamivudine)*	CO	
EPZICOM *(Use abacavir sulfate-lamivudine)*	CO	
etravirine	CO	
EVOTAZ	CO	
fosamprenavir calcium TABS	CO	
FUZEON SOLR	CO	
GENVOYA	CO	
INTELENCE	CO	
INTELENCE *(Use etravirine)*	CO	
ISENTRESS HD TABS	CO	
ISENTRESS CHEW	CO	
ISENTRESS PACK	CO	
ISENTRESS TABS	CO	
JULUCA	CO	
KALETRA SOLN	CO	

Drug Name	Drug Tier	Requirements/ Limits
KALETRA TABS *(Use lopinavir-ritonavir)*	CO	
lamivudine SOLN	CO	
lamivudine TABS	CO	
lamivudine-zidovudine	CO	
LEXIVA SUSP	CO	
LEXIVA TABS *(Use fosamprenavir calcium)*	CO	
lopinavir-ritonavir SOLN	CO	
lopinavir-ritonavir TABS	CO	
maraviroc TABS	CO	
nevirapine SUSP	CO	
nevirapine TABS	CO	
nevirapine TB24 400 MG	CO	
NORVIR CAPS	CO	
NORVIR PACK	CO	
NORVIR TABS *(Use ritonavir)*	CO	
ODEFSEY	CO	
PIFELTRO	CO	
PREZCOBIX	CO	
PREZISTA SUSP	CO	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	CO	
PREZISTA TABS *(Use darunavir)*	CO	
RETROVIR CAPS *(Use zidovudine)*	CO	
RETROVIR SOLN	CO	
RETROVIR SYRP *(Use zidovudine)*	CO	
REYATAZ CAPS 200 MG, 300 MG *(Use atazanavir sulfate)*	CO	
REYATAZ PACK	CO	
ritonavir TABS	CO	
RUKOBIA	CO	
SELZENTRY SOLN	CO	
SELZENTRY TABS	CO	

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY TABS *(Use maraviroc)*	CO	
STRIBILD	CO	
SUNLENCA SOLN	CO	
SUNLENCA TABS PO 300 MG	CO	
SUNLENCA TBPK 300 MG	CO	
SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	CO	
SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)*	CO	
SYMTUZA	CO	
tenofovir disoproxil fumarate TABS	CO	
TIVICAY PD TBSO	CO	
TIVICAY TABS	CO	
TRIUMEQ PD TBSO	CO	
TRIUMEQ TABS	CO	
TRIZIVIR	CO	
TROGARZO	CO	
TRUVADA *(Use emtricitabine-tenofovir disoproxil fumarate)*	CO	
TYBOST	CO	
VIRACEPT TABS	CO	
VIREAD POWD	CO	
VIREAD TABS	CO	
VIREAD TABS *(Use tenofovir disoproxil fumarate)*	CO	
YEZTUGO SOLN 463.5 MG/1.5ML	CO	
YEZTUGO TABS PO 300 MG	CO	
ZIAGEN SOLN *(Use abacavir sulfate)*	CO	
ZIAGEN TABS *(Use abacavir sulfate)*	CO	
zidovudine CAPS	CO	
zidovudine SYRP	CO	
zidovudine TABS	CO	
Antiviral Combinations		
PAXLOVID (150/100)	2	2 max fill(s) per 30 day(s) retail
PAXLOVID (300/100 & 150/100)	2	2 max fill(s) per 30 day(s) retail
PAXLOVID (300/100)	2	2 max fill(s) per 30 day(s) retail
CMV Agents		
cidofovir	1	4 max fill(s) per 30 day(s) retail; PA
foscarnet sodium 6000 MG/250ML	1	4 max fill(s) per 30 day(s) retail; PA
GANCICLOVIR SODIUM SOLN	4	4 max fill(s) per 30 day(s) retail; PA
ganciclovir sodium SOLR	1	4 max fill(s) per 30 day(s) retail; PA
LIVTENCITY	4	4 max fill(s) per 30 day(s) retail; PA
PREVYMIS PACK	2	4 max fill(s) per 30 day(s) retail; PA
PREVYMIS SOLN	2	4 max fill(s) per 30 day(s) retail; PA
PREVYMIS TABS	2	4 max fill(s) per 30 day(s) retail; PA
VALCYTE SOLR *(Use valganciclovir hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
VALCYTE TABS *(Use valganciclovir hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
valganciclovir hcl SOLR	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
valganciclovir hcl TABS	1	4 max fill(s) per 30 day(s) retail
Hepatitis Agents		
adefovir dipivoxil	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
BARACLUDE SOLN	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
BARACLUDE TABS *(Use entecavir)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
entecavir TABS	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
EPCLUSA PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
EPCLUSA TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
EPCLUSA TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
HARVONI PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
HARVONI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
HARVONI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
lamivudine (hbv) TABS	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
LEDIPASVIR-SOFOSBUVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
MAVYRET PACK	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP
MAVYRET TABS	CO	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP
PEGASYS SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
PEGASYS SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
ribavirin (hepatitis c) CAPS	1	2 max fill(s) per 30 day(s) retail; SP
ribavirin (hepatitis c) TABS 200 MG	1	2 max fill(s) per 30 day(s) retail; SP
SOFOSBUVIR-VELPATASVIR TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
SOVALDI PACK	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
SOVALDI TABS	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
VEMLIDY	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
VOSEVI	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ZEPATIER	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Herpes Agents		

Drug Name	Drug Tier	Requirements/ Limits
acyclovir sodium SOLN	1	2 max fill(s) per 30 day(s) retail; PA
acyclovir CAPS	1	2 max fill(s) per 30 day(s) retail
acyclovir SUSP	4	2 max fill(s) per 30 day(s) retail; PA
acyclovir SUSP	1	2 max fill(s) per 30 day(s) retail
acyclovir TABS PO	1	2 max fill(s) per 30 day(s) retail
famciclovir	1	2 max fill(s) per 30 day(s) retail
valacyclovir hcl	1	2 max fill(s) per 30 day(s) retail
VALTREX *(Use valacyclovir hcl)*	4	2 max fill(s) per 30 day(s) retail; PA
Human Papillomavirus (HPV) Agents		
PAPZIMEOS SUSP SC	CO	SP
Influenza Agents		
oseltamivir phosphate CAPS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
oseltamivir phosphate SUSR	1	QL(25 ML daily); 2 max fill(s) per 30 day(s) retail
RAPIVAB	2	2 max fill(s) per 30 day(s) retail; PA
RELENZA DISKHALER	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
rimantadine hydrochloride TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
TAMIFLU CAPS 45 MG *(Use oseltamivir phosphate)*	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
TAMIFLU CAPS 30 MG, 75 MG *(Use oseltamivir phosphate)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
TAMIFLU SUSR *(Use oseltamivir phosphate)*	4	QL(25 ML daily); 2 max fill(s) per 30 day(s) retail; PA
XOFLUZA (40 MG DOSE) 40 MG	4	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
XOFLUZA (80 MG DOSE) 80 MG	4	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
Misc. Antivirals		
LAGEVRIO	4	2 max fill(s) per 30 day(s) retail
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	1	2 max fill(s) per 30 day(s) retail; PA
VIRAZOLE *(Use ribavirin)*	4	2 max fill(s) per 30 day(s) retail; PA
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	1	2 max fill(s) per 30 day(s) retail; MP
carvedilol phosphate	4	2 max fill(s) per 30 day(s) retail; MP; PA
COREG *(Use carvedilol)*	9	2 max fill(s) per 30 day(s) retail; MP
COREG CR *(Use carvedilol phosphate)*	9	2 max fill(s) per 30 day(s) retail; MP
labetalol hcl SOLN	1	PA
LABETALOL HCL SOLN	2	PA

Drug Name	Drug Tier	Requirements/ Limits
LABETALOL HCL SOSY 10 MG/2ML	2	PA
labetalol hcl TABS 100 MG, 200 MG, 300 MG	1	2 max fill(s) per 30 day(s) retail; MP
labetalol hcl TABS 400 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1	2 max fill(s) per 30 day(s) retail; MP
atenolol TABS	1	2 max fill(s) per 30 day(s) retail; MP
betaxolol hcl	1	2 max fill(s) per 30 day(s) retail; MP
bisoprolol fumarate	1	2 max fill(s) per 30 day(s) retail; MP
bisoprolol fumarate 2.5 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
BREVIBLOC IN NACL *(Use esmolol hcl-sodium chloride)*	NF	
BREVIBLOC PREMIXED *(Use esmolol hcl-sodium chloride)*	NF	
BREVIBLOC PREMIXED DS *(Use esmolol hcl-sodium chloride)*	NF	
BREVIBLOC SOLN 100 MG/10ML *(Use esmolol hcl)*	NF	PA
BYSTOLIC *(Use nebivolol hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
BYSTOLIC *(Use nebivolol hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
esmolol hcl-sodium chloride	1	
esmolol hcl SOLN 100 MG/10ML	1	PA
ESMOLOL HCL SOLN	2	PA
KAPSPARGO SPRINKLE CS24	4	2 max fill(s) per 30 day(s) retail; MP; PA
LOPRESSOR SOLN PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
LOPRESSOR TABS *(Use metoprolol tartrate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
metoprolol succinate TB24	1	2 max fill(s) per 30 day(s) retail; MP
metoprolol tartrate SOLN IV 5 MG/5ML	1	PA
metoprolol tartrate TABS	1	2 max fill(s) per 30 day(s) retail; MP
nebivolol hcl	1	2 max fill(s) per 30 day(s) retail; MP
TENORMIN TABS *(Use atenolol)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
TOPROL XL TB24 *(Use metoprolol succinate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Beta Blockers Non-Selective		
BETAPACE AF *(Use sotalol hcl (afib/afl))*	4	2 max fill(s) per 30 day(s) retail; MP; PA
BETAPACE TABS 80 MG, 120 MG, 160 MG *(Use sotalol hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
CORGARD TABS 20 MG, 40 MG *(Use nadolol)*	9	2 max fill(s) per 30 day(s) retail; MP
HEMANGEOL SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP
INDERAL LA CP24 *(Use propranolol hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
INDERAL XL	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
INNOPRAN XL	4	2 max fill(s) per 30 day(s) retail; MP; PA
nadolol TABS 20 MG, 40 MG, 80 MG	1	2 max fill(s) per 30 day(s) retail; MP
pindolol TABS	4	2 max fill(s) per 30 day(s) retail; MP
propranolol hcl CP24	1	2 max fill(s) per 30 day(s) retail; MP
propranolol hcl SOLN IV 1 MG/ML	1	PA
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	2 max fill(s) per 30 day(s) retail; MP
propranolol hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
sotalol hcl (afib/afl)	1	2 max fill(s) per 30 day(s) retail; MP
sotalol hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
SOTYLIZE SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
timolol maleate TABS	4	2 max fill(s) per 30 day(s) retail; MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS	1	2 max fill(s) per 30 day(s) retail; MP
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML *(Use nicardipine hcl in sodium chloride)*	4	2 max fill(s) per 30 day(s) retail; PA
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	4	2 max fill(s) per 30 day(s) retail; PA
CLEVIPREX 25 MG/50ML, 50 MG/100ML	2	2 max fill(s) per 30 day(s) retail; PA
diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
diltiazem hcl coated beads CP24	1	2 max fill(s) per 30 day(s) retail; MP
diltiazem hcl extended release beads 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	2 max fill(s) per 30 day(s) retail; MP
diltiazem hcl extended release beads	4	2 max fill(s) per 30 day(s) retail; MP; PA
diltiazem hcl CP12	1	2 max fill(s) per 30 day(s) retail; MP
diltiazem hcl CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA
diltiazem hcl CP24	1	2 max fill(s) per 30 day(s) retail; MP
DILTIAZEM HCL-SODIUM CHLORIDE	2	2 max fill(s) per 30 day(s) retail; PA
diltiazem hcl SOLN	1	2 max fill(s) per 30 day(s) retail; PA
DILTIAZEM HCL SOLR	1	2 max fill(s) per 30 day(s) retail; PA
diltiazem hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
diltiazem hcl TB24	4	2 max fill(s) per 30 day(s) retail; MP
felodipine	1	2 max fill(s) per 30 day(s) retail; MP
isradipine CAPS	4	2 max fill(s) per 30 day(s) retail; MP
KATERZIA	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
levamlodipine maleate	4	2 max fill(s) per 30 day(s) retail; MP
NICARDIPINE HCL IN NACL SOLN *(Use nicardipine hcl in sodium chloride)*	2	2 max fill(s) per 30 day(s) retail; PA
nicardipine hcl in sodium chloride SOLN	1	2 max fill(s) per 30 day(s) retail; PA
nicardipine hcl CAPS	4	2 max fill(s) per 30 day(s) retail; MP
nicardipine hcl SOLN	1	2 max fill(s) per 30 day(s) retail; PA
NICARDIPINE HCL SOLN *(Use nicardipine hcl)*	9	2 max fill(s) per 30 day(s) retail
NICARDIPINE HCL SOLN *(Use nicardipine hcl)*	1	2 max fill(s) per 30 day(s) retail; PA
nifedipine CAPS	1	2 max fill(s) per 30 day(s) retail; MP
nifedipine TB24	1	2 max fill(s) per 30 day(s) retail; MP
nimodipine CAPS	1	2 max fill(s) per 30 day(s) retail; MP
nimodipine SOLN	1	2 max fill(s) per 30 day(s) retail; MP
nisoldipine	4	2 max fill(s) per 30 day(s) retail; MP
NORLIQVA SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
NORVASC TABS 5 MG, 10 MG *(Use amlodipine besylate)*	9	2 max fill(s) per 30 day(s) retail; MP
NORVASC TABS *(Use amlodipine besylate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
NYMALIZE SOLN 6 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP
PROCARDIA XL TB24 *(Use nifedipine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
SULAR 8.5 MG, 17 MG, 34 MG *(Use nisoldipine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
VERAPAMIL HCL ER CP24 *(Use verapamil hcl)*	4	2 max fill(s) per 30 day(s) retail; MP
verapamil hcl CP24	4	2 max fill(s) per 30 day(s) retail; MP
verapamil hcl SOLN 2.5 MG/ML	1	2 max fill(s) per 30 day(s) retail; PA
verapamil hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
verapamil hcl TBCR	1	2 max fill(s) per 30 day(s) retail; MP
VERELAN PM CP24 *(Use verapamil hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
VERELAN CP24 *(Use verapamil hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN IJ 0.25 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
digoxin SOLN PO 0.05 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	1	2 max fill(s) per 30 day(s) retail; MP
LANOXIN PEDIATRIC SOLN IJ	4	2 max fill(s) per 30 day(s) retail; MP; PA
LANOXIN SOLN IJ *(Use digoxin)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Inotropes		

Drug Name	Drug Tier	Requirements/ Limits
dobutamine hcl 12.5 MG/ML, 250 MG/20ML	1	PA
DOBUTAMINE-DEXTROSE	2	PA
dopamine hcl 40 MG/ML	1	PA
DOPAMINE HCL *(Use dopamine hcl)*	NF	PA
DOPAMINE-DEXTROSE	2	PA
milrinone lactate	1	2 max fill(s) per 30 day(s) retail; PA
milrinone lactate in dextrose	1	2 max fill(s) per 30 day(s) retail; PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	2	4 max fill(s) per 30 day(s) retail; PA
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
BIDIL *(Use isosorbide dinitrate-hydralazine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(Use amlodipine besylate-atorvastatin calcium)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ENTRESTO CPSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(Use sacubitril-valsartan)*	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
isosorbide dinitrate-hydralazine hcl	4	2 max fill(s) per 30 day(s) retail; MP; PA
OPSYNVI 20 MG-10 MG	4	2 max fill(s) per 30 day(s) retail; SP; MP; PA
OPSYNVI 40 MG-10 MG	4	2 max fill(s) per 30 day(s) retail; PA
sacubitril-valsartan TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Cardiovascular Anti-inflammatory/Immune Modulators		
LODOCO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
Impotence Agents		
CIALIS 2.5 MG *(Use tadalafil)*	9	
CIALIS 5 MG *(Use tadalafil)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
tadalafil 5 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
Prostaglandin Vasodilators		
ORENITRAM TBCR	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI MAINTENANCE KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO DPI TITRATION KIT POWD	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO REFILL KIT SOLN IN	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO STARTER KIT SOLN IN	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA
TYVASO SOLN IN	2	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
VENTAVIS IN 20 MCG/ML	2	QL(2.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
VENTAVIS IN 10 MCG/ML	2	QL(4.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	4	2 max fill(s) per 30 day(s) retail; SP; MP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	4	2 max fill(s) per 30 day(s) retail; SP; MP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
bosentan TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
bosentan TBSO 32 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
LETAIRIS *(Use ambrisentan)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
OPSUMIT	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TRACLEER TABS *(Use bosentan)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
TRACLEER TBSO 32 MG *(Use bosentan)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(Use tadalafil (pulmonary hypertension))*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LIQREV SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
REVATIO SUSR *(Use sildenafil citrate (pulmonary hypertension))*	9	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP
REVATIO TABS *(Use sildenafil citrate (pulmonary hypertension))*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
sildenafil citrate (pulmonary hypertension) SUSR	4	QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
sildenafil citrate (pulmonary hypertension) TABS	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
tadalafil (pulmonary hypertension) TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
tadalafil (pulmonary hypertension) TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
TADLIQ SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	2	2 max fill(s) per 30 day(s) retail; SP; MP; PA
UPTRAVI SOLR	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
UPTRAVI TABS	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP; PA
Sinus Node Inhibitors		
CORLANOR SOLN	2	QL(15 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
CORLANOR TABS *(Use ivabradine hcl)*	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ivabradine hcl TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Transthyretin Stabilizers		
ATTRUBY	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
VYNDAMAX	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
VYNDAQEL	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	4 max fill(s) per 30 day(s) retail
cefadroxil SUSR	1	4 max fill(s) per 30 day(s) retail
cefadroxil TABS	1	4 max fill(s) per 30 day(s) retail
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-2 GM/100ML, 4 %-3 GM/150ML	2	4 max fill(s) per 30 day(s) retail; PA
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML	1	4 max fill(s) per 30 day(s) retail; PA
CEFAZOLIN SODIUM-DEXTROSE SOLR	1	4 max fill(s) per 30 day(s) retail; PA
CEFAZOLIN SODIUM-DEXTROSE SOLR	2	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
cefazolin sodium SOLR IJ 2 GM	2	4 max fill(s) per 30 day(s) retail; PA
cefazolin sodium SOLR IJ 1 GM, 3 GM, 10 GM, 500 MG	1	4 max fill(s) per 30 day(s) retail; PA
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	2	4 max fill(s) per 30 day(s) retail; PA
cephalexin CAPS	1	4 max fill(s) per 30 day(s) retail
cephalexin SUSR	1	4 max fill(s) per 30 day(s) retail
cephalexin TABS	4	4 max fill(s) per 30 day(s) retail; PA
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	4	4 max fill(s) per 30 day(s) retail; PA
cefaclor CAPS	1	4 max fill(s) per 30 day(s) retail
CEFOTAN IJ *(Use cefotetan disodium)*	4	4 max fill(s) per 30 day(s) retail; PA
cefotetan disodium IJ 1 GM, 2 GM	1	4 max fill(s) per 30 day(s) retail; PA
cefoxitin sodium IV	1	4 max fill(s) per 30 day(s) retail; PA
CEFOXITIN SODIUM-DEXTROSE	1	4 max fill(s) per 30 day(s) retail; PA
cefprozil SUSR	1	4 max fill(s) per 30 day(s) retail
cefprozil TABS	1	4 max fill(s) per 30 day(s) retail
cefuroxime axetil TABS	1	4 max fill(s) per 30 day(s) retail
cefuroxime sodium IJ 750 MG	1	4 max fill(s) per 30 day(s) retail; PA
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	4 max fill(s) per 30 day(s) retail
cefdinir SUSR	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
cefixime CAPS	1	4 max fill(s) per 30 day(s) retail
cefixime SUSR	1	4 max fill(s) per 30 day(s) retail
cefpodoxime proxetil SUSR	1	4 max fill(s) per 30 day(s) retail
cefpodoxime proxetil SUSR	2	4 max fill(s) per 30 day(s) retail
cefpodoxime proxetil TABS	1	4 max fill(s) per 30 day(s) retail
ceftazidime IJ 1 GM, 6 GM	1	4 max fill(s) per 30 day(s) retail; PA
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	4 max fill(s) per 30 day(s) retail; PA
ceftriaxone sodium in dextrose	1	4 max fill(s) per 30 day(s) retail; PA
CEFTRIAXONE SODIUM-DEXTROSE	1	4 max fill(s) per 30 day(s) retail; PA
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	1	4 max fill(s) per 30 day(s) retail; PA
cefepime hcl SOLR IJ 1 GM	1	4 max fill(s) per 30 day(s) retail; PA
CEFEPIME-DEXTROSE	2	4 max fill(s) per 30 day(s) retail; PA
Cephalosporins - Siderophores		
FETROJA	2	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	2	2 max fill(s) per 30 day(s) retail; MP
BALCOLTRA *(Use levonorgestrel-ethinyl estradiol-iron)*	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
BEYAZ *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	2	2 max fill(s) per 30 day(s) retail; MP
desogestrel & ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP
desogestrel-ethinyl estradiol (biphasic)	1	2 max fill(s) per 30 day(s) retail; MP
desogestrel-ethinyl estradiol (triphasic)	1	2 max fill(s) per 30 day(s) retail; MP
drospirenone-ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP
drospirenone-ethinyl estradiol-levomefolate calcium	1	2 max fill(s) per 30 day(s) retail; MP
ethynodiol diacet & eth estrad	1	2 max fill(s) per 30 day(s) retail; MP
FEMLYV TBDP	2	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel & eth estradiol TABS	1	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel-eth estradiol (triphasic)	1	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	1	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel-ethinyl estradiol (continuous)	1	2 max fill(s) per 30 day(s) retail; MP
levonorgestrel-ethinyl estradiol-iron	1	2 max fill(s) per 30 day(s) retail; MP
LO LOESTRIN FE TABS	2	2 max fill(s) per 30 day(s) retail; MP
MINASTRIN 24 FE CHEW *(Use norethin acet & estrad-fe)*	9	2 max fill(s) per 30 day(s) retail; MP
NATAZIA	2	2 max fill(s) per 30 day(s) retail; MP
NEXTSTELLIS	2	2 max fill(s) per 30 day(s) retail; MP
norethin acet & estrad-fe CAPS	1	2 max fill(s) per 30 day(s) retail; MP
norethin acet & estrad-fe CHEW	1	2 max fill(s) per 30 day(s) retail; MP
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	2	2 max fill(s) per 30 day(s) retail; MP
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	2 max fill(s) per 30 day(s) retail; MP
norethindrone & eth estradiol	1	2 max fill(s) per 30 day(s) retail; MP
norethindrone & ethinyl estradiol-fe	1	2 max fill(s) per 30 day(s) retail; MP
norethindrone acet & eth estra TABS	2	2 max fill(s) per 30 day(s) retail; MP
norethindrone acet & eth estra TABS	1	2 max fill(s) per 30 day(s) retail; MP
norethindrone acetate-ethinyl estradiol-fe	1	2 max fill(s) per 30 day(s) retail; MP
norethindrone-eth estradiol (triphasic)	1	2 max fill(s) per 30 day(s) retail; MP
norgestimate-ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP
norgestimate-ethinyl estradiol (triphasic)	1	2 max fill(s) per 30 day(s) retail; MP
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)*	2	2 max fill(s) per 30 day(s) retail; MP
TAYTULLA CAPS *(Use norethin acet & estrad-fe)*	2	2 max fill(s) per 30 day(s) retail; MP
TYBLUME CHEW	2	2 max fill(s) per 30 day(s) retail; MP
YASMIN 28 *(Use drospirenone-ethinyl estradiol)*	2	2 max fill(s) per 30 day(s) retail; MP
YAZ *(Use drospirenone-ethinyl estradiol)*	2	2 max fill(s) per 30 day(s) retail; MP
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP
TWIRLA	2	2 max fill(s) per 30 day(s) retail; MP
Combination Contraceptives - Vaginal		
ANNOVERA	2	2 max fill(s) per 30 day(s) retail; MP
etonogestrel-ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP
NUVARING *(Use etonogestrel-ethinyl estradiol)*	2	2 max fill(s) per 30 day(s) retail; MP
NUVARING *(Use etonogestrel-ethinyl estradiol)*	9	2 max fill(s) per 30 day(s) retail; MP
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	2	2 max fill(s) per 30 day(s) retail; SP
Emergency Contraceptives		
ELLA	2	4 max fill(s) per 30 day(s) retail
levonorgestrel (emergency oc) 1.5 MG	1	4 max fill(s) per 30 day(s) retail
PLAN B ONE-STEP *(Use levonorgestrel (emergency oc))*	2	4 max fill(s) per 30 day(s) retail
Progestin Contraceptives - Implants		
NEXPLANON	2	2 max fill(s) per 30 day(s) retail; SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(Use medroxyprogesterone acetate (contraceptive))*	2	2 max fill(s) per 30 day(s) retail; MP
DEPO-PROVERA SUSY IM *(Use medroxyprogesterone acetate (contraceptive))*	2	2 max fill(s) per 30 day(s) retail; MP
DEPO-SUBQ PROVERA 104 SUSY SC	2	2 max fill(s) per 30 day(s) retail; MP
medroxyprogesterone acetate (contraceptive) SUSP IM	1	2 max fill(s) per 30 day(s) retail; MP
medroxyprogesterone acetate (contraceptive) SUSY IM	1	2 max fill(s) per 30 day(s) retail; MP
Progestin Contraceptives - IUD		
KYLEENA	2	2 max fill(s) per 30 day(s) retail; SP
LILETTA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
MIRENA (52 MG)	2	2 max fill(s) per 30 day(s) retail; SP
SKYLA	2	2 max fill(s) per 30 day(s) retail; SP
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	1	2 max fill(s) per 30 day(s) retail; MP
OPILL	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
SLYND	2	2 max fill(s) per 30 day(s) retail; MP
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	4	2 max fill(s) per 30 day(s) retail; PA
ALKINDI SPRINKLE CPSP	4	4 max fill(s) per 30 day(s) retail; PA
BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML	2	PA
BETAMETHASONE SOD PHOS & ACET SUSP 3 MG/ML-3 MG/ML	2	PA
betamethasone sod phosphate & acetate SUSP	1	PA
budesonide CPEP	1	4 max fill(s) per 30 day(s) retail
budesonide TB24	1	4 max fill(s) per 30 day(s) retail
CELESTONE SOLUSPAN SUSP *(Use betamethasone sod phosphate & acetate)*	NF	PA
CORTEF TABS *(Use hydrocortisone)*	4	4 max fill(s) per 30 day(s) retail; PA
CORTISONE ACETATE TABS	1	4 max fill(s) per 30 day(s) retail
deflazacort SUSP	4	2 max fill(s) per 30 day(s) retail; PA
deflazacort TABS	4	2 max fill(s) per 30 day(s) retail; PA
DEPO-MEDROL SUSP *(Use methylprednisolone acetate)*	4	4 max fill(s) per 30 day(s) retail; PA
DEPO-MEDROL SUSP	2	4 max fill(s) per 30 day(s) retail; PA
DEXAMETHASONE INTENSOL CONC	1	4 max fill(s) per 30 day(s) retail
dexamethasone sodium phosphate SOLN IJ	1	4 max fill(s) per 30 day(s) retail; PA
dexamethasone sodium phosphate SOSY IJ	1	4 max fill(s) per 30 day(s) retail; PA
dexamethasone ELIX	1	4 max fill(s) per 30 day(s) retail
dexamethasone SOLN	1	4 max fill(s) per 30 day(s) retail
dexamethasone TABS	1	4 max fill(s) per 30 day(s) retail
dexamethasone TBPK	4	4 max fill(s) per 30 day(s) retail; PA
EMFLAZA SUSP *(Use deflazacort)*	4	2 max fill(s) per 30 day(s) retail; PA
EMFLAZA TABS *(Use deflazacort)*	4	2 max fill(s) per 30 day(s) retail; PA
EOHILIA SUSP	2	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; PA
HEMADY TABS	4	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone sod succinate 100 MG	1	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone TABS	1	4 max fill(s) per 30 day(s) retail
KENALOG-10 SUSP *(Use triamcinolone acetonide)*	2	4 max fill(s) per 30 day(s) retail; PA
KENALOG-40 SUSP *(Use triamcinolone acetonide)*	4	4 max fill(s) per 30 day(s) retail; PA
KENALOG-80 SUSP	2	4 max fill(s) per 30 day(s) retail; PA
KHINDIVI SOLN PO 1 MG/ML	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
MEDROL TABS *(Use methylprednisolone)*	4	4 max fill(s) per 30 day(s) retail; PA
MEDROL TABS	4	4 max fill(s) per 30 day(s) retail; PA
MEDROL TBPK *(Use methylprednisolone)*	4	4 max fill(s) per 30 day(s) retail; PA
methylprednisolone acetate SUSP	1	4 max fill(s) per 30 day(s) retail; PA
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1	4 max fill(s) per 30 day(s) retail; PA
methylprednisolone TABS	1	4 max fill(s) per 30 day(s) retail
methylprednisolone TBPK	1	4 max fill(s) per 30 day(s) retail
ORAPRED ODT TBDP *(Use prednisolone sodium phosphate)*	9	4 max fill(s) per 30 day(s) retail
PEDIAPRED SOLN *(Use prednisolone sodium phosphate)*	4	4 max fill(s) per 30 day(s) retail; PA
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML	1	4 max fill(s) per 30 day(s) retail
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	1	4 max fill(s) per 30 day(s) retail
prednisolone SOLN	1	4 max fill(s) per 30 day(s) retail
prednisolone TABS	4	4 max fill(s) per 30 day(s) retail; PA
PREDNISONE INTENSOL CONC	1	4 max fill(s) per 30 day(s) retail
prednisone SOLN	4	4 max fill(s) per 30 day(s) retail; PA
prednisone TABS	1	4 max fill(s) per 30 day(s) retail
prednisone TBPK	1	4 max fill(s) per 30 day(s) retail
RAYOS TBEC	4	4 max fill(s) per 30 day(s) retail; PA
SOLU-CORTEF	2	4 max fill(s) per 30 day(s) retail; PA
SOLU-CORTEF *(Use hydrocortisone sod succinate)*	2	4 max fill(s) per 30 day(s) retail; PA
SOLU-CORTEF *(Use hydrocortisone sod succinate)*	4	4 max fill(s) per 30 day(s) retail; PA
SOLU-MEDROL	4	4 max fill(s) per 30 day(s) retail; PA
SOLU-MEDROL 2 GM, 500 MG, 1000 MG *(Use methylprednisolone sod succ)*	4	4 max fill(s) per 30 day(s) retail; PA
SOLU-MEDROL (PF)	4	4 max fill(s) per 30 day(s) retail; PA
TARPEYO CPDR	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
triamcinolone acetonide SUSP	1	4 max fill(s) per 30 day(s) retail; PA
ZILRETTA SRER	4	4 max fill(s) per 30 day(s) retail; PA
Mineralocorticoids		
fludrocortisone acetate TABS	1	2 max fill(s) per 30 day(s) retail
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
DELSYM COUGH CHILDRENS SUER *(Use dextromethorphan polistirex)*	9	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail
dextromethorphan hbr CAPS	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan hbr LIQD 15 MG/5ML	1	2 max fill(s) per 30 day(s) retail
dextromethorphan polistirex SUER	2	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail
dextromethorphan polistirex SUER	1	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail
TRIAMINIC LONG ACTING COUGH LIQD *(Use dextromethorphan hbr)*	NF	
Cough/Cold/Allergy Combinations		
cetirizine-pseudoephedrine	1	2 max fill(s) per 30 day(s) retail
CLARINEX-D 12 HOUR TB12	4	2 max fill(s) per 30 day(s) retail
CLARITIN-D 12 HOUR TB12 *(Use loratadine & pseudoephedrine)*	9	2 max fill(s) per 30 day(s) retail
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML	1	1 max fill(s) per 30 day(s) retail
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	1	1 max fill(s) per 30 day(s) retail
loratadine & pseudoephedrine TB12	1	2 max fill(s) per 30 day(s) retail
loratadine & pseudoephedrine TB24	1	2 max fill(s) per 30 day(s) retail
Expectorants		
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML, 300 MG/15ML	1	2 max fill(s) per 30 day(s) retail
guaifenesin LIQD 100 MG/5ML, 200 MG/10ML	2	2 max fill(s) per 30 day(s) retail
guaifenesin TABS	1	2 max fill(s) per 30 day(s) retail
guaifenesin TB12 1200 MG	2	2 max fill(s) per 30 day(s) retail
guaifenesin TB12	1	2 max fill(s) per 30 day(s) retail
MUCINEX MAXIMUM STRENGTH TB12 *(Use guaifenesin)*	9	2 max fill(s) per 30 day(s) retail
Misc. Respiratory Inhalants		
HYPERSAL NEBU	4	2 max fill(s) per 30 day(s) retail; MP; PA
HYPERSAL NEBU *(Use sodium chloride (inhalant))*	NF	
NEBUSAL NEBU	4	2 max fill(s) per 30 day(s) retail; MP; PA
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %	1	
Mucolytics		
acetylcysteine SOLN	1	2 max fill(s) per 30 day(s) retail; MP
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA *(Use isotretinoin)*	4	2 max fill(s) per 30 day(s) retail; PA
ABSORICA LD	4	2 max fill(s) per 30 day(s) retail; PA
ACZONE 7.5 % *(Use dapsone (topical))*	9	4 max fill(s) per 30 day(s) retail
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1	4 max fill(s) per 30 day(s) retail
adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
adapalene CREA	1	4 max fill(s) per 30 day(s) retail
adapalene GEL	1	4 max fill(s) per 30 day(s) retail; RX/OTC
AKLIEF	4	4 max fill(s) per 30 day(s) retail
AVAR LS CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	4	4 max fill(s) per 30 day(s) retail; PA
AVAR-E LS CREA *(Use sulfacetamide sodium w/ sulfur)*	9	4 max fill(s) per 30 day(s) retail
benzoyl peroxide-erythromycin GEL	1	4 max fill(s) per 30 day(s) retail
CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))*	4	4 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate (topical) FOAM	4	4 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate (topical) GEL	1	4 max fill(s) per 30 day(s) retail
clindamycin phosphate (topical) LOTN	1	4 max fill(s) per 30 day(s) retail
clindamycin phosphate (topical) SOLN	1	4 max fill(s) per 30 day(s) retail
clindamycin phosphate (topical) SWAB	1	4 max fill(s) per 30 day(s) retail
clindamycin phosphate (topical) SWAB	4	4 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	4 max fill(s) per 30 day(s) retail
clindamycin phosphate-benzoyl peroxide (refrigerate)	4	4 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	4	4 max fill(s) per 30 day(s) retail; PA
clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %	1	4 max fill(s) per 30 day(s) retail
clindamycin phosphate-tretinoin	4	4 max fill(s) per 30 day(s) retail; PA
dapsone (topical) 7.5 %	4	4 max fill(s) per 30 day(s) retail; PA
dapsone (topical) 5 %	4	4 max fill(s) per 30 day(s) retail
DIFFERIN CREA *(Use adapalene)*	2	4 max fill(s) per 30 day(s) retail
DIFFERIN GEL 0.1 % *(Use adapalene)*	9	4 max fill(s) per 30 day(s) retail; RX/OTC
DIFFERIN GEL *(Use adapalene)*	2	4 max fill(s) per 30 day(s) retail; RX/OTC
DIFFERIN LOTN	2	4 max fill(s) per 30 day(s) retail
EPIDUO FORTE GEL *(Use adapalene-benzoyl peroxide)*	4	4 max fill(s) per 30 day(s) retail; PA
EPIDUO GEL *(Use adapalene-benzoyl peroxide)*	4	4 max fill(s) per 30 day(s) retail; PA
EPSOLAY CREA	4	2 max fill(s) per 30 day(s) retail; PA
erythromycin (acne aid) GEL	4	4 max fill(s) per 30 day(s) retail
erythromycin (acne aid) PADS	4	4 max fill(s) per 30 day(s) retail; PA
erythromycin (acne aid) SOLN	1	4 max fill(s) per 30 day(s) retail
FABIOR FOAM	4	4 max fill(s) per 30 day(s) retail; PA
isotretinoin	1	2 max fill(s) per 30 day(s) retail; PA
PLEXION CLEANSER LIQD *(Use sulfacetamide sodium w/ sulfur)*	9	4 max fill(s) per 30 day(s) retail
PLEXION CREA *(Use sulfacetamide sodium w/ sulfur)*	9	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
PLEXION LOTN *(Use sulfacetamide sodium w/ sulfur)*	9	4 max fill(s) per 30 day(s) retail
sulfacetamide sodium (acne)	4	4 max fill(s) per 30 day(s) retail
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	4	4 max fill(s) per 30 day(s) retail
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	4	4 max fill(s) per 30 day(s) retail
sulfacetamide sodium w/ sulfur FOAM	4	4 max fill(s) per 30 day(s) retail; PA
sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 10 %-5 %	1	4 max fill(s) per 30 day(s) retail
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	4	4 max fill(s) per 30 day(s) retail; PA
sulfacetamide sodium w/ sulfur LIQD 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %	4	4 max fill(s) per 30 day(s) retail
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	4	4 max fill(s) per 30 day(s) retail; PA
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	4	4 max fill(s) per 30 day(s) retail
sulfacetamide sodium w/ sulfur SUSP	4	4 max fill(s) per 30 day(s) retail
SULFACETAMIDE SODIUM-SULFUR SUSP	4	4 max fill(s) per 30 day(s) retail
SUMADAN WASH LIQD *(Use sulfacetamide sodium w/ sulfur)*	4	4 max fill(s) per 30 day(s) retail; PA
SUMAXIN PADS	4	4 max fill(s) per 30 day(s) retail; PA
TAZAROTENE FOAM	4	4 max fill(s) per 30 day(s) retail
tretinoin microsphere	4	4 max fill(s) per 30 day(s) retail; PA
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	4 max fill(s) per 30 day(s) retail
tretinoin GEL 0.05 %	4	4 max fill(s) per 30 day(s) retail; PA
tretinoin GEL 0.01 %, 0.025 %	1	4 max fill(s) per 30 day(s) retail
TWYNEO	4	4 max fill(s) per 30 day(s) retail; PA
WINLEVI	4	4 max fill(s) per 30 day(s) retail
ZMA CLEAR SUSP	4	4 max fill(s) per 30 day(s) retail
Agents for External Genital and Perianal Warts		
VEREGEN	4	2 max fill(s) per 30 day(s) retail; PA
Antibiotics - Topical		
bacitracin (topical) OINT	1	4 max fill(s) per 30 day(s) retail
bacitracin zinc OINT	1	4 max fill(s) per 30 day(s) retail
bacitracin-polymyxin b OINT	2	4 max fill(s) per 30 day(s) retail
bacitracin-polymyxin b OINT	1	4 max fill(s) per 30 day(s) retail
CENTANY AT KIT	4	4 max fill(s) per 30 day(s) retail; PA
gentamicin sulfate (topical) CREA	1	4 max fill(s) per 30 day(s) retail
gentamicin sulfate (topical) OINT	1	4 max fill(s) per 30 day(s) retail
mupirocin calcium (topical)	4	4 max fill(s) per 30 day(s) retail; PA
mupirocin OINT	1	4 max fill(s) per 30 day(s) retail
NEO-SYNALAR	4	4 max fill(s) per 30 day(s) retail
NEO-SYNALAR	4	4 max fill(s) per 30 day(s) retail
POLYSPORIN OINT 10000 UNIT/GM-500 UNIT/GM *(Use bacitracin-polymyxin b)*	9	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
XEPI	4	4 max fill(s) per 30 day(s) retail
Antifungals - Topical		
ciclopirox olamine CREA	1	4 max fill(s) per 30 day(s) retail
ciclopirox olamine SUSP	1	4 max fill(s) per 30 day(s) retail
ciclopirox GEL	4	4 max fill(s) per 30 day(s) retail
ciclopirox KIT	4	4 max fill(s) per 30 day(s) retail; PA
ciclopirox SHAM	1	4 max fill(s) per 30 day(s) retail
ciclopirox SOLN	4	4 max fill(s) per 30 day(s) retail; PA
clotrimazole (topical) CREA	1	4 max fill(s) per 30 day(s) retail; RX/OTC
clotrimazole (topical) SOLN	1	4 max fill(s) per 30 day(s) retail; RX/OTC
clotrimazole w/ betamethasone CREA	1	4 max fill(s) per 30 day(s) retail
clotrimazole w/ betamethasone LOTN	4	4 max fill(s) per 30 day(s) retail; PA
econazole nitrate CREA	4	4 max fill(s) per 30 day(s) retail
ECONAZOLE NITRATE FOAM 1 %	4	4 max fill(s) per 30 day(s) retail
ECOZA FOAM	8	4 max fill(s) per 30 day(s) retail; PA
ERTACZO	4	4 max fill(s) per 30 day(s) retail; PA
KERYDIN *(Use tavaborole)*	9	4 max fill(s) per 30 day(s) retail
ketoconazole (topical) CREA	1	4 max fill(s) per 30 day(s) retail
ketoconazole (topical) FOAM	4	4 max fill(s) per 30 day(s) retail; PA
ketoconazole (topical) SHAM 2 %	1	4 max fill(s) per 30 day(s) retail
KETODAN	4	4 max fill(s) per 30 day(s) retail; PA
LOTRIMIN AF JOCK ITCH CREA *(Use clotrimazole (topical))*	9	4 max fill(s) per 30 day(s) retail; RX/OTC
MICATIN CREA *(Use miconazole nitrate (topical))*	9	4 max fill(s) per 30 day(s) retail
miconazole nitrate (topical) CREA	1	4 max fill(s) per 30 day(s) retail
miconazole-zinc oxide-white petrolatum	4	4 max fill(s) per 30 day(s) retail; PA
naftifine hcl CREA	4	4 max fill(s) per 30 day(s) retail
naftifine hcl GEL 2 %	4	4 max fill(s) per 30 day(s) retail
NAFTIN GEL 2 % *(Use naftifine hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
nystatin (topical) CREA	1	4 max fill(s) per 30 day(s) retail
nystatin (topical) OINT	1	4 max fill(s) per 30 day(s) retail
nystatin (topical) POWD EX	1	4 max fill(s) per 30 day(s) retail
nystatin (topical) POWD EX	4	4 max fill(s) per 30 day(s) retail; PA
nystatin-triamcinolone CREA	1	4 max fill(s) per 30 day(s) retail
nystatin-triamcinolone OINT	1	4 max fill(s) per 30 day(s) retail
oxiconazole nitrate CREA	4	4 max fill(s) per 30 day(s) retail
OXISTAT CREA *(Use oxiconazole nitrate)*	9	4 max fill(s) per 30 day(s) retail
OXISTAT LOTN	4	4 max fill(s) per 30 day(s) retail; PA
tavaborole	4	4 max fill(s) per 30 day(s) retail; PA
TINACTIN CREA *(Use tolnaftate)*	9	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
tolnaftate CREA	1	4 max fill(s) per 30 day(s) retail
VUSION *(Use miconazole-zinc oxide-white petrolatum)*	4	4 max fill(s) per 30 day(s) retail; PA
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
diclofenac sodium (topical) GEL EX	1	2 max fill(s) per 30 day(s) retail; RX/OTC
diclofenac sodium (topical) GEL EX	8	RX/OTC
diclofenac sodium (topical) SOLN EX 1.5 %	1	2 max fill(s) per 30 day(s) retail
diclofenac sodium (topical) SOLN EX 2 %	4	2 max fill(s) per 30 day(s) retail; PA
diclofenac sodium-capsaicin (topical)	4	2 max fill(s) per 30 day(s) retail; PA
DICLOGEN	4	2 max fill(s) per 30 day(s) retail; PA
LEXITRAL PHARMAPAK II *(Use diclofenac sodium-capsaicin (topical))*	9	2 max fill(s) per 30 day(s) retail
LIXOFEN KIT	4	2 max fill(s) per 30 day(s) retail; PA
PENNSAID SOLN EX 2 % *(Use diclofenac sodium (topical))*	4	2 max fill(s) per 30 day(s) retail; PA
VOLTAREN ARTHRITIS PAIN GEL EX *(Use diclofenac sodium (topical))*	8	RX/OTC
VOLTAREN ARTHRITIS PAIN GEL EX *(Use diclofenac sodium (topical))*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	2	2 max fill(s) per 30 day(s) retail; PA
bexarotene (topical)	4	2 max fill(s) per 30 day(s) retail; PA
diclofenac sodium (actinic keratoses) EX	1	2 max fill(s) per 30 day(s) retail; PA
fluorouracil (topical) CREA 5 %	1	2 max fill(s) per 30 day(s) retail
fluorouracil (topical) CREA 0.5 %	4	2 max fill(s) per 30 day(s) retail; PA
fluorouracil (topical) SOLN	1	2 max fill(s) per 30 day(s) retail; PA
LEVULAN KERASTICK SOLR	2	2 max fill(s) per 30 day(s) retail; PA
TOLAK CREA	2	2 max fill(s) per 30 day(s) retail; PA
VALCHLOR	2	2 max fill(s) per 30 day(s) retail; PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	4	2 max fill(s) per 30 day(s) retail; PA
PRUDOXIN *(Use doxepin hcl (antipruritic))*	4	2 max fill(s) per 30 day(s) retail; PA
ZONALON *(Use doxepin hcl (antipruritic))*	4	2 max fill(s) per 30 day(s) retail; PA
Antipsoriatics		
acitretin	1	2 max fill(s) per 30 day(s) retail
BIMZELX SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
BIMZELX SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
calcipotriene CREA	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
CALCIPOTRIENE FOAM	4	4 max fill(s) per 30 day(s) retail; PA
calcipotriene OINT	1	4 max fill(s) per 30 day(s) retail
calcipotriene SOLN	1	4 max fill(s) per 30 day(s) retail
calcitriol (topical)	4	4 max fill(s) per 30 day(s) retail
COSENTYX (300 MG DOSE) SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX SENSOREADY PEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX UNOREADY SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
COSENTYX SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
ILUMYA	4	2 max fill(s) per 30 day(s) retail; SP; PA
IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
methoxsalen rapid	1	2 max fill(s) per 30 day(s) retail
OTULFI SOLN SC 45 MG/0.5ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
PYZCHIVA SC 45 MG/0.5ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
PYZCHIVA 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
SELARSDI SOLN SC 45 MG/0.5ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
SKYRIZI PEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
SKYRIZI SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
SORILUX FOAM	4	4 max fill(s) per 30 day(s) retail; PA
SOTYKTU	4	2 max fill(s) per 30 day(s) retail; SP; PA
SPEVIGO SOLN	4	2 max fill(s) per 30 day(s) retail; PA
SPEVIGO SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
STARJEMZA SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
STELARA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
STEQEYMA	2	2 max fill(s) per 30 day(s) retail; SP; PA
TALTZ SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
TALTZ SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
tazarotene CREA	4	4 max fill(s) per 30 day(s) retail
tazarotene GEL	4	4 max fill(s) per 30 day(s) retail
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
USTEKINUMAB-TTWE	4	2 max fill(s) per 30 day(s) retail; SP; PA
VECTICAL *(Use calcitriol (topical))*	4	4 max fill(s) per 30 day(s) retail; PA
VTAMA	4	4 max fill(s) per 30 day(s) retail
YESINTEK SOLN 45 MG/0.5ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
YESINTEK SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
Antiseborrheic Products		
OVACE PLUS WASH GEL *(Use sulfacetamide sodium)*	4	2 max fill(s) per 30 day(s) retail; PA
OVACE PLUS WASH LIQD *(Use sulfacetamide sodium)*	4	2 max fill(s) per 30 day(s) retail; PA
OVACE WASH LIQD *(Use sulfacetamide sodium)*	4	2 max fill(s) per 30 day(s) retail; PA
selenium sulfide LOTN 2.5 %	1	2 max fill(s) per 30 day(s) retail
SELSUN BLUE DAILY LOTN *(Use selenium sulfide)*	9	
SELSUN BLUE MEDICATED LOTN *(Use selenium sulfide)*	9	
SELSUN BLUE LOTN *(Use selenium sulfide)*	9	
sulfacetamide sodium GEL	4	2 max fill(s) per 30 day(s) retail; PA
sulfacetamide sodium GEL	8	2 max fill(s) per 30 day(s) retail; PA
sulfacetamide sodium LIQD	2	2 max fill(s) per 30 day(s) retail
sulfacetamide sodium LIQD	1	2 max fill(s) per 30 day(s) retail
Antivirals - Topical		
acyclovir topical CREA	4	2 max fill(s) per 30 day(s) retail; PA
acyclovir topical OINT	4	2 max fill(s) per 30 day(s) retail; PA
DENAVIR *(Use penciclovir)*	4	2 max fill(s) per 30 day(s) retail; PA
penciclovir	4	2 max fill(s) per 30 day(s) retail; PA
ZELSUVMI GEL EX 10.3 %	2	2 max fill(s) per 30 day(s) retail; PA
Burn Products		
mafenide acetate PACK	1	4 max fill(s) per 30 day(s) retail; PA
SILVADENE *(Use silver sulfadiazine)*	4	4 max fill(s) per 30 day(s) retail; PA
silver sulfadiazine	4	4 max fill(s) per 30 day(s) retail; PA
silver sulfadiazine	1	4 max fill(s) per 30 day(s) retail
SULFAMYLON CREA	2	4 max fill(s) per 30 day(s) retail; PA
SULFAMYLON PACK 5 % *(Use mafenide acetate)*	9	4 max fill(s) per 30 day(s) retail
Corticosteroids - Topical		
alclometasone dipropionate CREA	4	2 max fill(s) per 30 day(s) retail
alclometasone dipropionate OINT	4	2 max fill(s) per 30 day(s) retail
amcinonide CREA	4	4 max fill(s) per 30 day(s) retail; PA
APEXICON E CREA	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate (topical) CREA	4	4 max fill(s) per 30 day(s) retail; PA
betamethasone dipropionate (topical) LOTN	1	4 max fill(s) per 30 day(s) retail
betamethasone dipropionate (topical) OINT	4	4 max fill(s) per 30 day(s) retail; PA
betamethasone dipropionate augmented CREA	4	4 max fill(s) per 30 day(s) retail; PA
betamethasone dipropionate augmented GEL 0.05 %	4	4 max fill(s) per 30 day(s) retail; PA
betamethasone dipropionate augmented LOTN	4	4 max fill(s) per 30 day(s) retail; PA
betamethasone dipropionate augmented OINT	4	4 max fill(s) per 30 day(s) retail; PA
betamethasone valerate CREA	1	4 max fill(s) per 30 day(s) retail
betamethasone valerate FOAM	4	4 max fill(s) per 30 day(s) retail; PA
betamethasone valerate LOTN	1	4 max fill(s) per 30 day(s) retail
betamethasone valerate OINT	1	4 max fill(s) per 30 day(s) retail
calcipotriene-betamethasone dipropionate OINT	1	4 max fill(s) per 30 day(s) retail
calcipotriene-betamethasone dipropionate SUSP	4	4 max fill(s) per 30 day(s) retail; PA
CAPEX SHAM	4	4 max fill(s) per 30 day(s) retail; PA
clobetasol propionate emollient base 0.05 %	4	4 max fill(s) per 30 day(s) retail; PA
clobetasol propionate emulsion	4	4 max fill(s) per 30 day(s) retail; PA
clobetasol propionate CREA	4	4 max fill(s) per 30 day(s) retail; PA
clobetasol propionate CREA 0.05 %	1	4 max fill(s) per 30 day(s) retail
clobetasol propionate FOAM	4	4 max fill(s) per 30 day(s) retail; PA
clobetasol propionate GEL 0.05 %	1	4 max fill(s) per 30 day(s) retail
clobetasol propionate LIQD	4	4 max fill(s) per 30 day(s) retail; PA
clobetasol propionate LOTN	4	4 max fill(s) per 30 day(s) retail; PA
clobetasol propionate OINT 0.05 %	1	4 max fill(s) per 30 day(s) retail
clobetasol propionate SHAM	4	4 max fill(s) per 30 day(s) retail; PA
clobetasol propionate SOLN 0.05 %	1	4 max fill(s) per 30 day(s) retail
CLOBEX SPRAY LIQD *(Use clobetasol propionate)*	4	4 max fill(s) per 30 day(s) retail; PA
CLOBEX LOTN 0.05 % *(Use clobetasol propionate)*	4	4 max fill(s) per 30 day(s) retail; PA
CLOBEX SHAM *(Use clobetasol propionate)*	4	4 max fill(s) per 30 day(s) retail; PA
clocortolone pivalate	4	4 max fill(s) per 30 day(s) retail; PA
CLODAN	4	4 max fill(s) per 30 day(s) retail; PA
CLODERM *(Use clocortolone pivalate)*	9	4 max fill(s) per 30 day(s) retail
DERMA-SMOOTHE/FS BODY OIL *(Use fluocinolone acetonide)*	4	4 max fill(s) per 30 day(s) retail; PA
DERMA-SMOOTHE/FS SCALP OIL *(Use fluocinolone acetonide)*	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
desonide CREA	1	2 max fill(s) per 30 day(s) retail
desonide LOTN	4	2 max fill(s) per 30 day(s) retail; PA
desonide OINT	1	2 max fill(s) per 30 day(s) retail
desoximetasone CREA	4	4 max fill(s) per 30 day(s) retail; PA
desoximetasone GEL	4	4 max fill(s) per 30 day(s) retail; PA
desoximetasone LIQD	4	4 max fill(s) per 30 day(s) retail; PA
desoximetasone OINT	4	4 max fill(s) per 30 day(s) retail; PA
diflorasone diacetate CREA	4	4 max fill(s) per 30 day(s) retail; PA
diflorasone diacetate OINT	4	4 max fill(s) per 30 day(s) retail; PA
DIPROLENE OINT *(Use betamethasone dipropionate augmented)*	4	4 max fill(s) per 30 day(s) retail; PA
ENSTILAR FOAM	4	4 max fill(s) per 30 day(s) retail; PA
EPIFOAM FOAM	4	2 max fill(s) per 30 day(s) retail; PA
fluocinolone acetonide CREA	4	4 max fill(s) per 30 day(s) retail; PA
fluocinolone acetonide OIL	4	4 max fill(s) per 30 day(s) retail; PA
fluocinolone acetonide OINT	4	4 max fill(s) per 30 day(s) retail; PA
fluocinolone acetonide SOLN	4	4 max fill(s) per 30 day(s) retail; PA
fluocinonide emulsified base	4	4 max fill(s) per 30 day(s) retail; PA
fluocinonide CREA	4	4 max fill(s) per 30 day(s) retail; PA
fluocinonide GEL	4	4 max fill(s) per 30 day(s) retail; PA
fluocinonide OINT	4	4 max fill(s) per 30 day(s) retail; PA
fluocinonide SOLN	4	4 max fill(s) per 30 day(s) retail; PA
flurandrenolide CREA	4	4 max fill(s) per 30 day(s) retail; PA
flurandrenolide LOTN	4	4 max fill(s) per 30 day(s) retail; PA
fluticasone propionate CREA 0.05 %	1	4 max fill(s) per 30 day(s) retail
fluticasone propionate LOTN	4	4 max fill(s) per 30 day(s) retail; PA
fluticasone propionate OINT	1	4 max fill(s) per 30 day(s) retail
halcinonide CREA	4	4 max fill(s) per 30 day(s) retail
halcinonide SOLN 0.1 %	4	4 max fill(s) per 30 day(s) retail
halobetasol propionate CREA	1	4 max fill(s) per 30 day(s) retail
halobetasol propionate FOAM	4	4 max fill(s) per 30 day(s) retail; PA
halobetasol propionate OINT	1	4 max fill(s) per 30 day(s) retail
HALOG CREA *(Use halcinonide)*	4	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone (topical) CREA	1	2 max fill(s) per 30 day(s) retail; RX/OTC
hydrocortisone (topical) LOTN 2.5 %	4	2 max fill(s) per 30 day(s) retail; PA
hydrocortisone (topical) OINT 1 %, 2.5 %	1	2 max fill(s) per 30 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) SOLN 2.5 %	4	2 max fill(s) per 30 day(s) retail; PA
HYDROCORTISONE ACETATE CREA	1	2 max fill(s) per 30 day(s) retail
hydrocortisone butyrate CREA	4	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone butyrate LOTN	4	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone butyrate OINT	4	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone butyrate SOLN	4	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone valerate CREA	4	4 max fill(s) per 30 day(s) retail; PA
hydrocortisone valerate OINT	4	4 max fill(s) per 30 day(s) retail; PA
KENALOG AERS *(Use triamcinolone acetonide (topical))*	4	4 max fill(s) per 30 day(s) retail; PA
LEXETTE FOAM *(Use halobetasol propionate)*	9	4 max fill(s) per 30 day(s) retail
LOCOID LOTN *(Use hydrocortisone butyrate)*	4	4 max fill(s) per 30 day(s) retail; PA
mometasone furoate CREA	1	4 max fill(s) per 30 day(s) retail
mometasone furoate OINT	1	4 max fill(s) per 30 day(s) retail
mometasone furoate SOLN	1	4 max fill(s) per 30 day(s) retail
OLUX-E *(Use clobetasol propionate emulsion)*	4	4 max fill(s) per 30 day(s) retail; PA
PANDEL	4	4 max fill(s) per 30 day(s) retail; PA
SYNALAR (CREAM)	4	4 max fill(s) per 30 day(s) retail; PA
SYNALAR (OINTMENT)	4	4 max fill(s) per 30 day(s) retail; PA
SYNALAR TS	4	4 max fill(s) per 30 day(s) retail; PA
SYNALAR CREA *(Use fluocinolone acetonide)*	4	4 max fill(s) per 30 day(s) retail; PA
SYNALAR OINT *(Use fluocinolone acetonide)*	4	4 max fill(s) per 30 day(s) retail; PA
SYNALAR SOLN *(Use fluocinolone acetonide)*	4	4 max fill(s) per 30 day(s) retail; PA
TACLONEX OINT *(Use calcipotriene-betamethasone dipropionate)*	9	4 max fill(s) per 30 day(s) retail
TACLONEX SUSP *(Use calcipotriene-betamethasone dipropionate)*	4	4 max fill(s) per 30 day(s) retail; PA
TOPICORT SPRAY LIQD *(Use desoximetasone)*	4	4 max fill(s) per 30 day(s) retail; PA
TOPICORT CREA *(Use desoximetasone)*	4	4 max fill(s) per 30 day(s) retail; PA
TOPICORT GEL *(Use desoximetasone)*	4	4 max fill(s) per 30 day(s) retail; PA
TOPICORT OINT *(Use desoximetasone)*	4	4 max fill(s) per 30 day(s) retail; PA
TOVET	4	4 max fill(s) per 30 day(s) retail; PA
triamcinolone acetonide (topical) AERS	4	4 max fill(s) per 30 day(s) retail; PA
triamcinolone acetonide (topical) CREA	1	4 max fill(s) per 30 day(s) retail
triamcinolone acetonide (topical) LOTN	1	4 max fill(s) per 30 day(s) retail
triamcinolone acetonide (topical) OINT	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ULTRAVATE LOTN	4	4 max fill(s) per 30 day(s) retail; PA
Eczema Agents		
ADBRY SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
ADBRY SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
ANZUPGO CREA EX 20 MG/GM	4	2 max fill(s) per 30 day(s) retail; SP; PA
CIBINQO	4	2 max fill(s) per 30 day(s) retail; SP; PA
DUPIXENT SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
EBGLYSS SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
EBGLYSS SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
OPZELURA	4	2 max fill(s) per 30 day(s) retail; SP; PA
Emollient/Keratolytic Agents		
urea CREA 40 %	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
Emollients		
lactic acid (ammonium lactate) CREA	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
Hair Growth Agents		
finasteride (alopecia)	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
LEQSELVI TABS PO 8 MG	4	2 max fill(s) per 30 day(s) retail; SP; PA
LITFULO	4	2 max fill(s) per 30 day(s) retail; PA
PROPECIA *(Use finasteride (alopecia))*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Immunomodulating Agents - Systemic		
NEMLUVIO	4	2 max fill(s) per 30 day(s) retail; SP; PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	4 max fill(s) per 30 day(s) retail; MP
imiquimod 3.75 %	4	2 max fill(s) per 30 day(s) retail; MP; PA
Immunosuppressive Agents - Topical		
HYFTOR	2	2 max fill(s) per 30 day(s) retail; SP; PA
pimecrolimus	4	2 max fill(s) per 30 day(s) retail; PA
tacrolimus (topical) OINT	1	2 max fill(s) per 30 day(s) retail; PA
Keratolytic/Antimitotic/Vesicant Agents		
podofilox SOLN	1	2 max fill(s) per 30 day(s) retail; PA
salicylic acid LIQD 27.5 %	1	2 max fill(s) per 30 day(s) retail; PA
SALICYLIC ACID OINT	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SALYCIM CREA	1	2 max fill(s) per 30 day(s) retail; PA
YCANTH SOLN	2	2 max fill(s) per 30 day(s) retail; PA
Local Anesthetics - Topical		
ALOCANE EMERGENCY BURN MAX STR AERS 4 %	8	
ASTERO GEL	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
ETHYL CHLORIDE	4	2 max fill(s) per 30 day(s) retail; PA
LDO PLUS GEL	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
lidocaine hcl CREA 3 %	1	2 max fill(s) per 30 day(s) retail; RX/OTC
lidocaine hcl GEL 2 %	1	2 max fill(s) per 30 day(s) retail
lidocaine hcl PRSY	4	2 max fill(s) per 30 day(s) retail; PA
lidocaine hcl PRSY	1	2 max fill(s) per 30 day(s) retail
lidocaine hcl SOLN	1	2 max fill(s) per 30 day(s) retail
lidocaine OINT 5 %	1	2 max fill(s) per 30 day(s) retail
LIDOCAINE OINT *(Use lidocaine)*	9	
lidocaine-prilocaine CREA	1	2 max fill(s) per 30 day(s) retail
lidocaine-prilocaine KIT	4	2 max fill(s) per 30 day(s) retail
lidocaine PTCH 5 %	1	2 max fill(s) per 30 day(s) retail
LIDODERM PTCH *(Use lidocaine)*	4	2 max fill(s) per 30 day(s) retail; PA
LIDOTRAL CREA	4	2 max fill(s) per 30 day(s) retail; PA
PLIAGLIS CREA	4	2 max fill(s) per 30 day(s) retail; PA
QUTENZA	4	2 max fill(s) per 30 day(s) retail; PA
QUTENZA (2 PATCH)	4	2 max fill(s) per 30 day(s) retail; PA
QUTENZA (4 PATCH)	4	2 max fill(s) per 30 day(s) retail; PA
XYLIDERM	4	2 max fill(s) per 30 day(s) retail; PA
ZTLIDO PTCH	4	2 max fill(s) per 30 day(s) retail; PA
Misc. Dermatological Products		
LEVICYN GEL	4	2 max fill(s) per 30 day(s) retail; PA; RX/OTC
Misc. Topical		
QC CALAMINE LOTN	8	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	2	2 max fill(s) per 30 day(s) retail
ZORYVE CREA EX	4	2 max fill(s) per 30 day(s) retail; PA
ZORYVE FOAM EX	4	2 max fill(s) per 30 day(s) retail; PA
Protectives Against UV Radiation		
SCENESSE	CO	SP
Rosacea Agents		
azelaic acid GEL	1	2 max fill(s) per 30 day(s) retail
brimonidine tartrate (topical)	4	2 max fill(s) per 30 day(s) retail; PA
doxycycline (rosacea)	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
FINACEA FOAM	4	2 max fill(s) per 30 day(s) retail; PA
FINACEA GEL *(Use azelaic acid)*	9	2 max fill(s) per 30 day(s) retail
ivermectin (rosacea)	1	2 max fill(s) per 30 day(s) retail
METROCREAM CREA *(Use metronidazole (topical))*	4	2 max fill(s) per 30 day(s) retail; PA
METROGEL GEL 1 % *(Use metronidazole (topical))*	4	2 max fill(s) per 30 day(s) retail; PA
metronidazole (topical) CREA	1	2 max fill(s) per 30 day(s) retail
metronidazole (topical) GEL	1	2 max fill(s) per 30 day(s) retail
metronidazole (topical) LOTN	1	2 max fill(s) per 30 day(s) retail
MIRVASO *(Use brimonidine tartrate (topical))*	4	2 max fill(s) per 30 day(s) retail; PA
ORACEA *(Use doxycycline (rosacea))*	4	2 max fill(s) per 30 day(s) retail; PA
RHOFADE	4	2 max fill(s) per 30 day(s) retail; PA
SOOLANTRA *(Use ivermectin (rosacea))*	4	2 max fill(s) per 30 day(s) retail; PA
Scabicides & Pediculicides		
crotamiton LOTN	4	2 max fill(s) per 30 day(s) retail
ELIMITE CREA *(Use permethrin)*	4	2 max fill(s) per 30 day(s) retail; PA
malathion	4	2 max fill(s) per 30 day(s) retail
NATROBA *(Use spinosad)*	4	2 max fill(s) per 30 day(s) retail; PA
NIX LICE KILLING SPRAY LIQD XX	2	2 max fill(s) per 30 day(s) retail
OVIDE *(Use malathion)*	4	2 max fill(s) per 30 day(s) retail
permethrin AERO	1	2 max fill(s) per 30 day(s) retail
permethrin CREA	1	2 max fill(s) per 30 day(s) retail
permethrin LIQD EX	1	2 max fill(s) per 30 day(s) retail
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	1	2 max fill(s) per 30 day(s) retail
spinosad	1	2 max fill(s) per 30 day(s) retail
Wound Care Products		
FILSUVEZ	CO	2 max fill(s) per 30 day(s) retail; SP
VYJUVEK	CO	2 max fill(s) per 30 day(s) retail; SP
ZEVASKYN (UP TO 12 SHEETS) SHEE EX	CO	SP
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ADVIN COVID-19 ANTIGEN TEST KIT	2	
BINAXNOW COVID-19 AG HOME TEST KIT	2	
BINAXNOW COVID-19 ANTIGEN SELF KIT	2	
CARESTART COVID-19 HOME TEST KIT	2	
CLEARDETECT COVID-19 AG HOME KIT	2	
CLINITEST RAPID COVID-19 TEST KIT	2	
COVID-19 AT HOME ANTIGEN TEST KIT	2	
COVID-19 AT-HOME TEST KIT	2	
COVID-19 OTC ANTIGEN 1-PACK KIT	2	
COVID-19 OTC ANTIGEN 2-PACK KIT	2	

Drug Name	Drug Tier	Requirements/ Limits
COVID-19 SPECIMEN COLLECTION	2	
COVID-19 TESTING BY PHARMACIST	2	
CVS COVID-19 AT HOME TEST KIT KIT	2	
DIATRUST COVID-19 HOME TEST KIT	2	
DXTERITY COVID-19 HOME TEST	2	
ELLUME COVID-19 HOME TEST KIT	2	
EVERLYWELL COVID-19 HOME TEST	2	
FASTEP COVID-19 ANTIGEN TEST KIT	2	
FLOWFLEX COVID-19 AG HOME TEST KIT	2	
GENABIO COVID-19 RAPID TEST KIT	2	
GNP TRUETRACK TEST STRIPS STRP	4	MP; PA; RX/OTC
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	2	
IHEALTH COVID-19 RAPID TEST KIT	2	
INDICAID COVID-19 RAPID TEST KIT	2	
INTELISWAB COVID-19 RAPID TEST KIT	2	
LUCIRA CHECK IT COVID-19 TEST KIT	2	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE KIT	2	RX/OTC
OHC COVID-19 ANTIGEN SELF TEST KIT	2	
ON/GO COVID-19 ANTIGEN TEST KIT	2	
ON/GO ONE COVID-19 HOME TEST KIT	2	
PILOT COVID-19 AT-HOME TEST KIT	2	
PIXEL COVID-19 PCR HOME TEST	2	
QUICKVUE AT-HOME COVID-19 TEST KIT	2	
RELION TRUE METRIX TEST STRIPS STRP	2	MP; RX/OTC
SIMPLICITY COVID-19 AT-HOME	2	
SPEEDY SWAB COVID-19 ANTIGEN KIT	2	
TRUE METRIX BLOOD GLUCOSE TEST STRP	4	MP; PA; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	2	MP; RX/OTC
TRUETRACK TEST STRP	4	MP; PA; RX/OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Nutritional Supplements		
KATE FARMS STANDARD 1.0 LIQD PO	8	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	2 max fill(s) per 30 day(s) retail
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT	4	2 max fill(s) per 30 day(s) retail
PERTZYE CPEP	4	2 max fill(s) per 30 day(s) retail
VIOKACE TABS	4	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
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	2 max fill(s) per 30 day(s) retail
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA
acetazolamide CP12	1	2 max fill(s) per 30 day(s) retail; MP
acetazolamide TABS	1	2 max fill(s) per 30 day(s) retail; MP
dichlorphenamide	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
KEVEYIS *(Use dichlorphenamide)*	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
methazolamide TABS	1	2 max fill(s) per 30 day(s) retail; MP
Diuretic Combinations		
amiloride & hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
MAXZIDE-25 TABS *(Use triamterene & hydrochlorothiazide)*	9	2 max fill(s) per 30 day(s) retail; MP
MAXZIDE TABS *(Use triamterene & hydrochlorothiazide)*	9	2 max fill(s) per 30 day(s) retail; MP
spironolactone & hydrochlorothiazide	1	2 max fill(s) per 30 day(s) retail; MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	2 max fill(s) per 30 day(s) retail; MP
triamterene & hydrochlorothiazide TABS	1	2 max fill(s) per 30 day(s) retail; MP
Loop Diuretics		
bumetanide SOLN 0.25 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
bumetanide TABS	1	2 max fill(s) per 30 day(s) retail; MP
BUMEX TABS 0.5 MG *(Use bumetanide)*	9	2 max fill(s) per 30 day(s) retail; MP
ethacrynate sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA
ethacrynic acid	4	2 max fill(s) per 30 day(s) retail; MP
FUROSCIX CTKT	4	2 max fill(s) per 30 day(s) retail; PA
furosemide SOLN IJ 10 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
furosemide SOLN PO 8 MG/ML, 10 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP
furosemide TABS	1	2 max fill(s) per 30 day(s) retail; MP
LASIX TABS *(Use furosemide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
SODIUM EDECRIN *(Use ethacrynate sodium)*	9	2 max fill(s) per 30 day(s) retail; MP
torsemide TABS	1	2 max fill(s) per 30 day(s) retail; MP
Potassium Sparing Diuretics		

Drug Name	Drug Tier	Requirements/ Limits
ALDACTONE TABS *(Use spironolactone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
amiloride hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
CAROSPIR SUSP *(Use spironolactone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
spironolactone SUSP	4	2 max fill(s) per 30 day(s) retail; MP; PA
spironolactone TABS	1	2 max fill(s) per 30 day(s) retail; MP
triamterene CAPS	1	2 max fill(s) per 30 day(s) retail; MP
Thiazides and Thiazide-Like Diuretics		
chlorothiazide sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA
chlorthalidone 25 MG, 50 MG	1	2 max fill(s) per 30 day(s) retail; MP
HEMICLOR 12.5 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
hydrochlorothiazide CAPS	1	2 max fill(s) per 30 day(s) retail; MP
hydrochlorothiazide TABS	1	2 max fill(s) per 30 day(s) retail; MP
indapamide TABS 1.25 MG, 2.5 MG	1	2 max fill(s) per 30 day(s) retail; MP
INZIRQO SUSR PO 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
metolazone	1	2 max fill(s) per 30 day(s) retail; MP
THALITONE	2	2 max fill(s) per 30 day(s) retail; MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA 5 MG	CO	QL(12 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ISTURISA 1 MG	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
RECORLEV	CO	2 max fill(s) per 30 day(s) retail; SP
Bone Density Regulators		
ACTONEL TABS 35 MG, 150 MG *(Use risedronate sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
alendronate sodium SOLN	1	2 max fill(s) per 30 day(s) retail; MP
alendronate sodium TABS 10 MG, 35 MG, 70 MG	1	2 max fill(s) per 30 day(s) retail; MP
ATELVIA TBEC *(Use risedronate sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
BILDYOS SOSY SC 60 MG/ML	2	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
BILPREVDA SOLN SC 120 MG/1.7ML	2	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
BINOSTO TBEF	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
BOMYNTRA SOLN SC 120 MG/1.7ML	4	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
BOMYNTRA SOSY SC 120 MG/1.7ML	4	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
BONSITY SOPN 560 MCG/2.24ML	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA
calcitonin (salmon) IJ	1	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
calcitonin (salmon) NA	1	QL(3.7 ML per 28 day(s) retail; 11 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
CONEXXENCE SOSY SC 60 MG/ML	4	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EVENITY	4	QL(2.34 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; 2 max fill(s) per 30 day(s) mail; SP; PA
FORTEO SOPN *(Use teriparatide)*	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA
FOSAMAX PLUS D	4	2 max fill(s) per 30 day(s) retail; MP; PA
FOSAMAX TABS 70 MG *(Use alendronate sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ibandronate sodium SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
ibandronate sodium TABS	1	2 max fill(s) per 30 day(s) retail; MP
JUBBONTI SOSY SC 60 MG/ML	2	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
MIACALCIN IJ *(Use calcitonin (salmon))*	4	QL(14 ML per 28 day(s) retail; 42 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
OSENVELT SOLN SC 120 MG/1.7ML	4	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
PAMIDRONATE DISODIUM SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
PROLIA SOSY	2	QL(1 ML per 168 day(s) retail; 1 ML per 168 days mail); 2 max fill(s) per 30 day(s) retail; PA
RECLAST SOLN *(Use zoledronic acid)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
risedronate sodium TABS	4	2 max fill(s) per 30 day(s) retail; MP
risedronate sodium TBEC	4	2 max fill(s) per 30 day(s) retail; MP
STOBOCLO SOSY SC 60 MG/ML	4	QL(1 ML per 168 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
teriparatide SOPN	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA
TERIPARATIDE SOPN	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA
TYMLOS	4	QL(1.56 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA
WYOST SOLN SC 120 MG/1.7ML	2	QL(5.1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
XGEVA SOLN	2	QL(5.1 ML per 28 day(s) retail; 5 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
zoledronic acid CONC	1	2 max fill(s) per 30 day(s) retail; MP; PA
zoledronic acid SOLN 5 MG/100ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
ZOLEDRONIC ACID SOLN	2	2 max fill(s) per 30 day(s) retail; MP; PA
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
ACTHAR GEL	2	2 max fill(s) per 30 day(s) retail; SP; PA
CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
CORTROPHIN GEL	2	2 max fill(s) per 30 day(s) retail; SP; PA
Corticotropin-Releasing Factor (CRF) Receptor Antagonists		
CRENESSITY CAPS	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
CRENESSITY SOLN	CO	QL(4 ML daily); 2 max fill(s) per 30 day(s) retail; SP
GnRH/LHRH Antagonists		
ORILISSA	2	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
SOMAVERT	2	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	2	2 max fill(s) per 30 day(s) retail; SP; PA
EGRIFTA WR SC 11.6 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
GENOTROPIN CART SC	2	2 max fill(s) per 30 day(s) retail; SP; PA
HUMATROPE CART IJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
NGENLA	4	2 max fill(s) per 30 day(s) retail; SP; PA
NORDITROPIN FLEXPRO SOPN	2	2 max fill(s) per 30 day(s) retail; SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA
NUTROPIN AQ NUSPIN 20 SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA
NUTROPIN AQ NUSPIN 5 SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA
OMNITROPE SOCT	4	2 max fill(s) per 30 day(s) retail; SP; PA
OMNITROPE SOLR SC	4	2 max fill(s) per 30 day(s) retail; SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	2 max fill(s) per 30 day(s) retail; SP; PA
SKYTROFA	4	2 max fill(s) per 30 day(s) retail; SP; PA
SOGROYA	4	2 max fill(s) per 30 day(s) retail; SP; PA
ZOMACTON SOLR SC	4	2 max fill(s) per 30 day(s) retail; SP; PA
Hormone Receptor Modulators		
EVISTA *(Use raloxifene hcl)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
OSPHENA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
raloxifene hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	CO	2 max fill(s) per 30 day(s) retail; SP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	2	2 max fill(s) per 30 day(s) retail; SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	2	4 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	2 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	2 max fill(s) per 30 day(s) retail; SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	2 max fill(s) per 30 day(s) retail; SP; PA
SUPPRELIN LA	2	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
SYNAREL	2	2 max fill(s) per 30 day(s) retail; SP; PA
TRIPTODUR	2	2 max fill(s) per 30 day(s) retail; SP; PA
Menopausal Symptoms Suppressants		
VEOZAH	4	2 max fill(s) per 30 day(s) retail; PA
Metabolic Modifiers		
ALDURAZYME	CO	SP
betaine	1	2 max fill(s) per 30 day(s) retail; SP; PA
BRINEURA	CO	2 max fill(s) per 30 day(s) retail; SP
BUPHENYL POWD *(Use sodium phenylbutyrate)*	CO	2 max fill(s) per 30 day(s) retail; SP
BUPHENYL TABS *(Use sodium phenylbutyrate)*	CO	2 max fill(s) per 30 day(s) retail; SP
calcitriol CAPS	1	2 max fill(s) per 30 day(s) retail; MP
calcitriol SOLN PO	1	2 max fill(s) per 30 day(s) retail; MP
CARBAGLU *(Use carglumic acid)*	CO	2 max fill(s) per 30 day(s) retail; SP
carglumic acid	CO	2 max fill(s) per 30 day(s) retail; SP
CARNITOR SF SOLN PO *(Use levocarnitine (metabolic modifiers))*	4	2 max fill(s) per 30 day(s) retail; PA
CARNITOR SOLN PO 1 GM/10ML *(Use levocarnitine (metabolic modifiers))*	4	2 max fill(s) per 30 day(s) retail; PA
CARNITOR SOLN PO 1 GM/10ML *(Use levocarnitine (metabolic modifiers))*	9	2 max fill(s) per 30 day(s) retail
CARNITOR TABS *(Use levocarnitine (metabolic modifiers))*	4	2 max fill(s) per 30 day(s) retail; PA
cinacalcet hcl	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
CITRULLINE EASY	CO	
CRYSVITA	CO	2 max fill(s) per 30 day(s) retail; SP
CYSTADANE *(Use betaine)*	4	2 max fill(s) per 30 day(s) retail; SP; PA
doxercalciferol CAPS	1	2 max fill(s) per 30 day(s) retail; MP; PA
ELAPRASE	CO	SP
ELFABRIO	CO	2 max fill(s) per 30 day(s) retail; SP
FABRAZYME	CO	2 max fill(s) per 30 day(s) retail; SP
FORZINITY SOLN SC 280 MG/3.5ML	CO	QL(0.5 ML daily); 2 max fill(s) per 30 day(s) retail; SP
GALAFOLD	CO	2 max fill(s) per 30 day(s) retail; SP
glycerol phenylbutyrate 1.1 GM/ML	CO	2 max fill(s) per 30 day(s) retail; SP
HARLIKU TABS PO 2 MG	CO	2 max fill(s) per 30 day(s) retail; SP
IMCIVREE SOLN SC	CO	2 max fill(s) per 30 day(s) retail; SP
KANUMA	CO	SP
KEBILIDI	CO	SP
KUVAN PACK *(Use sapropterin dihydrochloride)*	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
KUVAN TABS *(Use sapropterin dihydrochloride)*	CO	2 max fill(s) per 30 day(s) retail; SP
LAMZEDE	CO	SP
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	1	2 max fill(s) per 30 day(s) retail
levocarnitine (metabolic modifiers) TABS	1	2 max fill(s) per 30 day(s) retail
LUMIZYME	CO	SP
MEPSEVII	CO	SP
MYALEPT	CO	2 max fill(s) per 30 day(s) retail; SP
NAGLAZYME	CO	SP
NEXVIAZYME	CO	SP
nitisinone CAPS 2 MG, 5 MG, 10 MG	CO	2 max fill(s) per 30 day(s) retail; SP
nitisinone CAPS 20 MG	CO	
NITYR TABS	CO	2 max fill(s) per 30 day(s) retail; SP
NULIBRY	CO	2 max fill(s) per 30 day(s) retail; SP
OLPRUVA (2 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP
OLPRUVA (3 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP
OLPRUVA (4 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP
OLPRUVA (5 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP
OLPRUVA (6 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP
OLPRUVA (6.67 GM DOSE) THPK	CO	2 max fill(s) per 30 day(s) retail; SP
OPFOLDA	CO	2 max fill(s) per 30 day(s) retail; SP
ORFADIN CAPS 2 MG, 5 MG, 10 MG *(Use nitisinone)*	CO	2 max fill(s) per 30 day(s) retail; SP
ORFADIN CAPS 20 MG *(Use nitisinone)*	CO	
ORFADIN SUSP	CO	2 max fill(s) per 30 day(s) retail; SP
PALYNZIQ 10 MG/0.5ML	CO	QL(3 ML daily); 2 max fill(s) per 30 day(s) retail; SP
PALYNZIQ 20 MG/ML	CO	QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
PALYNZIQ 2.5 MG/0.5ML	CO	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
paricalcitol CAPS	1	2 max fill(s) per 30 day(s) retail; MP; PA
PHEBURANE PLLT	CO	2 max fill(s) per 30 day(s) retail; SP
POMBILITI	CO	SP
RAVICTI 1.1 GM/ML *(Use glycerol phenylbutyrate)*	CO	2 max fill(s) per 30 day(s) retail; SP
RAYALDEE	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
REVCOVI	CO	2 max fill(s) per 30 day(s) retail; SP
ROCALTROL CAPS *(Use calcitriol)*	9	2 max fill(s) per 30 day(s) retail; MP
sapropterin dihydrochloride PACK	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
sapropterin dihydrochloride TABS	CO	2 max fill(s) per 30 day(s) retail; SP
SENSIPAR *(Use cinacalcet hcl)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SEPHIENCE PACK PO 250 MG, 1000 MG	CO	2 max fill(s) per 30 day(s) retail; SP
sodium phenylbutyrate POWD	CO	2 max fill(s) per 30 day(s) retail; SP
sodium phenylbutyrate TABS	CO	2 max fill(s) per 30 day(s) retail; SP
STRENSIQ	CO	2 max fill(s) per 30 day(s) retail; SP
TRYNGOLZA	CO	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
VIMIZIM	CO	SP
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	CO	2 max fill(s) per 30 day(s) retail; SP
XENPOZYME	CO	SP
XPHOZAH	2	2 max fill(s) per 30 day(s) retail; SP; PA
YORVIPATH	2	2 max fill(s) per 30 day(s) retail; SP; PA
Mineralocorticoid Receptor Antagonists		
KERENDIA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Natriuretic Peptides		
VOXZOGO	CO	2 max fill(s) per 30 day(s) retail; SP
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(Use desmopressin acetate)*	4	2 max fill(s) per 30 day(s) retail; PA
DDAVP SOLN IJ 4 MCG/ML *(Use desmopressin acetate)*	4	2 max fill(s) per 30 day(s) retail; PA
DDAVP TABS *(Use desmopressin acetate)*	4	2 max fill(s) per 30 day(s) retail; PA
desmopressin acetate spray	1	2 max fill(s) per 30 day(s) retail
desmopressin acetate SOLN IJ	1	2 max fill(s) per 30 day(s) retail; PA
desmopressin acetate TABS	1	2 max fill(s) per 30 day(s) retail
NOCDURNA SUBL	4	2 max fill(s) per 30 day(s) retail; PA
Progesterone Receptor Antagonists		
MIFEPREX *(Use mifepristone)*	CO	
mifepristone	CO	
Prolactin Inhibitors		
cabergoline	1	2 max fill(s) per 30 day(s) retail
Somatostatic Agents		
BYNFEZIA PEN SOPN	4	2 max fill(s) per 30 day(s) retail; SP; PA
lanreotide acetate	1	2 max fill(s) per 30 day(s) retail; SP; PA
LANREOTIDE ACETATE	2	2 max fill(s) per 30 day(s) retail; SP; PA
MYCAPSSA CPDR	2	2 max fill(s) per 30 day(s) retail; SP; PA
octreotide acetate KIT	1	2 max fill(s) per 30 day(s) retail; SP; PA
octreotide acetate SOLN	1	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate SOSY	1	2 max fill(s) per 30 day(s) retail; SP; PA
PALSONIFY TABS PO 20 MG, 30 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
SANDOSTATIN LAR DEPOT KIT *(Use octreotide acetate)*	4	2 max fill(s) per 30 day(s) retail; SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(Use octreotide acetate)*	4	2 max fill(s) per 30 day(s) retail; SP; PA
SIGNIFOR	2	2 max fill(s) per 30 day(s) retail; SP; PA
SIGNIFOR LAR	2	2 max fill(s) per 30 day(s) retail; SP; PA
SOMATULINE DEPOT 60 MG/0.2ML, 90 MG/0.3ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
SOMATULINE DEPOT 120 MG/0.5ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG *(Use tolvaptan)*	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
JYNARQUE TABS 30 MG *(Use tolvaptan)*	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
JYNARQUE TBPK 15 MG *(Use tolvaptan)*	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
SAMSCA TABS 15 MG *(Use tolvaptan)*	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
SAMSCA TABS 30 MG *(Use tolvaptan)*	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
tolvaptan TABS 15 MG	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
tolvaptan TABS 30 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
tolvaptan TBPK 15 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(Use estradiol & norethindrone acetate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ANGELIQ	2	2 max fill(s) per 30 day(s) retail; MP
BIJUVA	4	2 max fill(s) per 30 day(s) retail; MP; PA
CLIMARA PRO	2	2 max fill(s) per 30 day(s) retail; MP
COMBIPATCH PTTW	2	2 max fill(s) per 30 day(s) retail; MP
DUAVEE	4	2 max fill(s) per 30 day(s) retail; MP; PA
esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	2	2 max fill(s) per 30 day(s) retail; MP
esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	1	2 max fill(s) per 30 day(s) retail; MP
estradiol & norethindrone acetate TABS	1	2 max fill(s) per 30 day(s) retail; MP
estradiol & norethindrone acetate TABS 1 MG-0.5 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
MYFEMBREE	2	2 max fill(s) per 30 day(s) retail; PA
norethindrone acetate-ethinyl estradiol	4	2 max fill(s) per 30 day(s) retail; MP; PA
norethindrone acetate-ethinyl estradiol	1	2 max fill(s) per 30 day(s) retail; MP
ORIAHNN	2	2 max fill(s) per 30 day(s) retail; PA
PREMPHASE	2	2 max fill(s) per 30 day(s) retail; MP
PREMPRO	2	2 max fill(s) per 30 day(s) retail; MP
Estrogens		
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(Use estradiol)*	4	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA
DELESTROGEN *(Use estradiol valerate)*	4	2 max fill(s) per 30 day(s) retail; PA
DEPO-ESTRADIOL	2	2 max fill(s) per 30 day(s) retail
DIVIGEL GEL *(Use estradiol)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ELESTRIN GEL	4	2 max fill(s) per 30 day(s) retail; MP; PA
ESTRACE TABS *(Use estradiol)*	9	2 max fill(s) per 30 day(s) retail; MP
estradiol valerate 10 MG/ML	4	2 max fill(s) per 30 day(s) retail; PA
estradiol valerate 20 MG/ML, 40 MG/ML	1	2 max fill(s) per 30 day(s) retail
estradiol GEL	4	2 max fill(s) per 30 day(s) retail; MP; PA
estradiol PTTW	1	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
estradiol PTWK	1	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
estradiol TABS	1	2 max fill(s) per 30 day(s) retail; MP
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	2 max fill(s) per 30 day(s) retail; MP
EVAMIST SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
MENEST 2.5 MG	2	2 max fill(s) per 30 day(s) retail; MP
MENOSTAR PTWK	4	2 max fill(s) per 30 day(s) retail; MP; PA
MINIVELLE PTTW *(Use estradiol)*	2	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
PREMARIN SOLR	4	2 max fill(s) per 30 day(s) retail; PA
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(Use estrogens, conjugated)*	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT PTTW *(Use estradiol)*	2	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
VIVELLE-DOT PTTW *(Use estradiol)*	9	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	4	4 max fill(s) per 30 day(s) retail; PA
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1	4 max fill(s) per 30 day(s) retail
ciprofloxacin hcl TABS 100 MG	2	4 max fill(s) per 30 day(s) retail
CIPRO SUSR	2	4 max fill(s) per 30 day(s) retail
CIPRO TABS 250 MG, 500 MG *(Use ciprofloxacin hcl)*	4	4 max fill(s) per 30 day(s) retail; PA
levofloxacin SOLN PO	4	4 max fill(s) per 30 day(s) retail
levofloxacin TABS	1	4 max fill(s) per 30 day(s) retail
moxifloxacin hcl TABS	4	4 max fill(s) per 30 day(s) retail
ofloxacin 300 MG, 400 MG	4	4 max fill(s) per 30 day(s) retail
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(Use prucalopride succinate)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
prucalopride succinate	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Antiflatulents		
MYLICON INFANTS GAS RELIEF SUSP *(Use simethicone)*	9	2 max fill(s) per 30 day(s) retail
PHAZYME MAXIMUM STRENGTH CAPS *(Use simethicone)*	9	
PHAZYME ULTRA STRENGTH CAPS *(Use simethicone)*	9	
simethicone CAPS 125 MG	1	2 max fill(s) per 30 day(s) retail
simethicone CHEW	1	2 max fill(s) per 30 day(s) retail
simethicone SUSP 20 MG/0.3ML	1	2 max fill(s) per 30 day(s) retail
Bile Acid Synthesis Disorder Agents		
CHOLBAM	CO	
CTEXLI TABS PO 250 MG	CO	
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	CO	
Gallstone Solubilizing Agents		
chenodiol	CO	
RELTONE CAPS	CO	
URSO 250 TABS *(Use ursodiol)*	CO	
URSO FORTE TABS *(Use ursodiol)*	CO	
ursodiol CAPS	CO	
URSODIOL CAPS	CO	
ursodiol TABS	CO	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
GASTROCROM *(Use cromolyn sodium (mastocytosis))*	4	2 max fill(s) per 30 day(s) retail; PA
Gastrointestinal Chloride Channel Activators		
AMITIZA *(Use lubiprostone)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
lubiprostone	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	4	2 max fill(s) per 30 day(s) retail; PA
metoclopramide hcl SOLN IJ 5 MG/ML	4	2 max fill(s) per 30 day(s) retail; PA
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1	2 max fill(s) per 30 day(s) retail
metoclopramide hcl TABS	1	2 max fill(s) per 30 day(s) retail
REGLAN TABS *(Use metoclopramide hcl)*	4	2 max fill(s) per 30 day(s) retail; PA
Hepatotropics		
REZDIFFRA	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	CO	2 max fill(s) per 30 day(s) retail; SP
BYLVAY CAPS	CO	2 max fill(s) per 30 day(s) retail; SP
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	CO	2 max fill(s) per 30 day(s) retail; SP
LIVMARLI	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
Inflammatory Bowel Agents		
AVSOLA	4	2 max fill(s) per 30 day(s) retail; SP; PA
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	9	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
AZULFIDINE EN-TABS TBEC *(Use sulfasalazine)*	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
AZULFIDINE TABS *(Use sulfasalazine)*	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
balsalazide disodium CAPS	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP
CANASA SUPP *(Use mesalamine)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
CIMZIA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
CIMZIA KIT	4	2 max fill(s) per 30 day(s) retail; SP; PA
CIMZIA-STARTER PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
DELZICOL CPDR *(Use mesalamine)*	9	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP
DIPENTUM	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
ENTYVIO PEN SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA
IMULDOSA SOLN IV 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
INFLECTRA SOLR	4	2 max fill(s) per 30 day(s) retail; SP; PA
INFLIXIMAB	4	2 max fill(s) per 30 day(s) retail; SP; PA
LIALDA TBEC *(Use mesalamine)*	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
mesalamine w/ cleanser	4	QL(60 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
mesalamine CP24	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
mesalamine CPCR	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
mesalamine CPDR	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
mesalamine ENEM	4	QL(60 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
mesalamine SUPP	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
mesalamine TBEC 800 MG	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
mesalamine TBEC 1.2 GM	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
OMVOH SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
OMVOH SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
OMVOH SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
PENTASA CPCR 250 MG	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
PENTASA CPCR *(Use mesalamine)*	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
REMICADE	4	2 max fill(s) per 30 day(s) retail; SP; PA
RENFLEXIS	4	2 max fill(s) per 30 day(s) retail; SP; PA
ROWASA *(Use mesalamine w/ cleanser)*	4	QL(60 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SFROWASA ENEM	4	QL(60 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SKYRIZI SOCT	4	2 max fill(s) per 30 day(s) retail; SP; PA
SKYRIZI SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
STARJEMZA SOLN IV 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
STELARA 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
STEQEYMA	2	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
sulfasalazine TABS	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
sulfasalazine TBEC	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TREMFYA PEN SOAJ SC 200 MG/2ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
TREMFYA SOLN IV	4	2 max fill(s) per 30 day(s) retail; SP; PA
TREMFYA SOSY SC	4	2 max fill(s) per 30 day(s) retail; SP; PA
USTEKINUMAB 130 MG/26ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
USTEKINUMAB-TTWE	4	2 max fill(s) per 30 day(s) retail; SP; PA
VELSIPITY	4	2 max fill(s) per 30 day(s) retail; PA
ZYMFENTRA (1 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ZYMFENTRA (2 PEN) AJKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
ZYMFENTRA (2 SYRINGE) PSKT	4	2 max fill(s) per 30 day(s) retail; SP; PA
Intestinal Acidifiers		
lactulose (encephalopathy)	1	2 max fill(s) per 30 day(s) retail
lactulose (encephalopathy)	4	2 max fill(s) per 30 day(s) retail; PA
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
IBSRELA	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LINZESS	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LOTRONEX *(Use alosetron hcl)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
VIBERZI	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Live Fecal Microbiota		
VOWST	2	2 max fill(s) per 30 day(s) retail; SP; PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
SYMPROIC	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	CO	
LIVDELZI	CO	
Phosphate Binder Agents		
AURYXIA 210 MG *(Use ferric citrate)*	4	2 max fill(s) per 30 day(s) retail; PA
calcium acetate (phosphate binder) CAPS	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
calcium acetate (phosphate binder) TABS	1	2 max fill(s) per 30 day(s) retail; RX/OTC
ferric citrate	4	2 max fill(s) per 30 day(s) retail; PA
FOSRENOL CHEW *(Use lanthanum carbonate)*	4	2 max fill(s) per 30 day(s) retail; PA
FOSRENOL PACK	4	2 max fill(s) per 30 day(s) retail; PA
lanthanum carbonate CHEW	4	2 max fill(s) per 30 day(s) retail; PA
RENVELA PACK *(Use sevelamer carbonate)*	4	2 max fill(s) per 30 day(s) retail; PA
RENVELA TABS *(Use sevelamer carbonate)*	4	2 max fill(s) per 30 day(s) retail; PA
RENVELA TABS *(Use sevelamer carbonate)*	9	2 max fill(s) per 30 day(s) retail
sevelamer carbonate PACK	4	2 max fill(s) per 30 day(s) retail; PA
sevelamer carbonate TABS	1	2 max fill(s) per 30 day(s) retail
sevelamer hcl	1	2 max fill(s) per 30 day(s) retail
VELPHORO	4	2 max fill(s) per 30 day(s) retail; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	CO	2 max fill(s) per 30 day(s) retail; SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	4 max fill(s) per 30 day(s) retail
Alkalinizers		
ORACIT	4	4 max fill(s) per 30 day(s) retail; MP; PA
ORAL CITRATE	4	4 max fill(s) per 30 day(s) retail; MP; PA
pot & sod citrates w/citric ac SOLN	1	4 max fill(s) per 30 day(s) retail; MP
potassium citrate (alkalinizer) TBCR	1	4 max fill(s) per 30 day(s) retail; MP
potassium citrate-citric acid SOLN	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
sodium citrate & citric acid	1	4 max fill(s) per 30 day(s) retail; MP; RX/OTC
UROCIT-K 10 TBCR *(Use potassium citrate (alkalinizer))*	4	4 max fill(s) per 30 day(s) retail; MP; PA
UROCIT-K 15 TBCR *(Use potassium citrate (alkalinizer))*	4	4 max fill(s) per 30 day(s) retail; MP; PA
UROCIT-K 5 TBCR *(Use potassium citrate (alkalinizer))*	9	4 max fill(s) per 30 day(s) retail; MP
Cystinosis Agents		
CYSTAGON CAPS	CO	2 max fill(s) per 30 day(s) retail; SP
PROCYSBI CPDR	CO	2 max fill(s) per 30 day(s) retail; SP
PROCYSBI PACK	CO	2 max fill(s) per 30 day(s) retail; SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	1	
Hyperoxaluria Agents		
OXLUMO	CO	SP
RIVFLOZA SOLN	CO	QL(0.5 ML per 28 day(s) retail); SP

Drug Name	Drug Tier	Requirements/ Limits
RIVFLOZA SOSY 128 MG/0.8ML	CO	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
RIVFLOZA SOSY 160 MG/ML	CO	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
IgA Nephropathy (IgAN) Agents		
FILSPARI	CO	
VANRAFIA TABS PO 0.75 MG	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Interstitial Cystitis Agents		
ELMIRON CAPS	2	2 max fill(s) per 30 day(s) retail; PA
RIMSO-50	2	2 max fill(s) per 30 day(s) retail; PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
AVODART *(Use dutasteride)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
CARDURA XL	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
dutasteride	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
dutasteride-tamsulosin hcl	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
finasteride	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
JALYN *(Use dutasteride-tamsulosin hcl)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
PROSCAR *(Use finasteride)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
RAPAFLO *(Use silodosin)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
silodosin	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
tamsulosin hcl	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG, 200 MG	1	2 max fill(s) per 30 day(s) retail; MP
PYRIDIUM TABS *(Use phenazopyridine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Urinary Stone Agents		
LITHOSTAT	2	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA
THIOLA EC TBEC 100 MG *(Use tiopronin)*	2	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
THIOLA EC TBEC 300 MG *(Use tiopronin)*	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
THIOLA TABS *(Use tiopronin)*	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
tiopronin TABS	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
tiopronin TBEC 300 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
tiopronin TBEC 100 MG	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	2 max fill(s) per 30 day(s) retail; MP
Gout Agents		
allopurinol 200 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
allopurinol 100 MG, 300 MG	1	2 max fill(s) per 30 day(s) retail; MP
allopurinol sodium	1	2 max fill(s) per 30 day(s) retail; MP; PA
ALOPRIM *(Use allopurinol sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
colchicine CAPS	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
colchicine TABS	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP
COLCRYS TABS *(Use colchicine)*	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
febuxostat	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
GLOPERBA SOLN PO	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
KRYSTEXXA	CO	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail
KRYSTEXXA	CO	QL(2 ML per 28 day(s) retail; 28 ML per 84 days mail); 2 max fill(s) per 30 day(s) retail
MITIGARE CAPS *(Use colchicine)*	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
ULORIC *(Use febuxostat)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Uricosurics		
probenecid	1	2 max fill(s) per 30 day(s) retail; MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	CO	SP
Antihemophilic Products		
ADVATE	CO	2 max fill(s) per 30 day(s) retail; SP
ADYNOVATE	CO	2 max fill(s) per 30 day(s) retail; SP
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
ALHEMO	CO	2 max fill(s) per 30 day(s) retail; SP
ALPHANATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
ALPROLIX	CO	2 max fill(s) per 30 day(s) retail; SP
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
BENEFIX KIT	CO	2 max fill(s) per 30 day(s) retail; SP
BEQVEZ	CO	2 max fill(s) per 30 day(s) retail; SP
COAGADEX	CO	2 max fill(s) per 30 day(s) retail; SP
CORIFACT	CO	2 max fill(s) per 30 day(s) retail; SP
ELOCTATE	CO	2 max fill(s) per 30 day(s) retail; SP
ESPEROCT	CO	2 max fill(s) per 30 day(s) retail; SP
FEIBA	CO	2 max fill(s) per 30 day(s) retail; SP
HEMGENIX	CO	2 max fill(s) per 30 day(s) retail; SP
HEMLIBRA	CO	2 max fill(s) per 30 day(s) retail; SP
HEMOFIL M SOLR 500 UNIT, 1000 UNIT	CO	SP
HEMOFIL M SOLR 250 UNIT, 1700 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
HUMATE-P SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
HYMPAVZI	CO	2 max fill(s) per 30 day(s) retail; SP
IDELVION	CO	2 max fill(s) per 30 day(s) retail; SP
IXINITY SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
JIVI	CO	2 max fill(s) per 30 day(s) retail; SP
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO	SP
KOATE SOLR 500 UNIT, 1000 UNIT	CO	SP
KOATE SOLR 250 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
KOGENATE FS KIT	CO	2 max fill(s) per 30 day(s) retail; SP
KOVALTRY	CO	2 max fill(s) per 30 day(s) retail; SP
NOVOEIGHT	CO	2 max fill(s) per 30 day(s) retail; SP
NOVOSEVEN RT	CO	2 max fill(s) per 30 day(s) retail; SP
NUWIQ KIT	CO	2 max fill(s) per 30 day(s) retail; SP
NUWIQ SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
OBIZUR	CO	SP
PROFILNINE	CO	2 max fill(s) per 30 day(s) retail; SP
QFITLIA SOAJ SC 50 MG/0.5ML	CO	2 max fill(s) per 30 day(s) retail; SP
QFITLIA SOLN SC 20 MG/0.2ML	CO	2 max fill(s) per 30 day(s) retail; SP
REBINYN	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
RECOMBINATE SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
RIXUBIS SOLR	CO	2 max fill(s) per 30 day(s) retail; SP
ROCTAVIAN	CO	2 max fill(s) per 30 day(s) retail; SP
SEVENFACT	CO	2 max fill(s) per 30 day(s) retail; SP
TRETTEN	CO	2 max fill(s) per 30 day(s) retail; SP
VONVENDI	CO	2 max fill(s) per 30 day(s) retail; SP
WILATE KIT	CO	2 max fill(s) per 30 day(s) retail; SP
XYNTHA	CO	SP
XYNTHA SOLOFUSE 3000 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
XYNTHA SOLOFUSE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	CO	SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(Use icatibant acetate)*	CO	SP
icatibant acetate SOSY	CO	SP
Complement Inhibitors		
BERINERT KIT	CO	2 max fill(s) per 30 day(s) retail; SP
BKEMV SOLN IV 300 MG/30ML	CO	2 max fill(s) per 30 day(s) retail; SP
CINRYZE SOLR IV	CO	QL(160 EA per 28 day(s) retail; 160 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
EMPAVELI	CO	2 max fill(s) per 30 day(s) retail; SP
ENJAYMO	CO	2 max fill(s) per 30 day(s) retail; SP
EPYSQLI SOLN IV 300 MG/30ML	CO	2 max fill(s) per 30 day(s) retail; SP
FABHALTA	CO	2 max fill(s) per 30 day(s) retail; SP
HAEGARDA SOLR SC	CO	2 max fill(s) per 30 day(s) retail; SP
PIASKY	CO	2 max fill(s) per 30 day(s) retail; SP
RUCONEST	CO	2 max fill(s) per 30 day(s) retail; SP
SOLIRIS	CO	2 max fill(s) per 30 day(s) retail; SP
TAVNEOS	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ULTOMIRIS	CO	2 max fill(s) per 30 day(s) retail; SP
VEOPOZ	CO	2 max fill(s) per 30 day(s) retail; SP
VOYDEYA TABS	CO	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP
VOYDEYA TBPK	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ZILBRYSQ	CO	2 max fill(s) per 30 day(s) retail; SP
Hemataologic - Tyrosine Kinase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
TAVALISSE	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
WAYRILZ TABS PO 400 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
Hematorheologic Agents		
pentoxifylline	1	2 max fill(s) per 30 day(s) retail
Hemin		
PANHEMATIN 350 MG	2	SP; PA
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	CO	2 max fill(s) per 30 day(s) retail; SP
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	CO	2 max fill(s) per 30 day(s) retail; SP
KALBITOR	CO	2 max fill(s) per 30 day(s) retail; SP
ORLADEYO	CO	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
TAKHZYRO SOLN	CO	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
TAKHZYRO SOSY 150 MG/ML	CO	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
TAKHZYRO SOSY 300 MG/2ML	CO	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
Plasma Proteins		
RYPLAZIM	CO	SP
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(Use anagrelide hcl)*	4	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail; PA
anagrelide hcl	1	QL(10 EA daily); 2 max fill(s) per 30 day(s) retail
aspirin-dipyridamole	1	2 max fill(s) per 30 day(s) retail
BRILINTA 60 MG, 90 MG *(Use ticagrelor)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
CABLIVI	CO	2 max fill(s) per 30 day(s) retail; SP
cilostazol	1	4 max fill(s) per 30 day(s) retail
clopidogrel bisulfate 300 MG	1	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail
clopidogrel bisulfate 75 MG	1	2 max fill(s) per 30 day(s) retail
dipyridamole 50 MG	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail
dipyridamole 25 MG, 75 MG	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
EFFIENT *(Use prasugrel hcl)*	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
KENGREAL	NP	PA
PLAVIX 75 MG *(Use clopidogrel bisulfate)*	4	2 max fill(s) per 30 day(s) retail; PA
prasugrel hcl	1	2 max fill(s) per 30 day(s) retail
ticagrelor 60 MG, 90 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	CO	2 max fill(s) per 30 day(s) retail; SP
Protamine		
protamine sulfate	1	PA
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	CO	2 max fill(s) per 30 day(s) retail; SP
PYRUKYND TABS	CO	2 max fill(s) per 30 day(s) retail; SP
Thrombolytic Enzymes		
ACTIVASE IV	2	PA
CATHFLO ACTIVASE IJ	2	PA
TNKASE	2	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	CO	2 max fill(s) per 30 day(s) retail; SP
CEREZYME 400 UNIT	CO	2 max fill(s) per 30 day(s) retail; SP
ELELYSO	CO	2 max fill(s) per 30 day(s) retail; SP
miglustat	CO	SP
VPRIV	CO	2 max fill(s) per 30 day(s) retail; SP
ZAVESCA *(Use miglustat)*	CO	SP
Agents for Sickle Cell Disease		
ADAKVEO	CO	SP
CASGEVY	CO	SP
DROXIA CAPS	2	4 max fill(s) per 30 day(s) retail; MP
ENDARI *(Use glutamine (sickle cell))*	2	4 max fill(s) per 30 day(s) retail; SP; MP; PA
glutamine (sickle cell)	1	4 max fill(s) per 30 day(s) retail; SP; MP; PA
LYFGENIA	CO	SP
SIKLOS TABS	2	4 max fill(s) per 30 day(s) retail; MP; PA
XROMI SOLN PO 100 MG/ML	4	4 max fill(s) per 30 day(s) retail; MP; PA
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1	2 max fill(s) per 30 day(s) retail; MP
cyanocobalamin SOLN IJ 1000 MCG/ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
hydroxocobalamin acetate SOLN	1	2 max fill(s) per 30 day(s) retail; MP; PA
Folic Acid/Folates		
folic acid CAPS 0.8 MG	2	2 max fill(s) per 30 day(s) retail; MP
folic acid SOLN	1	2 max fill(s) per 30 day(s) retail; MP; PA
folic acid TABS 1 MG, 800 MCG	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
Hematopoietic Gene Therapy		

Drug Name	Drug Tier	Requirements/ Limits
ZYNTEGLO	CO	SP
Hematopoietic Growth Factors		
ALVAIZ 36 MG, 54 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
ALVAIZ 9 MG, 18 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
ARANESP (ALBUMIN FREE) SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
ARANESP (ALBUMIN FREE) SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
DOPTELET	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
DOPTELET SPRINKLE PO 10 MG	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
eltrombopag olamine PACK 12.5 MG, 25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
eltrombopag olamine TABS 50 MG, 75 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
eltrombopag olamine TABS 12.5 MG, 25 MG	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
FULPHILA	4	2 max fill(s) per 30 day(s) retail; SP; PA
FYLNETRA	4	2 max fill(s) per 30 day(s) retail; SP; PA
GRANIX SOLN 300 MCG/ML	2	2 max fill(s) per 30 day(s) retail; SP; PA
GRANIX SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
JESDUVROQ	2	2 max fill(s) per 30 day(s) retail; PA
LEUKINE SOLR IJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
MIRCERA	4	2 max fill(s) per 30 day(s) retail; SP; PA
MULPLETA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
NEULASTA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
NEUPOGEN SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
NEUPOGEN SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
NIVESTYM SOLN	4	2 max fill(s) per 30 day(s) retail; SP; PA
NIVESTYM SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
NPLATE	4	2 max fill(s) per 30 day(s) retail; SP; PA
NYPOZI	4	2 max fill(s) per 30 day(s) retail; SP; PA
NYVEPRIA	4	2 max fill(s) per 30 day(s) retail; SP; PA
PROCRIT	4	2 max fill(s) per 30 day(s) retail; SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PROCRIT	4	2 max fill(s) per 30 day(s) retail; SP; PA
PROMACTA PACK 12.5 MG, 25 MG *(Use eltrombopag olamine)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PROMACTA TABS 50 MG, 75 MG *(Use eltrombopag olamine)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
PROMACTA TABS 12.5 MG, 25 MG *(Use eltrombopag olamine)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
REBLOZYL	CO	SP
RELEUKO SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
RETACRIT	2	2 max fill(s) per 30 day(s) retail; SP; PA
ROLVEDON	4	2 max fill(s) per 30 day(s) retail; SP; PA
RYZNEUTA SOSY SC 20 MG/ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
STIMUFEND	4	2 max fill(s) per 30 day(s) retail; SP; PA
UDENYCA ONBODY SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
UDENYCA SOAJ	4	2 max fill(s) per 30 day(s) retail; SP; PA
UDENYCA SOSY	4	2 max fill(s) per 30 day(s) retail; SP; PA
VAFSEO 150 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
VAFSEO 300 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZARXIO	4	2 max fill(s) per 30 day(s) retail; SP; PA
ZIEXTENZO	4	2 max fill(s) per 30 day(s) retail; SP; PA
Hematopoietic Mixtures		
fe fumarate-vitamin c-vitamin b12-folic acid	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	1	2 max fill(s) per 30 day(s) retail; MP
fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu	2	2 max fill(s) per 30 day(s) retail; MP
ferrous fumarate w/ b12-vit c-fa-ifc	1	2 max fill(s) per 30 day(s) retail; MP
GENTLE IRON	2	2 max fill(s) per 30 day(s) retail; MP
HEMATINIC PLUS VIT/MINERALS TABS	1	2 max fill(s) per 30 day(s) retail; MP
ICAR-C *(Use iron-vitamin c)*	2	2 max fill(s) per 30 day(s) retail; MP
iron combinations CAPS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
iron-vitamin c	1	2 max fill(s) per 30 day(s) retail; MP
Iron		
ACCRUFER	4	2 max fill(s) per 30 day(s) retail; MP; PA
FEOSOL TABS *(Use ferrous sulfate dried)*	1	2 max fill(s) per 30 day(s) retail; MP
FERAHEME *(Use ferumoxytol)*	2	2 max fill(s) per 30 day(s) retail; PA
FERAHEME *(Use ferumoxytol)*	9	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
FER-IN-SOL SOLN *(Use ferrous sulfate)*	9	2 max fill(s) per 30 day(s) retail; MP
FER-IN-SOL SOLN *(Use ferrous sulfate)*	2	2 max fill(s) per 30 day(s) retail; MP
FERRLECIT *(Use sodium ferric gluconate complex in sucrose)*	2	2 max fill(s) per 30 day(s) retail; PA
ferrous gluconate TABS	1	2 max fill(s) per 30 day(s) retail; MP
FERROUS GLUCONATE TABS 324 MG	1	2 max fill(s) per 30 day(s) retail; MP
ferrous sulfate dried TABS	1	2 max fill(s) per 30 day(s) retail; MP
ferrous sulfate SOLN 15 MG/ML, 220 MG/5ML, 15 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	1	2 max fill(s) per 30 day(s) retail; MP
ferrous sulfate TBEC	1	2 max fill(s) per 30 day(s) retail; MP
FERROUS SULFATE TBEC *(Use ferrous sulfate)*	1	2 max fill(s) per 30 day(s) retail; MP
ferumoxytol	1	2 max fill(s) per 30 day(s) retail; PA
INFED	2	2 max fill(s) per 30 day(s) retail; PA
INJECTAFER	2	2 max fill(s) per 30 day(s) retail; PA
iron sucrose 20 MG/ML	2	2 max fill(s) per 30 day(s) retail; PA
iron sucrose 20 MG/ML	1	2 max fill(s) per 30 day(s) retail; PA
MONOFERRIC	2	2 max fill(s) per 30 day(s) retail; PA
sodium ferric gluconate complex in sucrose	1	2 max fill(s) per 30 day(s) retail; PA
VENOFER 20 MG/ML *(Use iron sucrose)*	2	2 max fill(s) per 30 day(s) retail; PA
Stem Cell Mobilizers		
APHEXDA	2	2 max fill(s) per 30 day(s) retail; SP; PA
XOLREMDI	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid SOLN PO 0.25 GM/ML	1	2 max fill(s) per 30 day(s) retail
aminocaproic acid SOLN IV 250 MG/ML	1	2 max fill(s) per 30 day(s) retail; PA
aminocaproic acid TABS	1	2 max fill(s) per 30 day(s) retail
CYKLOKAPRON SOLN *(Use tranexamic acid)*	2	2 max fill(s) per 30 day(s) retail; PA
TRANEXAMIC ACID-NACL	1	2 max fill(s) per 30 day(s) retail; PA
TRANEXAMIC ACID-NACL *(Use tranexamic acid-sodium chloride)*	1	2 max fill(s) per 30 day(s) retail; PA
tranexamic acid-sodium chloride	1	2 max fill(s) per 30 day(s) retail; PA
tranexamic acid SOLN 1000 MG/10ML	1	2 max fill(s) per 30 day(s) retail; PA
tranexamic acid TABS	1	2 max fill(s) per 30 day(s) retail
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
pentobarbital sodium SOLN	1	2 max fill(s) per 30 day(s) retail; MP; PA
phenobarbital sodium SOLN	1	2 max fill(s) per 30 day(s) retail; MP; PA
phenobarbital ELIX	1	2 max fill(s) per 30 day(s) retail; MP
phenobarbital TABS	1	2 max fill(s) per 30 day(s) retail; MP
SEZABY SOLR	2	2 max fill(s) per 30 day(s) retail; PA
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(Use zolpidem tartrate)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
AMBIEN TABS *(Use zolpidem tartrate)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
DORAL *(Use quazepam)*	4	2 max fill(s) per 30 day(s) retail; PA
EDLUAR SUBL	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
estazolam	4	2 max fill(s) per 30 day(s) retail
eszopiclone	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
flurazepam hcl	4	2 max fill(s) per 30 day(s) retail
HALCION 0.25 MG *(Use triazolam)*	9	2 max fill(s) per 30 day(s) retail
HALCION 0.25 MG *(Use triazolam)*	4	2 max fill(s) per 30 day(s) retail; PA
IGALMI FILM	2	2 max fill(s) per 30 day(s) retail; MP; PA
LUNESTA *(Use eszopiclone)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
MIDAZOLAM HCL-SODIUM CHLORIDE SOLN IV 0.9 %-100 MG/100ML, 0.9 %-50 MG/50ML	8	
MIDAZOLAM HCL-SODIUM CHLORIDE SOSY 0.9 %-2 MG/2ML, 0.9 %-5 MG/5ML, 0.9 %-50 MG/50ML, 0.9 %-55 MG/55ML	8	
midazolam hcl SOLN IJ	1	2 max fill(s) per 30 day(s) retail
midazolam hcl SYRP	4	2 max fill(s) per 30 day(s) retail
MIDAZOLAM-SODIUM CHLORIDE	8	
MIDAZOLAM SOLN	8	
MIDAZOLAM SOSY IJ 2 MG/2ML, 3 MG/3ML	8	
quazepam	4	2 max fill(s) per 30 day(s) retail
RESTORIL *(Use temazepam)*	4	2 max fill(s) per 30 day(s) retail; PA
temazepam	1	2 max fill(s) per 30 day(s) retail
triazolam	1	2 max fill(s) per 30 day(s) retail
zaleplon	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZOLPIDEM TARTRATE CAPS	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
zolpidem tartrate SUBL	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
zolpidem tartrate TABS	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
zolpidem tartrate TBCR	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
Orexin Receptor Antagonists		
BELSOMRA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
DAYVIGO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
QUVIVIQ	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	4	QL(6 ML daily); 2 max fill(s) per 30 day(s) retail; PA
HETLIOZ CAPS *(Use tasimelteon)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ramelteon	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ROZEREM *(Use ramelteon)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
tasimelteon CAPS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
CVS DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail
DAILY FIBER PACK	2	2 max fill(s) per 30 day(s) retail
psyllium POWD 43 %	1	2 max fill(s) per 30 day(s) retail
psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %	2	2 max fill(s) per 30 day(s) retail
Laxative Combinations		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	4	2 max fill(s) per 30 day(s) retail
GOLYTELY SOLR *(Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	2	2 max fill(s) per 30 day(s) retail
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	4	2 max fill(s) per 30 day(s) retail
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	1	2 max fill(s) per 30 day(s) retail
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	2 max fill(s) per 30 day(s) retail
sodium sulfate-potassium sulfate-magnesium sulfate	4	2 max fill(s) per 30 day(s) retail
SUFLAVE	4	2 max fill(s) per 30 day(s) retail
SUPREP BOWEL PREP KIT *(Use sodium sulfate-potassium sulfate-magnesium sulfate)*	4	2 max fill(s) per 30 day(s) retail
SUTAB	4	2 max fill(s) per 30 day(s) retail
Laxatives - Miscellaneous		
glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM	1	2 max fill(s) per 30 day(s) retail
lactulose PACK	1	2 max fill(s) per 30 day(s) retail
lactulose PACK	4	2 max fill(s) per 30 day(s) retail; PA
lactulose SOLN	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
lactulose SOLN 10 GM/15ML	4	2 max fill(s) per 30 day(s) retail; PA
MIRALAX POWD *(Use polyethylene glycol 3350)*	9	2 max fill(s) per 30 day(s) retail
polyethylene glycol 3350 POWD	1	2 max fill(s) per 30 day(s) retail
Saline Laxatives		
FLEET ENEMA ENEM *(Use sodium phosphates)*	9	2 max fill(s) per 30 day(s) retail
magnesium citrate 1.745 GM/30ML	1	2 max fill(s) per 30 day(s) retail
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	1	2 max fill(s) per 30 day(s) retail
sodium phosphates ENEM 19 GM/118ML-7 GM/118ML	1	2 max fill(s) per 30 day(s) retail
Stimulant Laxatives		
bisacodyl SUPP	1	2 max fill(s) per 30 day(s) retail
bisacodyl TBEC	1	2 max fill(s) per 30 day(s) retail
DULCOLAX TBEC *(Use bisacodyl)*	9	2 max fill(s) per 30 day(s) retail
EX-LAX CHEW *(Use sennosides)*	9	2 max fill(s) per 30 day(s) retail
sennosides CAPS	2	2 max fill(s) per 30 day(s) retail
sennosides CHEW	1	2 max fill(s) per 30 day(s) retail
sennosides LIQD	1	2 max fill(s) per 30 day(s) retail
sennosides SYRP 8.8 MG/5ML	1	2 max fill(s) per 30 day(s) retail
sennosides TABS 8.6 MG, 15 MG, 25 MG	1	2 max fill(s) per 30 day(s) retail
SENOKOT TABS *(Use sennosides)*	9	2 max fill(s) per 30 day(s) retail
Surfactant Laxatives		
benzocaine-docusate sodium ENEM	2	2 max fill(s) per 30 day(s) retail
docusate calcium	1	2 max fill(s) per 30 day(s) retail
docusate sodium CAPS 100 MG, 250 MG	1	2 max fill(s) per 30 day(s) retail
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	1	2 max fill(s) per 30 day(s) retail
docusate sodium TABS	1	2 max fill(s) per 30 day(s) retail
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	4 max fill(s) per 30 day(s) retail
azithromycin SUSR	1	4 max fill(s) per 30 day(s) retail
azithromycin TABS	1	4 max fill(s) per 30 day(s) retail
ZITHROMAX TRI-PAK TABS *(Use azithromycin)*	4	4 max fill(s) per 30 day(s) retail; PA
ZITHROMAX Z-PAK TABS *(Use azithromycin)*	4	4 max fill(s) per 30 day(s) retail; PA
ZITHROMAX PACK	4	4 max fill(s) per 30 day(s) retail; PA
ZITHROMAX SUSR *(Use azithromycin)*	4	4 max fill(s) per 30 day(s) retail; PA
ZITHROMAX TABS 250 MG, 500 MG *(Use azithromycin)*	4	4 max fill(s) per 30 day(s) retail; PA
Clarithromycin		
clarithromycin SUSR	1	4 max fill(s) per 30 day(s) retail
clarithromycin TABS	1	4 max fill(s) per 30 day(s) retail
clarithromycin TB24	4	4 max fill(s) per 30 day(s) retail
Erythromycins		
E.E.S. GRANULES SUSR *(Use erythromycin ethylsuccinate)*	4	4 max fill(s) per 30 day(s) retail; PA
ERYPED 200 SUSR *(Use erythromycin ethylsuccinate)*	4	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
ERYPED 400 SUSR *(Use erythromycin ethylsuccinate)*	4	4 max fill(s) per 30 day(s) retail; PA
erythromycin base CPEP	1	4 max fill(s) per 30 day(s) retail
erythromycin base TABS	4	4 max fill(s) per 30 day(s) retail
erythromycin base TBEC 500 MG	2	4 max fill(s) per 30 day(s) retail
erythromycin base TBEC	1	4 max fill(s) per 30 day(s) retail
erythromycin ethylsuccinate SUSR	1	4 max fill(s) per 30 day(s) retail
erythromycin ethylsuccinate TABS	1	4 max fill(s) per 30 day(s) retail
erythromycin stearate TABS 250 MG	4	4 max fill(s) per 30 day(s) retail
Fidaxomicin		
DIFICID SUSR	2	4 max fill(s) per 30 day(s) retail
DIFICID TABS 200 MG *(Use fidaxomicin)*	4	4 max fill(s) per 30 day(s) retail; PA
fidaxomicin TABS 200 MG	1	4 max fill(s) per 30 day(s) retail
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
AMD FOAM DRESSING TOPSHEET PADS	2	RX/OTC
AMD FOAM DRESSING PADS	2	RX/OTC
BAND-AID GAUZE LARGE PADS	2	RX/OTC
BAND-AID TRU-ABSORB GAUZE PADS	2	RX/OTC
COPA ISLAND BORDERED FOAM PADS	2	RX/OTC
COPA PLUS HYDROPHILIC FOAM PADS	2	RX/OTC
COVRSITE COVER DRESSING PADS	2	RX/OTC
COVRSITE PLUS COMPOSITE DRESS PADS	2	RX/OTC
CURITY ALL PURPOSE SPONGES PADS	2	RX/OTC
CURITY AMD ANTIMICROBIAL SPNGE PADS	2	RX/OTC
CURITY COVER SPONGE PADS	2	RX/OTC
CURITY DRESSING SPONGES PADS	2	RX/OTC
CURITY GAUZE SPONGE PADS	2	RX/OTC
CURITY GAUZE PADS	2	RX/OTC
CURITY SPONGES PADS	2	RX/OTC
CVS GAUZE PAD STERILE PADS	2	RX/OTC
CVS GAUZE STERILE PADS	2	RX/OTC
DERMACEA DRAIN SPONGES PADS	2	RX/OTC
DERMACEA GAUZE SPONGE PADS	2	RX/OTC
DERMACEA IV DRAIN SPONGES PADS	2	RX/OTC
DERMACEA NON-WOVEN SPONGES PADS	2	RX/OTC
DERMACEA TYPE VII GAUZE PADS	2	RX/OTC
DERMACEA X-RAY SPONGES PADS	2	RX/OTC
DRYMAX EXTRA PADS	2	RX/OTC
EQ GAUZE PADS	2	RX/OTC
EQL GAUZE PADS	2	RX/OTC
EXCILON AMD DRAIN SPONGES PADS	2	RX/OTC
EXCILON AMD NON-WOVEN SPONGES PADS	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXCILON DRAIN SPONGES PADS	2	RX/OTC
GAUZE DRESSING PADS	2	RX/OTC
GAUZE PADS PADS	2	RX/OTC
HM STERILE PADS PADS	2	RX/OTC
J & J GAUZE SPONGES 12-PLY MISC	2	RX/OTC
J & J GAUZE SPONGES 16-PLY MISC	2	RX/OTC
J & J GAUZE SPONGES 8-PLY MISC	2	RX/OTC
J & J GAUZE PADS	2	RX/OTC
KENDALL HYDROPHILIC FOAM DRESS PADS	2	RX/OTC
KERLIX SPONGES PADS	2	RX/OTC
MIRASORB SPONGES MISC	2	RX/OTC
NU GAUZE 4PLY PADS	2	RX/OTC
NU GAUZE GENERAL-USE SPONGES MISC	2	RX/OTC
POLYMEM NON-ADHESIVE PADS	2	RX/OTC
QC ALL PURPOSE DRESSINGS PADS	2	RX/OTC
QC STERILE PADS PADS	2	RX/OTC
RAY-TEC X-RAY DETECTABLE SPNGE MISC	2	RX/OTC
RESTORE FOAM DRESSING PADS	2	RX/OTC
RESTORE ODOR ABSORBING DRESS PADS	2	RX/OTC
SILIGENTLE FOAM DRESSING PADS	2	RX/OTC
SM STERILE PADS	2	RX/OTC
SOF-WICK PADS	2	RX/OTC
TEGADERM FOAM PADS	2	RX/OTC
TOPPER DRESSING SPONGES MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Contraceptives		
AIMSCO LUBRICATED MISC	2	
CAYA DPRH	2	
DUREX EXTRA SENSITIVE THIN DEVI	2	
DUREX EXTRA SENSITIVE THIN MISC	2	
DUREX REALFEEL	2	
DUREX TROPICAL MISC	2	
FANTASY LUBRICATED/SPERMICIDE MISC	2	
FANTASY LUBRICATED MISC	2	
FC2 FEMALE CONDOM	2	
FEMCAP DEVI	2	
KAMELEON LUBRICATED MISC	2	
KIMONO COLORS DEVI	2	
KIMONO MAXX-LARGE FLARE MISC	2	
KIMONO MICRO THIN PLUS MISC	2	
KIMONO MICRO THIN MISC	2	
KIMONO PLUS MISC	2	
KIMONO PS PLUS MISC	2	
KIMONO PS MISC	2	
KIMONO SENSATION PLUS MISC	2	
KIMONO SENSATION MISC	2	
KIMONO SPECIAL DEVI	2	
KIMONO MISC	2	
K-Y ME & YOU EXTRA LUBRICATED DEVI	2	
K-Y ME & YOU INTENSE DEVI	2	
MAXX PLUS MISC	2	

Drug Name	Drug Tier	Requirements/ Limits
MAXX MISC	2	
REALITY LATEX CONDOMS MISC	2	
REALITY LATEX/ULTRA TEXTURED DEVI	2	
REALITY LATEX/ULTRA THIN DEVI	2	
TROJAN BARESKIN DEVI	2	
TROJAN ENZ MISC	2	
TROJAN MAGNUM MISC	2	
TROJAN ULTRA THIN/SPERMICIDAL MISC	2	
TROJAN ULTRA THIN MISC	2	
TROJAN-ENZ LUBRICATED MISC	2	
TROJAN-ENZ/SPERMICIDAL MISC	2	
TRUE COVER DEVI	2	
TRUSTEX COLOR CONDOMS + LUBE MISC	2	
TRUSTEX LUB/RIBBED/STUDDED MISC	2	
TRUSTEX LUB/SPERMICIDE EX ST MISC	2	
TRUSTEX LUB/SPERMICIDE XL MISC	2	
TRUSTEX LUBRICATED EX LARGE MISC	2	
TRUSTEX LUBRICATED EXTRA ST MISC	2	
TRUSTEX LUBRICATED/SPERMICIDE MISC	2	
TRUSTEX LUBRICATED MISC	2	
TRUSTEX NATURAL CONDOMS + LUBE MISC	2	
TRUSTEX NON-LUBRICATED MISC	2	
TRUSTEX RIA LUB/SPERMICIDE MISC	2	
TRUSTEX RIA LUBRICATED MISC	2	
TRUSTEX RIA NON-LUBRICATED MISC	2	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	2	
WIDE-SEAL DIAPHRAGM 60	2	
WIDE-SEAL DIAPHRAGM 65	2	
WIDE-SEAL DIAPHRAGM 70	2	
WIDE-SEAL DIAPHRAGM 75	2	
WIDE-SEAL DIAPHRAGM 80	2	
WIDE-SEAL DIAPHRAGM 85	2	
WIDE-SEAL DIAPHRAGM 90	2	
WIDE-SEAL DIAPHRAGM 95	2	
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCETS	2	MP; RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	MP; RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	MP; RX/OTC
ACTI-LANCE 28G	2	MP; RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	MP; RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	MP; RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADJUSTABLE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ADVANCED MOBILE LANCET	2	MP; RX/OTC
ADVOCATE LANCETS	2	MP; RX/OTC
ADVOCATE LANCETS 30G	2	MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ADVOCATE RAPID-SAFE LANCING MISC	2	QL(1 EA per 180 day(s) retail)
ADVOCATE SAFETY LANCETS	2	MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	MP; RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	MP; RX/OTC
ADVOCATE SAFETY LANCETS 28G	2	MP; RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	2	MP; RX/OTC
AIMSCO TWIST LANCETS 32G	2	MP; RX/OTC
AIMSCO TWIST LANCETS 33G	2	MP; RX/OTC
AQUALANCE LANCETS 30G	2	MP; RX/OTC
ASSURE COMFORT LANCETS 28G	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	2	MP; RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	MP; RX/OTC
ASSURE LANCE LANCETS	2	MP; RX/OTC
ASSURE LANCE LANCETS 21G	2	MP; RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	MP; RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	MP; RX/OTC
AURORA LANCET SUPER THIN 30G	2	MP; RX/OTC
AURORA LANCET THIN 23G	2	MP; RX/OTC
AUTO-LANCET MINI MISC	2	QL(1 EA per 180 day(s) retail)
AUTO-LANCET MISC	2	QL(1 EA per 180 day(s) retail)
AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
AUTOLET LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
AUTOLET MINI MISC	2	QL(1 EA per 180 day(s) retail)
AUTOLET PLUS MISC	2	QL(1 EA per 180 day(s) retail)
BD MICROTAINER LANCETS	2	MP; RX/OTC
CARDIOCOM LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CAREONE ADVANCED LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)
CAREONE LANCET SUPER THIN 30G	2	MP; RX/OTC
CAREONE LANCET THIN 23G	2	MP; RX/OTC
CARESENS LANCETS	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARESENS LANCETS 30G	2	MP; RX/OTC
CARETOUCH LANCING/EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
CARETOUCH SAFETY LANCETS	2	MP; RX/OTC
CARETOUCH SAFETY LANCETS 26G	2	MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	2	MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	2	MP; RX/OTC
CARETOUCH TWIST LANCETS 33G	2	MP; RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	MP; RX/OTC
CHOSEN LANCETS 30G	2	MP; RX/OTC
CHOSEN LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CHOSEN SAFETY LANCETS 28G	2	MP; RX/OTC
CLEANLET LANCETS 28G	2	MP; RX/OTC
CLEVER CHEK LANCETS	2	MP; RX/OTC
CLEVER CHOICE COMFORT EZ	2	MP; RX/OTC
CLEVER CHOICE LANCETS 21G	2	MP; RX/OTC
CLEVER CHOICE LANCETS 23G	2	MP; RX/OTC
CLEVER CHOICE LANCETS 28G	2	MP; RX/OTC
COAGUCHEK LANCETS	2	MP; RX/OTC
COMFORT ASSURED LANCETS 28G	2	MP; RX/OTC
COMFORT ASSURED LANCETS 33G	2	MP; RX/OTC
COMFORT TOUCH LANCETS 31G	2	MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	MP; RX/OTC
COMFORT TOUCH TWIST LANCET 30G	2	MP; RX/OTC
CVS LANCETS ORIGINAL	2	MP; RX/OTC
CVS LANCETS THIN 26G	2	MP; RX/OTC
CVS LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
CVS ULTRA THIN LANCETS	2	MP; RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	MP; RX/OTC
DIATHRIVE LANCETS	2	MP; RX/OTC
DIATHRIVE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
DROPLET GENTEEL LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
DROPLET LANCETS ULTRA THIN 30G	2	MP; RX/OTC
DROPLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
DROPLET PERSONAL LANCETS 30G	2	MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	2	MP; RX/OTC
DRUG MART LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
DRUG MART ON-THE-GO LANCET 30G	2	MP; RX/OTC
DRUG MART UNILET LANCETS 28G	2	MP; RX/OTC
DRUG MART UNILET LANCETS 30G	2	MP; RX/OTC
DRUG MART UNILET LANCETS 33G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT LANCETS	2	MP; RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	MP; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
EASY MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
EASY TOUCH LANCETS 21G	2	MP; RX/OTC
EASY TOUCH LANCETS 23G	2	MP; RX/OTC
EASY TOUCH LANCETS 26G	2	MP; RX/OTC
EASY TOUCH LANCETS 28G	2	MP; RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	MP; RX/OTC
EASY TOUCH LANCETS 30G	2	MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	MP; RX/OTC
EASY TOUCH LANCETS 32G	2	MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	MP; RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	MP; RX/OTC
EASY TOUCH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
EASY TOUCH SAFETY LANCETS 21G	2	MP; RX/OTC
EASY TOUCH SAFETY LANCETS 23G	2	MP; RX/OTC
EASY TOUCH SAFETY LANCETS 26G	2	MP; RX/OTC
EASY TOUCH SAFETY LANCETS 28G	2	MP; RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	MP; RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
EMBRACE PRESSURE ACTIVATED 21G	2	MP; RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	2	MP; RX/OTC
EZ-LETS LANCETS 21G	2	MP; RX/OTC
EZ-LETS LANCETS 26G	2	MP; RX/OTC
EZ-LETS LANCETS 28G	2	MP; RX/OTC
EZ-LETS LANCETS 30G	2	MP; RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	MP; RX/OTC
FIFTY50 UNILET LANCETS 33G	2	MP; RX/OTC
FINE 30	2	MP; RX/OTC
FINGERSTIX LANCETS	2	MP; RX/OTC
FORA LANCETS	2	MP; RX/OTC
FORA LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
FREESTYLE LANCETS	2	MP; RX/OTC
FREESTYLE LIBRE 14 DAY READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 14 DAY SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA
FREESTYLE LIBRE 2 READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE LIBRE 2 SENSOR	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); 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; 2 EA per 28 days mail); PA
FREESTYLE LIBRE READER	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
FREESTYLE UNISTICK II LANCETS	2	MP; RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	MP; RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	2	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING (PURPLE) MISC	2	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING (WHITE) MISC	2	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING DEV(BLUE) MISC	2	QL(1 EA per 180 day(s) retail)
GENTEEL PLUS LANCING DEV(PINK) MISC	2	QL(1 EA per 180 day(s) retail)
GENTLE-LET GP LANCETS	2	MP; RX/OTC
GENTLE-LET LANCETS	2	MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	MP; RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	MP; RX/OTC
GLOBAL LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
GLUCOCOM LANCETS 28G	2	MP; RX/OTC
GLUCOCOM LANCETS 30G	2	MP; RX/OTC
GLUCOCOM LANCETS 33G	2	MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
GNP STERILE LANCETS 28G	2	MP; RX/OTC
GNP STERILE LANCETS 30G	2	MP; RX/OTC
GNP STERILE LANCETS 33G	2	MP; RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	2	QL(1 EA per 180 day(s) retail)
GOJJI STERILE LANCETS	2	MP; RX/OTC
HAEMOLANCE	2	MP; RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	MP; RX/OTC
HAEMOLANCE PLUS	2	MP; RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	MP; RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	MP; RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	MP; RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	MP; RX/OTC
H-E-B INCONTROL ADV LANCING MISC	2	QL(1 EA per 180 day(s) retail)
H-E-B INCONTROL LANCETS 28G	2	MP; RX/OTC
H-E-B INCONTROL LANCETS 30G	2	MP; RX/OTC
H-E-B INCONTROL LANCETS 33G	2	MP; RX/OTC
HY-VEE LANCETS	2	MP; RX/OTC
HY-VEE THIN LANCETS	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
IHEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
IN TOUCH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
IN TOUCH STERILE LANCETS 30G	2	MP; RX/OTC
KINNEY LANCETS	2	MP; RX/OTC
KINNEY THIN LANCETS	2	MP; RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
KROGER HEALTHPRO LANCET 26G	2	MP; RX/OTC
KROGER LANCETS	2	MP; RX/OTC
KROGER LANCETS SUPER THIN	2	MP; RX/OTC
KROGER LANCETS THIN	2	MP; RX/OTC
LANCET DEVICE WITH EJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
LANCETS	2	MP; RX/OTC
LANCETS 28G THIN	2	MP; RX/OTC
LANCETS 30G	2	MP; RX/OTC
LANCETS 33G	2	MP; RX/OTC
LANCETS MICRO THIN 33G	2	MP; RX/OTC
LANCETS SUPER THIN	2	MP; RX/OTC
LANCETS SUPER THIN 28G	2	MP; RX/OTC
LANCETS THIN	2	MP; RX/OTC
LANCETS ULTRA THIN	2	MP; RX/OTC
LANCETS ULTRA THIN 30G	2	MP; RX/OTC
LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
LANZO MISC	2	QL(1 EA per 180 day(s) retail)
LEADER ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
LIBERTY MEDICAL LANCETS	2	MP; RX/OTC
LIBERTY MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
LITE TOUCH LANCETS	2	MP; RX/OTC
LITE TOUCH LANCING PEN MISC	2	QL(1 EA per 180 day(s) retail)
LITETOUCH LANCETS	2	MP; RX/OTC
LIVE BETTER LANCET SUPER THIN	2	MP; RX/OTC
MEDICHOICE SAFETY LANCET	2	MP; RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	MP; RX/OTC
MEDICHOICE SAFETY LANCET NORM	2	MP; RX/OTC
MEDLANCE EXTRA 21G	2	MP; RX/OTC
MEDLANCE LITE 25G	2	MP; RX/OTC
MEDLANCE PLUS EXTRA 21G	2	MP; RX/OTC
MEDLANCE PLUS LANCETS	2	MP; RX/OTC
MEDLANCE PLUS LITE 25G	2	MP; RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	MP; RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	MP; RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	MP; RX/OTC
MEDLANCE UNIVERSAL 21G	2	MP; RX/OTC
MEIJER LANCETS	2	MP; RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	MP; RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS UNIVERSAL 33G	2	MP; RX/OTC
MICROLET LANCETS	2	MP; RX/OTC
MICROLET NEXT LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
MINI LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
MM LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
MM TWIST LANCETS	2	MP; RX/OTC
MOBILE LANCETS 30G	2	MP; RX/OTC
MONOLET LANCETS	2	MP; RX/OTC
MONOLET OPD LANCETS	2	MP; RX/OTC
MONOLETTOR SAFETY LANCETS	2	MP; RX/OTC
MPD SAFETY LANCET 21G	2	MP; RX/OTC
MPD SAFETY LANCET 23G	2	MP; RX/OTC
MPD SAFETY LANCET 28G	2	MP; RX/OTC
MPD SAFETY LANCET 30G	2	MP; RX/OTC
MULTI-LANCET DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
MYGLUCOHEALTH LANCETS 30G	2	MP; RX/OTC
NOVA SAFETY LANCETS 23G	2	MP; RX/OTC
NOVA SAFETY LANCETS 28G	2	MP; RX/OTC
NOVA SUREFLEX LANCETS	2	MP; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
ONETOUCH DELICA PLUS LANCET30G	2	MP; RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	MP; RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	2	QL(1 EA per 180 day(s) retail)
ONETOUCH DELICA SAFETY LANCING	2	MP; RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	MP; RX/OTC
PERFECT LANCETS 28G	2	MP; RX/OTC
PERFECT LANCETS 30G	2	MP; RX/OTC
PERFECT POINT SAFETY LANCETS	2	MP; RX/OTC
PHARMACIST CHOICE LANCETS	2	MP; RX/OTC
PIP LANCETS 28G	2	MP; RX/OTC
PIP LANCETS 30G	2	MP; RX/OTC
PRECISION THINS GP LANCETS	2	MP; RX/OTC
PRO COMFORT LANCETS 30G	2	MP; RX/OTC
PRO COMFORT LANCETS 31G	2	MP; RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	MP; RX/OTC
PRODIGY LANCETS 28G	2	MP; RX/OTC
PRODIGY LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
PRODIGY SAFETY LANCETS 26G	2	MP; RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	MP; RX/OTC
PSS SELECT GP LANCETS	2	MP; RX/OTC
PSS SELECT SAFETY LANCETS	2	MP; RX/OTC
PURE COMFORT LANCETS 30G	2	MP; RX/OTC
PX ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
PX LANCET AUTO INJECTOR MISC	2	QL(1 EA per 180 day(s) retail)
PX LANCETS MICROTHIN 33G	2	MP; RX/OTC
PX LANCETS ULTRA THIN 28G	2	MP; RX/OTC
QC ADVANCED LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
QC LANCETS SUPER THIN 30G	2	MP; RX/OTC
QC LANCETS ULTRA THIN	2	MP; RX/OTC
QC UNILET LANCETS 28G	2	MP; RX/OTC
QC UNILET LANCETS MICRO THIN	2	MP; RX/OTC
READYLANCE SAFETY LANCETS	2	MP; RX/OTC
REALITY LANCETS	2	MP; RX/OTC
REALITY TRIGGER LANCETS	2	MP; RX/OTC
RELION LANCET DEVICES 30G	2	MP; RX/OTC
RELION LANCETS	2	MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	2	MP; RX/OTC
RELION LANCETS THIN 26G	2	MP; RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	MP; RX/OTC
RELION LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
RELION ULTRA THIN LANCETS 30G	2	MP; RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
RIGHTEST GL300 LANCETS	2	MP; RX/OTC
SAFE-T-LANCE	2	MP; RX/OTC
SAFE-T-LANCE PLUS	2	MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	MP; RX/OTC
SAFETY LANCETS	2	MP; RX/OTC
SAFETY LANCETS 21G	2	MP; RX/OTC
SAFETY LANCETS 23G	2	MP; RX/OTC
SAFETY LANCETS 28G	2	MP; RX/OTC
SAPS HEALTH PLUS LANCETS	2	MP; RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	MP; RX/OTC
SAPS TWIST TOP LANCETS	2	MP; RX/OTC
SAPSCARE TWIST TOP LANCETS	2	MP; RX/OTC
SB LANCETS THIN	2	MP; RX/OTC
SB LANCETS ULTRA THIN	2	MP; RX/OTC
SELECT-LITE LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	QL(1 EA per 180 day(s) retail)
SINGLE-LET	2	MP; RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
SMART DIABETES VANTAGE LANCING MISC	2	QL(1 EA per 180 day(s) retail)
SMARTEST LANCETS 28G	2	MP; RX/OTC
SOLUS V2 LANCETS 28G	2	MP; RX/OTC
SOLUS V2 LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
SOLUS V2 TWIST LANCETS 30G	2	MP; RX/OTC
STERILANCE TL	2	MP; RX/OTC
SUPER THIN LANCETS	2	MP; RX/OTC
SURE COMFORT LANCETS 18G	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 21G	2	MP; RX/OTC
SURE COMFORT LANCETS 23G	2	MP; RX/OTC
SURE COMFORT LANCETS 28G	2	MP; RX/OTC
SURE COMFORT LANCETS 30G	2	MP; RX/OTC
SURE COMFORT LANCING PEN MISC	2	QL(1 EA per 180 day(s) retail)
SURELITE LANCETS	2	MP; RX/OTC
TECHLITE AST LANCETS	2	MP; RX/OTC
TECHLITE LANCETS	2	MP; RX/OTC
TECHLITE LANCETS 26G	2	MP; RX/OTC
TECHLITE LANCETS 30G	2	MP; RX/OTC
THINLETS GP LANCETS	2	MP; RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
TODAYS HEALTH THIN LANCETS 28G	2	MP; RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	MP; RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	MP; RX/OTC
TRUE COMFORT SAFETY LANCETS	2	MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	MP; RX/OTC
TRUE METRIX LEVEL 1 SOLN	2	QL(1 EA per 90 day(s) retail)
TRUE METRIX LEVEL 2 SOLN	2	QL(1 EA per 90 day(s) retail)
TRUE METRIX LEVEL 3 SOLN	2	QL(1 EA per 90 day(s) retail)
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	2	QL(1 EA per 90 day(s) retail)
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	2	QL(1 EA per 90 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
TRUEDRAW LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
TRUEPLUS LANCETS 26G	2	MP; RX/OTC
TRUEPLUS LANCETS 28G	2	MP; RX/OTC
TRUEPLUS LANCETS 30G	2	MP; RX/OTC
TRUEPLUS LANCETS 33G	2	MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	MP; RX/OTC
TWIST TOP LANCETS 30G	2	MP; RX/OTC
ULTI-LANCE AUTOMATIC MISC	2	QL(1 EA per 180 day(s) retail)
ULTILET CLASSIC LANCETS	2	MP; RX/OTC
ULTILET LANCETS	2	MP; RX/OTC
ULTILET SAFETY LANCETS	2	MP; RX/OTC
ULTILET SAFETY LANCETS 23G	2	MP; RX/OTC
ULTRA THIN LANCETS 31G	2	MP; RX/OTC
ULTRA-CARE LANCETS 30G	2	MP; RX/OTC
ULTRA-THIN II AUTO LANCET	2	MP; RX/OTC
ULTRA-THIN II LANCETS	2	MP; RX/OTC
UNILET COMFORTOUCH LANCET	2	MP; RX/OTC
UNILET EXCELITE	2	MP; RX/OTC
UNILET EXCELITE II	2	MP; RX/OTC
UNILET G.P. LANCET	2	MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	2	MP; RX/OTC
UNILET GP 28 ULTRA THIN	2	MP; RX/OTC
UNILET LANCET	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNILET MICRO-THIN 33G	2	MP; RX/OTC
UNILET SUPERLITE LANCET	2	MP; RX/OTC
UNILET SUPER-THIN 30G	2	MP; RX/OTC
UNILET ULTRA-THIN 28G	2	MP; RX/OTC
UNISTIK 1	2	MP; RX/OTC
UNISTIK 2	2	MP; RX/OTC
UNISTIK 2 COMFORT	2	MP; RX/OTC
UNISTIK 2 EXTRA	2	MP; RX/OTC
UNISTIK 2 NEONATAL	2	MP; RX/OTC
UNISTIK 2 NORMAL	2	MP; RX/OTC
UNISTIK 2 SUPER	2	MP; RX/OTC
UNISTIK 3	2	MP; RX/OTC
UNISTIK 3 COMFORT	2	MP; RX/OTC
UNISTIK 3 EXTRA	2	MP; RX/OTC
UNISTIK 3 GENTLE	2	MP; RX/OTC
UNISTIK 3 NEONATAL	2	MP; RX/OTC
UNISTIK 3 NORMAL	2	MP; RX/OTC
UNISTIK CZT COMFORT	2	MP; RX/OTC
UNISTIK CZT NORMAL	2	MP; RX/OTC
UNISTIK NORMAL	2	MP; RX/OTC
UNISTIK PRO SAFETY LANCET	2	MP; RX/OTC
UNISTIK SAFETY LANCETS 28G	2	MP; RX/OTC
UNISTIK SAFETY LANCETS 30G	2	MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	MP; RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	MP; RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	MP; RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	MP; RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	MP; RX/OTC
VIVAGUARD LANCETS	2	MP; RX/OTC
VIVAGUARD LANCETS 30G	2	MP; RX/OTC
VIVAGUARD LANCING DEVICE MISC	2	QL(1 EA per 180 day(s) retail)
VIVAGUARD SAFETY LANCETS 28G	2	MP; RX/OTC
ZEVRX TWIST TOP LANCETS 30G	2	MP; RX/OTC
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	2	MP; RX/OTC
ALCOH-GLOVE CONTOURED WIPE	2	MP; RX/OTC
ALCOHOL PADS	2	MP; RX/OTC
ALCOHOL PREP	2	MP; RX/OTC
ALCOHOL PREP PADS	2	MP; RX/OTC
ALCOHOL SWABS	2	MP; RX/OTC
AUM ALCOHOL PREP PADS	2	MP; RX/OTC
BD SWAB SINGLE USE REGULAR	2	MP; RX/OTC
CARETOUCH ALCOHOL PREP	2	MP; RX/OTC
COMFORT TOUCH ALCOHOL PREP	2	MP; RX/OTC
CURITY ALCOHOL PREPS	2	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS ALCOHOL PREP PADS	2	MP; RX/OTC
CVS PREP	2	MP; RX/OTC
DROPSAFE ALCOHOL PREP	2	MP; RX/OTC
EASY COMFORT ALCOHOL PADS	2	MP; RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	2	MP; RX/OTC
EQL ALCOHOL SWABS	2	MP; RX/OTC
FIFTY50 ALCOHOL PREP	2	MP; RX/OTC
GLOBAL ALCOHOL PREP EASE	2	MP; RX/OTC
GNP ALCOHOL SWABS	2	MP; RX/OTC
GOODSENSE ALCOHOL SWABS	2	MP; RX/OTC
H-E-B INCONTROL ALCOHOL	2	MP; RX/OTC
HM STERILE ALCOHOL PREP	2	MP; RX/OTC
MEIJER ALCOHOL SWABS	2	MP; RX/OTC
PHARMACIST CHOICE ALCOHOL	2	MP; RX/OTC
PRO COMFORT ALCOHOL	2	MP; RX/OTC
PURE COMFORT ALCOHOL PREP	2	MP; RX/OTC
QC ALCOHOL SWABS	2	MP; RX/OTC
REALITY SWABS	2	MP; RX/OTC
RELION ALCOHOL SWABS	2	MP; RX/OTC
SAPS CARE ALCOHOL PREP	2	MP; RX/OTC
SAPS HEALTH ALCOHOL PREP	2	MP; RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	2	MP; RX/OTC
SB ALCOHOL PREP	2	MP; RX/OTC
SM ALCOHOL PREP	2	MP; RX/OTC
SURE COMFORT ALCOHOL PREP	2	MP; RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	2	MP; RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	2	MP; RX/OTC
ULTICARE ALCOHOL SWABS	2	MP; RX/OTC
ULTILET ALCOHOL SWABS	2	MP; RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	2	MP; RX/OTC
WEBCOL ALCOHOL PREP LARGE	2	MP; RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	2	MP; RX/OTC
ZEVRX STERILE ALCOHOL PREP PAD	2	MP; RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC
1ST TIER UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC
ABOUTTIME PEN NEEDLE	2	QL(5 EA daily)
ADVOCATE INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES	2	QL(5 EA daily)
ADVOCATE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
AQ INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
AQINJECT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
ASSURE ID DUO PRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
ASSURE ID PRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES	2	QL(5 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
AUM INSULIN SAFETY PEN NEEDLE	2	QL(5 EA daily)
AUM MINI INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
AUM PEN NEEDLE	2	QL(5 EA daily); RX/OTC
AUM READYGARD DUO PEN NEEDLE	2	QL(5 EA daily); RX/OTC
AUM SAFETY PEN NEEDLE	2	QL(5 EA daily)
AURORA PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
BD AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
BD BLUNT FILL NEEDLE	2	RX/OTC
BD BLUNT FILL NEEDLE W/FILTER	2	RX/OTC
BD DISP NEEDLE	2	QL(5 EA daily); RX/OTC
BD DISP NEEDLES	2	RX/OTC
BD DISP NEEDLES	2	QL(5 EA daily); RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	QL(5 EA daily); RX/OTC
BD ECLIPSE NEEDLE	2	RX/OTC
BD ECLIPSE NEEDLE	2	QL(5 EA daily); RX/OTC
BD ECLIPSE SHIELDED NEEDLE	2	RX/OTC
BD ECLIPSE SYRINGE	2	QL(5 EA daily); RX/OTC
BD ECLIPSE SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
BD HYPODERMIC NEEDLE	2	RX/OTC
BD HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	2	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE HALF-UNIT	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE MICROFINE	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	2	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE	2	QL(5 EA daily)
BD INTEGRA NEEDLE	2	QL(5 EA daily); RX/OTC
BD INTEGRA SYRINGE	2	QL(5 EA daily); RX/OTC
BD LUER-LOCK SYRINGE	2	QL(5 EA daily); RX/OTC
BD LUER-LOK SYRINGE	2	QL(5 EA daily); RX/OTC
BD NOKOR ADMIX NEEDLE	2	RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	QL(5 EA daily)
BD PEN NEEDLE MINI ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	QL(5 EA daily)
BD PEN NEEDLE SHORT ULTRAFINE	2	QL(5 EA daily); RX/OTC
BD PLASTIPAK SYRINGE	2	RX/OTC
BD PRECISIONGLIDE NEEDLE	2	QL(5 EA daily); RX/OTC
BD SAFETYGLIDE ALLERGY SYRINGE MISC	2	QL(5 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
BD SAFETYGLIDE NEEDLE	2	RX/OTC
BD SAFETYGLIDE NEEDLE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE SHIELDED NEEDLE	2	QL(5 EA daily); RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
BD SYRINGE LUER-LOK	2	RX/OTC
BD SYRINGE LUER-LOK	2	QL(5 EA daily); RX/OTC
BD SYRINGE SLIP TIP	2	QL(5 EA daily); RX/OTC
BD SYRINGE SLIP TIP	2	RX/OTC
BD SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
BD TB SYRINGE MISC	2	QL(5 EA daily); RX/OTC
CAREFINE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
CAREONE INSULIN SYRINGE	2	QL(5 EA daily)
CAREONE UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC
CAREPOINT POLY HUB NEEDLE	2	QL(5 EA daily); RX/OTC
CAREPOINT SAFETY 1ST NEEDLE	2	QL(5 EA daily); RX/OTC
CAREPOINT SAFETY1ST SYR/NEEDLE	2	QL(5 EA daily); RX/OTC
CAREPOINT SYRINGE LUER LOCK	2	RX/OTC
CAREPOINT SYRINGE LUER LOCK	2	QL(5 EA daily); RX/OTC
CAREPOINT SYRINGE LUER SLIP	2	QL(5 EA daily); RX/OTC
CAREPOINT TUBERCLN SYR/LUER SL MISC	2	QL(5 EA daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC
CARETOUCH HYPODERMIC NEEDLE	2	RX/OTC
CARETOUCH INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
CARETOUCH LUER LOCK	2	QL(5 EA daily); RX/OTC
CARETOUCH LUER LOCK	2	RX/OTC
CARETOUCH LUER LOCK SYR/NEEDLE	2	QL(5 EA daily); RX/OTC
CARETOUCH LUER SLIP	2	QL(5 EA daily); RX/OTC
CARETOUCH LUER SLIP	2	RX/OTC
CARETOUCH PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(5 EA daily)
COMFORT EZ INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
COMFORT EZ MICRO PEN NEEDLES	2	QL(5 EA daily); RX/OTC
COMFORT EZ PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
COMFORT EZ PRO PEN NEEDLES	2	QL(5 EA daily)
COMFORT EZ SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
COMFORT TOUCH INSULIN PEN NEED	2	QL(5 EA daily); MP; RX/OTC
DIATHRIVE PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
DROPLET INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
DROPLET PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
DROPSAFE SAFETY PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
DROPSAFE SICURA	2	QL(5 EA daily); RX/OTC
DRUG MART UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC
DRUG MART UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
EASY COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
EASY GLIDE LUER LOCK SYRINGE	2	RX/OTC
EASY GLIDE LUER LOCK SYRINGE	2	QL(5 EA daily); RX/OTC
EASY GLIDE PEN NEEDLES	2	QL(5 EA daily)
EASY GLIDE SLIP LOCK SYRINGE	2	QL(5 EA daily); RX/OTC
EASY TOUCH ALLERGY SYRINGE MISC	2	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK INSULIN SY	2	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	QL(5 EA daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC
EASY TOUCH INSULIN SYRINGE	2	QL(5 EA daily)
EASY TOUCH PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	2	QL(5 EA daily)
EASY TOUCH SAFETY SYRINGE	2	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	2	QL(5 EA daily); RX/OTC
EASY TOUCH SYRINGE BARREL	2	QL(5 EA daily); RX/OTC
EASY TOUCH SYRINGE BARREL	2	RX/OTC
EASY TOUCH TB FLIPLOCK SYRINGE MISC	2	QL(5 EA daily); RX/OTC
EASY TOUCH TB SHEATHLOCK SYR MISC	2	QL(5 EA daily); RX/OTC
EASYPOINT NEEDLE	2	RX/OTC
EASYPOINT NEEDLE	2	QL(5 EA daily); RX/OTC
EASYPOINT NEEDLE/SYRINGE	2	QL(5 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(5 EA daily); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	2	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	QL(5 EA daily)
EMBECTA INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
EMBECTA INSULIN SYRINGE U-100	2	QL(5 EA daily)
EMBECTA PEN NEEDLE NANO	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(5 EA daily); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(5 EA daily)
EMBRACE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
FIFTY50 PEN NEEDLES	2	QL(5 EA daily); RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	2	QL(5 EA daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYR	2	QL(5 EA daily); RX/OTC
GLOBAL INSULIN SYRINGES	2	QL(5 EA daily); RX/OTC
GLUCOPRO INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGES	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 29GX1/2"	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 30GX5/16"	2	QL(5 EA daily); RX/OTC
GNP INSULIN SYRINGES 31GX5/16"	2	QL(5 EA daily); RX/OTC
GNP PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GNP ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
GNP ULTIGUARD SAFEPACK NEEDLE	2	QL(5 EA daily); RX/OTC
GNP ULTRA COM INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	2	QL(5 EA daily); RX/OTC
HEALTHWISE MICRON PEN NEEDLES	2	QL(5 EA daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	2	QL(5 EA daily); MP; RX/OTC
HM ULTICARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
HM ULTICARE MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC
HYPODERMIC NEEDLE	2	RX/OTC
INCONTROL ULTICARE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	2	QL(5 EA daily); RX/OTC
INSUPEN PEN NEEDLES	2	QL(5 EA daily); RX/OTC
INSUPEN SENSITIVE	2	QL(5 EA daily)
INSUPEN ULTRAFIN	2	QL(5 EA daily); MP; RX/OTC
INSUPEN32G EXTR3ME	2	QL(5 EA daily)
KINRAY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
KROGER PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
LEADER UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS	2	QL(5 EA daily); RX/OTC
LITETOUCH INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
LITETOUCH PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
LUER LOCK SAFETY SYRINGES	2	QL(5 EA daily); RX/OTC
LUER LOCK SAFETY SYRINGES	2	RX/OTC
MAGELLAN INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC
MAGELLAN TUBERCULIN SYRINGE MISC	2	QL(5 EA daily); RX/OTC
MARATHON MEDICAL PENTIPS	2	QL(5 EA daily); RX/OTC
MAXICOMFORT II PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
MAXI-COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
MAXICOMFORT SYR 27G X 1/2"	2	QL(5 EA daily); RX/OTC
MEDIC INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
MEIJER PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
MICRODOT PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
MM PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
MONOJECT BLUNTIP SYR/CANNULA	2	RX/OTC
MONOJECT HYPODERMIC NEEDLE	2	RX/OTC
MONOJECT HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
MONOJECT MAGELLAN SAFETY NDL	2	QL(5 EA daily); RX/OTC
MONOJECT MAGELLAN SAFETY NDL	2	RX/OTC
MONOJECT MAGELLAN SYRINGE	2	QL(5 EA daily); RX/OTC
MONOJECT PHARMACY TRAY	2	RX/OTC
MONOJECT PHARMACY TRAY	2	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE	2	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE	2	RX/OTC
MONOJECT SYRINGE PHARMACY TRAY	2	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE REG LUER	2	RX/OTC
MONOJECT SYRINGE REGULAR TIP	2	RX/OTC
MONOJECT TB SAFETY SYRINGE MISC	2	QL(5 EA daily); RX/OTC
MONOJECT TB SYRINGE	2	QL(5 EA daily); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	2	QL(5 EA daily); RX/OTC
NOKOR VENTED NEEDLE	2	QL(5 EA daily); RX/OTC
NORM-JECT LUER SLIP SYRINGE	2	QL(5 EA daily); RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL(5 EA daily)
NOVOFINE PEN NEEDLE	2	QL(5 EA daily)
NOVOFINE PLUS PEN NEEDLE	2	QL(5 EA daily); RX/OTC
PC UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC
PEN NEEDLE/5-BEVEL TIP	2	QL(5 EA daily); RX/OTC
PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
PENTIPS	2	QL(5 EA daily); MP; RX/OTC
PENTIPS GENERIC PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
PERFECT POINT SAFETY NEEDLE	2	QL(5 EA daily); RX/OTC
PIP PEN NEEDLES 31G X 5MM	2	QL(5 EA daily); RX/OTC
PIP PEN NEEDLES 32G X 4MM	2	QL(5 EA daily); RX/OTC
POLY HUB NEEDLE	2	QL(5 EA daily); RX/OTC
POLY HUB NEEDLE	2	RX/OTC
PRECISION SURE-DOSE SYRINGE	2	QL(5 EA daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
PREVENT DROPSAFE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
PREVENT SAFETY PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
PRO COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
PRO COMFORT PEN NEEDLES	2	QL(5 EA daily); RX/OTC
PRODIGY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
PURE COMFORT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
PX INSULIN SYRINGE	2	QL(5 EA daily)
PX MINI PEN NEEDLES	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PX SHORTLENGTH PEN NEEDLES	2	QL(5 EA daily); RX/OTC
QC PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
QC UNIFINE PENTIPS	2	QL(5 EA daily); RX/OTC
QUICK TOUCH INSULIN PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
RAYA SURE PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
REALITY INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
RELION INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
RELION PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
SAFETY PEN NEEDLES	2	QL(5 EA daily); RX/OTC
SB INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
SECURESAFE HYPODERMIC NEEDLE	2	QL(5 EA daily); RX/OTC
SECURESAFE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
SECURESAFE SAFETY PEN NEEDLES	2	QL(5 EA daily)
SECURESAFE SYRINGE/NEEDLE	2	QL(5 EA daily); RX/OTC
SURE COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
SURE COMFORT PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
SYRINGE LUER LOCK	2	QL(5 EA daily); RX/OTC
SYRINGE LUER LOCK	2	RX/OTC
SYRINGE LUER SLIP	2	QL(5 EA daily); RX/OTC
SYRINGE LUER SLIP	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
TECHLITE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
TECHLITE PLUS PEN NEEDLES	2	QL(5 EA daily); RX/OTC
TODAYS HEALTH PEN NEEDLES	2	QL(5 EA daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
TRUE COMFORT PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
TRUE COMFORT PRO INSULIN SYR	2	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
TRUEPLUS INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
TRUEPLUS PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
ULTICARE INSULIN SAFETY SYR	2	QL(5 EA daily); RX/OTC
ULTICARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTICARE MICRO PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
ULTICARE MINI PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
ULTICARE PEN NEEDLES	2	QL(5 EA daily); RX/OTC
ULTICARE SHORT PEN NEEDLES	2	QL(5 EA daily)
ULTICARE TUBERCULIN SAFETY SYR MISC	2	QL(5 EA daily); RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL(5 EA daily)
ULTILET PEN NEEDLE	2	QL(5 EA daily)
ULTRA COMFORT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN PEN NEEDLES	2	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	2	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTRA THIN PEN NEEDLES	2	QL(5 EA daily); RX/OTC
ULTRACARE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTRACARE PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
ULTRA-THIN II INS SYR SHORT	2	QL(5 EA daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	2	QL(5 EA daily); RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	2	QL(5 EA daily); RX/OTC
ULTRA-THIN II PEN NEEDLES	2	QL(5 EA daily)
UNIFINE OTC PEN NEEDLES	2	QL(5 EA daily); RX/OTC
UNIFINE PENTIPS	2	QL(5 EA daily); MP; RX/OTC
UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC
UNIFINE PROTECT PEN NEEDLE	2	QL(5 EA daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
UNIFINE ULTRA PEN NEEDLE	2	QL(5 EA daily); MP; RX/OTC
VANISHPOINT INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
VANISHPOINT SAFETY SYRINGE	2	QL(5 EA daily); RX/OTC
VANISHPOINT SYRINGE	2	QL(5 EA daily); RX/OTC
VANISHPOINT TUBERCULIN SYRINGE MISC	2	QL(5 EA daily); RX/OTC
VERIFINE INSULIN PEN NEEDLE	2	QL(5 EA daily); RX/OTC
VERIFINE INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
VERIFINE PLUS PEN NEEDLE	2	QL(5 EA daily); RX/OTC
VERISAFE SAFETY STERILE NEEDLE	2	QL(5 EA daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS	2	QL(5 EA daily); MP; RX/OTC
ZEVRX INSULIN SYRINGE	2	QL(5 EA daily); RX/OTC
ZEVRX PEN NEEDLES	2	QL(5 EA daily); MP; RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ACTIVITY POUCH MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ADULT AEROSOL MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ADULT MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ADULT MASK DEVI	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER MINI CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROECLIPSE EZ TWIST TUBING MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROECLIPSE MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROECLIPSE MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROECLIPSE MASK SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROTRACH PLUS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AEROVENT PLUS DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 1000 PFT FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE LARGE DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE MEDIUM DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE NEB MASK/INFANT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHE EASE SMALL DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BUBBLES THE FISH II PEDI MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH CPAP PRE-WASH SOLN MISC	2	QL(2 ML per 360 day(s) retail; 2 ML per 360 days mail); RX/OTC
CARETOUCH CPAP TUBE BRUSH MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CARETOUCH UNIVERSL CPAP FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
CO MONITOR DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
COMPACT SPACE CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MASK SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASIVENT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY AIR NEBULIZER FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW 300 MM HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW 400 MM HOSE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW AIR NOZZLE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC
EASY FLOW BLACK/RED DEVI	2	RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC
EASY FLOW HEPA FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC
EASY FLOW WHITE/PINK DEVI	2	RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC
EASY NEB NEBULIZER FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EBASE CONTROLLER KIT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
FILTER AIR PP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	2	QL(1 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
IN-CHECK DIAL FLOW TRAINER DEVI	2	RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	2	RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 EA per 180 day(s) retail)
INSPIREASE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MASK VORTEX/CHILD/FROG	2	QL(1 EA per 360 day(s) retail); RX/OTC
MASK VORTEX/TODDLER/LADYBUG	2	QL(1 EA per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROCHAMBER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MICROSPACER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NEBULIZER CUP/TUBING DEVI	2	RX/OTC
NEBULIZER MASK ADULT/TUBING MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NEBULIZER MASK ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NEBULIZER MASK CHILD MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NEBULIZER MASK PED/TUBING MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
NOSE CLIP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE FLOW SPIROMETER DEVI	2	RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PANDA MASK LARGE	2	QL(1 EA per 360 day(s) retail); RX/OTC
PANDA MASK MEDIUM	2	QL(1 EA per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI BABY CONVERSION KIT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI BUBBLES PEDIATRIC MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI EXPIRATORY FILTER SET DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
PARI MASK SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI SOFT PLASTIC PED MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PARI TREK S COMBO PACK DEVI	2	RX/OTC
PARI VORTEX ADULT MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC
PARI VORTEX PEDIATRIC MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEDIATRIC MOUTHPIECE MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PEDIATRIC PANDA MASK	2	QL(1 EA per 360 day(s) retail); RX/OTC
PFLEX MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
POCKET SPACER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRO COMFORT SPACER ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRO COMFORT SPACER CHILD MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PROCHAMBER VHC DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
PURE COMFORT 3-BALL BREATHE EX DEVI	2	RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
QUAKE DEVI	2	RX/OTC
REPLACEMENT AIR FILTER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
REPLACEMENT FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
REUSABLE COMFORTSEAL MASK-LRG MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
RITEFLO DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SAMI THE SEAL FILTERS MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SIDESTREAM PLS ADULT FACE MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SILICONE MASK/ADULT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SILICONE MASK/INFANT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SILICONE MASK/PEDIATRIC MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SOOTHENEB NBL 100 ADULT MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SOOTHENEB NBL 100 MED CUP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
SPIRO PD DEVI	2	RX/OTC
THRESHOLD IMT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
THRESHOLD PEP DEVI	2	RX/OTC
TUBING/WING TIP MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
ULTRA NEB ACCESSORIES KIT MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC
VERSAPAP DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
WINDMILL TRAINER MISC	2	QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(1 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOAJ	2	QL(4.5 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
AJOVY SOSY	2	QL(4.5 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY (300 MG DOSE) SOSY	4	QL(3 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOAJ	2	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
EMGALITY SOSY	2	QL(2 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
NURTEC	4	QL(18 EA per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
QULIPTA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
UBRELVY	2	QL(16 EA per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
VYEPTI	4	QL(3 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
ZAVZPRET	4	QL(8 EA per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
Migraine Combinations		
ergotamine w/ caffeine SUPP	1	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan-naproxen sodium	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SYMBRAVO TABS PO	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Migraine Products		
BREKIYA SOAJ SC 1 MG/ML	4	QL(24 ML per 28 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
dihydroergotamine mesylate SOLN NA 4 MG/ML	1	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
dihydroergotamine mesylate SOLN IJ 1 MG/ML	1	QL(24 ML per 28 day(s) retail; 24 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA
ERGOMAR SUBL	2	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); 2 max fill(s) per 30 day(s) retail
TRUDHESA	4	PA
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	1	2 max fill(s) per 30 day(s) retail; PA
ELYXYB	2	2 max fill(s) per 30 day(s) retail; PA
Serotonin Agonists		
almotriptan malate	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
eletriptan hydrobromide	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
FROVA *(Use frovatriptan succinate)*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
frovatriptan succinate	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
IMITREX 5 MG/ACT, 20 MG/ACT *(Use sumatriptan)*	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(Use sumatriptan succinate)*	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA
IMITREX TABS *(Use sumatriptan succinate)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
MAXALT-MLT TBDP 10 MG *(Use rizatriptan benzoate)*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
MAXALT TABS 10 MG *(Use rizatriptan benzoate)*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
naratriptan hcl	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
RELPAX 40 MG *(Use eletriptan hydrobromide)*	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
RELPAX *(Use eletriptan hydrobromide)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
REYVOW	4	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
rizatriptan benzoate TABS 5 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
rizatriptan benzoate TABS 10 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
rizatriptan benzoate TBDP 5 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
rizatriptan benzoate TBDP 10 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
sumatriptan	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
sumatriptan succinate SOAJ 6 MG/0.5ML	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
sumatriptan succinate SOAJ 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA
sumatriptan succinate SOCT 4 MG/0.5ML	4	QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA
sumatriptan succinate SOCT 6 MG/0.5ML	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA
sumatriptan succinate SOLN 6 MG/0.5ML	1	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail
sumatriptan succinate TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
TOSYMRA	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZEMBRACE SYMTOUCH SOAJ	4	QL(2 ML daily); 2 max fill(s) per 30 day(s) retail; PA
zolmitriptan SOLN	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
zolmitriptan TABS	1	QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail
zolmitriptan TABS	4	QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA
zolmitriptan TBDP	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
ZOMIG SOLN *(Use zolmitriptan)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM 600 +D HIGH POTENCY TABS	1	2 max fill(s) per 30 day(s) retail; MP
CALCIUM CARB-CHOLECALCIFEROL CHEW	1	2 max fill(s) per 30 day(s) retail; MP
CALCIUM CARBONATE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
calcium carbonate-cholecalciferol CHEW 400 UNIT-600 MG	1	2 max fill(s) per 30 day(s) retail; MP
calcium carbonate-cholecalciferol TABS	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
calcium carbonate TABS	1	2 max fill(s) per 30 day(s) retail; MP
calcium carbonate-vitamin d w/ minerals CHEW 400 UNIT-600 MG-50 MG-7.5 MG-1 MG-250 MCG-1.8 MG	1	2 max fill(s) per 30 day(s) retail; MP
calcium carbonate-vitamin d TABS 600 MG-200 UNIT	1	2 max fill(s) per 30 day(s) retail; MP
CALCIUM/C/D	1	2 max fill(s) per 30 day(s) retail; MP
calcium TABS 600 MG	1	2 max fill(s) per 30 day(s) retail; MP
CAL-QUICK LIQD	2	2 max fill(s) per 30 day(s) retail; MP
CALTRATE 600+D PLUS MINERALS CHEW *(Use calcium carbonate-vitamin d w/ minerals)*	9	
ONEVITE CALCIUM+D3 TABS	2	2 max fill(s) per 30 day(s) retail; MP
oyster shell	1	2 max fill(s) per 30 day(s) retail; MP
Fluoride		
sodium fluoride CHEW	1	2 max fill(s) per 30 day(s) retail; MP
sodium fluoride SOLN 0.5 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
SOLUVITA SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
Phosphate		
K-PHOS TABS *(Use potassium phosphate monobasic)*	2	2 max fill(s) per 30 day(s) retail
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	2 max fill(s) per 30 day(s) retail
potassium phosphate monobasic TABS	2	2 max fill(s) per 30 day(s) retail
Potassium		
EFFER-K	2	2 max fill(s) per 30 day(s) retail; MP
K-TAB TBCR 20 MEQ *(Use potassium chloride)*	9	2 max fill(s) per 30 day(s) retail; MP
POKONZA PACK PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
potassium acetate SOLN 2 MEQ/ML	1	2 max fill(s) per 30 day(s) retail; MP; PA
POTASSIUM ACETATE SOLN *(Use potassium acetate)*	1	2 max fill(s) per 30 day(s) retail; MP; PA
potassium bicarbonate TBEF	4	2 max fill(s) per 30 day(s) retail; MP; PA
potassium chloride microencapsulated crystals er 20 MEQ	4	2 max fill(s) per 30 day(s) retail; MP; PA
potassium chloride microencapsulated crystals er	1	2 max fill(s) per 30 day(s) retail; MP
potassium chloride CPCR	1	2 max fill(s) per 30 day(s) retail; MP
potassium chloride PACK PO 20 MEQ	4	2 max fill(s) per 30 day(s) retail; MP; PA
potassium chloride SOLN PO 20 %	1	2 max fill(s) per 30 day(s) retail; MP; PA
potassium chloride SOLN IV 2 MEQ/ML	2	2 max fill(s) per 30 day(s) retail; MP; PA
potassium chloride SOLN PO 10 %, 10 %	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE SOLN IV	1	2 max fill(s) per 30 day(s) retail; MP; PA
POTASSIUM CHLORIDE SOLN IV *(Use potassium chloride)*	1	2 max fill(s) per 30 day(s) retail; MP; PA
potassium chloride TBCR 15 MEQ	2	2 max fill(s) per 30 day(s) retail; MP
potassium chloride TBCR 8 MEQ, 20 MEQ	4	2 max fill(s) per 30 day(s) retail; MP; PA
potassium chloride TBCR 8 MEQ, 10 MEQ	1	2 max fill(s) per 30 day(s) retail; MP
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		
RETHYMIC	CO	SP
Chelating Agents		
CUVRIOR	4	2 max fill(s) per 30 day(s) retail; PA
DEPEN TITRATABS TABS *(Use penicillamine)*	4	2 max fill(s) per 30 day(s) retail; PA
penicillamine CAPS	1	2 max fill(s) per 30 day(s) retail; PA
penicillamine TABS	1	2 max fill(s) per 30 day(s) retail; PA
trientine hcl 250 MG	1	2 max fill(s) per 30 day(s) retail; PA
trientine hcl 500 MG	2	2 max fill(s) per 30 day(s) retail; PA
Immunomodulators		
IMAAVY SOLN IV 1200 MG/6.5ML	CO	SP
JOENJA	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
lenalidomide	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
NIKTIMVO	CO	2 max fill(s) per 30 day(s) retail; SP
REVLIMID	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
REZUROCK	CO	2 max fill(s) per 30 day(s) retail; SP
RHAPSIDO TABS PO 25 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
RYONCIL <12.5KG KIT IV	CO	
RYONCIL 100KG TO <112.5KG KIT IV	CO	SP
RYONCIL 112.5KG TO <125KG KIT IV	CO	SP
RYONCIL 12.5KG TO <25KG KIT IV	CO	
RYONCIL 125KG TO <137.5KG KIT IV	CO	SP
RYONCIL 137.5KG TO <150KG KIT IV	CO	SP
RYONCIL 25KG TO <37.5KG KIT IV	CO	
RYONCIL 37.5KG TO <50KG KIT IV	CO	
RYONCIL 50KG TO <62.5KG KIT IV	CO	
RYONCIL 62.5KG TO <75KG KIT IV	CO	
RYONCIL 75KG TO <87.5KG KIT IV	CO	
RYONCIL 87.5KG TO <100KG KIT IV	CO	
RYSTIGGO	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
THALOMID 50 MG, 100 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
VYVGART	CO	SP
VYVGART HYTRULO	CO	SP
VYVGART HYTRULO SC	CO	SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	CO	2 max fill(s) per 30 day(s) retail; MP
AZATHIOPRINE SODIUM	1	2 max fill(s) per 30 day(s) retail; MP; PA
azathioprine TABS 50 MG	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
azathioprine TABS 75 MG, 100 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
CELLCEPT CAPS *(Use mycophenolate mofetil)*	CO	2 max fill(s) per 30 day(s) retail; MP
CELLCEPT SUSR *(Use mycophenolate mofetil)*	CO	2 max fill(s) per 30 day(s) retail; MP
CELLCEPT TABS *(Use mycophenolate mofetil)*	CO	2 max fill(s) per 30 day(s) retail; MP
cyclosporine modified (for microemulsion) CAPS	CO	2 max fill(s) per 30 day(s) retail; MP
cyclosporine modified (for microemulsion) SOLN	CO	2 max fill(s) per 30 day(s) retail; MP
cyclosporine CAPS	CO	2 max fill(s) per 30 day(s) retail; MP
ENSPRYNG	CO	2 max fill(s) per 30 day(s) retail; SP
ENVARSUS XR TB24	CO	2 max fill(s) per 30 day(s) retail; MP
everolimus (immunosuppressant)	CO	2 max fill(s) per 30 day(s) retail; MP
GAMIFANT	CO	2 max fill(s) per 30 day(s) retail; SP
IMURAN TABS *(Use azathioprine)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
LUPKYNIS	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
mycophenolate mofetil CAPS	CO	2 max fill(s) per 30 day(s) retail; MP
mycophenolate mofetil SUSR	CO	2 max fill(s) per 30 day(s) retail; MP
mycophenolate mofetil TABS	CO	2 max fill(s) per 30 day(s) retail; MP
mycophenolate sodium	CO	2 max fill(s) per 30 day(s) retail; MP
MYFORTIC *(Use mycophenolate sodium)*	CO	2 max fill(s) per 30 day(s) retail; MP
MYHIBBIN SUSP	CO	
NEORAL CAPS *(Use cyclosporine modified (for microemulsion))*	CO	2 max fill(s) per 30 day(s) retail; MP
NEORAL SOLN *(Use cyclosporine modified (for microemulsion))*	CO	2 max fill(s) per 30 day(s) retail; MP
NULOJIX	CO	SP
PROGRAF CAPS *(Use tacrolimus)*	CO	2 max fill(s) per 30 day(s) retail; MP
PROGRAF PACK	CO	2 max fill(s) per 30 day(s) retail; MP
PROGRAF SOLN	CO	
RAPAMUNE SOLN *(Use sirolimus)*	CO	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
RAPAMUNE TABS *(Use sirolimus)*	CO	2 max fill(s) per 30 day(s) retail; MP
SANDIMMUNE CAPS *(Use cyclosporine)*	CO	2 max fill(s) per 30 day(s) retail; MP
SANDIMMUNE SOLN PO 100 MG/ML	CO	
SIMULECT	CO	2 max fill(s) per 30 day(s) retail; SP
sirolimus SOLN	CO	2 max fill(s) per 30 day(s) retail; MP
sirolimus TABS	CO	2 max fill(s) per 30 day(s) retail; MP
tacrolimus CAPS	CO	2 max fill(s) per 30 day(s) retail; MP
tacrolimus SOLN 5 MG/ML	CO	
UPLIZNA	CO	2 max fill(s) per 30 day(s) retail; SP
ZORTRESS *(Use everolimus (immunosuppressant))*	CO	2 max fill(s) per 30 day(s) retail; MP
Irrigation Solutions		
irrigation solutions, physiological	1	PA
ringer's irrigation	1	PA
RINGERS IRRIGATION 4.5 MEQ/L-156 MEQ/L-147 MEQ/L-4 MEQ/L	2	PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	CO	QL(1 EA per fill retail); 2 max fill(s) per 30 day(s) retail
VIJOICE TBPK	CO	2 max fill(s) per 30 day(s) retail
Potassium Removing Agents		
LOKELMA 10 GM	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
LOKELMA 5 GM	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
sodium polystyrene sulfonate POWD	1	2 max fill(s) per 30 day(s) retail
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1	2 max fill(s) per 30 day(s) retail
VELTASSA 1 GM	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
VELTASSA 8.4 GM, 16.8 GM	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
Progeria Treatment Agents		
ZOKINVY	CO	2 max fill(s) per 30 day(s) retail; SP
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	2	2 max fill(s) per 30 day(s) retail; SP; PA
BENLYSTA SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
BENLYSTA SOSY	2	2 max fill(s) per 30 day(s) retail; SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 4 %	4	2 max fill(s) per 30 day(s) retail; PA
lidocaine hcl (mouth-throat) 2 %	1	2 max fill(s) per 30 day(s) retail
ORAMAGIC PLUS SUSR	2	2 max fill(s) per 30 day(s) retail
Anti-infectives - Throat		
clotrimazole	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
NYSTATIN *(Use nystatin (mouth-throat))*	1	2 max fill(s) per 30 day(s) retail
nystatin (mouth-throat)	1	2 max fill(s) per 30 day(s) retail
ORAVIG	4	2 max fill(s) per 30 day(s) retail; PA
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1	2 max fill(s) per 30 day(s) retail
Dental Products		
DENTA 5000 PLUS SENSITIVE GEL	1	2 max fill(s) per 30 day(s) retail
FRAICHE 5000 PREVI	2	2 max fill(s) per 30 day(s) retail
FRAICHE 5000 SENSITIVE GEL	2	2 max fill(s) per 30 day(s) retail
SOD FLUORIDE-POTASSIUM NITRATE GEL	1	2 max fill(s) per 30 day(s) retail
sodium fluoride (dental) CREA	1	2 max fill(s) per 30 day(s) retail
sodium fluoride (dental) CREA	4	2 max fill(s) per 30 day(s) retail; PA
sodium fluoride (dental) GEL	4	2 max fill(s) per 30 day(s) retail; PA
sodium fluoride (dental) GEL	1	2 max fill(s) per 30 day(s) retail
sodium fluoride (dental) PSTE DT	1	2 max fill(s) per 30 day(s) retail
sodium fluoride (dental) SOLN 0.2 %	1	2 max fill(s) per 30 day(s) retail
SODIUM FLUORIDE 5000 ENAMEL GEL	1	2 max fill(s) per 30 day(s) retail
SODIUM FLUORIDE 5000 SENSITIVE GEL	1	2 max fill(s) per 30 day(s) retail
Mouthwashes		
BIOTENE DRY MOUTH LIQD	2	2 max fill(s) per 30 day(s) retail
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	4	2 max fill(s) per 30 day(s) retail; PA
triamcinolone acetonide (mouth)	1	2 max fill(s) per 30 day(s) retail
Throat Products - Misc.		
AQUORAL SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
BIOTENE DRY MOUTH MOIST SPRAY SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
BIOTENE ORALBALANCE DRY MOUTH GEL	2	2 max fill(s) per 30 day(s) retail
CAPHOSOL SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
cevimeline hcl	1	2 max fill(s) per 30 day(s) retail; MP
EVOXAC *(Use cevimeline hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
GELCLAIR	2	2 max fill(s) per 30 day(s) retail
MOI-STIR SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
MOUTH KOTE SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
MUCOSITISRX PACK	4	2 max fill(s) per 30 day(s) retail
MUGARD LIQD	2	2 max fill(s) per 30 day(s) retail
ORAL RELIEF SPRAY SOLN	2	2 max fill(s) per 30 day(s) retail; RX/OTC
ORAMAGICRX SUSR	2	2 max fill(s) per 30 day(s) retail
ORAPEUTIC GEL	2	2 max fill(s) per 30 day(s) retail
pilocarpine hcl (oral)	1	2 max fill(s) per 30 day(s) retail; MP
PROTHELIAL PSTE	2	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
SALIVAMAX PACK	4	2 max fill(s) per 30 day(s) retail
XYLIGEL GEL	2	2 max fill(s) per 30 day(s) retail
MULTIVITAMINS		
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
b-complex w/ c & folic acid TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
b-complex w/ c & folic acid TABS	2	2 max fill(s) per 30 day(s) retail; MP
b-complex w/biotin & folic acid TABS	8	2 max fill(s) per 30 day(s) retail
DIALYVITE 5000	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800 PLUS D WAFR	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800/IRON	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800/ZINC	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800 WAFR	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE 800-ZINC 15	2	2 max fill(s) per 30 day(s) retail; MP
DIALYVITE/ZINC	1	2 max fill(s) per 30 day(s) retail; MP
NEPHRONEX LIQD	1	2 max fill(s) per 30 day(s) retail; MP
NUTRIVIT	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
Multiple Vitamins w/ Minerals		
CENTRUM ADULTS TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
CENTRUM SILVER 50+MEN TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
CENTRUM SILVER 50+WOMEN TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
CENTRUM SILVER MEN 50+ TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
CENTRUM SILVER TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
CENTRUM WOMEN TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
multiple vitamins w/ minerals TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
OPTIVITE P.M.T. TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
RENAPLEX-D TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
VITAROCA PLUS TABS *(Use multiple vitamins w/ minerals)*	9	2 max fill(s) per 30 day(s) retail; RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
Ped Multiple Vitamins w/ Minerals		
ALIVE MULTI-VITAMIN CHILDRENS CHEW	2	2 max fill(s) per 30 day(s) retail; MP
CVS GUMMY DINOS CHEW	2	2 max fill(s) per 30 day(s) retail; MP
CVS GUMMY MULTIVITAMIN KIDS CHEW	2	2 max fill(s) per 30 day(s) retail; MP
FLINTSTONES + EXTRA IRON CHEW	2	2 max fill(s) per 30 day(s) retail; MP
FLINTSTONES COMPLETE CHEW	2	2 max fill(s) per 30 day(s) retail; MP
FLINTSTONES GUMMIES BONE BUILD CHEW	2	2 max fill(s) per 30 day(s) retail; MP
FLINTSTONES-IMMUNITY SUPPORT CHEW	2	2 max fill(s) per 30 day(s) retail; MP
GUMMI BEAR MULTIVITAMIN/MIN CHEW	1	2 max fill(s) per 30 day(s) retail; MP
MULTIVIT-MIN GUMMIES CHILDRENS CHEW	2	2 max fill(s) per 30 day(s) retail; MP
MVW COMPLETE FORMULATION D3000 CHEW	2	2 max fill(s) per 30 day(s) retail; MP
MVW COMPLETE FORMULATION D5000 CHEW	2	2 max fill(s) per 30 day(s) retail; MP
MVW COMPLETE FORMULATION CHEW	2	2 max fill(s) per 30 day(s) retail; MP
Ped MV w/ Fluoride		
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	1	2 max fill(s) per 30 day(s) retail; MP
MULTI-VIT-FLOR CHEW 0.25 MG, 1 MG	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
pediatric multivitamins w/fl CHEW	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
pediatric multivitamins w/fl CHEW	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
pediatric multivitamins w/fl SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
pediatric vitamins acd w/ fluoride SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
POLY-VI-FLOR CHEW 0.25 MG, 1 MG	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
POLY-VI-FLOR SUSP	2	2 max fill(s) per 30 day(s) retail; MP
SOLUVITA ACD WITH FLUORIDE SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
SOLUVITA WITH FLUORIDE SOLN	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP
VITAMINS ACD-FLUORIDE SOLN	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/FE SOLN	2	2 max fill(s) per 30 day(s) retail; MP
MULTIVITAMIN DROPS/IRON SOLN	1	2 max fill(s) per 30 day(s) retail; MP
MULTIVITAMIN INFANT & TODDLER SOLN	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMINS PLUS IRON CHILD CHEW	2	2 max fill(s) per 30 day(s) retail; MP
PC PEDIATRIC POLY-VITA/FE DROP SOLN	2	2 max fill(s) per 30 day(s) retail; MP
pediatric multiple vitamins w/ iron CHEW 18 MG	2	2 max fill(s) per 30 day(s) retail; MP
pediatric multiple vitamins w/ iron CHEW 18 MG	1	2 max fill(s) per 30 day(s) retail; MP
POLY-VITA/IRON SOLN	2	2 max fill(s) per 30 day(s) retail; MP
POLY-VITE/IRON SOLN	2	2 max fill(s) per 30 day(s) retail; MP
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN PO	1	2 max fill(s) per 30 day(s) retail; MP
INFUVITE PEDIATRIC SOLN IV	2	2 max fill(s) per 30 day(s) retail; MP; PA
MULTIVITAMIN INFANT & TODDLER SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP
PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP
pediatric multiple vitamins CHEW 60 MG-1.05 MG-300 MCG-400 UNIT-4.5 MCG-1.2 MG-10 MG-1998 UNIT-1.05 MG-15 UNIT	1	2 max fill(s) per 30 day(s) retail; MP
pediatric multiple vitamins CHEW 15 MCG-30 MG-15 MCG-0.85 MG-2 MCG-2.5 MG-2.5 MG-1.82 MG-10 MG-5 MG-39.75 MCG-360 MCG-100 MCG-5 MG	2	2 max fill(s) per 30 day(s) retail; MP
POLY-VI-SOL SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP
POLY-VITA SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP
POLY-VITE PEDIATRIC SOLN PO	2	2 max fill(s) per 30 day(s) retail; MP
Pediatric Vitamins		
BPROTECTED PEDIA TRI-VITE	2	2 max fill(s) per 30 day(s) retail; MP
pediatric vitamins adc 400 UNIT/ML-750 UNIT/ML-35 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN A/C/D/ INFANT/TODDLER	1	2 max fill(s) per 30 day(s) retail; MP
VITAMIN A-C-D INFANT	1	2 max fill(s) per 30 day(s) retail; MP
Prenatal Vitamins		
CLASSIC PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
COMPLETE NATAL DHA	1	2 max fill(s) per 30 day(s) retail; MP
COMPLETENATE CHEW	1	2 max fill(s) per 30 day(s) retail; MP
CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT	1	2 max fill(s) per 30 day(s) retail; MP
FT PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
GNP PRENATAL/FOLIC ACID TABS	1	2 max fill(s) per 30 day(s) retail; MP
GNP PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
KP PRENATAL MULTIVITAMINS TABS	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
MASONATAL TABS	2	2 max fill(s) per 30 day(s) retail; MP
M-NATAL PLUS TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
MULTI PRENATAL TABS	2	2 max fill(s) per 30 day(s) retail; MP
NEONATAL COMPLETE TABS 120 MG-3 MG-30 MCG-1000 MCG-25 MCG-8 MCG-3 MG-20 MG-7 MG-29 MG-200 MG-3 MG-100 MG-15 MG-3 MG-1200 MCG-150 MCG-18.4 MG	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
NEONATAL PLUS TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
NEO-VITAL RX TABS	1	2 max fill(s) per 30 day(s) retail; MP
NIVA-PLUS TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
ONENATAL RX TABS 1 MG	2	2 max fill(s) per 30 day(s) retail; MP
PRENATABS FA TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
PRENATAL (W/IRON & FA) TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
PRENATAL MULTIVITAMIN + DHA MISC	2	2 max fill(s) per 30 day(s) retail; MP
PRENATAL ONE DAILY TABS	1	2 max fill(s) per 30 day(s) retail; MP
PRENATAL PLUS VITAMIN/MINERAL TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
prenatal vit w/ docusate-fe fumarate-folic acid TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
prenatal vit w/ ferrous fumarate-folic acid CHEW	1	2 max fill(s) per 30 day(s) retail; MP
prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG	1	2 max fill(s) per 30 day(s) retail; MP
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
PRENATAL VITAMIN AND MINERAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	1	2 max fill(s) per 30 day(s) retail; MP
PRENATAL/IRON TABS	1	2 max fill(s) per 30 day(s) retail; MP
PRENATAL TABS	1	2 max fill(s) per 30 day(s) retail; MP
PRENATAL TABS 100 MG-2.6 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-200 MG-5 MG-1200 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	2	2 max fill(s) per 30 day(s) retail; MP
SE-NATAL 19 CHEW	1	2 max fill(s) per 30 day(s) retail; MP
SE-NATAL 19 TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
THERANATAL CORE NUTRITION TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
THRIVITE RX TABS	2	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
TRINATAL RX 1 TABS	1	2 max fill(s) per 30 day(s) retail; MP
WESNATAL DHA COMPLETE	1	2 max fill(s) per 30 day(s) retail; MP
WESTAB PLUS TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
Vitamins w/ Lipotropics		
vitamins w/ lipotropics TABS	2	2 max fill(s) per 30 day(s) retail; MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(Use cyclobenzaprine hcl)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
baclofen SOLN PO 5 MG/5ML	4	QL(80 ML daily); 2 max fill(s) per 30 day(s) retail; PA
baclofen SOLN PO 10 MG/5ML	4	2 max fill(s) per 30 day(s) retail; PA
baclofen SUSP	1	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA
baclofen TABS 5 MG, 10 MG, 20 MG	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
baclofen TABS 15 MG	4	2 max fill(s) per 30 day(s) retail; PA
carisoprodol TABS	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; 21 day(s) max supply per 90 day(s) retail; 21 day(s) max supply per 90 day(s) mail; PA
chlorzoxazone TABS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
cyclobenzaprine hcl CP24	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
cyclobenzaprine hcl TABS 7.5 MG	4	2 max fill(s) per 30 day(s) retail; PA
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
FLEQSUVY SUSP *(Use baclofen)*	4	QL(16 ML daily); 2 max fill(s) per 30 day(s) retail; PA
LYVISPAH PACK	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
metaxalone 800 MG	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
metaxalone 400 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
METAXALONE 640 MG	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
methocarbamol SOLN	4	2 max fill(s) per 30 day(s) retail; PA
methocarbamol TABS 1000 MG	4	2 max fill(s) per 30 day(s) retail; PA
methocarbamol TABS 750 MG	1	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
methocarbamol TABS 500 MG	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail
orphenadrine citrate SOLN 30 MG/ML	4	2 max fill(s) per 30 day(s) retail; PA
orphenadrine citrate TB12	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
OZOBAX DS SOLN PO *(Use baclofen)*	4	2 max fill(s) per 30 day(s) retail; PA
OZOBAX SOLN PO *(Use baclofen)*	4	QL(80 ML daily); 2 max fill(s) per 30 day(s) retail; PA
ROBAXIN SOLN *(Use methocarbamol)*	4	2 max fill(s) per 30 day(s) retail; PA
ROBAXIN SOLN *(Use methocarbamol)*	9	2 max fill(s) per 30 day(s) retail
SOMA TABS *(Use carisoprodol)*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; 21 day(s) max supply per 90 day(s) retail; 21 day(s) max supply per 90 day(s) mail; PA
tizanidine hcl CAPS 6 MG	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
tizanidine hcl CAPS 2 MG	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
tizanidine hcl CAPS 4 MG	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
tizanidine hcl TABS 4 MG	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail
tizanidine hcl TABS 2 MG	1	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
ZANAFLEX CAPS 8 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZANAFLEX CAPS 4 MG *(Use tizanidine hcl)*	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZANAFLEX CAPS 6 MG *(Use tizanidine hcl)*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZANAFLEX CAPS 2 MG *(Use tizanidine hcl)*	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ZANAFLEX TABS 4 MG *(Use tizanidine hcl)*	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(Use dantrolene sodium)*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
DANTRIUM SOLR *(Use dantrolene sodium)*	2	2 max fill(s) per 30 day(s) retail; PA
dantrolene sodium CAPS 100 MG	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
dantrolene sodium CAPS 25 MG, 50 MG	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
dantrolene sodium SOLR	1	2 max fill(s) per 30 day(s) retail; PA
RYANODEX SUSR	2	2 max fill(s) per 30 day(s) retail; PA
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	2 max fill(s) per 30 day(s) retail; SP
Muscle Relaxant Combinations		

Drug Name	Drug Tier	Requirements/ Limits
orphenadrine w/ aspirin & caff	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	4	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail
DYMISTA SUSP *(Use azelastine hcl-fluticasone propionate)*	4	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
RYALTRIS	4	QL(29 GM per 30 day(s) retail; 23 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail; PA
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN *(Use saline)*	9	2 max fill(s) per 30 day(s) retail
saline SOLN 0.65 %	1	2 max fill(s) per 30 day(s) retail
Nasal Antiallergy		
azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); 2 max fill(s) per 30 day(s) retail
olopatadine hcl (nasal)	4	QL(31 GM per 30 day(s) retail; 31 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail
Nasal Anticholinergics		
ipratropium bromide (nasal)	1	2 max fill(s) per 30 day(s) retail
Nasal Steroids		
budesonide (nasal)	1	2 max fill(s) per 30 day(s) retail
flunisolide (nasal)	4	2 max fill(s) per 30 day(s) retail
fluticasone propionate (nasal) SUSP	1	2 max fill(s) per 30 day(s) retail; RX/OTC
mometasone furoate (nasal) SUSP	4	2 max fill(s) per 30 day(s) retail; RX/OTC
NASONEX 24HR SUSP *(Use mometasone furoate (nasal))*	4	2 max fill(s) per 30 day(s) retail; RX/OTC
OMNARIS SUSP	4	2 max fill(s) per 30 day(s) retail
QNASL	4	2 max fill(s) per 30 day(s) retail
QNASL CHILDRENS	4	2 max fill(s) per 30 day(s) retail
triamcinolone acetonide (nasal) AERO	1	2 max fill(s) per 30 day(s) retail
XHANCE EXHU	4	2 max fill(s) per 30 day(s) retail
Sympathomimetic Decongestants		
phenylephrine hcl (oral) TABS	1	2 max fill(s) per 30 day(s) retail
pseudoephedrine hcl TABS	1	2 max fill(s) per 30 day(s) retail
SUDAFED PE SINUS CONGESTION TABS *(Use phenylephrine hcl (oral))*	9	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
SUDAFED SINUS CONGESTION TABS *(Use pseudoephedrine hcl)*	9	2 max fill(s) per 30 day(s) retail
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
edaravone SOLN 60 MG/100ML	CO	2 max fill(s) per 30 day(s) retail; SP
edaravone SOLN 30 MG/100ML	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP
QALSODY	CO	
RADICAVA ORS STARTER KIT SUSP	CO	QL(5 ML daily); 2 max fill(s) per 30 day(s) retail; SP
RADICAVA ORS SUSP	CO	QL(5 ML daily); 2 max fill(s) per 30 day(s) retail; SP
RADICAVA SOLN *(Use edaravone)*	CO	QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP
RELYVRIO	CO	SP
RILUTEK TABS *(Use riluzole)*	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
riluzole TABS	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP
TIGLUTIK SUSP	4	QL(20 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Friedrich's Ataxia Agents		
SKYCLARYS	CO	2 max fill(s) per 30 day(s) retail; SP
Muscular Dystrophy Agents		
AMONDYS 45	CO	SP
DUVYZAT	CO	2 max fill(s) per 30 day(s) retail; SP
ELEVIDYS 10.0-10.4 KG	CO	SP
ELEVIDYS 10.5-11.4 KG	CO	SP
ELEVIDYS 11.5-12.4 KG	CO	SP
ELEVIDYS 12.5-13.4 KG	CO	SP
ELEVIDYS 13.5-14.4 KG	CO	SP
ELEVIDYS 14.5-15.4 KG	CO	SP
ELEVIDYS 15.5-16.4 KG	CO	SP
ELEVIDYS 16.5-17.4 KG	CO	SP
ELEVIDYS 17.5-18.4 KG	CO	SP
ELEVIDYS 18.5-19.4 KG	CO	SP
ELEVIDYS 19.5-20.4 KG	CO	SP
ELEVIDYS 20.5-21.4 KG	CO	SP
ELEVIDYS 21.5-22.4 KG	CO	SP
ELEVIDYS 22.5-23.4 KG	CO	SP
ELEVIDYS 23.5-24.4 KG	CO	SP
ELEVIDYS 24.5-25.4 KG	CO	SP
ELEVIDYS 25.5-26.4 KG	CO	SP
ELEVIDYS 26.5-27.4 KG	CO	SP
ELEVIDYS 27.5-28.4 KG	CO	SP
ELEVIDYS 28.5-29.4 KG	CO	SP
ELEVIDYS 29.5-30.4 KG	CO	SP
ELEVIDYS 30.5-31.4 KG	CO	SP
ELEVIDYS 31.5-32.4 KG	CO	SP
ELEVIDYS 32.5-33.4 KG	CO	SP
ELEVIDYS 33.5-34.4 KG	CO	SP
ELEVIDYS 34.5-35.4 KG	CO	SP
ELEVIDYS 35.5-36.4 KG	CO	SP
ELEVIDYS 36.5-37.4 KG	CO	SP
ELEVIDYS 37.5-38.4 KG	CO	SP
ELEVIDYS 38.5-39.4 KG	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 39.5-40.4 KG	CO	SP
ELEVIDYS 40.5-41.4 KG	CO	SP
ELEVIDYS 41.5-42.4 KG	CO	SP
ELEVIDYS 42.5-43.4 KG	CO	SP
ELEVIDYS 43.5-44.4 KG	CO	SP
ELEVIDYS 44.5-45.4 KG	CO	SP
ELEVIDYS 45.5-46.4 KG	CO	SP
ELEVIDYS 46.5-47.4 KG	CO	SP
ELEVIDYS 47.5-48.4 KG	CO	SP
ELEVIDYS 48.5-49.4 KG	CO	SP
ELEVIDYS 49.5-50.4 KG	CO	SP
ELEVIDYS 50.5-51.4 KG	CO	SP
ELEVIDYS 51.5-52.4 KG	CO	SP
ELEVIDYS 52.5-53.4 KG	CO	SP
ELEVIDYS 53.5-54.4 KG	CO	SP
ELEVIDYS 54.5-55.4 KG	CO	SP
ELEVIDYS 55.5-56.4 KG	CO	SP
ELEVIDYS 56.5-57.4 KG	CO	SP
ELEVIDYS 57.5-58.4 KG	CO	SP
ELEVIDYS 58.5-59.4 KG	CO	SP
ELEVIDYS 59.5-60.4 KG	CO	SP
ELEVIDYS 60.5-61.4 KG	CO	SP
ELEVIDYS 61.5-62.4 KG	CO	SP
ELEVIDYS 62.5-63.4 KG	CO	SP
ELEVIDYS 63.5-64.4 KG	CO	SP
ELEVIDYS 64.5-65.4 KG	CO	SP
ELEVIDYS 65.5-66.4 KG	CO	SP
ELEVIDYS 66.5-67.4 KG	CO	SP
ELEVIDYS 67.5-68.4 KG	CO	SP
ELEVIDYS 68.5-69.4 KG	CO	SP
ELEVIDYS 69.5 KG PLUS	CO	SP
EXONDYS 51	CO	SP
VILTEPSO	CO	SP
VYONDYS 53	CO	SP
Rett Syndrome Agents		
DAYBUE	CO	2 max fill(s) per 30 day(s) retail; SP
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	CO	2 max fill(s) per 30 day(s) retail; SP
EVRYSDI	CO	2 max fill(s) per 30 day(s) retail; SP
SPINRAZA	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 20.6-21.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 10.1-10.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 10.6-11.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 11.1-11.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 11.6-12.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 12.1-12.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 12.6-13.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 13.1-13.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 13.6-14.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 14.1-14.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 14.6-15.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 15.1-15.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 15.6-16.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 16.1-16.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 16.6-17.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 17.1-17.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 17.6-18.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 18.1-18.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 18.6-19.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 19.1-19.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 19.6-20.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 2.6-3.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 20.1-20.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 3.1-3.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 3.6-4.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 4.1-4.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 4.6-5.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 5.1-5.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 5.6-6.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 6.1-6.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 6.6-7.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 7.1-7.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 7.6-8.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 8.1-8.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 8.6-9.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 9.1-9.5 KG	CO	2 max fill(s) per 30 day(s) retail; SP
ZOLGENSMA 9.6-10.0 KG	CO	2 max fill(s) per 30 day(s) retail; SP
NUTRIENTS		
Carbohydrates		
glucose LIQD	2	2 max fill(s) per 30 day(s) retail; MP
Lipids		
DOJOLVI	CO	2 max fill(s) per 30 day(s) retail; SP
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution	1	2 max fill(s) per 30 day(s) retail
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	2	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	1	2 max fill(s) per 30 day(s) retail
glycerin-hypromellose-polyethylene glycol 400	2	2 max fill(s) per 30 day(s) retail
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	1	2 max fill(s) per 30 day(s) retail
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	2	2 max fill(s) per 30 day(s) retail
polyvinyl alcohol 1.4 %	1	2 max fill(s) per 30 day(s) retail
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %	1	2 max fill(s) per 30 day(s) retail
propylene glycol (ophth)	1	2 max fill(s) per 30 day(s) retail
propylene glycol (ophth)	2	2 max fill(s) per 30 day(s) retail
SYSTANE PRESERVATIVE FREE SOLN 0.3 %-0.4 % *(Use polyethylene glycol-propylene glycol (ophth))*	9	2 max fill(s) per 30 day(s) retail
SYSTANE ULTRA PF SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	9	2 max fill(s) per 30 day(s) retail
SYSTANE ULTRA SOLN *(Use polyethylene glycol-propylene glycol (ophth))*	9	2 max fill(s) per 30 day(s) retail
THERATEARS EXTRA SOLN *(Use carboxymethylcellulose sodium (ophth))*	9	2 max fill(s) per 30 day(s) retail
white petrolatum-mineral oil	2	2 max fill(s) per 30 day(s) retail
white petrolatum-mineral oil	1	2 max fill(s) per 30 day(s) retail
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	4	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
BETIMOL	4	2 max fill(s) per 30 day(s) retail; MP
BETIMOL *(Use timolol)*	4	2 max fill(s) per 30 day(s) retail; MP
BETIMOL *(Use timolol)*	9	2 max fill(s) per 30 day(s) retail; MP
BETOPTIC-S SUSP	4	2 max fill(s) per 30 day(s) retail; MP
brimonidine tartrate-timolol maleate	1	2 max fill(s) per 30 day(s) retail; MP
carteolol hcl (ophth)	4	2 max fill(s) per 30 day(s) retail; MP
COMBIGAN *(Use brimonidine tartrate-timolol maleate)*	2	2 max fill(s) per 30 day(s) retail; MP
COSOPT *(Use dorzolamide hcl-timolol maleate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
COSOPT *(Use dorzolamide hcl-timolol maleate)*	9	2 max fill(s) per 30 day(s) retail; MP
COSOPT PF *(Use dorzolamide hcl-timolol maleate)*	9	2 max fill(s) per 30 day(s) retail; MP
COSOPT PF *(Use dorzolamide hcl-timolol maleate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
dorzolamide hcl-timolol maleate	1	2 max fill(s) per 30 day(s) retail; MP
ISTALOL SOLN *(Use timolol maleate (ophth))*	4	2 max fill(s) per 30 day(s) retail; MP; PA
levobunolol hcl 0.5 %	1	2 max fill(s) per 30 day(s) retail; MP
timolol	4	2 max fill(s) per 30 day(s) retail; MP
timolol maleate (ophth) SOLG	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
timolol maleate (ophth) SOLN	1	2 max fill(s) per 30 day(s) retail; MP
timolol maleate (ophth) SOLN	4	2 max fill(s) per 30 day(s) retail; MP
TIMOPTIC OCUDOSE SOLN 0.5 % *(Use timolol maleate (ophth))*	2	2 max fill(s) per 30 day(s) retail; MP
TIMOPTIC OCUDOSE SOLN 0.25 % *(Use timolol maleate (ophth))*	4	2 max fill(s) per 30 day(s) retail; MP; PA
TIMOPTIC OCUDOSE SOLN 0.25 % *(Use timolol maleate (ophth))*	9	2 max fill(s) per 30 day(s) retail; MP
Cholinergic Agonists		
TYRVAYA	2	2 max fill(s) per 30 day(s) retail; PA
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	1	2 max fill(s) per 30 day(s) retail
atropine sulfate (ophthalmic) SOLN	1	2 max fill(s) per 30 day(s) retail
ATROPINE SULFATE SOLN 1 %	2	2 max fill(s) per 30 day(s) retail
ATROPINE SULFATE SOLN 1 %	1	2 max fill(s) per 30 day(s) retail
ATROPINE SULFATE SOLN 0.01 %, 1 % *(Use atropine sulfate (ophthalmic))*	9	2 max fill(s) per 30 day(s) retail
CYCLOGYL *(Use cyclopentolate hcl)*	4	2 max fill(s) per 30 day(s) retail; PA
CYCLOGYL	4	2 max fill(s) per 30 day(s) retail; PA
CYCLOMYDRIL	4	2 max fill(s) per 30 day(s) retail; PA
cyclopentolate hcl 1 %	1	2 max fill(s) per 30 day(s) retail; PA
MYDRIACYL SOLN *(Use tropicamide)*	4	2 max fill(s) per 30 day(s) retail; PA
phenylephrine hcl (mydriatic) SOLN	1	2 max fill(s) per 30 day(s) retail; PA
PHENYLEPHRINE HCL SOLN *(Use phenylephrine hcl (mydriatic))*	1	2 max fill(s) per 30 day(s) retail; PA
tropicamide SOLN 1 %	1	2 max fill(s) per 30 day(s) retail
tropicamide SOLN 0.5 %	1	2 max fill(s) per 30 day(s) retail; PA
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	2 max fill(s) per 30 day(s) retail; MP
pilocarpine hcl SOLN 1.25 %	1	2 max fill(s) per 30 day(s) retail; PA
VUITY SOLN 1.25 % *(Use pilocarpine hcl)*	2	2 max fill(s) per 30 day(s) retail; PA
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(Use brimonidine tartrate)*	2	2 max fill(s) per 30 day(s) retail; MP
apraclonidine hcl	4	2 max fill(s) per 30 day(s) retail; MP
brimonidine tartrate	1	2 max fill(s) per 30 day(s) retail; MP
IOPIDINE	4	2 max fill(s) per 30 day(s) retail; MP
SIMBRINZA	2	2 max fill(s) per 30 day(s) retail; MP
Ophthalmic Anti-infectives		
AZASITE	4	4 max fill(s) per 30 day(s) retail
bacitracin (ophthalmic)	4	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
bacitracin-polymyxin b (ophth)	4	4 max fill(s) per 30 day(s) retail
BESIVANCE	4	4 max fill(s) per 30 day(s) retail
CILOXAN OINT	4	4 max fill(s) per 30 day(s) retail
ciprofloxacin hcl (ophth) SOLN	1	4 max fill(s) per 30 day(s) retail
erythromycin (ophth)	1	4 max fill(s) per 30 day(s) retail
gatifloxacin (ophth)	4	4 max fill(s) per 30 day(s) retail
gentamicin sulfate (ophth) SOLN	1	4 max fill(s) per 30 day(s) retail
levofloxacin (ophth) 0.5 %	4	4 max fill(s) per 30 day(s) retail
moxifloxacin hcl (ophth) SOLN OP	1	4 max fill(s) per 30 day(s) retail
NATACYN	2	4 max fill(s) per 30 day(s) retail
neomycin-bacitracin zn-polymyxin	4	4 max fill(s) per 30 day(s) retail
neomycin-polymyxin-gramicidin	4	4 max fill(s) per 30 day(s) retail
OCUFLOX *(Use ofloxacin (ophth))*	4	4 max fill(s) per 30 day(s) retail; PA
ofloxacin (ophth)	1	4 max fill(s) per 30 day(s) retail
polymyxin b-trimethoprim	1	4 max fill(s) per 30 day(s) retail
sulfacetamide sodium (ophth) OINT	4	4 max fill(s) per 30 day(s) retail; PA
sulfacetamide sodium (ophth) SOLN	1	4 max fill(s) per 30 day(s) retail
tobramycin (ophth) SOLN	1	4 max fill(s) per 30 day(s) retail
TOBREX OINT	4	4 max fill(s) per 30 day(s) retail
trifluridine	1	2 max fill(s) per 30 day(s) retail
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	4	4 max fill(s) per 30 day(s) retail; PA
VIGAMOX SOLN OP *(Use moxifloxacin hcl (ophth))*	9	4 max fill(s) per 30 day(s) retail
XDEMVY	2	2 max fill(s) per 30 day(s) retail
ZIRGAN GEL	2	2 max fill(s) per 30 day(s) retail
ZYMAXID *(Use gatifloxacin (ophth))*	9	4 max fill(s) per 30 day(s) retail
Ophthalmic Gene Therapy		
ENCELTO IMPL IZ 200000 CELLS	CO	SP
LUXTURNA	CO	SP
Ophthalmic Immunomodulators		
CEQUA SOLN	4	2 max fill(s) per 30 day(s) retail; PA
cyclosporine (ophth) EMUL	1	2 max fill(s) per 30 day(s) retail
RESTASIS MULTIDOSE EMUL	2	2 max fill(s) per 30 day(s) retail
RESTASIS EMUL *(Use cyclosporine (ophth))*	2	2 max fill(s) per 30 day(s) retail
VERKAZIA EMUL	4	2 max fill(s) per 30 day(s) retail; PA
VEVYE SOLN	4	2 max fill(s) per 30 day(s) retail; PA
Ophthalmic Integrin Antagonists		
XIIDRA	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
Ophthalmic Kinase Inhibitors		
RHOPRESSA	2	2 max fill(s) per 30 day(s) retail; MP
ROCKLATAN	2	2 max fill(s) per 30 day(s) retail; MP
Ophthalmic Local Anesthetics		

Drug Name	Drug Tier	Requirements/ Limits
AKTEN	4	2 max fill(s) per 30 day(s) retail; PA
ALCAINE *(Use proparacaine hcl)*	4	2 max fill(s) per 30 day(s) retail; PA
proparacaine hcl	1	2 max fill(s) per 30 day(s) retail; PA
tetracaine hcl (ophth)	1	2 max fill(s) per 30 day(s) retail; PA
tetracaine hcl (ophth)	2	2 max fill(s) per 30 day(s) retail; PA
Ophthalmic Nerve Growth Factors		
OXERVATE	CO	2 max fill(s) per 30 day(s) retail; SP
Ophthalmic Steroids		
ALREX SUSP *(Use loteprednol etabonate)*	4	2 max fill(s) per 30 day(s) retail; PA
bacitracin-poly-neomycin-hc	4	4 max fill(s) per 30 day(s) retail
dexamethasone sodium phosphate (ophth)	1	2 max fill(s) per 30 day(s) retail
difluprednate	1	2 max fill(s) per 30 day(s) retail
DUREZOL *(Use difluprednate)*	4	2 max fill(s) per 30 day(s) retail; PA
EYSUVIS SUSP	4	2 max fill(s) per 30 day(s) retail
FLAREX	4	2 max fill(s) per 30 day(s) retail
fluorometholone (ophth) SUSP	1	2 max fill(s) per 30 day(s) retail
FML FORTE SUSP	4	2 max fill(s) per 30 day(s) retail
FML LIQUIFILM SUSP *(Use fluorometholone (ophth))*	4	2 max fill(s) per 30 day(s) retail; PA
INVELTYS SUSP	4	2 max fill(s) per 30 day(s) retail
LOTEMAX SM GEL	4	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX GEL *(Use loteprednol etabonate)*	4	2 max fill(s) per 30 day(s) retail; PA
LOTEMAX OINT	4	2 max fill(s) per 30 day(s) retail
LOTEMAX SUSP *(Use loteprednol etabonate)*	4	2 max fill(s) per 30 day(s) retail; PA
loteprednol etabonate GEL	4	2 max fill(s) per 30 day(s) retail
loteprednol etabonate SUSP	4	2 max fill(s) per 30 day(s) retail
MAXIDEX SUSP OP	4	2 max fill(s) per 30 day(s) retail
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	4	4 max fill(s) per 30 day(s) retail; PA
MAXITROL OINT *(Use neomycin-polymy-dexameth)*	9	4 max fill(s) per 30 day(s) retail
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	4	4 max fill(s) per 30 day(s) retail; PA
MAXITROL SUSP *(Use neomycin-polymy-dexameth)*	9	4 max fill(s) per 30 day(s) retail
neomycin-polymy-dexameth OINT	1	4 max fill(s) per 30 day(s) retail
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1	4 max fill(s) per 30 day(s) retail
neomycin-polymyxin-hc (ophth)	1	4 max fill(s) per 30 day(s) retail
PRED FORTE *(Use prednisolone acetate (ophth))*	4	2 max fill(s) per 30 day(s) retail; PA
PRED MILD	4	2 max fill(s) per 30 day(s) retail
prednisolone acetate (ophth)	1	2 max fill(s) per 30 day(s) retail
PREDNISOLONE SODIUM PHOSPHATE	4	2 max fill(s) per 30 day(s) retail
sulfacetamide sod-prednisolone SOLN	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX ST SUSP	2	4 max fill(s) per 30 day(s) retail
TOBRADEX OINT	2	4 max fill(s) per 30 day(s) retail
tobramycin-dexamethasone SUSP	1	4 max fill(s) per 30 day(s) retail
TRIESENCE	NP	SP
ZYLET	4	4 max fill(s) per 30 day(s) retail
Ophthalmics - Misc.		
ACULAR *(Use ketorolac tromethamine (ophth))*	4	2 max fill(s) per 30 day(s) retail; PA
ACULAR LS *(Use ketorolac tromethamine (ophth))*	4	2 max fill(s) per 30 day(s) retail; PA
ACUVAIL	4	2 max fill(s) per 30 day(s) retail
azelastine hcl (ophth)	4	2 max fill(s) per 30 day(s) retail
AZOPT *(Use brinzolamide)*	9	2 max fill(s) per 30 day(s) retail; MP
AZOPT *(Use brinzolamide)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
bepotastine besilate	4	2 max fill(s) per 30 day(s) retail
BEPREVE *(Use bepotastine besilate)*	4	2 max fill(s) per 30 day(s) retail; PA
brinzolamide	1	2 max fill(s) per 30 day(s) retail; MP
bromfenac sodium (ophth)	4	2 max fill(s) per 30 day(s) retail
BROMSITE *(Use bromfenac sodium (ophth))*	4	2 max fill(s) per 30 day(s) retail
CYSTADROPS	CO	
CYSTARAN	CO	
diclofenac sodium (ophth)	1	2 max fill(s) per 30 day(s) retail
dorzolamide hcl	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
epinastine hcl (ophth)	4	2 max fill(s) per 30 day(s) retail
flurbiprofen sodium	1	2 max fill(s) per 30 day(s) retail
ILEVRO	2	2 max fill(s) per 30 day(s) retail
ketorolac tromethamine (ophth)	1	2 max fill(s) per 30 day(s) retail
ketotifen fumarate (ophth) 0.035 %	1	2 max fill(s) per 30 day(s) retail
MIEBO	4	2 max fill(s) per 30 day(s) retail
NEVANAC	2	2 max fill(s) per 30 day(s) retail
olopatadine hcl 0.2 %	4	2 max fill(s) per 30 day(s) retail; RX/OTC
PROLENSA *(Use bromfenac sodium (ophth))*	4	2 max fill(s) per 30 day(s) retail
TRYPTYR SOLN OP 0.003 %	4	2 max fill(s) per 30 day(s) retail; PA
ZERVIATE	4	2 max fill(s) per 30 day(s) retail
Prostaglandins - Ophthalmic		
bimatoprost SOLN	4	2 max fill(s) per 30 day(s) retail; MP
IYUZEH SOLN	2	2 max fill(s) per 30 day(s) retail; MP
latanoprost SOLN	1	2 max fill(s) per 30 day(s) retail; MP
LUMIGAN SOLN 0.01 %	4	2 max fill(s) per 30 day(s) retail; MP
tafluprost	4	2 max fill(s) per 30 day(s) retail; MP
TRAVATAN Z SOLN *(Use travoprost)*	9	2 max fill(s) per 30 day(s) retail; MP
TRAVATAN Z SOLN *(Use travoprost)*	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
travoprost SOLN	4	2 max fill(s) per 30 day(s) retail; MP
VYZULTA	4	2 max fill(s) per 30 day(s) retail; MP
XALATAN SOLN *(Use latanoprost)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
XALATAN SOLN *(Use latanoprost)*	9	2 max fill(s) per 30 day(s) retail; MP
XELPROS EMUL	4	2 max fill(s) per 30 day(s) retail; MP; PA
ZIOPTAN *(Use tafluprost)*	4	2 max fill(s) per 30 day(s) retail; MP
ZIOPTAN *(Use tafluprost)*	9	2 max fill(s) per 30 day(s) retail; MP
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	2 max fill(s) per 30 day(s) retail
carbamide peroxide (otic) 6.5 %	1	2 max fill(s) per 30 day(s) retail
isopropyl alcohol-glycerin	2	2 max fill(s) per 30 day(s) retail
SWIM EAR *(Use isopropyl alcohol (otic))*	2	2 max fill(s) per 30 day(s) retail
Otic Anti-infectives		
ciprofloxacin hcl (otic)	4	4 max fill(s) per 30 day(s) retail
ofloxacin (otic)	1	4 max fill(s) per 30 day(s) retail
Otic Combinations		
CIPRO HC	2	4 max fill(s) per 30 day(s) retail
ciprofloxacin-dexamethasone	1	4 max fill(s) per 30 day(s) retail
ciprofloxacin-fluocinolone acetonide	4	4 max fill(s) per 30 day(s) retail
CORTISPORIN-TC	4	4 max fill(s) per 30 day(s) retail
neomycin-polymyxin-hc (otic) SOLN	1	4 max fill(s) per 30 day(s) retail
neomycin-polymyxin-hc (otic) SUSP	1	4 max fill(s) per 30 day(s) retail
Otic Steroids		
DERMOTIC *(Use fluocinolone acetonide (otic))*	2	2 max fill(s) per 30 day(s) retail
fluocinolone acetonide (otic)	1	2 max fill(s) per 30 day(s) retail
hydrocortisone w/acetic acid	1	2 max fill(s) per 30 day(s) retail
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	1	2 max fill(s) per 30 day(s) retail
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO SOSY IM 1500 UNIT	2	AL(At least 18 yrs old); SP
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	AL(At least 18 yrs old); SP
Monoclonal Antibodies		
SYNAGIS SOLN	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1	4 max fill(s) per 30 day(s) retail
amoxicillin CHEW 125 MG, 250 MG	1	4 max fill(s) per 30 day(s) retail
amoxicillin SUSR	1	4 max fill(s) per 30 day(s) retail
amoxicillin TABS	1	4 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ampicillin sodium IJ 125 MG	2	2 max fill(s) per 30 day(s) retail; PA
ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	2 max fill(s) per 30 day(s) retail; PA
ampicillin CAPS 500 MG	1	4 max fill(s) per 30 day(s) retail
Natural Penicillins		
BICILLIN L-A SUSY	2	4 max fill(s) per 30 day(s) retail; PA
EXTENCILLINE SUSR	2	4 max fill(s) per 30 day(s) retail; PA
LENTOCILIN SUSR	2	4 max fill(s) per 30 day(s) retail; PA
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	2	4 max fill(s) per 30 day(s) retail; PA
penicillin g potassium 5000000 UNIT, 20000000 UNIT	1	4 max fill(s) per 30 day(s) retail; PA
penicillin g potassium 5000000 UNIT, 20000000 UNIT	4	4 max fill(s) per 30 day(s) retail; PA
penicillin g sodium	1	4 max fill(s) per 30 day(s) retail; PA
penicillin v potassium SOLR	1	4 max fill(s) per 30 day(s) retail
penicillin v potassium TABS	1	4 max fill(s) per 30 day(s) retail
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	4	4 max fill(s) per 30 day(s) retail; PA
amoxicillin & pot clavulanate SUSR	1	4 max fill(s) per 30 day(s) retail
amoxicillin & pot clavulanate TABS	1	4 max fill(s) per 30 day(s) retail
amoxicillin & pot clavulanate TB12	4	4 max fill(s) per 30 day(s) retail; PA
ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	1	4 max fill(s) per 30 day(s) retail; PA
AUGMENTIN ES-600 SUSR *(Use amoxicillin & pot clavulanate)*	4	4 max fill(s) per 30 day(s) retail; PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	4 max fill(s) per 30 day(s) retail
AUGMENTIN TABS 125 MG-500 MG *(Use amoxicillin & pot clavulanate)*	4	4 max fill(s) per 30 day(s) retail; PA
BICILLIN C-R	2	4 max fill(s) per 30 day(s) retail; PA
BICILLIN C-R 900/300	2	4 max fill(s) per 30 day(s) retail; PA
piperacillin sodium-tazobactam sodium 12 GM-1.5 GM	2	4 max fill(s) per 30 day(s) retail; PA
piperacillin sodium-tazobactam sodium	1	4 max fill(s) per 30 day(s) retail; PA
PIPERACILLIN-TAZOBACTAM-NACL SOLR IV	2	4 max fill(s) per 30 day(s) retail; PA
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM *(Use ampicillin & sulbactam sodium)*	4	4 max fill(s) per 30 day(s) retail; PA
ZOSYN	2	4 max fill(s) per 30 day(s) retail; PA
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	4 max fill(s) per 30 day(s) retail
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
megestrol acetate (appetite)	1	4 max fill(s) per 30 day(s) retail
norethindrone acetate TABS	1	2 max fill(s) per 30 day(s) retail; MP
progesterone CAPS	1	2 max fill(s) per 30 day(s) retail; MP
progesterone OIL	1	2 max fill(s) per 30 day(s) retail; MP
PROMETRIUM CAPS *(Use progesterone)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
PROVERA 5 MG, 10 MG *(Use medroxyprogesterone acetate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	2 max fill(s) per 30 day(s) retail; MP
disulfiram	1	2 max fill(s) per 30 day(s) retail; MP
lofexidine hcl	4	2 max fill(s) per 30 day(s) retail; PA
LUCEMYRA *(Use lofexidine hcl)*	4	2 max fill(s) per 30 day(s) retail; PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	QL(18 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
XYREM SOLN	4	QL(18 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
XYWAV	4	QL(18 ML daily); 2 max fill(s) per 30 day(s) retail; SP; PA
Antidementia Agents		
ADLARITY PTWK	4	2 max fill(s) per 30 day(s) retail; MP; PA
ADUHELM	CO	SP
ARICEPT TABS *(Use donepezil hydrochloride)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
donepezil hydrochloride TABS 5 MG, 10 MG	1	2 max fill(s) per 30 day(s) retail; MP
donepezil hydrochloride TABS 23 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
donepezil hydrochloride TBDP	1	2 max fill(s) per 30 day(s) retail; MP
EXELON *(Use rivastigmine)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
galantamine hydrobromide CP24	4	2 max fill(s) per 30 day(s) retail; MP
galantamine hydrobromide SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
galantamine hydrobromide TABS	4	2 max fill(s) per 30 day(s) retail; MP
KISUNLA	CO	1 max fill(s) per 30 day(s) retail; SP
LEQEMBI	CO	1 max fill(s) per 30 day(s) retail; SP
LEQEMBI IQLIK SC 360 MG/1.8ML	CO	1 max fill(s) per 30 day(s) retail; SP
memantine hcl CP24	4	2 max fill(s) per 30 day(s) retail; MP
memantine hcl-donepezil hcl CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
memantine hcl SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
memantine hcl TABS	2	2 max fill(s) per 30 day(s) retail; MP
memantine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
NAMENDA TITRATION PAK TABS *(Use memantine hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(Use memantine hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
NAMENDA TABS *(Use memantine hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
NAMZARIC CP24	4	2 max fill(s) per 30 day(s) retail; MP; PA
NAMZARIC CP24 *(Use memantine hcl-donepezil hcl)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
rivastigmine	1	2 max fill(s) per 30 day(s) retail; MP
rivastigmine tartrate CAPS	4	2 max fill(s) per 30 day(s) retail; MP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	4	2 max fill(s) per 30 day(s) retail; MP; PA
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	4	2 max fill(s) per 30 day(s) retail; MP
LYBALVI	2	2 max fill(s) per 30 day(s) retail; MP; PA
olanzapine-fluoxetine hcl	4	2 max fill(s) per 30 day(s) retail; MP; PA
perphenazine-amitriptyline	1	2 max fill(s) per 30 day(s) retail; MP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(Use olanzapine-fluoxetine hcl)*	9	2 max fill(s) per 30 day(s) retail; MP
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
SAVELLA TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	CO	
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	2	QL(1 EA per 1 day(s) retail); 2 max fill(s) per 30 day(s) retail
AUSTEDO XR TB24	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail
AUSTEDO TABS 12 MG	2	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail
AUSTEDO TABS 6 MG, 9 MG	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
INGREZZA CAPS 80 MG	4	2 max fill(s) per 30 day(s) retail; PA
INGREZZA CAPS 60 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA
INGREZZA CPPK	4	2 max fill(s) per 30 day(s) retail; PA
INGREZZA CPSP 40 MG, 60 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
tetrabenazine 25 MG	1	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail
tetrabenazine 12.5 MG	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
XENAZINE 12.5 MG *(Use tetrabenazine)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
XENAZINE 25 MG *(Use tetrabenazine)*	4	QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Multiple Sclerosis Agents		
AMPYRA *(Use dalfampridine)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
AUBAGIO *(Use teriflunomide)*	9	2 max fill(s) per 30 day(s) retail
AUBAGIO *(Use teriflunomide)*	4	2 max fill(s) per 30 day(s) retail; PA
AVONEX PEN AJKT	2	2 max fill(s) per 30 day(s) retail; SP
AVONEX PREFILLED PSKT	2	2 max fill(s) per 30 day(s) retail; SP
BAFIERTAM	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
BETASERON KIT	2	2 max fill(s) per 30 day(s) retail; SP
BRIUMVI	4	2 max fill(s) per 30 day(s) retail; SP; PA
COPAXONE SOSY *(Use glatiramer acetate)*	2	2 max fill(s) per 30 day(s) retail; SP
dalfampridine	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
dimethyl fumarate CDPK	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
dimethyl fumarate CPDR	1	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
fingolimod hcl	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
GILENYA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
GILENYA *(Use fingolimod hcl)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
glatiramer acetate SOSY	4	2 max fill(s) per 30 day(s) retail; SP
KESIMPTA	2	2 max fill(s) per 30 day(s) retail; SP
LEMTRADA	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (10 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (4 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (5 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (6 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (7 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (8 TABS)	4	2 max fill(s) per 30 day(s) retail; SP
MAVENCLAD (9 TABS)	4	2 max fill(s) per 30 day(s) retail; SP

Drug Name	Drug Tier	Requirements/ Limits
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per 5 day(s) retail; 12 EA per 5 days mail); 2 max fill(s) per 30 day(s) retail; SP
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(7 EA per 4 day(s) retail; 7 EA per 4 days mail); 2 max fill(s) per 30 day(s) retail; SP
MAYZENT TABS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
OCREVUS	4	2 max fill(s) per 30 day(s) retail; SP; PA
OCREVUS ZUNOVO	4	QL(23 ML per 180 day(s) retail; 23 ML per 6 days mail); 2 max fill(s) per 30 day(s) retail; SP; PA
PLEGRIDY STARTER PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; SP
PLEGRIDY STARTER PACK SOSY SC	4	2 max fill(s) per 30 day(s) retail; SP
PLEGRIDY SOAJ	4	2 max fill(s) per 30 day(s) retail; SP
PLEGRIDY SOSY IM	4	2 max fill(s) per 30 day(s) retail; SP
PONVORY STARTER PACK TBPK	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
PONVORY TABS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP
REBIF REBIDOSE TITRATION PACK SOAJ	4	2 max fill(s) per 30 day(s) retail; SP
REBIF REBIDOSE SOAJ	4	2 max fill(s) per 30 day(s) retail; SP
REBIF TITRATION PACK SOSY	4	2 max fill(s) per 30 day(s) retail; SP
REBIF SOSY	4	2 max fill(s) per 30 day(s) retail; SP
TASCENSO ODT	2	2 max fill(s) per 30 day(s) retail; PA
TECFIDERA CDPK *(Use dimethyl fumarate)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
TECFIDERA CPDR *(Use dimethyl fumarate)*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
teriflunomide	1	2 max fill(s) per 30 day(s) retail
TYRUKO CONC IV 300 MG/15ML	4	2 max fill(s) per 30 day(s) retail; SP; PA
TYSABRI	4	2 max fill(s) per 30 day(s) retail; SP; PA
VUMERITY	4	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ZEPOSIA 7-DAY STARTER PACK CPPK	4	2 max fill(s) per 30 day(s) retail; SP; PA
ZEPOSIA STARTER KIT CPPK	4	4 max fill(s) per 30 day(s) retail; SP; PA
ZEPOSIA CAPS	4	2 max fill(s) per 30 day(s) retail; SP; PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		

Drug Name	Drug Tier	Requirements/ Limits
gabapentin (once-daily) TABS	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
gabapentin (once-daily) TABS	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
GRALISE TABS *(Use gabapentin (once-daily))*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
GRALISE TABS *(Use gabapentin (once-daily))*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
LYRICA CR 82.5 MG, 165 MG *(Use pregabalin (once-daily))*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
LYRICA CR 330 MG *(Use pregabalin (once-daily))*	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
LYRICA CR 330 MG *(Use pregabalin (once-daily))*	9	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail
pregabalin (once-daily) 82.5 MG, 165 MG	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
pregabalin (once-daily) 330 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	CO	QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ergoloid mesylates TABS	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail
MIPLYFFA	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP
pimozide	1	QL(5 EA daily); 2 max fill(s) per 30 day(s) retail
Restless Leg Syndrome (RLS) Agents		
HORIZANT	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Smoking Deterrents		
bupropion hcl (smoking deterrent)	1	2 max fill(s) per 30 day(s) retail; MP
CHANTIX CONTINUING MONTH PAK TABS *(Use varenicline tartrate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
CHANTIX STARTING MONTH PAK TBPK *(Use varenicline tartrate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
CHANTIX TABS *(Use varenicline tartrate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
NICORETTE MINI LOZG 2 MG *(Use nicotine polacrilex)*	9	
NICORETTE MINI LOZG *(Use nicotine polacrilex)*	9	2 max fill(s) per 30 day(s) retail; MP
NICORETTE STARTER KIT GUM 2 MG *(Use nicotine polacrilex)*	9	2 max fill(s) per 30 day(s) retail; MP
NICORETTE GUM 2 MG *(Use nicotine polacrilex)*	9	2 max fill(s) per 30 day(s) retail; MP
nicotine polacrilex GUM	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
nicotine polacrilex LOZG	2	2 max fill(s) per 30 day(s) retail; MP
nicotine polacrilex LOZG	1	2 max fill(s) per 30 day(s) retail; MP
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	1	2 max fill(s) per 30 day(s) retail; MP
NICOTROL NS SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
varenicline tartrate TABS	1	2 max fill(s) per 30 day(s) retail; MP
varenicline tartrate TBPK	1	2 max fill(s) per 30 day(s) retail; MP
Transthyretin Amyloidosis Agents		
AMVUTTRA	CO	QL(0.5 ML per 84 day(s) retail); 2 max fill(s) per 30 day(s) retail; SP
ONPATTRO	CO	2 max fill(s) per 30 day(s) retail; SP
WAINUA	CO	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; SP
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	4	2 max fill(s) per 30 day(s) retail; MP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	2	2 max fill(s) per 30 day(s) retail; SP; PA
GLASSIA SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
PROLASTIN-C SOLN	2	2 max fill(s) per 30 day(s) retail; SP; PA
ZEMAIRA SOLR	2	2 max fill(s) per 30 day(s) retail; SP; PA
Cystic Fibrosis Agents		
ALYFTREK 50 MG-4 MG-20 MG	CO	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP
ALYFTREK 125 MG-10 MG-50 MG	CO	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP
BRONCHITOL	CO	
BRONCHITOL TOLERANCE TEST	CO	
KALYDECO PACK	CO	
KALYDECO TABS	CO	
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	CO	
ORKAMBI PACK 94 MG-75 MG	CO	SP
ORKAMBI TABS	CO	
PULMOZYME	CO	
SYMDEKO	CO	
TRIKAFTA TBPK	CO	
TRIKAFTA THPK	CO	
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(Use pirfenidone)*	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ESBRIET CAPS *(Use pirfenidone)*	9	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail
ESBRIET TABS 801 MG *(Use pirfenidone)*	9	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ESBRIET TABS 801 MG *(Use pirfenidone)*	4	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ESBRIET TABS 267 MG *(Use pirfenidone)*	4	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
ESBRIET TABS 267 MG *(Use pirfenidone)*	9	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail
JASCAYD TABS PO 9 MG, 18 MG	4	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
OFEV	2	QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
pirfenidone CAPS	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
pirfenidone TABS 801 MG	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
pirfenidone TABS 267 MG	1	QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA
pirfenidone TABS 534 MG	2	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Respiratory Agents - Misc.		
BRINSUPRI TABS PO 10 MG, 25 MG	2	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1	4 max fill(s) per 30 day(s) retail
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR	2	4 max fill(s) per 30 day(s) retail; PA
NUZYRA TABS	4	4 max fill(s) per 30 day(s) retail
Fluorocyclines		
XERAVA	2	4 max fill(s) per 30 day(s) retail; PA
Glycylcyclines		
tigecycline	1	4 max fill(s) per 30 day(s) retail; PA
TIGECYCLINE	1	4 max fill(s) per 30 day(s) retail; PA
TYGACIL *(Use tigecycline)*	4	4 max fill(s) per 30 day(s) retail; PA
Tetracyclines		
demeclocycline hcl TABS	4	4 max fill(s) per 30 day(s) retail
DORYX MPC TBEC 60 MG	4	4 max fill(s) per 30 day(s) retail
DORYX TBEC 50 MG *(Use doxycycline hyclate)*	9	4 max fill(s) per 30 day(s) retail
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1	4 max fill(s) per 30 day(s) retail
doxycycline (monohydrate) CAPS 75 MG, 150 MG	4	4 max fill(s) per 30 day(s) retail
doxycycline (monohydrate) SUSR	4	4 max fill(s) per 30 day(s) retail
doxycycline (monohydrate) TABS	1	4 max fill(s) per 30 day(s) retail
doxycycline hyclate CAPS	1	4 max fill(s) per 30 day(s) retail
doxycycline hyclate SOLR	1	4 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
doxycycline hyclate SOLR	4	4 max fill(s) per 30 day(s) retail; PA
doxycycline hyclate TABS	1	4 max fill(s) per 30 day(s) retail
doxycycline hyclate TBEC	4	4 max fill(s) per 30 day(s) retail
MINOCIN SOLR	2	4 max fill(s) per 30 day(s) retail; PA
minocycline hcl CAPS	1	4 max fill(s) per 30 day(s) retail
minocycline hcl TABS	4	4 max fill(s) per 30 day(s) retail
minocycline hcl TB24	4	4 max fill(s) per 30 day(s) retail; PA
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG *(Use minocycline hcl)*	9	4 max fill(s) per 30 day(s) retail
tetracycline hcl CAPS	4	4 max fill(s) per 30 day(s) retail
TETRACYCLINE HCL TABS	4	2 max fill(s) per 30 day(s) retail
VIBRAMYCIN CAPS *(Use doxycycline hyclate)*	9	4 max fill(s) per 30 day(s) retail
VIBRAMYCIN SUSR *(Use doxycycline (monohydrate))*	9	4 max fill(s) per 30 day(s) retail
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1	2 max fill(s) per 30 day(s) retail; MP
propylthiouracil	1	2 max fill(s) per 30 day(s) retail; MP
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	2	2 max fill(s) per 30 day(s) retail; MP
ARMOUR THYROID TABS	2	2 max fill(s) per 30 day(s) retail; MP
CYTOMEL TABS *(Use liothyronine sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
ERMEZA SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
LEVOTHYROXINE SODIUM SOLN IV	2	2 max fill(s) per 30 day(s) retail; PA
LEVOTHYROXINE SODIUM SOLN IV	2	2 max fill(s) per 30 day(s) retail; PA
levothyroxine sodium SOLR IV	1	2 max fill(s) per 30 day(s) retail; PA
LEVOTHYROXINE SODIUM SOLR IV *(Use levothyroxine sodium)*	1	2 max fill(s) per 30 day(s) retail; PA
LEVOTHYROXINE SODIUM SOLR IV *(Use levothyroxine sodium)*	9	2 max fill(s) per 30 day(s) retail
levothyroxine sodium TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
levothyroxine sodium TABS	1	2 max fill(s) per 30 day(s) retail; MP
liothyronine sodium SOLN	1	2 max fill(s) per 30 day(s) retail; PA
liothyronine sodium TABS	1	2 max fill(s) per 30 day(s) retail; MP
NIVA THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP
NP THYROID TABS	1	2 max fill(s) per 30 day(s) retail; MP
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
SYNTHROID TABS *(Use levothyroxine sodium)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
THYQUIDITY SOLN PO	4	2 max fill(s) per 30 day(s) retail; MP; PA
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	2 max fill(s) per 30 day(s) retail; MP
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	2	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	2	
BOOSTRIX SUSP	2	
BOOSTRIX SUSY	2	
DAPTACEL	2	
INFANRIX	2	
KINRIX SUSY	2	
PEDIARIX SUSY	2	
PENTACEL	2	
QUADRACEL SUSP	2	
QUADRACEL SUSY	2	
TDVAX SUSP	2	
TENIVAC SUSP 2 LFU-5 LFU	2	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	2	
VAXELIS SUSP	2	
VAXELIS SUSY	2	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL SOLN IM *(Use dicyclomine hcl)*	NF	
chlordiazepoxide hcl-clidinium bromide	4	2 max fill(s) per 30 day(s) retail
CUVPOSA SOLN PO *(Use glycopyrrolate)*	4	2 max fill(s) per 30 day(s) retail; PA
dicyclomine hcl CAPS	1	2 max fill(s) per 30 day(s) retail
dicyclomine hcl SOLN IM	1	
dicyclomine hcl SOLN PO	1	2 max fill(s) per 30 day(s) retail
dicyclomine hcl TABS	4	2 max fill(s) per 30 day(s) retail; PA
dicyclomine hcl TABS	1	2 max fill(s) per 30 day(s) retail
GLYCATE TABS	4	2 max fill(s) per 30 day(s) retail; PA
GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML *(Use glycopyrrolate)*	NP	
glycopyrrolate SOLN IJ	1	
glycopyrrolate SOLN PO 1 MG/5ML	1	2 max fill(s) per 30 day(s) retail
glycopyrrolate SOSY IJ	NP	
GLYCOPYRROLATE SOSY IV 0.6 MG/3ML, 1 MG/5ML	NP	
glycopyrrolate TABS 1 MG, 2 MG	1	2 max fill(s) per 30 day(s) retail
GLYRX-PF SOLN IJ	NP	
hyoscyamine sulfate ELIX	1	2 max fill(s) per 30 day(s) retail
hyoscyamine sulfate SOLN PO 0.125 MG/ML	1	2 max fill(s) per 30 day(s) retail
hyoscyamine sulfate SUBL 0.125 MG	1	2 max fill(s) per 30 day(s) retail
hyoscyamine sulfate SUBL 0.125 MG	4	2 max fill(s) per 30 day(s) retail; PA
hyoscyamine sulfate TABS 0.125 MG	1	2 max fill(s) per 30 day(s) retail
hyoscyamine sulfate TABS 0.125 MG	4	2 max fill(s) per 30 day(s) retail; PA
hyoscyamine sulfate TB12 0.375 MG	1	2 max fill(s) per 30 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
hyoscyamine sulfate TBDP 0.125 MG	1	2 max fill(s) per 30 day(s) retail
hyoscyamine sulfate TBDP 0.125 MG	4	2 max fill(s) per 30 day(s) retail; PA
LEVSIN/SL SUBL *(Use hyoscyamine sulfate)*	4	2 max fill(s) per 30 day(s) retail; PA
LEVSIN TABS *(Use hyoscyamine sulfate)*	4	2 max fill(s) per 30 day(s) retail; PA
methscopolamine bromide	1	2 max fill(s) per 30 day(s) retail
phenobarbital-hyoscyamine-atropine-scopolamine TABS	4	2 max fill(s) per 30 day(s) retail; PA
ROBINUL-FORTE TABS *(Use glycopyrrolate)*	4	2 max fill(s) per 30 day(s) retail; PA
ROBINUL TABS *(Use glycopyrrolate)*	4	2 max fill(s) per 30 day(s) retail; PA
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
cimetidine TABS	4	2 max fill(s) per 30 day(s) retail; MP
famotidine in nacl SOLN	4	2 max fill(s) per 30 day(s) retail; MP; PA
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	4	2 max fill(s) per 30 day(s) retail; MP; PA
famotidine SUSR	1	2 max fill(s) per 30 day(s) retail; MP
famotidine TABS	1	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
nizatidine CAPS	4	2 max fill(s) per 30 day(s) retail; MP
PEPCID AC MAXIMUM STRENGTH TABS *(Use famotidine)*	9	2 max fill(s) per 30 day(s) retail; MP; RX/OTC
PEPCID AC TABS *(Use famotidine)*	9	2 max fill(s) per 30 day(s) retail; MP
Misc. Anti-Ulcer		
CARAFATE SUSP *(Use sucralfate)*	9	2 max fill(s) per 30 day(s) retail
CARAFATE TABS *(Use sucralfate)*	4	2 max fill(s) per 30 day(s) retail; PA
sucralfate SUSP	1	2 max fill(s) per 30 day(s) retail
sucralfate TABS	1	2 max fill(s) per 30 day(s) retail
Proton Pump Inhibitors		
ACIPHEX TBEC *(Use rabeprazole sodium)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
DEXILANT *(Use dexlansoprazole)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
dexlansoprazole	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
esomeprazole magnesium CPDR	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
esomeprazole magnesium CPDR 20 MG	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; MP; RX/OTC
esomeprazole magnesium PACK 2.5 MG, 5 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
esomeprazole magnesium PACK	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
esomeprazole magnesium TBEC	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
esomeprazole sodium 40 MG	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
lansoprazole CPDR	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
lansoprazole TBDD	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; RX/OTC
NEXIUM I.V. 40 MG *(Use esomeprazole sodium)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
NEXIUM CPDR *(Use esomeprazole magnesium)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; MP; PA; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEXIUM PACK *(Use esomeprazole magnesium)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
omeprazole CPDR 10 MG	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
omeprazole CPDR 20 MG, 40 MG	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
omeprazole TBEC	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML	2	QL(100 ML daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML	2	2 max fill(s) per 30 day(s) retail; PA
PANTOPRAZOLE SODIUM-NACL 0.9 %-80 MG/100ML	2	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
pantoprazole sodium PACK	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
pantoprazole sodium SOLR	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PANTOPRAZOLE SODIUM SOLR 40 MG *(Use pantoprazole sodium)*	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
pantoprazole sodium TBEC	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
PREVACID 24HR CPDR *(Use lansoprazole)*	9	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; RX/OTC
PREVACID SOLUTAB TBDD *(Use lansoprazole)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA; RX/OTC
PREVACID CPDR 30 MG *(Use lansoprazole)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PRILOSEC PACK	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PROTONIX PACK *(Use pantoprazole sodium)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PROTONIX SOLR *(Use pantoprazole sodium)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PROTONIX TBEC *(Use pantoprazole sodium)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
rabeprazole sodium TBEC	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
VOQUEZNA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail
Ulcer Drugs - Prostaglandins		
CYTOTEC 100 MCG *(Use misoprostol)*	9	2 max fill(s) per 30 day(s) retail
CYTOTEC *(Use misoprostol)*	4	2 max fill(s) per 30 day(s) retail; PA
misoprostol	1	2 max fill(s) per 30 day(s) retail
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	4	2 max fill(s) per 30 day(s) retail; PA

Drug Name	Drug Tier	Requirements/ Limits
bismuth subcitrate potassium-metronidazole-tetracycline	4	2 max fill(s) per 30 day(s) retail; PA
KONVOMEP SUSR	4	QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
OMECLAMOX-PAK	4	2 max fill(s) per 30 day(s) retail; PA
omeprazole-sodium bicarbonate CAPS	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA; RX/OTC
omeprazole-sodium bicarbonate PACK	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; 60 day(s) max supply per 365 day(s) retail; 60 day(s) max supply per 365 day(s) mail; PA
PYLERA *(Use bismuth subcitrate potassium-metronidazole-tetracycline)*	4	2 max fill(s) per 30 day(s) retail; PA
TALICIA	4	2 max fill(s) per 30 day(s) retail; PA
VOQUEZNA DUAL PAK	4	2 max fill(s) per 30 day(s) retail; PA
VOQUEZNA TRIPLE PAK	4	2 max fill(s) per 30 day(s) retail; PA
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	4	2 max fill(s) per 30 day(s) retail; MP
DETROL LA CP24 *(Use tolterodine tartrate)*	9	2 max fill(s) per 30 day(s) retail; MP
DETROL LA CP24 *(Use tolterodine tartrate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
DETROL TABS *(Use tolterodine tartrate)*	9	2 max fill(s) per 30 day(s) retail; MP
DETROL TABS *(Use tolterodine tartrate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
fesoterodine fumarate	4	2 max fill(s) per 30 day(s) retail; MP
oxybutynin chloride SOLN	1	2 max fill(s) per 30 day(s) retail; MP
oxybutynin chloride TABS 5 MG	1	2 max fill(s) per 30 day(s) retail; MP
oxybutynin chloride TABS 2.5 MG	2	2 max fill(s) per 30 day(s) retail; MP
oxybutynin chloride TB24	1	2 max fill(s) per 30 day(s) retail; MP
OXYTROL PTTW	4	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); 2 max fill(s) per 30 day(s) retail; MP; PA; RX/OTC
solifenacin succinate TABS	1	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
tolterodine tartrate CP24	4	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
tolterodine tartrate TABS	4	2 max fill(s) per 30 day(s) retail; MP
TOVIAZ *(Use fesoterodine fumarate)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
trospium chloride CP24	4	2 max fill(s) per 30 day(s) retail; MP
trospium chloride TABS	4	2 max fill(s) per 30 day(s) retail; MP
VESICARE LS SUSP	4	2 max fill(s) per 30 day(s) retail; MP
VESICARE TABS *(Use solifenacin succinate)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
mirabegron TB24	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
MYRBETRIQ SRER	4	QL(10 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA
MYRBETRIQ TB24 *(Use mirabegron)*	4	QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	2 max fill(s) per 30 day(s) retail; MP
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	4	2 max fill(s) per 30 day(s) retail; MP
VACCINES		

Drug Name	Drug Tier	Requirements/ Limits
Bacterial Vaccines		
ACTHIB SOLR IM	2	
BCG VACCINE	2	
BEXSERO 0.5 ML	2	
BIOTHRAX	2	
HIBERIX SOLR IJ	2	
MENACTRA	2	
MENQUADFI 0.5 ML	2	
MENVEO SOLN	2	
MENVEO SOLR	2	
PEDVAX HIB SUSP	2	
PENBRAYA	2	
PNEUMOVAX 23 SOLN	2	
PNEUMOVAX 23 SOSY	2	
PREVNAR 13	2	
PREVNAR 20	2	
TRUMENBA 0.5 ML	2	
TYPHIM VI SOLN	2	
TYPHIM VI SOSY	2	
VAXCHORA	2	
VAXNEUVANCE	2	
VIVOTIF	2	
Viral Vaccines		
ABRYSVO	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old)
ACAM2000	2	
AFLURIA PRESERVATIVE FREE SUSY	2	
AFLURIA QUADRIVALENT SUSP	2	
AFLURIA QUADRIVALENT SUSY 0.5 ML	2	
AFLURIA SUSP	2	

Drug Name	Drug Tier	Requirements/ Limits
AREXVY	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old); PA
AUDENZ EMUL	2	
AUDENZ PRSY	2	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	2	
COMIRNATY SUSP	2	
COMIRNATY SUSY	2	
DENGVAXIA	2	
ENGERIX-B SUSP 20 MCG/ML	2	3 max fill(s) per 999 day(s) retail
ENGERIX-B SUSY	2	3 max fill(s) per 999 day(s) retail
FLUAD	2	AL(At least 65 yrs old)
FLUAD QUADRIVALENT	2	AL(At least 65 yrs old)
FLUARIX QUADRIVALENT SUSY	2	
FLUARIX SUSY	2	
FLUBLOK QUADRIVALENT	2	
FLUBLOK SOSY	2	
FLUCELVAX QUADRIVALENT SUSP	2	
FLUCELVAX QUADRIVALENT SUSY	2	
FLUCELVAX SUSP	2	
FLUCELVAX SUSY	2	
FLULAVAL QUADRIVALENT SUSY	2	
FLULAVAL SUSY	2	
FLUMIST	2	
FLUMIST QUADRIVALENT	2	
FLUZONE HIGH-DOSE QUADRIVALENT	2	AL(At least 65 yrs old)
FLUZONE HIGH-DOSE SUSY	2	AL(At least 65 yrs old)
FLUZONE QUADRIVALENT SUSP	2	
FLUZONE QUADRIVALENT SUSY	2	
FLUZONE SUSP	2	
FLUZONE SUSY	2	
GARDASIL 9 SUSP 0.5 ML	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	2	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	2	
HEPLISAV-B SOSY	2	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	2	
IPOL IJ	2	
IXIARO	2	
JYNNEOS	2	
M-M-R II SOLR	2	
MNEXSPIKE SUSY 10 MCG/0.2ML	2	
MODERNA COVID-19 BIVALENT	2	
MODERNA COVID-19 VAC 6M-11Y SUSP	2	
MODERNA COVID-19 VAC 6M-11Y SUSY	2	
MODERNA COVID-19 VACCINE SUSP	2	
MRESVIA	2	2 max fill(s) per 30 day(s) retail; AL(At least 19 yrs old); PA
NOVAVAX COVID-19 VACCINE SUSP	2	
NOVAVAX COVID-19 VACCINE SUSY	2	

Drug Name	Drug Tier	Requirements/ Limits
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	2	
PFIZER COVID-19 VAC BIVALENT	2	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	2	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	2	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	2	
PFIZER-BIONTECH COVID-19 VACC SUSP	2	
PREHEVBRIO	2	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	2	
PROQUAD SUSR	2	
RABAVERT	2	
RECOMBIVAX HB SUSP	2	3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	2	3 max fill(s) per 999 day(s) retail
ROTARIX SUSP	2	
ROTATEQ SOLN	2	
SHINGRIX	2	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	2	
SPIKEVAX SUSP	2	
SPIKEVAX SUSY	2	
STAMARIL SUSR	2	
TICOVAC	2	
TWINRIX SUSY	2	
VAQTA	2	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	2	
VARIVAX SUSR	2	2 max fill(s) per 999 day(s) retail
YF-VAX SUSR	2	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	2	2 max fill(s) per 30 day(s) retail; PA
Vaginal Anti-infectives		
CLEOCIN CREA *(Use clindamycin phosphate vaginal)*	4	4 max fill(s) per 30 day(s) retail
CLEOCIN SUPP	2	4 max fill(s) per 30 day(s) retail
clindamycin phosphate vaginal CREA	1	4 max fill(s) per 30 day(s) retail
CLINDESSE	4	4 max fill(s) per 30 day(s) retail
clotrimazole vaginal CREA	1	2 max fill(s) per 30 day(s) retail
GYNAZOLE-1	4	2 max fill(s) per 30 day(s) retail
metronidazole vaginal	1	4 max fill(s) per 30 day(s) retail
miconazole nitrate vaginal CREA 2 %	1	2 max fill(s) per 30 day(s) retail
miconazole nitrate vaginal SUPP 200 MG	1	2 max fill(s) per 30 day(s) retail
NUVESSA	4	4 max fill(s) per 30 day(s) retail
terconazole vaginal CREA	1	2 max fill(s) per 30 day(s) retail
terconazole vaginal SUPP	4	2 max fill(s) per 30 day(s) retail
VANDAZOLE	4	4 max fill(s) per 30 day(s) retail
XACIATO GEL	4	2 max fill(s) per 30 day(s) retail; PA
Vaginal Contraceptive - pH Modulators		
PHEXXI	2	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
PHEXXI	2	2 max fill(s) per 30 day(s) retail; MP
Vaginal Estrogens		
ESTRACE CREA *(Use estradiol vaginal)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
estradiol vaginal CREA	1	2 max fill(s) per 30 day(s) retail; MP
estradiol vaginal TABS	4	2 max fill(s) per 30 day(s) retail; MP; PA
estradiol vaginal TABS	1	2 max fill(s) per 30 day(s) retail; MP
ESTRING RING 7.5 MCG/24HR	2	2 max fill(s) per 30 day(s) retail; MP
FEMRING	4	2 max fill(s) per 30 day(s) retail; MP; PA
IMVEXXY MAINTENANCE PACK INST	4	2 max fill(s) per 30 day(s) retail; MP; PA
IMVEXXY STARTER PACK INST	4	2 max fill(s) per 30 day(s) retail; MP; PA
PREMARIN	2	2 max fill(s) per 30 day(s) retail; MP
VAGIFEM TABS *(Use estradiol vaginal)*	4	2 max fill(s) per 30 day(s) retail; MP; PA
Vaginal Progestins		
CRINONE GEL	2	2 max fill(s) per 30 day(s) retail; PA
ENDOMETRIN INST 100 MG *(Use progesterone (vaginal))*	2	2 max fill(s) per 30 day(s) retail; PA
progesterone (vaginal) INST 100 MG	1	2 max fill(s) per 30 day(s) retail
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN IJ 30 MG/30ML *(Use epinephrine (anaphylaxis))*	NP	PA
ADRENALIN SOLN IJ 1 MG/ML *(Use epinephrine (anaphylaxis))*	4	2 max fill(s) per 30 day(s) retail; PA
AUVI-Q SOAJ	4	2 max fill(s) per 30 day(s) retail; PA
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	4	2 max fill(s) per 30 day(s) retail; PA
epinephrine (anaphylaxis) SOAJ	1	2 max fill(s) per 30 day(s) retail
epinephrine (anaphylaxis) SOAJ	2	2 max fill(s) per 30 day(s) retail
epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML	NP	PA
EPIPEN 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	2	2 max fill(s) per 30 day(s) retail
EPIPEN JR 2-PAK SOAJ *(Use epinephrine (anaphylaxis))*	2	2 max fill(s) per 30 day(s) retail
NEFFY SOLN NA	2	2 max fill(s) per 30 day(s) retail; PA
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA
NORTHERA *(Use droxidopa)*	4	QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; PA
Vasopressors		
AKOVAZ SOLN IV *(Use ephedrine sulfate (pressors))*	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
ephedrine sulfate (pressors) SOLN IV	1	PA
EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML	2	PA
EPINEPHRINE PF SOLN IJ 1 MG/ML *(Use epinephrine)*	NF	PA
epinephrine SOLN IJ	1	2 max fill(s) per 30 day(s) retail
epinephrine SOLN IJ	1	PA
EPINEPHRINE SOLN IJ *(Use epinephrine)*	9	2 max fill(s) per 30 day(s) retail
LEVOPHED IV *(Use norepinephrine bitartrate)*	2	PA
midodrine hcl	1	QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP
norepinephrine bitartrate IV	1	PA
NOREPINEPHRINE BITARTRATE IV 1 MG/ML	2	PA
phenylephrine hcl (pressors) SOLN IV	1	PA
PHENYLEPHRINE HCL (PRESSORS) SOLN IV *(Use phenylephrine hcl (pressors))*	2	PA
VAZCULEP SOLN IV *(Use phenylephrine hcl (pressors))*	2	PA
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD PO *(Use cholecalciferol)*	2	2 max fill(s) per 30 day(s) retail; MP
cholecalciferol CAPS 1.25 MG, 10000 UNIT, 250 MCG, 50000 UNIT	2	2 max fill(s) per 30 day(s) retail; MP
cholecalciferol CAPS	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	1	2 max fill(s) per 30 day(s) retail; MP
cholecalciferol LIQD PO	2	2 max fill(s) per 30 day(s) retail; MP
cholecalciferol TABS	1	2 max fill(s) per 30 day(s) retail; MP
cholecalciferol TABS 10000 UNIT, 250 MCG, 50000 UNIT	2	2 max fill(s) per 30 day(s) retail; MP
D3 BABY DROPS LIQD PO	2	2 max fill(s) per 30 day(s) retail; MP
DDROPS LIQD PO 2000 UT/0.028ML	2	2 max fill(s) per 30 day(s) retail; MP
DRISDOL CAPS *(Use ergocalciferol)*	9	2 max fill(s) per 30 day(s) retail; MP
D-VI-SOL LIQD PO *(Use cholecalciferol)*	9	2 max fill(s) per 30 day(s) retail; MP
D-VI-SOL LIQD PO *(Use cholecalciferol)*	1	2 max fill(s) per 30 day(s) retail; MP
ergocalciferol CAPS	1	2 max fill(s) per 30 day(s) retail; MP
ergocalciferol SOLN PO 200 MCG/ML	1	2 max fill(s) per 30 day(s) retail; MP
OPTIMAL D3 M CAPS	2	2 max fill(s) per 30 day(s) retail; MP
SUPER DAILY D3 LIQD PO 2000 UT/0.028ML	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D (ERGOCALCIFEROL) CAPS	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D2 TABS 2000 UNIT	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D2 TABS 400 UNIT	1	2 max fill(s) per 30 day(s) retail; MP

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D3 IMMUNE HEALTH LIQD PO	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D3 LIQD PO 125 MCG/ML	1	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D3 LIQD PO 30 MCG/15ML, 125 MCG/0.5ML	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D3 TABS *(Use cholecalciferol)*	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN D3 TABS	2	2 max fill(s) per 30 day(s) retail; MP
Water Soluble Vitamins		
B-6 TABS	1	2 max fill(s) per 30 day(s) retail; MP
benfotiamine	2	2 max fill(s) per 30 day(s) retail; MP
CYTO B1 POWD PO	2	2 max fill(s) per 30 day(s) retail; MP
ENDUR-AMIDE TBCR	2	2 max fill(s) per 30 day(s) retail; MP
niacinamide TABS 500 MG	1	2 max fill(s) per 30 day(s) retail; MP
niacinamide TBCR 500 MG	2	2 max fill(s) per 30 day(s) retail; MP
niacin TABS 500 MG	1	2 max fill(s) per 30 day(s) retail; MP
niacin TBCR 500 MG, 750 MG	1	2 max fill(s) per 30 day(s) retail; MP
pyridoxine hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	1	2 max fill(s) per 30 day(s) retail; MP
SLO-NIACIN TBCR 500 MG *(Use niacin)*	1	2 max fill(s) per 30 day(s) retail; MP
SLO-NIACIN TBCR 750 MG *(Use niacin)*	2	2 max fill(s) per 30 day(s) retail; MP
thiamine hcl SOLN	1	2 max fill(s) per 30 day(s) retail; MP; PA
thiamine hcl TABS	1	2 max fill(s) per 30 day(s) retail; MP
thiamine mononitrate TABS 250 MG	2	2 max fill(s) per 30 day(s) retail; MP
thiamine mononitrate TABS 100 MG	1	2 max fill(s) per 30 day(s) retail; MP
TRUE VITAMIN B1 TABS	2	2 max fill(s) per 30 day(s) retail; MP
TRUE VITAMIN B6 TABS	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN B1 LIQD PO 25 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP
VITAMIN B6 LIQD PO 12.5 MG/ML	2	2 max fill(s) per 30 day(s) retail; MP

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