# 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.<br><br>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 | 4 | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail |
| *amphetamine sulfate TABS* | 4 | 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 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 TABS* | 1 | 4 max fill(s) per 30 day(s) retail |
| DEXEDRINE CP24 15 MG *(Use dextroamphetamine sulfate)* | 4 | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; PA |
| DEXEDRINE CP24 10 MG *(Use dextroamphetamine sulfate)* | 4 | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; PA |
| *dextroamphetamine sulfate CP24 5 MG, 10 MG* | 1 | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail |
| *dextroamphetamine sulfate CP24 15 MG* | 1 | QL(4 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 5 MG, 10 MG, 20 MG, 30 MG* | 4 | 4 max fill(s) per 30 day(s) retail |
| *dextroamphetamine sulfate TABS* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| 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)* | 9 | 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 |
| *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 | | |
| IMCIVREE | CO | 2 max fill(s) per 30 day(s) retail |
| SAXENDA | CO | |
| WEGOVY | CO | 2 max fill(s) per 30 day(s) retail |
| ZEPBOUND SOAJ | CO | 2 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZEPBOUND SOLN | CO | 2 max fill(s) per 30 day(s) retail |
| 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 *(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 |
| 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* | 4 | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 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 72 MG* | 4 | QL(2 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 10 MG, 20 MG* | 1 | QL(3 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 100 MG *(Use modafinil)* | 4 | QL(1 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 |
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 - C's | | |
| GENNAMD CAPS 130 MG | 8 | 4 max fill(s) per 30 day(s) retail |
| AMEBICIDES | | |
| Amebicides | | |
| SOLOSEC | 2 | 2 max fill(s) per 30 day(s) retail; PA |
| 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; PA |
| *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 | |
| HUMATIN | 8 | 4 max fill(s) per 30 day(s) retail |
| 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; PA |
| *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; PA |
| TOBI NEBU *(Use tobramycin)* | 4 | QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| *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; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tobramycin NEBU* | 2 | QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| *tobramycin NEBU* | 1 | QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| 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; SP; PA |
| ADALIMUMAB-AACF (2 SYRINGE) PSKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-AACF(PS/UV STARTER) AJKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-AATY (1 PEN) AJKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-AATY (2 PEN) AJKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-AATY (2 SYRINGE) PSKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; 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; SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-ADAZ SOSY | 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; SP; PA |
| ADALIMUMAB-ADBM (2 PEN) AJKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-ADBM(PS/UV STARTER) AJKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-FKJP (2 PEN) AJKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ADALIMUMAB-FKJP (2 SYRINGE) PSKT | 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; SP; PA |
| AMJEVITA-PED 15KG TO <30KG SOSY | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| AMJEVITA SOAJ | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| AMJEVITA SOSY | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| CYLTEZO (2 PEN) AJKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| CYLTEZO (2 SYRINGE) PSKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| CYLTEZO-CD/UC/HS STARTER AJKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| CYLTEZO-PSORIASIS/UV STARTER AJKT | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| HADLIMA PUSHTOUCH SOAJ | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| HADLIMA SOSY | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| HULIO (2 PEN) AJKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| HULIO (2 SYRINGE) PSKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; 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 |
| HYRIMOZ-CROHNS/UC STARTER SOAJ | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| HYRIMOZ-PED<40KG CROHN STARTER SOSY | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| HYRIMOZ-PED>/=40KG CROHN START SOSY | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| HYRIMOZ SOAJ | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| HYRIMOZ SOSY | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| IDACIO (2 PEN) AJKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| IDACIO (2 SYRINGE) PSKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| IDACIO-CROHNS/UC STARTER AJKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| IDACIO-PSORIASIS STARTER AJKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; 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 | 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; SP; PA |
| YUFLYMA (2 SYRINGE) PSKT | 4 | 2 max fill(s) per 30 day(s) retail; SP; 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; SP; 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 1 day(s) retail; SP; PA |
| ACTEMRA SOLN | 4 | 2 max fill(s) per 1 day(s) retail; SP; PA |
| ACTEMRA SOSY | 4 | 2 max fill(s) per 1 day(s) retail; SP; PA |
| KEVZARA SOAJ | 4 | 2 max fill(s) per 1 day(s) retail; SP; PA |
| KEVZARA SOSY | 4 | 2 max fill(s) per 1 day(s) retail; SP; PA |
| TOFIDENCE | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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; SP; 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 |
| ANJESO INJ | NP | PA |
| ARTHROTEC TBEC *(Use diclofenac w/ misoprostol)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| CELEBREX 200 MG *(Use celecoxib)* | 9 | 2 max fill(s) per 30 day(s) retail |
| CELEBREX *(Use celecoxib)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *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)* | 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 *(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 |
| *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 |
| *ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG* | 1 | 2 max fill(s) per 30 day(s) retail |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 SOLN NA 15.75 MG/SPRAY | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *ketorolac tromethamine TABS* | 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 275 MG, 550 MG* | 4 | 2 max fill(s) per 30 day(s) retail |
| *naproxen sodium TABS 220 MG* | 1 | 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 sodium TB24 375 MG, 500 MG* | 4 | 2 max fill(s) per 30 day(s) retail |
| *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 |
| *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 *(Use naproxen-esomeprazole magnesium)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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-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 | | |
| *acetaminophen CHEW 160 MG* | 1 | 2 max fill(s) per 30 day(s) retail |
| *acetaminophen LIQD 160 MG/5ML* | 1 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 *(Use fentanyl citrate)* | 9 | 4 max fill(s) per 30 day(s) retail |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DILAUDID LIQD *(Use hydromorphone hcl)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| DILAUDID TABS *(Use hydromorphone hcl)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *fentanyl citrate LPOP* | 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 *(Use fentanyl citrate)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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, 20 MG/ML, 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 |
| *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 10 MG, 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 25 MG* | 4 | 2 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA |
| *tramadol hcl TABS 100 MG* | 4 | 4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old) |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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* | 4 | 4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old); PA |
| *butalbital-aspirin-caffeine w/cod* | 1 | 4 max fill(s) per 30 day(s) retail; AL(At least 20 yrs old) |
| 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 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 SOLN 325 MG/15ML-10 MG/15ML, 325 MG/15ML-7.5 MG/15ML* | 1 | 4 max fill(s) per 30 day(s) retail |
| HYDROCODONE-ACETAMINOPHEN SOLN | 1 | 4 max fill(s) per 30 day(s) retail; PA |
| *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 SOLN* | 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* | 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 |
| 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BELBUCA FILM | 4 | 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 | 1 max fill(s) per 30 day(s) retail |
| BUPRENEX SOLN *(Use buprenorphine hcl)* | NP | |
| *buprenorphine hcl-naloxone hcl dihydrate FILM SL* | 4 | 5 max fill(s) per 30 day(s) retail; PA |
| *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 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* | 1 | 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 | 1 max fill(s) per 30 day(s) retail |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ANDROGENS-ANABOLIC - Hormones | Drugs to Regulate | |
| 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; MP; PA |
| *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* | 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 enanthate SOLN IM* | 4 | 2 max fill(s) per 30 day(s) retail; ST; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM* | 4 | 2 max fill(s) per 30 day(s) retail; ST; MP |
| *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 |
| 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 |
| UCERIS *(Use budesonide (intrarectal))* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| 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 | | |
| ANUSOL-HC EX *(Use hydrocortisone (rectal))* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *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))* | 2 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *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 500 MG* | 1 | 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 |
| Nitrates | | |
| GONITRO PACK | 4 | 2 max fill(s) per 30 day(s) retail; MP |
| ISORDIL TITRADOSE TABS *(Use isosorbide dinitrate)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 *(Use nitroglycerin)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| NITRO-DUR PT24 | 2 | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| VISTARIL CAPS 50 MG *(Use hydroxyzine pamoate)* | 9 | 2 max fill(s) per 30 day(s) retail |
| VISTARIL CAPS 25 MG *(Use hydroxyzine pamoate)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |
| ATIVAN TABS *(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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 *(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 |
| Antiarrhythmics Type III | | |
| *amiodarone hcl TABS* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *amiodarone hcl TABS* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 *(Use tiotropium bromide monohydrate)* | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| SPIRIVA RESPIMAT AERS | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *tiotropium bromide monohydrate CAPS* | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Leukotriene Modulators | | |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *roflumilast* | 1 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| Steroid Inhalants | | |
| ALVESCO | 4 | 2 max fill(s) per 30 day(s) retail; MP |
| ARNUITY ELLIPTA | 4 | 2 max fill(s) per 30 day(s) retail; MP |
| 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 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 |
| 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 *(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* | 1 | 4 max fill(s) per 30 day(s) retail; MP |
| *albuterol sulfate AERS* | 2 | 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BREO ELLIPTA | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| BREO ELLIPTA *(Use fluticasone furoate-vilanterol)* | 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 |
| *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* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 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 | Limit 2 Inhalers per month; 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 |
| 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *aminophylline SOLN* | 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* | 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 DVT/PE STARTER PACK TBPK | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| ELIQUIS TABS | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| XARELTO TABS | 2 | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG *(Use rivaroxaban)* | 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 | 1 | 2 max fill(s) per 30 day(s) retail; PA |
| HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML | 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 (porcine) in sodium chloride SOLN IV 0.9 %-2000 UNIT/L* | 2 | 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, 100 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 5000 UNIT/0.5ML* | 2 | 2 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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) 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 |
| Thrombin Inhibitors | | |
| *dabigatran etexilate mesylate CAPS* | 1 | 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 CAPS 75 MG *(Use dabigatran etexilate mesylate)* | 9 | 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* | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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. | | |
| 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 100 MG* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *carbamazepine CHEW 200 MG* | 2 | 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 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *lamotrigine TABS* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 CAPS 75 MG *(Use pregabalin)* | 9 | |
| LYRICA SOLN *(Use pregabalin)* | 4 | QL(30 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MOTPOLY XR CP24 | 4 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| MYSOLINE *(Use primidone)* | 4 | 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)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| NEURONTIN SOLN *(Use gabapentin)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| NEURONTIN TABS *(Use gabapentin)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 15 MG, 25 MG* | 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 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRILEPTAL TABS *(Use oxcarbazepine)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| TROKENDI XR CP24 *(Use topiramate)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| TROKENDI XR CP24 25 MG *(Use topiramate)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| VIMPAT SOLN PO 10 MG/ML *(Use lacosamide)* | 4 | QL(40 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 | | |
| GABITRIL 2 MG, 4 MG, 12 MG *(Use tiagabine hcl)* | 9 | QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP |
| GABITRIL 16 MG *(Use tiagabine hcl)* | 9 | QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| 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 100 MG, 200 MG, 300 MG* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *phenytoin sodium extended 200 MG, 300 MG* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 *(Use divalproex sodium)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| DEPAKOTE TBEC 250 MG, 500 MG *(Use divalproex sodium)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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. | | |
| APLENZIN | 4 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 |
| WELLBUTRIN SR TB12 *(Use bupropion hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| WELLBUTRIN XL TB24 *(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) | | |
| 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 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *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 | 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 |
| Serotonin Modulators | | |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| EFFEXOR XR CP24 37.5 MG, 150 MG *(Use venlafaxine hcl)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| EFFEXOR XR CP24 *(Use venlafaxine hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | | |
| 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 500 MG-50 MG | 4 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP |
| 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 TABS | 2 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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-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 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 *(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 | | |
| GLUMETZA TB24 *(Use metformin hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *metformin hcl TB24 500 MG, 1000 MG* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *metformin hcl TB24 500 MG, 750 MG* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| 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 |
| GLUCAGEN HYPOKIT | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| *glucagon (rdna)* | 1 | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GLUCAGON EMERGENCY *(Use glucagon (rdna))* | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| GLUCAGON EMERGENCY | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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; MP; 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; MP; PA |
| OZEMPIC (2 MG/DOSE) SOPN | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| RYBELSUS TABS | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| TRULICITY | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| VICTOZA *(Use liraglutide)* | 4 | Limit 9ml per month; 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| HUMULIN R SOLN IJ | 4 | 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 | 4 | 2 max fill(s) per 30 day(s) retail; MP |
| INSULIN ASPART PENFILL SOCT | 4 | 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 | 4 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |
| 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 FLEXPEN SOPN | 4 | 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 | 4 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | 4 | 2 max fill(s) per 30 day(s) retail; MP |
| 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 | 2 | 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 | | |
| AMARYL *(Use glimepiride)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| *glimepiride 1 MG, 2 MG, 4 MG* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *glimepiride 3 MG* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *glipizide TABS 5 MG, 10 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 TB24* | 1 | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| GLUCOTROL XL TB24 2.5 MG *(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 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VISTOGARD | 2 | |
| 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 |
| *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 |
| 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 50 MG* | 2 | 2 max fill(s) per 30 day(s) retail |
| *meclizine hcl TABS 12.5 MG, 25 MG, 50 MG* | 1 | 2 max fill(s) per 30 day(s) retail; RX/OTC |
| *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 |

| 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 |
| *aprepitant MISC* | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ERAXIS | 2 | 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 | 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 | | |
| ABELCET | 2 | 4 max fill(s) per 30 day(s) retail; PA |
| 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 |
| ANCOBON *(Use flucytosine)* | 4 | 2 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| DIFLUCAN SUSR 10 MG/ML *(Use fluconazole)* | 9 | 2 max fill(s) per 30 day(s) retail |
| DIFLUCAN TABS 150 MG *(Use fluconazole)* | 9 | 2 max fill(s) per 30 day(s) retail |
| DIFLUCAN TABS 100 MG, 200 MG *(Use fluconazole)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *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* | 4 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| 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 *(Use voriconazole)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| 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* | 4 | 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 |
| CHLOR-TRIMETON TABS *(Use chlorpheniramine maleate)* | 9 | 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 |
| *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 MG* | 4 | 2 max fill(s) per 30 day(s) retail |
| CARBINOXAMINE MALEATE TABS | 4 | 2 max fill(s) per 30 day(s) retail |
| *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 |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RYVENT TABS | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| Antihistamines - Non-Sedating | | |
| ALLEGRA ALLERGY TABS 180 MG *(Use fexofenadine hcl)* | 9 | |
| ALLEGRA ALLERGY TABS *(Use fexofenadine hcl)* | 8 | |
| *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)* | 9 | 2 max fill(s) per 30 day(s) retail |
| CLARINEX TABS *(Use desloratadine)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| CLARITIN ALLERGY CHILDRENS SOLN *(Use loratadine)* | 9 | 2 max fill(s) per 30 day(s) retail |
| 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 |
| *fexofenadine hcl TABS 60 MG, 180 MG* | 8 | |
| *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 12.5 MG, 25 MG* | 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 SYRP 6.25 MG/5ML | 2 | 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *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 | | |
| ANTARA 90 MG *(Use fenofibrate micronized)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| *choline fenofibrate* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fenofibrate micronized 43 MG, 67 MG, 90 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* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *fenofibric acid* | 4 | 2 max fill(s) per 30 day(s) retail; MP |
| FENOGLIDE TABS *(Use fenofibrate)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |
| 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 |
| FLOLIPID SUSP | 2 | 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)* | 4 | 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 |
| LIPITOR TABS *(Use atorvastatin calcium)* | 4 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | | |
| 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, 2.5 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| VASOTEC TABS *(Use enalapril maleate)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| ZESTRIL TABS *(Use lisinopril)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| Agents for Pheochromocytoma | | |
| DEMSER *(Use metyrosine)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 | | |
| 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* | 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 8 MG *(Use doxazosin mesylate)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| CARDURA *(Use doxazosin mesylate)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | | |
| 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* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *amlodipine besylate-valsartan* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *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* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 50 *(Use atenolol & chlorthalidone)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 |
| VASERETIC 25 MG-10 MG *(Use enalapril maleate & hydrochlorothiazide)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| ZESTORETIC *(Use lisinopril & hydrochlorothiazide)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| ZIAC *(Use bisoprolol & hydrochlorothiazide)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| 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)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INSPRA *(Use eplerenone)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| 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. | | |
| AEMCOLO | 2 | 2 max fill(s) per 30 day(s) retail |
| 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 |
| *metronidazole TABS 125 MG* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *metronidazole TABS 250 MG, 500 MG* | 1 | 2 max fill(s) per 30 day(s) retail |
| 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 |
| XIFAXAN | 2 | QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; PA |
| 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 |
| Antiprotozoal Agents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| INVANZ IJ *(Use ertapenem sodium)* | NF | SP; PA |
| Glycopeptides | | |
| FIRVANQ SOLR PO 25 MG/ML *(Use vancomycin hcl)* | 2 | 2 max fill(s) per 30 day(s) retail |
| FIRVANQ SOLR PO 50 MG/ML *(Use vancomycin hcl)* | 9 | 2 max fill(s) per 30 day(s) retail |
| FIRVANQ SOLR PO 50 MG/ML *(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 IV 500 MG* | 1 | QL(14 EA 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 | 2 | QL(14 EA per 30 day(s) retail) |
| VANCOMYCIN HCL SOLR IV 1 GM | 2 | QL(14 EA per fill retail) |
| Leprostatics | | |
| *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 | 1 | 2 max fill(s) per 30 day(s) retail; PA |
| 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 | 2 | 2 max fill(s) per 30 day(s) retail; PA |
| ZYVOX SOLN *(Use linezolid)* | 2 | 2 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| Urinary Anti-infectives | | |
| *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)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *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 50 MG, 100 MG* | 1 | 4 max fill(s) per 30 day(s) retail |
| *nitrofurantoin macrocrystal 25 MG* | 4 | 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 |
| 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; SP; MP |
| *hydroxychloroquine sulfate 100 MG, 200 MG, 400 MG* | 1 | 4 max fill(s) per 30 day(s) retail |
| *hydroxychloroquine sulfate 300 MG* | 1 | 2 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; SP; 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 200 MG | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| SOVUNA 300 MG | 4 | 2 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FIRDAPSE | CO | QL(10 EA daily); 2 max fill(s) per 30 day(s) retail; SP; MP |
| MESTINON SOLN PO *(Use pyridostigmine bromide)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| MESTINON TABS *(Use pyridostigmine bromide)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| MESTINON TBCR *(Use pyridostigmine bromide)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 30 MG* | 2 | 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 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 |
| *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)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| MYCOBUTIN *(Use rifabutin)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| 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 |
| TRECATOR | 2 | 4 max fill(s) per 30 day(s) retail |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer** | | |
| Alkylating Agents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | 4 max fill(s) per 30 day(s) retail; SP |
| *temozolomide CAPS* | 1 | 4 max fill(s) per 30 day(s) retail; PA |
| Antimetabolites | | |
| *capecitabine* | CO | 4 max fill(s) per 30 day(s) retail; SP |
| JYLAMVO SOLN PO | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *mercaptopurine SUSP 2000 MG/100ML* | CO | 4 max fill(s) per 30 day(s) retail |
| *mercaptopurine TABS* | CO | 4 max fill(s) per 30 day(s) retail |
| *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 | 4 max fill(s) per 30 day(s) retail; SP |
| PURIXAN SUSP 2000 MG/100ML *(Use mercaptopurine)* | CO | 4 max fill(s) per 30 day(s) retail |
| TABLOID | CO | 4 max fill(s) per 30 day(s) retail; 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 | 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic - Angiogenesis Inhibitors | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| FRUZAQLA 1 MG | CO | QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| FRUZAQLA 5 MG | CO | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| INLYTA 1 MG | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| INLYTA 5 MG | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LENVIMA (10 MG DAILY DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LENVIMA (12 MG DAILY DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LENVIMA (14 MG DAILY DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LENVIMA (18 MG DAILY DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LENVIMA (20 MG DAILY DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LENVIMA (24 MG DAILY DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LENVIMA (4 MG DAILY DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LENVIMA (8 MG DAILY DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic - Anti-HER2 Agents | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TUKYSA | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic - BCL-2 Inhibitors | | |
| VENCLEXTA STARTING PACK TBPK | CO | 4 max fill(s) per 30 day(s) retail; SP |
| VENCLEXTA TABS | CO | 4 max fill(s) per 30 day(s) retail; 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 100 MG, 150 MG* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail |
| *erlotinib hcl 25 MG* | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail |
| EXKIVITY | CO | SP |
| *gefitinib* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| GILOTRIF | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| IRESSA *(Use gefitinib)* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LAZCLUZE 80 MG | CO | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| LAZCLUZE 240 MG | CO | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| TAGRISSO | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| TARCEVA 100 MG, 150 MG *(Use erlotinib hcl)* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail |
| TARCEVA 25 MG *(Use erlotinib hcl)* | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail |
| VIZIMPRO | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic - Gene Therapy Agents | | |
| ADSTILADRIN | CO | SP |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| DAURISMO 25 MG | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| DAURISMO 100 MG | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ERIVEDGE | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ODOMZO | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic - Hormonal and Related Agents | | |
| *abiraterone acetate 500 MG* | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *abiraterone acetate 250 MG* | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| AKEEGA | CO | 2 max fill(s) per 30 day(s) retail; SP |
| *anastrozole* | CO | 4 max fill(s) per 30 day(s) retail |
| ARIMIDEX *(Use anastrozole)* | CO | 4 max fill(s) per 30 day(s) retail |
| AROMASIN *(Use exemestane)* | CO | 4 max fill(s) per 30 day(s) retail |
| *bicalutamide* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail |
| CAMCEVI | 2 | 4 max fill(s) per 30 day(s) retail; SP; PA |
| CASODEX *(Use bicalutamide)* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail |
| ELIGARD SC | 2 | 4 max fill(s) per 30 day(s) retail; SP; PA |
| EMCYT | CO | 4 max fill(s) per 30 day(s) retail |
| ERLEADA | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| EULEXIN | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail |
| *exemestane* | CO | 4 max fill(s) per 30 day(s) retail |
| FARESTON *(Use toremifene citrate)* | CO | 4 max fill(s) per 30 day(s) retail; MP |
| FEMARA *(Use letrozole)* | CO | 4 max fill(s) per 30 day(s) retail |
| *hydroxyprogesterone caproate (antineoplastic)* | 2 | Limit 5ml per month; 2 max fill(s) per 30 day(s) retail; MP; PA |
| *letrozole* | CO | 4 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| 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 | 4 max fill(s) per 30 day(s) retail; SP |
| *megestrol acetate SUSP* | 1 | 4 max fill(s) per 30 day(s) retail |
| NILANDRON *(Use nilutamide)* | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail |
| *nilutamide* | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail |
| NUBEQA | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ORGOVYX | CO | 4 max fill(s) per 30 day(s) retail; SP |
| ORSERDU | CO | 2 max fill(s) per 30 day(s) retail |
| SOLTAMOX SOLN | CO | 4 max fill(s) per 30 day(s) retail; MP |
| *tamoxifen citrate TABS* | CO | 4 max fill(s) per 30 day(s) retail; MP |
| *toremifene citrate* | CO | 4 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRELSTAR MIXJECT | 2 | 4 max fill(s) per 30 day(s) retail; SP; PA |
| XTANDI CAPS | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| XTANDI TABS 80 MG | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| XTANDI TABS 40 MG | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| YONSA | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ZYTIGA 500 MG *(Use abiraterone acetate)* | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ZYTIGA 250 MG *(Use abiraterone acetate)* | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic - Hypoxia-Inducible Factor Inhibitors | | |
| WELIREG | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic - Immunomodulators | | |
| POMALYST | CO | 2 max fill(s) per 30 day(s) retail; SP; PA |
| Antineoplastic - Menin Inhibitors | | |
| REVUFORJ | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| Antineoplastic - PDGFR-alpha Inhibitors | | |
| AYVAKIT | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic - XPO1 Inhibitors | | |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG | CO | 4 max fill(s) per 30 day(s) retail; SP |
| XPOVIO (40 MG ONCE WEEKLY) | CO | 4 max fill(s) per 30 day(s) retail; SP |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG | CO | 4 max fill(s) per 30 day(s) retail; SP |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG | CO | 4 max fill(s) per 30 day(s) retail; SP |
| XPOVIO (60 MG TWICE WEEKLY) | CO | 4 max fill(s) per 30 day(s) retail; SP |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG | CO | 4 max fill(s) per 30 day(s) retail; SP |
| XPOVIO (80 MG TWICE WEEKLY) | CO | 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic Combinations | | |
| AVMAPKI FAKZYNJA CO-PACK THPK PO | CO | 4 max fill(s) per 30 day(s) retail; SP |
| INQOVI | CO | 4 max fill(s) per 30 day(s) retail; SP |
| KISQALI FEMARA (200 MG DOSE) | CO | 4 max fill(s) per 30 day(s) retail; SP |
| KISQALI FEMARA (400 MG DOSE) | CO | 4 max fill(s) per 30 day(s) retail; SP |
| KISQALI FEMARA (600 MG DOSE) | CO | 4 max fill(s) per 30 day(s) retail; SP |
| LONSURF | CO | 4 max fill(s) per 30 day(s) retail; SP |
| Antineoplastic Enzyme Inhibitors | | |
| AFINITOR DISPERZ TBSO *(Use everolimus)* | 4 | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AFINITOR TABS *(Use everolimus)* | 4 | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; PA |
| ALECENSA | CO | QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ALUNBRIG TABS 30 MG | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ALUNBRIG TABS 90 MG, 180 MG | CO | SP |
| ALUNBRIG TBPK | CO | SP |
| AUGTYRO 40 MG | CO | QL(8 EA daily); 2 max fill(s) per 30 day(s) retail |
| AUGTYRO 160 MG | CO | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| BALVERSA 5 MG | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| BALVERSA 3 MG | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| BALVERSA 4 MG | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| BELEODAQ | CO | SP |
| BOSULIF CAPS | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| BOSULIF TABS 100 MG | CO | SP |
| BOSULIF TABS 400 MG, 500 MG | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| BRAFTOVI 75 MG | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| BRUKINSA | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| CABOMETYX TABS | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| CALQUENCE | CO | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| CAPRELSA 300 MG | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| CAPRELSA 100 MG | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| COMETRIQ (100 MG DAILY DOSE) KIT | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| COMETRIQ (140 MG DAILY DOSE) KIT | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| COMETRIQ (60 MG DAILY DOSE) KIT | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| COPIKTRA | CO | 4 max fill(s) per 30 day(s) retail; SP |
| COTELLIC | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| DANZITEN | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| *dasatinib* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ENSACOVE CAPS PO 100 MG | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ENSACOVE CAPS PO 25 MG | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; 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 | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| FYARRO | CO | SP |
| GAVRETO | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| GLEEVEC TABS *(Use imatinib mesylate)* | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| GOMEKLI CAPS PO 1 MG, 2 MG | CO | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| GOMEKLI TBSO PO 1 MG | CO | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| IBRANCE CAPS | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| IBRANCE TABS | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ICLUSIG | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| IDHIFA | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| *imatinib mesylate TABS* | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| IMBRUVICA CAPS 140 MG | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| IMBRUVICA CAPS 70 MG | CO | SP |
| IMBRUVICA SUSP | CO | QL(8 ML daily); 4 max fill(s) per 30 day(s) retail; SP |
| IMBRUVICA TABS | CO | SP |
| IMKELDI SOLN | CO | QL(10 ML daily); 2 max fill(s) per 30 day(s) retail; SP |
| INREBIC | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ISTODAX SOLR *(Use romidepsin)* | CO | SP |
| ITOVEBI 9 MG | CO | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| ITOVEBI 3 MG | CO | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| JAKAFI | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| JAYPIRCA | CO | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail |
| KISQALI (200 MG DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KISQALI (400 MG DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| KISQALI (600 MG DOSE) | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| KOSELUGO | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| KRAZATI | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| *lapatinib ditosylate* | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LORBRENA 100 MG | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LORBRENA 25 MG | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LUMAKRAS 240 MG | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LUMAKRAS 320 MG | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LUMAKRAS 120 MG | CO | QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| LYNPARZA TABS | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; 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 | 2 max fill(s) per 30 day(s) retail; SP |
| MEKINIST TABS 0.5 MG | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| MEKINIST TABS 2 MG | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| MEKTOVI | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| NERLYNX | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| NEXAVAR *(Use sorafenib tosylate)* | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| *nilotinib hcl 50 MG, 150 MG, 200 MG* | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| NINLARO | CO | 4 max fill(s) per 30 day(s) retail; SP |
| OGSIVEO 50 MG | CO | QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| OGSIVEO 100 MG, 150 MG | CO | 2 max fill(s) per 30 day(s) retail; SP |
| OJEMDA SUSR | CO | 2 max fill(s) per 30 day(s) retail; SP |
| OJEMDA TABS | CO | 2 max fill(s) per 30 day(s) retail; SP |
| OJJAARA | CO | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pazopanib hcl* | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| PEMAZYRE | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| PIQRAY (200 MG DAILY DOSE) | CO | 4 max fill(s) per 30 day(s) retail; SP |
| PIQRAY (250 MG DAILY DOSE) | CO | 4 max fill(s) per 30 day(s) retail; SP |
| PIQRAY (300 MG DAILY DOSE) | CO | 4 max fill(s) per 30 day(s) retail; SP |
| QINLOCK | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| RETEVMO CAPS 80 MG | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| RETEVMO CAPS 40 MG | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| RETEVMO TABS 80 MG | CO | QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| RETEVMO TABS 120 MG, 160 MG | CO | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| RETEVMO TABS 40 MG | CO | QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| REZLIDHIA | CO | 2 max fill(s) per 30 day(s) retail; SP |
| ROMIDEPSIN SOLN | CO | SP |
| *romidepsin SOLR* | CO | SP |
| ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG | CO | 4 max fill(s) per 30 day(s) retail; SP |
| ROZLYTREK CAPS 100 MG | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ROZLYTREK CAPS 200 MG | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ROZLYTREK PACK | CO | 2 max fill(s) per 30 day(s) retail; SP |
| RUBRACA | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| RYDAPT | CO | QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| SCEMBLIX 100 MG | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| SCEMBLIX 20 MG, 40 MG | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| *sorafenib tosylate* | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| SPRYCEL *(Use dasatinib)* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| STIVARGA | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| *sunitinib malate* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| SUTENT *(Use sunitinib malate)* | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TABRECTA | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| TAFINLAR CAPS | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| TAFINLAR TBSO | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| TALZENNA 0.1 MG, 0.35 MG | CO | 2 max fill(s) per 30 day(s) retail; SP |
| TALZENNA 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| TASIGNA 50 MG, 150 MG, 200 MG *(Use nilotinib hcl)* | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| TAZVERIK | CO | 4 max fill(s) per 30 day(s) retail |
| TEPMETKO | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| TIBSOVO | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| TRUQAP TABS | CO | QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| TRUQAP TBPK | CO | QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| TURALIO 125 MG | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| TYKERB *(Use lapatinib ditosylate)* | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| VANFLYTA | CO | 2 max fill(s) per 30 day(s) retail; SP |
| VERZENIO | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| VITRAKVI CAPS 25 MG | CO | QL(6 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| VITRAKVI CAPS 100 MG | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| VITRAKVI SOLN | CO | QL(10 ML daily); 4 max fill(s) per 30 day(s) retail; SP |
| VONJO | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| VORANIGO | CO | 2 max fill(s) per 30 day(s) retail; SP |
| VOTRIENT *(Use pazopanib hcl)* | CO | QL(4 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| XALKORI CAPS | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| XALKORI CPSP | CO | QL(2 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| XOSPATA | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ZEJULA CAPS | CO | SP |
| ZEJULA TABS | CO | QL(1 EA daily); 4 max fill(s) per 30 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZELBORAF | CO | QL(8 EA daily); 4 max fill(s) per 30 day(s) retail; SP |
| ZOLINZA | CO | 4 max fill(s) per 30 day(s) retail; SP; PA |
| ZYDELIG | CO | 4 max fill(s) per 30 day(s) retail; SP |
| ZYKADIA TABS | CO | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; 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 | 4 max fill(s) per 30 day(s) retail; 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 | 4 max fill(s) per 30 day(s) retail; SP |
| *tretinoin (chemotherapy)* | CO | 4 max fill(s) per 30 day(s) retail; SP |
| Chemotherapy Rescue/Antidote/Protective Agents | | |
| IWILFIN | CO | 2 max fill(s) per 30 day(s) retail; 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 | 4 max fill(s) per 30 day(s) retail |
| Topoisomerase I Inhibitors | | |
| HYCAMTIN CAPS | CO | 4 max fill(s) per 30 day(s) retail; 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 |
| LODOSYN *(Use carbidopa)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| TASMAR *(Use tolcapone)* | 4 | QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 |
| 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-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 *(Use pramipexole dihydrochloride)* | 4 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |
| ZELAPAR TBDP | 4 | QL(2 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)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| GEODON 40 MG, 60 MG, 80 MG *(Use ziprasidone hcl)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| GEODON *(Use ziprasidone mesylate)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LATUDA *(Use lurasidone hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| LATUDA 80 MG *(Use lurasidone hcl)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 | | |
| 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 | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| INVEGA 1.5 MG *(Use paliperidone)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *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 150 MG* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 TB24* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| SAPHRIS *(Use asenapine maleate)* | 4 | 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); MP; PA |
| SAPHRIS 5 MG, 10 MG *(Use asenapine maleate)* | 4 | 2 max fill(s) per 30 day(s) retail; 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 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *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* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *abacavir sulfate SOLN* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *abacavir sulfate TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| APRETUDE | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| APTIVUS CAPS | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *atazanavir sulfate CAPS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| BIKTARVY | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| CABENUVA | 2 | 4 max fill(s) per 30 day(s) retail |
| CIMDUO | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| COMBIVIR *(Use lamivudine-zidovudine)* | 9 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| COMPLERA 200 MG-300 MG-25 MG *(Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| *darunavir TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| DELSTRIGO | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| DESCOVY | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| DOVATO | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| EDURANT | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| EDURANT PED PO 2.5 MG | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *efavirenz CAPS* | 1 | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *efavirenz TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *emtricitabine CAPS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *emtricitabine-rilpivirine-tenofovir disoproxil fumarate* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *emtricitabine-tenofovir disoproxil fumarate* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| EMTRIVA CAPS *(Use emtricitabine)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| EMTRIVA SOLN | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| EPIVIR SOLN *(Use lamivudine)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| EPIVIR TABS *(Use lamivudine)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| EPZICOM *(Use abacavir sulfate-lamivudine)* | 9 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *etravirine* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| EVOTAZ | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *fosamprenavir calcium TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| FUZEON SOLR | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| GENVOYA | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INTELENCE 25 MG | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| INTELENCE *(Use etravirine)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| ISENTRESS HD TABS | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| ISENTRESS CHEW | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| ISENTRESS PACK | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| ISENTRESS TABS | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| JULUCA | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| KALETRA SOLN | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| KALETRA TABS 50 MG-200 MG *(Use lopinavir-ritonavir)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| KALETRA TABS *(Use lopinavir-ritonavir)* | 9 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *lamivudine SOLN* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *lamivudine TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *lamivudine-zidovudine* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| LEXIVA TABS *(Use fosamprenavir calcium)* | 9 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *lopinavir-ritonavir TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *maraviroc TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *nevirapine SUSP* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *nevirapine TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *nevirapine TB24* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| NORVIR CAPS | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| NORVIR PACK | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| NORVIR TABS *(Use ritonavir)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| ODEFSEY | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| PIFELTRO | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| PREZCOBIX | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| PREZISTA SUSP | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| PREZISTA TABS *(Use darunavir)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| PREZISTA TABS 75 MG, 150 MG | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| RETROVIR CAPS *(Use zidovudine)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| RETROVIR SOLN | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| RETROVIR SYRP *(Use zidovudine)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| REYATAZ CAPS 200 MG, 300 MG *(Use atazanavir sulfate)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| REYATAZ PACK | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *ritonavir TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| RUKOBIA | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| SELZENTRY SOLN | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| SELZENTRY TABS *(Use maraviroc)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| STRIBILD | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| SUNLENCA SOLN | 2 | 2 max fill(s) per 30 day(s) retail; SP; MP |
| SUNLENCA TABS PO 300 MG | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| SUNLENCA TBPK 300 MG | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| SYMFI *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| SYMFI LO *(Use efavirenz-lamivudine-tenofovir disoproxil fumarate)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| SYMTUZA | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *tenofovir disoproxil fumarate TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| TIVICAY PD TBSO | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| TIVICAY TABS 50 MG | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| TRIUMEQ PD TBSO | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| TRIUMEQ TABS | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| TROGARZO | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| TRUVADA *(Use emtricitabine-tenofovir disoproxil fumarate)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| TYBOST | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| VIRACEPT TABS | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| VIREAD POWD | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| VIREAD TABS *(Use tenofovir disoproxil fumarate)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| VIREAD TABS 150 MG, 200 MG, 250 MG | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| ZIAGEN SOLN *(Use abacavir sulfate)* | 4 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| ZIAGEN TABS *(Use abacavir sulfate)* | 9 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *zidovudine CAPS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *zidovudine SYRP* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| *zidovudine TABS* | 1 | 4 max fill(s) per 30 day(s) retail; SP; MP |
| 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| GANCICLOVIR SOLN | 2 | 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 |
| *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 |
| MAVYRET TABS | CO | QL(5 EA daily); 2 max fill(s) per 30 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | | |
| *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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| REMDESIVIR SOLR 100 MG | CO | 2 max fill(s) per 30 day(s) retail |
| VEKLURY SOLR | CO | 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 |
| LABETALOL HCL SOSY 10 MG/2ML | 2 | PA |
| *labetalol hcl TABS 400 MG* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *labetalol hcl TABS 100 MG, 200 MG, 300 MG* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| 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)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| BYSTOLIC *(Use nebivolol hcl)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| CARDIZEM CD CP24 *(Use diltiazem hcl coated beads)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| CARDIZEM LA TB24 *(Use diltiazem hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG *(Use diltiazem hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| CLEVIPREX 25 MG/50ML, 50 MG/100ML | 2 | 2 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *diltiazem hcl extended release beads* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *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-DEXTROSE | 8 | 2 max fill(s) per 30 day(s) retail; PA |
| DILTIAZEM HCL-SODIUM CHLORIDE | 2 | 2 max fill(s) per 30 day(s) retail; PA |
| DILTIAZEM HCL-SODIUM CHLORIDE | 8 | 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 |
| *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 NACL SOSY | 8 | 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)* | 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 |
| *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 *(Use amlodipine besylate)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NORVASC TABS 10 MG *(Use amlodipine besylate)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| 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 |
| TIAZAC *(Use diltiazem hcl extended release beads)* | 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* | 8 | 2 max fill(s) per 30 day(s) retail; PA |
| *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 | | |
| *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)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| BIDIL *(Use isosorbide dinitrate-hydralazine hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |
| ENTRESTO CPSP | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| ENTRESTO TABS | 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 40 MG-10 MG | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| OPSYNVI 20 MG-10 MG | 4 | 2 max fill(s) per 30 day(s) retail; SP; MP; PA |
| 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 | |
| *tadalafil 5 MG* | 8 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail |
| 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 |
| 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 | 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 |
| TYVASO STARTER KIT 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VENTAVIS IN 10 MCG/ML | 2 | QL(4.5 ML daily); 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 |
| 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 | 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))* | 4 | QL(24 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |
| *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* | 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 %-1 GM/50ML | 1 | 4 max fill(s) per 30 day(s) retail; PA |
| 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 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 |
| *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 IJ 2 GM* | 2 | 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 |
| *cefaclor SUSR 125 MG/5ML, 375 MG/5ML* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *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 |
| SUPRAX CAPS *(Use cefixime)* | 9 | 4 max fill(s) per 30 day(s) retail |
| SUPRAX SUSR 200 MG/5ML *(Use cefixime)* | 9 | 4 max fill(s) per 30 day(s) retail |
| 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 | | |
| BALCOLTRA *(Use levonorgestrel-ethinyl estradiol-iron)* | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| 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 |
| GENERESS FE *(Use norethindrone & ethinyl estradiol-fe)* | 9 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| LOSEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))* | 9 | 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 |
| MIRCETTE *(Use desogestrel-ethinyl estradiol (biphasic))* | 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 |
| QUARTETTE *(Use levonorgestrel-ethinyl estradiol (91-day))* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| SAFYRAL *(Use drospirenone-ethinyl estradiol-levomefolate calcium)* | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| SEASONIQUE *(Use levonorgestrel-ethinyl estradiol (91-day))* | 9 | 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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)* | 9 | 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 |
| 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 |
| SLYND | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| ACTIVE INJECTION D KIT | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| AGAMREE | 4 | 2 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | 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 |
| MEDROL TABS | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| MEDROL TABS *(Use methylprednisolone)* | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| ORTIKOS CP24 | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| 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 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 40 MG/ML* | 1 | 4 max fill(s) per 30 day(s) retail; PA |
| UCERIS TB24 *(Use budesonide)* | 4 | 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); 2 max fill(s) per 30 day(s) retail |
| *dextromethorphan hbr CAPS* | 1 | 2 max fill(s) per 30 day(s) retail |
| *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); 2 max fill(s) per 30 day(s) retail |
| *dextromethorphan polistirex SUER* | 1 | QL(480 ML per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail |
| Cough/Cold/Allergy Combinations | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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-5 MG/5ML, 200 MG/20ML-20 MG/20ML, 200 MG/5ML-10 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML* | 8 | |
| *dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML* | 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 |
| *phenylephrine-dm-gg w/ apap TABS 5 MG-100 MG-325 MG-10 MG, 5 MG-200 MG-325 MG-10 MG* | 8 | |
| TYLENOL COLD/FLU SEVERE TABS *(Use phenylephrine-dm-gg w/ apap)* | 9 | 2 max fill(s) per 30 day(s) retail |
| Expectorants | | |
| GILTUSS EX EXPECTORANT CHILD LIQD | 8 | |
| GILTUSS EX MAXIMUM STRENGTH LIQD | 8 | |
| *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 *(Use sodium chloride (inhalant))* | NF | |
| *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 |
| ACANYA GEL *(Use clindamycin phosphate-benzoyl peroxide)* | 4 | 4 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 |
| ALTRENO LOTN | 4 | 4 max fill(s) per 30 day(s) retail |
| ARAZLO LOTN | 4 | 4 max fill(s) per 30 day(s) retail |
| ATRALIN GEL *(Use tretinoin)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| 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)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| BENZAMYCIN GEL *(Use benzoyl peroxide-erythromycin)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *benzoyl peroxide-erythromycin GEL* | 1 | 4 max fill(s) per 30 day(s) retail |
| CABTREO | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| CLEOCIN-T LOTN *(Use clindamycin phosphate (topical))* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| CLINDAGEL GEL *(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* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *clindamycin phosphate (topical) LOTN* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *clindamycin phosphate (topical) SOLN* | 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 *(Use adapalene)* | 2 | 4 max fill(s) per 30 day(s) retail; RX/OTC |
| DIFFERIN GEL 0.1 % *(Use adapalene)* | 9 | 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 |
| ERYGEL GEL *(Use erythromycin (acne aid))* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *erythromycin (acne aid) GEL* | 4 | 4 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| KLARON *(Use sulfacetamide sodium (acne))* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| ONEXTON GEL *(Use clindamycin phosphate-benzoyl peroxide)* | 4 | 4 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 |
| PLEXION LOTN *(Use sulfacetamide sodium w/ sulfur)* | 9 | 4 max fill(s) per 30 day(s) retail |
| RETIN-A MICRO *(Use tretinoin microsphere)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| RETIN-A MICRO PUMP *(Use tretinoin microsphere)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| RETIN-A MICRO PUMP | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| RETIN-A CREA *(Use tretinoin)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| RETIN-A GEL *(Use tretinoin)* | 2 | 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 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %* | 4 | 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 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 PADS 10 %-4 %* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *sulfacetamide sodium w/ sulfur SUSP* | 4 | 4 max fill(s) per 30 day(s) retail |
| *sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| 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 | 2 | 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 %* | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tretinoin GEL 0.01 %, 0.025 %, 0.05 %* | 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 |
| ZIANA *(Use clindamycin phosphate-tretinoin)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| 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 |
| 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 |
| ERTACZO | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| JUBLIA | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KETODAN | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| LOPROX | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| LOPROX SHAM *(Use ciclopirox)* | 9 | 4 max fill(s) per 30 day(s) retail |
| LOPROX SUSP *(Use ciclopirox olamine)* | 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 |
| *luliconazole* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| LUZU *(Use luliconazole)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *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* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *nystatin (topical) POWD EX* | 1 | 4 max fill(s) per 30 day(s) retail |
| *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 |
| *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) 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| CARAC CREA | 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 |
| EFUDEX CREA *(Use fluorouracil (topical))* | 4 | 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 |
| TARGRETIN *(Use bexarotene (topical))* | 4 | 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 |
| 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 1 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *methoxsalen rapid* | 1 | 2 max fill(s) per 30 day(s) retail |
| OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML | 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 SOSY SC 90 MG/ML | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| SELARSDI SOSY SC 45 MG/0.5ML | 2 | 2 max fill(s) per 30 day(s) retail; SP; MP |
| SILIQ | 4 | 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 | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| SPEVIGO SOSY | 2 | 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 80 MG/ML | 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 SOAJ 100 MG/ML | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| TREMFYA SOSY | 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 |
| 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 | 4 | 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 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SELSUN BLUE LOTN *(Use selenium sulfide)* | 9 | |
| *sulfacetamide sodium GEL* | 1 | 2 max fill(s) per 30 day(s) retail |
| *sulfacetamide sodium LIQD* | 1 | 2 max fill(s) per 30 day(s) retail |
| *sulfacetamide sodium LIQD* | 2 | 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 |
| XERESE | 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 |
| ZOVIRAX CREA *(Use acyclovir topical)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| ZOVIRAX OINT *(Use acyclovir topical)* | 4 | 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* | 1 | 4 max fill(s) per 30 day(s) retail |
| *silver sulfadiazine* | 4 | 4 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *betamethasone valerate OINT* | 1 | 4 max fill(s) per 30 day(s) retail |
| BRYHALI LOTN | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *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 0.05 %* | 1 | 4 max fill(s) per 30 day(s) retail |
| *clobetasol propionate CREA 0.025 %* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *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 |
| *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 |
| DESOWEN CREA *(Use desonide)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DIPROLENE OINT *(Use betamethasone dipropionate augmented)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| DUOBRII | 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 |
| HALOG OINT | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| HALOG SOLN | 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 |
| *hydrocortisone (topical) SOLN 2.5 %* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *hydrocortisone acetate (topical) OINT* | 8 | |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| IMPOYZ CREA 0.025 % *(Use clobetasol propionate)* | 9 | 4 max fill(s) per 30 day(s) retail |
| 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 LIPOCREAM | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| LOCOID LOTN *(Use hydrocortisone butyrate)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| LUXIQ FOAM *(Use betamethasone valerate)* | 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 |
| *triamcinolone acetonide (topical) OINT 0.05 %* | 4 | 4 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRIDESILON CREA 0.05 % *(Use desonide)* | 9 | 2 max fill(s) per 30 day(s) retail |
| ULTRAVATE LOTN | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| VANOS CREA *(Use fluocinonide)* | 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 |
| CIBINQO | 2 | 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 | 2 | 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 | | |
| 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; SP; PA |
| 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 |
| ZYCLARA *(Use imiquimod)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| ZYCLARA PUMP *(Use imiquimod)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| ZYCLARA PUMP | 4 | 4 max fill(s) per 30 day(s) retail; MP; PA |
| Immunosuppressive Agents - Topical | | |
| ELIDEL *(Use pimecrolimus)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| 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 FOAM* | 1 | 2 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| 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 | | |
| *benzocaine (topical) AERO* | 8 | |
| *lidocaine hcl CREA 3 %* | 1 | 2 max fill(s) per 30 day(s) retail |
| *lidocaine hcl GEL 2 %* | 1 | 2 max fill(s) per 30 day(s) retail |
| *lidocaine hcl PRSY* | 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 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 |
| NOLIRA CREA | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| NYNUTEY 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 |
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| METROLOTION LOTN *(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 |
| NORITATE CREA | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 SHEE EX | CO | SP |
| DIAGNOSTIC PRODUCTS | | |
| Diagnostic Tests | | |
| ADVIN COVID-19 ANTIGEN TEST KIT | 2 | |
| BINAXNOW COVID-19 AG HOME TEST 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 | |
| COVID-19 SPECIMEN COLLECTION | 2 | |
| COVID-19 TESTING BY PHARMACIST | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); 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 | INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); RX/OTC |
| SIMPLICITY COVID-19 AT-HOME | 2 | |
| SPEEDY SWAB COVID-19 ANTIGEN KIT | 2 | |
| TRUE METRIX BLOOD GLUCOSE TEST STRP | 4 | INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); PA; RX/OTC |
| TRUE METRIX BLOOD GLUCOSE TEST STRP | 2 | INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRUETRACK TEST STRP | 4 | INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; QL(5 EA daily); PA; 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 |
| 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 | | |
| ALDACTAZIDE *(Use spironolactone & hydrochlorothiazide)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EDECRIN *(Use ethacrynic acid)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *torsemide TABS* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| Potassium Sparing Diuretics | | |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| DIURIL SUSP | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 10 MG | CO | SP |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| BINOSTO TBEF | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| BONSITY SOPN 560 MCG/2.24ML | 4 | QL(2.4 ML per 28 day(s) retail); 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 | Limit 2 per month; 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 |
| 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 | Limit 2 per month; QL(2.4 ML per 28 day(s) retail); 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PAMIDRONATE DISODIUM SOLN | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 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* | 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ORILISSA | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| Growth Hormone Receptor Antagonists | | |
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SUPPRELIN LA | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| 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))* | 9 | |
| 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 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 |
| GALAFOLD | 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MEPSEVII | CO | SP |
| MYALEPT | CO | 2 max fill(s) per 30 day(s) retail; SP |
| NAGLAZYME | CO | SP |
| NEXVIAZYME | CO | SP |
| *nitisinone CAPS 20 MG* | CO | |
| *nitisinone CAPS 2 MG, 5 MG, 10 MG* | CO | 2 max fill(s) per 30 day(s) retail; SP |
| 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 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 |
| 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 |
| *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 | 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 |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | 2 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| 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 | | |
| *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 |
| *octreotide acetate SOSY* | 1 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 120 MG/0.5ML | 4 | 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 |
| 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 30 MG* | 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 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* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *esterified estrogens & methyltestosterone 1.25 MG-0.625 MG* | 2 | 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* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 |
| EVAMIST SOLN | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| MENEST | 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 | 2 | 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 |
| 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 |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| BAXDELA TABS | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *ciprofloxacin hcl TABS 100 MG* | 2 | 4 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG* | 1 | 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 |
| Agents for Chronic Idiopathic Constipation (CIC) | | |
| TRULANCE | 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 | |
| Farnesoid X Receptor (FXR) Agonists | | |
| OCALIVA | CO | |
| Gallstone Solubilizing Agents | | |
| *chenodiol* | CO | |
| CTEXLI 250 MG | 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML* | 1 | 2 max fill(s) per 30 day(s) retail |
| *metoclopramide hcl SOLN IJ 5 MG/ML* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *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 | 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 |
| Inflammatory Bowel Agents | | |
| APRISO CP24 *(Use mesalamine)* | 4 | QL(4 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AZULFIDINE TABS *(Use sulfasalazine)* | 9 | QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP |
| 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 (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 |
| COLAZAL CAPS *(Use balsalazide disodium)* | 4 | QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; MP; 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 |
| ENTYVIO SOLR | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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* | 1 | QL(6 EA daily); 2 max fill(s) per 30 day(s) retail; MP |
| *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 1.2 GM* | 1 | QL(4 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 |
| 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 |
| OTULFI SOLN IV 130 MG/26ML | 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 500 MG | 4 | QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| PYZCHIVA 130 MG/26ML | 4 | 2 max fill(s) per 30 day(s) retail; SP; 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 |
| SELARSDI SOLN IV 130 MG/26ML | 4 | 2 max fill(s) per 30 day(s) retail; SP; 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 |
| STELARA 130 MG/26ML | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| STEQEYMA | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| TREMFYA PEN 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 |
| 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 |
| Peripheral Opioid Receptor Antagonists | | |
| MOVANTIK | 2 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| RELISTOR SOLN 8 MG/0.4ML | 4 | QL(0.4 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| RELISTOR SOLN 12 MG/0.6ML | 4 | QL(0.6 ML daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| RELISTOR TABS | 4 | QL(3 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 |
| RENAGEL *(Use sevelamer hcl)* | 9 | 2 max fill(s) per 30 day(s) retail |
| 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))* | 4 | 4 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RIVFLOZA SOLN | CO | QL(0.5 ML per 28 day(s) retail); SP |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tiopronin TABS* | 1 | QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; PA |
| *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; 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 |
| ZYLOPRIM 300 MG *(Use allopurinol)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| ZYLOPRIM 100 MG *(Use allopurinol)* | 4 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT | CO | 2 max fill(s) per 30 day(s) retail; SP |
| HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 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 | 2 max fill(s) per 30 day(s) retail; SP |
| KOATE SOLR | CO | 2 max fill(s) per 30 day(s) retail; SP |
| KOATE SOLR | 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 | 2 max fill(s) per 30 day(s) retail; SP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 | 2 max fill(s) per 30 day(s) retail; SP |
| XYNTHA SOLOFUSE | CO | 2 max fill(s) per 30 day(s) retail; SP |
| XYNTHA SOLOFUSE | CO | 2 max fill(s) per 30 day(s) retail; SP |
| Bradykinin B2 Receptor Antagonists | | |
| FIRAZYR SOSY *(Use icatibant acetate)* | CO | 2 max fill(s) per 30 day(s) retail; SP |
| *icatibant acetate SOSY* | CO | 2 max fill(s) per 30 day(s) retail; 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | | |
| TAVALISSE | 4 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA |
| Hematological Enzymes - Misc | | |
| ADZYNMA | CO | 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 Kallikrein Inhibitors | | |
| 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 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 |
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dipyridamole 25 MG, 75 MG* | 1 | QL(4 EA daily); 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 |
| EFFIENT *(Use prasugrel hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| 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 |
| 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 | 2 max fill(s) per 30 day(s) retail; SP |
| VPRIV | CO | 2 max fill(s) per 30 day(s) retail; SP |
| ZAVESCA *(Use miglustat)* | CO | 2 max fill(s) per 30 day(s) retail; 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 |
| OXBRYTA TABS 500 MG | 2 | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| OXBRYTA TABS 300 MG | 2 | 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| OXBRYTA TBSO | 2 | QL(3 EA daily); 4 max fill(s) per 30 day(s) retail; SP; MP; PA |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | | |
| 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 |
| *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 12.5 MG, 25 MG* | 1 | 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 |
| 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 | 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 PSKT | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| NPLATE | 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 |
| 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 per 1 day(s) retail); 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| FER-IN-SOL SOLN *(Use ferrous sulfate)* | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| FER-IN-SOL SOLN *(Use ferrous sulfate)* | 9 | 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 |
| 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 | 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 | | |
| AMICAR SOLN PO *(Use aminocaproic acid)* | 8 | 2 max fill(s) per 30 day(s) retail; PA |
| AMICAR TABS *(Use aminocaproic acid)* | 8 | 2 max fill(s) per 30 day(s) retail; PA |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *tranexamic acid SOLN 1000 MG/10ML* | 8 | 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 | | |
| AMYTAL SODIUM | 2 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| HALCION 0.25 MG *(Use triazolam)* | 9 | 2 max fill(s) per 30 day(s) retail |
| 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 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 |
| *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 |
| *zolpidem tartrate SUBL* | 4 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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; AL(At least 18 yrs old); PA |
| HETLIOZ CAPS *(Use tasimelteon)* | 4 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail; AL(At least 18 yrs old); 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; AL(At least 18 yrs old); 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 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 |
| MOVIPREP *(Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *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 |
| PLENVU | 4 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lactulose PACK* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *lactulose SOLN 10 GM/15ML* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *lactulose SOLN* | 1 | 2 max fill(s) per 30 day(s) retail |
| 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 SUPP *(Use bisacodyl)* | 9 | 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 500 MG *(Use azithromycin)* | 9 | 4 max fill(s) per 30 day(s) retail |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| 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 | 2 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EQL GAUZE PADS | 2 | RX/OTC |
| EXCILON AMD DRAIN SPONGES PADS | 2 | RX/OTC |
| EXCILON AMD NON-WOVEN SPONGES PADS | 2 | RX/OTC |
| 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 |
| RA STERILE 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 |
| 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 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | |
| MAXX MISC | 2 | |
| REALITY LATEX CONDOMS MISC | 2 | |
| REALITY LATEX/ULTRA TEXTURED DEVI | 2 | |
| REALITY LATEX/ULTRA THIN 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 | | |
| 1ST TIER UNILET COMFORTOUCH | 2 | RX/OTC |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 | 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 | RX/OTC |
| ADVOCATE SAFETY LANCETS 26G | 2 | MP; RX/OTC |
| AGAMATRIX ULTRA-THIN LANCETS | 2 | MP; RX/OTC |
| AIMSCO TWIST LANCETS 32G | 2 | RX/OTC |
| AIMSCO TWIST LANCETS 33G | 2 | RX/OTC |
| AQUALANCE LANCETS 30G | 2 | MP; RX/OTC |
| ASSURE COMFORT LANCETS 28G | 2 | MP; RX/OTC |
| ASSURE HAEMOLANCE PLUS HIGH | 2 | RX/OTC |
| ASSURE HAEMOLANCE PLUS LOW | 2 | RX/OTC |
| ASSURE HAEMOLANCE PLUS MICRO | 2 | RX/OTC |
| ASSURE HAEMOLANCE PLUS NORMAL | 2 | RX/OTC |
| ASSURE HAEMOLANCE PLUS PED | 2 | 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 | RX/OTC |
| AURORA LANCET THIN 23G | 2 | 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 LANCET ULTRAFINE 30G | 2 | RX/OTC |
| BD LANCET ULTRAFINE 33G | 2 | RX/OTC |
| 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CAREONE LANCET SUPER THIN 30G | 2 | MP; RX/OTC |
| CAREONE LANCET THIN 23G | 2 | RX/OTC |
| CARESENS LANCETS | 2 | RX/OTC |
| CARESENS LANCETS 30G | 2 | MP; RX/OTC |
| CARETOUCH LANCING/EJECTOR MISC | 2 | QL(1 EA per 180 day(s) retail) |
| CARETOUCH SAFETY LANCETS | 2 | 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 | RX/OTC |
| CLEVER CHEK LANCETS | 2 | MP; RX/OTC |
| CLEVER CHOICE COMFORT EZ | 2 | MP; RX/OTC |
| CLEVER CHOICE LANCETS 21G | 2 | RX/OTC |
| CLEVER CHOICE LANCETS 23G | 2 | RX/OTC |
| CLEVER CHOICE LANCETS 28G | 2 | 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 LANCETS | 2 | RX/OTC |
| COMFORT TOUCH LANCETS 31G | 2 | RX/OTC |
| COMFORT TOUCH PLUS LANCETS 28G | 2 | RX/OTC |
| COMFORT TOUCH PLUS LANCETS 30G | 2 | MP; RX/OTC |
| COMFORT TOUCH TWIST LANCET 30G | 2 | RX/OTC |
| CVS LANCETS ORIGINAL | 2 | 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 | RX/OTC |
| DIATHRIVE LANCET ULTRA THIN 30 | 2 | RX/OTC |
| DIATHRIVE LANCETS | 2 | 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 | 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 Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| DRUG MART UNILET LANCETS 30G | 2 | MP; RX/OTC |
| DRUG MART UNILET LANCETS 33G | 2 | MP; RX/OTC |
| 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 | 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 | RX/OTC |
| EZ-LETS LANCETS 26G | 2 | RX/OTC |
| EZ-LETS LANCETS 28G | 2 | RX/OTC |
| EZ-LETS LANCETS 30G | 2 | RX/OTC |
| FIFTY50 SAFETY SEAL LANCETS | 2 | RX/OTC |
| FIFTY50 UNILET LANCETS 33G | 2 | RX/OTC |
| FINE 30 | 2 | 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) |
| FREDS PHARMACY AUTOLET LANCING MISC | 2 | QL(1 EA per 180 day(s) retail) |
| FREDS PHARMACY UNILET LANC 28G | 2 | RX/OTC |
| FREDS PHARMACY UNILET LANC 30G | 2 | RX/OTC |
| FREESTYLE LANCETS | 2 | MP; RX/OTC |
| FREESTYLE LIBRE 14 DAY READER | 2 | QL(1 EA per fill retail; 1 EA per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA |
| FREESTYLE LIBRE 14 DAY 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 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 fill retail; 1 EA per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; PA |
| FREESTYLE LIBRE 2 SENSOR | 2 | QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA |
| 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 fill retail; 1 EA per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; 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 fill retail; 1 EA per 365 day(s) retail); 1 max fill(s) per 30 day(s) retail; 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 | RX/OTC |
| GENTLE-LET LANCETS | 2 | 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 | RX/OTC |
| GNP STERILE LANCETS 30G | 2 | 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 | RX/OTC |
| HAEMOLANCE LOW FLOW LANCETS | 2 | RX/OTC |
| HAEMOLANCE PLUS | 2 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HAEMOLANCE PLUS HIGH FLOW | 2 | RX/OTC |
| HAEMOLANCE PLUS LOW FLOW | 2 | RX/OTC |
| HAEMOLANCE PLUS MAX FLOW | 2 | RX/OTC |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | RX/OTC |
| HEALTHY ACCENTS LANCING DEVICE MISC | 2 | QL(1 EA per 180 day(s) retail) |
| HEALTHY ACCENTS UNILET LANCETS | 2 | 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 | RX/OTC |
| HY-VEE THIN LANCETS | 2 | RX/OTC |
| 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 | RX/OTC |
| KINNEY LANCETS | 2 | RX/OTC |
| KINNEY THIN LANCETS | 2 | 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 | RX/OTC |
| KROGER LANCETS SUPER THIN | 2 | RX/OTC |
| KROGER LANCETS THIN | 2 | 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 | RX/OTC |
| LANCETS SUPER THIN | 2 | RX/OTC |
| LANCETS SUPER THIN 28G | 2 | RX/OTC |
| LANCETS THIN | 2 | 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 | RX/OTC |
| LIBERTY MINI LANCING DEVICE MISC | 2 | QL(1 EA per 180 day(s) retail) |
| LITE TOUCH LANCETS | 2 | RX/OTC |
| LITE TOUCH LANCING PEN MISC | 2 | QL(1 EA per 180 day(s) retail) |
| LITETOUCH LANCETS | 2 | RX/OTC |
| LIVE BETTER ADV LANCING DEVICE MISC | 2 | QL(1 EA per 180 day(s) retail) |
| LIVE BETTER LANCET SUPER THIN | 2 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LIVE BETTER LANCET ULTRA THIN | 2 | RX/OTC |
| MEDICHOICE SAFETY LANCET | 2 | RX/OTC |
| MEDICHOICE SAFETY LANCET EXTRA | 2 | RX/OTC |
| MEDICHOICE SAFETY LANCET NORM | 2 | RX/OTC |
| MEDLANCE EXTRA 21G | 2 | RX/OTC |
| MEDLANCE LITE 25G | 2 | RX/OTC |
| MEDLANCE PLUS EXTRA 21G | 2 | MP; RX/OTC |
| MEDLANCE PLUS LANCETS | 2 | 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 | RX/OTC |
| MEIJER LANCETS | 2 | RX/OTC |
| MEIJER LANCETS UNIVERSAL 21G | 2 | RX/OTC |
| MEIJER LANCETS UNIVERSAL 30G | 2 | RX/OTC |
| MEIJER LANCETS UNIVERSAL 33G | 2 | 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 |
| MONOLET LANCETS | 2 | RX/OTC |
| MONOLET OPD LANCETS | 2 | RX/OTC |
| MONOLETTOR SAFETY LANCETS | 2 | RX/OTC |
| MPD SAFETY LANCET 21G | 2 | RX/OTC |
| MPD SAFETY LANCET 23G | 2 | RX/OTC |
| MPD SAFETY LANCET 28G | 2 | RX/OTC |
| MPD SAFETY LANCET 30G | 2 | 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 |
| PC LANCETS SUPER THIN 30G | 2 | MP; RX/OTC |
| PERFECT LANCETS 28G | 2 | RX/OTC |
| PERFECT LANCETS 30G | 2 | RX/OTC |
| PERFECT POINT SAFETY LANCETS | 2 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | 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 | RX/OTC |
| PSS SELECT SAFETY LANCETS | 2 | RX/OTC |
| PURE COMFORT LANCETS 30G | 2 | MP; RX/OTC |
| PX ADVANCED LANCING DEVICE MISC | 2 | QL(1 EA per 180 day(s) retail) |
| 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 | 2 | 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 | RX/OTC |
| QC UNILET LANCETS 28G | 2 | MP; RX/OTC |
| QC UNILET LANCETS MICRO THIN | 2 | MP; RX/OTC |
| READYLANCE SAFETY LANCETS | 2 | RX/OTC |
| REALITY LANCETS | 2 | RX/OTC |
| REALITY TRIGGER LANCETS | 2 | RX/OTC |
| RELION LANCET DEVICES 30G | 2 | MP; RX/OTC |
| RELION LANCETS | 2 | 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 | 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 | RX/OTC |
| SAFE-T-LANCE PLUS | 2 | RX/OTC |
| SAFETY LANCET 30G/PRESSURE ACT | 2 | MP; RX/OTC |
| SAFETY LANCETS | 2 | RX/OTC |
| SAFETY LANCETS 21G | 2 | MP; RX/OTC |
| SAFETY LANCETS 23G | 2 | MP; RX/OTC |
| SAFETY LANCETS 28G | 2 | RX/OTC |
| SAPS HEALTH PLUS LANCETS | 2 | MP; RX/OTC |
| SAPS HEALTH TWIST TOP LANCETS | 2 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| SAPS TWIST TOP LANCETS | 2 | MP; RX/OTC |
| SAPSCARE TWIST TOP LANCETS | 2 | RX/OTC |
| SB LANCETS THIN | 2 | RX/OTC |
| SB LANCETS ULTRA THIN | 2 | RX/OTC |
| SELECT-LITE LANCING DEVICE MISC | 2 | QL(1 EA per 180 day(s) retail) |
| SHOPKO AUTOLET LANCING DEVICE MISC | 2 | QL(1 EA per 180 day(s) retail) |
| SHOPKO ON-THE-GO LANCETS 30G | 2 | RX/OTC |
| SHOPKO UNILET LANCETS 28G | 2 | RX/OTC |
| SHOPKO UNILET LANCETS 30G | 2 | RX/OTC |
| SIMPLE DIAGNOSTICS LANCING DEV MISC | 2 | QL(1 EA per 180 day(s) retail) |
| SINGLE-LET | 2 | 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 | RX/OTC |
| SURE COMFORT LANCETS 18G | 2 | MP; RX/OTC |
| 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 | RX/OTC |
| TECHLITE AST LANCETS | 2 | RX/OTC |
| TECHLITE LANCETS | 2 | RX/OTC |
| TECHLITE LANCETS 26G | 2 | MP; RX/OTC |
| TECHLITE LANCETS 30G | 2 | MP; RX/OTC |
| THINLETS GP LANCETS | 2 | RX/OTC |
| TODAYS HEALTH LANCING DEVICE MISC | 2 | QL(1 EA per 180 day(s) retail) |
| TODAYS HEALTH THIN LANCETS 28G | 2 | RX/OTC |
| TODAYS HEALTH THIN LANCETS 30G | 2 | RX/OTC |
| TRAVEL LANCETS | 2 | 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 | RX/OTC |
| TRUEPLUS LANCETS 28G | 2 | MP; RX/OTC |
| TRUEPLUS LANCETS 30G | 2 | 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 | 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 | RX/OTC |
| ULTRA-THIN II LANCETS | 2 | MP; RX/OTC |
| UNILET COMFORTOUCH LANCET | 2 | RX/OTC |
| UNILET EXCELITE | 2 | RX/OTC |
| UNILET EXCELITE II | 2 | RX/OTC |
| UNILET G.P. LANCET | 2 | RX/OTC |
| UNILET G.P. SUPERLITE LANCET | 2 | RX/OTC |
| UNILET GP 28 ULTRA THIN | 2 | RX/OTC |
| UNILET LANCET | 2 | MP; RX/OTC |
| UNILET MICRO-THIN 33G | 2 | MP; RX/OTC |
| UNILET SUPERLITE LANCET | 2 | RX/OTC |
| UNILET SUPER-THIN 30G | 2 | MP; RX/OTC |
| UNILET ULTRA-THIN 28G | 2 | MP; RX/OTC |
| UNISTIK 1 | 2 | RX/OTC |
| UNISTIK 2 | 2 | RX/OTC |
| UNISTIK 2 COMFORT | 2 | RX/OTC |
| UNISTIK 2 EXTRA | 2 | RX/OTC |
| UNISTIK 2 NEONATAL | 2 | RX/OTC |
| UNISTIK 2 NORMAL | 2 | RX/OTC |
| UNISTIK 2 SUPER | 2 | RX/OTC |
| UNISTIK 3 | 2 | RX/OTC |
| UNISTIK 3 COMFORT | 2 | MP; RX/OTC |
| UNISTIK 3 EXTRA | 2 | RX/OTC |
| UNISTIK 3 GENTLE | 2 | MP; RX/OTC |
| UNISTIK 3 NEONATAL | 2 | 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 |
| VALUMARK LANCET SUPER THIN 30G | 2 | MP; RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VALUMARK LANCET ULTRA THIN 28G | 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 |
| VIDA MIA AUTOLET LANCING DEV MISC | 2 | QL(1 EA per 180 day(s) retail) |
| VIDA MIA UNILET LANCETS 28G | 2 | MP; RX/OTC |
| VIDA MIA UNILET LANCETS 30G | 2 | MP; RX/OTC |
| VIVAGUARD LANCETS | 2 | 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 |
| WALGREENS ADV TRAVEL LANCETS | 2 | 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 | RX/OTC |
| BD SWAB SINGLE USE REGULAR | 2 | MP; RX/OTC |
| CARETOUCH ALCOHOL PREP | 2 | RX/OTC |
| COMFORT TOUCH ALCOHOL PREP | 2 | RX/OTC |
| CURITY ALCOHOL PREPS | 2 | MP; RX/OTC |
| 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 | 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 | 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 | RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RA ALCOHOL SWABS | 2 | MP; RX/OTC |
| REALITY SWABS | 2 | 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 | RX/OTC |
| SM ALCOHOL PREP | 2 | 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 | RX/OTC |
| ULTRA-CARE ALCOHOL PREP PADS | 2 | MP; RX/OTC |
| WEBCOL ALCOHOL PREP LARGE | 2 | RX/OTC |
| WEBCOL ALCOHOL PREP MEDIUM | 2 | MP; RX/OTC |
| ZEVRX STERILE ALCOHOL PREP PAD | 2 | RX/OTC |
| Parenteral Therapy Supplies | | |
| 1ST TIER UNIFINE PENTIPS | 2 | QL(5 EA daily); RX/OTC |
| 1ST TIER UNIFINE PENTIPS PLUS | 2 | QL(5 EA daily); 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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) |
| 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); RX/OTC |
| AURORA UNIFINE PENTIPS | 2 | QL(5 EA daily); 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | QL(5 EA daily); RX/OTC |
| BD HYPODERMIC NEEDLE | 2 | 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 U/F | 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 |
| BD SAFETYGLIDE SHIELDED NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| BD SAFETYGLIDE SYRINGE/NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| BD SAFETY-LOK INSULIN SYRINGE | 2 | QL(5 EA daily); RX/OTC |
| BD SYRINGE LUER-LOK | 2 | QL(5 EA daily); RX/OTC |
| BD SYRINGE LUER-LOK | 2 | RX/OTC |
| BD SYRINGE SLIP TIP | 2 | RX/OTC |
| BD SYRINGE SLIP TIP | 2 | QL(5 EA daily); 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); RX/OTC |
| CAREONE INSULIN SYRINGE | 2 | QL(5 EA daily) |
| CAREONE UNIFINE PENTIPS | 2 | QL(5 EA daily); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS | 2 | QL(5 EA daily); RX/OTC |
| CAREPOINT POLY HUB NEEDLE | 2 | RX/OTC |
| CAREPOINT POLY HUB NEEDLE | 2 | QL(5 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | QL(5 EA daily); RX/OTC |
| CAREPOINT SYRINGE LUER LOCK | 2 | 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 | RX/OTC |
| CARETOUCH HYPODERMIC NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| CARETOUCH INSULIN SYRINGE | 2 | QL(5 EA daily); RX/OTC |
| CARETOUCH LUER LOCK | 2 | RX/OTC |
| CARETOUCH LUER LOCK | 2 | QL(5 EA daily); RX/OTC |
| CARETOUCH LUER LOCK SYR/NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| CARETOUCH LUER SLIP | 2 | RX/OTC |
| CARETOUCH LUER SLIP | 2 | QL(5 EA daily); RX/OTC |
| CARETOUCH PEN NEEDLES | 2 | QL(5 EA daily); 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); 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); RX/OTC |
| DIATHRIVE PEN NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| DROPLET INSULIN SYRINGE | 2 | QL(5 EA daily); RX/OTC |
| DROPLET PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| DROPSAFE SAFETY PEN NEEDLES | 2 | QL(5 EA daily); 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); 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 |
| EASY COMFORT PEN NEEDLES | 2 | QL(5 EA daily); 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 | QL(5 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| EASY TOUCH HYPODERMIC NEEDLE | 2 | 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); 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 | QL(5 EA daily); RX/OTC |
| EASYPOINT NEEDLE | 2 | 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); RX/OTC |
| FIFTY50 PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| FIFTY50 SUPERIOR COMFORT SYR | 2 | QL(5 EA daily); RX/OTC |
| FREDS PHARMACY UNIFINE PENTIP+ | 2 | QL(5 EA daily); RX/OTC |
| FREDS PHARMACY UNIFINE PENTIPS | 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 MINI PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| HEALTHWISE PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| HEALTHWISE SHORT PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| HEALTHWISE UNIFINE PENTIPS | 2 | QL(5 EA daily); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIP | 2 | QL(5 EA daily); RX/OTC |
| H-E-B INCONTROL PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| H-E-B INCONTROL UNIFINE PENTIP | 2 | QL(5 EA daily); 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); 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); 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); 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); 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); 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); RX/OTC |
| MICRODOT PEN NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| MM INSULIN SYRINGE/NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| MM PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| MONOJECT BLUNTIP SYR/CANNULA | 2 | RX/OTC |
| MONOJECT HYPODERMIC NEEDLE | 2 | QL(5 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| MONOJECT HYPODERMIC NEEDLE | 2 | 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 | QL(5 EA daily); RX/OTC |
| MONOJECT PHARMACY TRAY | 2 | RX/OTC |
| MONOJECT SYRINGE | 2 | RX/OTC |
| MONOJECT SYRINGE | 2 | QL(5 EA daily); 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 |
| PATIENT SAFE SYRINGE | 2 | RX/OTC |
| PC UNIFINE PENTIPS | 2 | QL(5 EA daily); RX/OTC |
| PEN NEEDLE/5-BEVEL TIP | 2 | QL(5 EA daily); RX/OTC |
| PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| PENTIPS | 2 | QL(5 EA daily); RX/OTC |
| PENTIPS GENERIC PEN NEEDLES | 2 | QL(5 EA daily); 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 | RX/OTC |
| POLY HUB NEEDLE | 2 | QL(5 EA daily); 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); RX/OTC |
| PREVENT SAFETY PEN NEEDLES | 2 | QL(5 EA daily); 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); RX/OTC |
| PX INSULIN SYRINGE | 2 | QL(5 EA daily) |
| PX MINI PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| PX SHORTLENGTH PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| QC PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| QC UNIFINE PENTIPS | 2 | QL(5 EA daily); RX/OTC |
| QUICK TOUCH INSULIN PEN NEEDLE | 2 | QL(5 EA daily); RX/OTC |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RA INSULIN SYRINGE | 2 | QL(5 EA daily); RX/OTC |
| RA PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| RAYA SURE PEN NEEDLE | 2 | QL(5 EA daily); 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); 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 |
| SHOPKO UNIFINE PENTIPS | 2 | QL(5 EA daily); RX/OTC |
| SHOPKO UNIFINE PENTIPS PLUS | 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); RX/OTC |
| SYRINGE LUER LOCK | 2 | RX/OTC |
| SYRINGE LUER LOCK | 2 | QL(5 EA daily); RX/OTC |
| SYRINGE LUER SLIP | 2 | RX/OTC |
| SYRINGE LUER SLIP | 2 | QL(5 EA daily); RX/OTC |
| TECHLITE INSULIN SYRINGE | 2 | QL(5 EA daily); RX/OTC |
| TECHLITE PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| TECHLITE PLUS PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| TODAYS HEALTH MINI 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); RX/OTC |
| TRUE COMFORT PRO INSULIN SYR | 2 | QL(5 EA daily); RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| TRUE COMFORT SAFETY PEN NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| TRUEPLUS INSULIN SYRINGE | 2 | QL(5 EA daily); RX/OTC |
| TRUEPLUS PEN NEEDLES | 2 | QL(5 EA daily); 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); RX/OTC |
| ULTICARE MINI PEN NEEDLES | 2 | QL(5 EA daily); 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); RX/OTC |
| ULTIGUARD SAFEPACK SYR/NEEDLE | 2 | QL(5 EA daily) |
| ULTILET PEN NEEDLE | 2 | QL(5 EA daily) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ULTRA COMFORT INSULIN SYRINGE | 2 | QL(5 EA daily); RX/OTC |
| 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); 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 PEN NEEDLES | 2 | QL(5 EA daily); RX/OTC |
| UNIFINE PENTIPS | 2 | QL(5 EA daily); RX/OTC |
| UNIFINE PENTIPS PLUS | 2 | QL(5 EA daily); RX/OTC |
| UNIFINE PROTECT PEN NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| UNIFINE SAFECONTROL PEN NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| UNIFINE ULTRA PEN NEEDLE | 2 | QL(5 EA daily); RX/OTC |
| VALUMARK PEN NEEDLES | 2 | QL(5 EA daily); 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 |
| VIDA MIA UNIFINE PENTIPS | 2 | QL(5 EA daily); RX/OTC |
| WEGMANS UNIFINE PENTIPS PLUS | 2 | QL(5 EA daily); RX/OTC |
| ZEVRX INSULIN SYRINGE | 2 | QL(5 EA daily); RX/OTC |
| ZEVRX PEN NEEDLES | 2 | QL(5 EA daily); 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AEROCHAMBER Z-STAT PLUS MISC | 2 | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BREATHERITE VALVED MDI CHAMBER DEVI | 2 | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| 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 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 |
| 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 |
| HUDSON RCI AEROSOL MASK ADULT 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 |
| INSPIRACHAMBER/LARGE DEVI | 2 | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| INSPIRACHAMBER/MEDIUM DEVI | 2 | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| INSPIRACHAMBER/MOUTHPIECE DEVI | 2 | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| INSPIRACHAMBER/SMALL DEVI | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *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 | | |
| *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 |
| MIGRANAL SOLN NA *(Use dihydroergotamine mesylate)* | 4 | QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail); 2 max fill(s) per 30 day(s) retail; PA |
| 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 6 MG/0.5ML *(Use sumatriptan succinate)* | 4 | QL(1 ML daily); 2 max fill(s) per 30 day(s) retail; PA |
| IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML *(Use sumatriptan succinate)* | 4 | QL(1.5 ML daily); 2 max fill(s) per 30 day(s) retail; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 *(Use sumatriptan succinate)* | 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 *(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 10 MG* | 1 | QL(3 EA daily); 2 max fill(s) per 30 day(s) retail |
| *rizatriptan benzoate TABS 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 |
| *rizatriptan benzoate TBDP 5 MG* | 1 | QL(2 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 6 MG/0.5ML* | 4 | QL(1 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 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* | 4 | QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail; PA |
| *zolmitriptan TABS* | 1 | QL(2 EA daily; 12 EA per 30 day(s) retail); 2 max fill(s) per 30 day(s) retail |
| *zolmitriptan TBDP* | 4 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG* | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 | |
| *oyster shell* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT | 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 10 MEQ, 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 2 MEQ/ML | 1 | 2 max fill(s) per 30 day(s) retail; MP; PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 10 %, 10 %* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 IV *(Use potassium chloride)* | 1 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 |
| *potassium chloride TBCR 15 MEQ* | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Allogeneic Tissue | | |
| RETHYMIC | CO | SP |
| Chelating Agents | | |
| CUPRIMINE CAPS *(Use penicillamine)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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; MP; 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 |
| SYPRINE *(Use trientine hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; 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 |
| *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 |
| RYONCIL <12.5KG KIT IV | CO | |
| RYONCIL 12.5KG TO <25KG KIT IV | CO | |
| RYONCIL 25KG TO <37.5KG KIT IV | CO | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | 2 max fill(s) per 30 day(s) retail; SP |
| THALOMID 50 MG, 100 MG | 2 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP; PA |
| VYVGART | CO | 2 max fill(s) per 30 day(s) retail; SP |
| VYVGART HYTRULO | CO | 2 max fill(s) per 30 day(s) retail; SP |
| VYVGART HYTRULO SC | CO | 2 max fill(s) per 30 day(s) retail; SP |
| Immunosuppressive Agents | | |
| ASTAGRAF XL CP24 | CO | 2 max fill(s) per 30 day(s) retail; MP |
| ATGAM | CO | SP |
| 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 |
| *azathioprine TABS 75 MG, 100 MG* | 4 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| CELLCEPT INTRAVENOUS *(Use mycophenolate mofetil hcl)* | CO | |
| 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 |
| *cyclosporine SOLN IV 50 MG/ML* | CO | |
| 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 hcl* | CO | |
| *mycophenolate mofetil CAPS* | CO | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | PA |
| 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 |
| 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 IV 50 MG/ML | CO | |
| SANDIMMUNE SOLN PO 100 MG/ML | CO | 2 max fill(s) per 30 day(s) retail; MP |
| 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 |
| THYMOGLOBULIN | CO | SP |
| 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 8.4 GM, 16.8 GM, 25.2 GM | 4 | QL(1 EA daily); 2 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VELTASSA 1 GM | 4 | QL(4 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 |
| Anti-infectives - Throat | | |
| *clotrimazole* | 1 | 2 max fill(s) per 30 day(s) retail |
| 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 |
| PERIDEX *(Use chlorhexidine gluconate (mouth-throat))* | 9 | 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 |
| Steroids - Mouth/Throat/Dental | | |
| *triamcinolone acetonide (mouth)* | 1 | 2 max fill(s) per 30 day(s) retail |
| *triamcinolone acetonide (mouth)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| Throat Products - Misc. | | |
| *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 |
| *pilocarpine hcl (oral)* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| XYLIGEL GEL | 2 | 2 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 CAPS* | 2 | 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 |
| 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 | | |
| ALIVE DIABETIC MULTIVITAMIN TABS | 8 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| CENTRUM ADULTS TABS *(Use multiple vitamins w/ minerals)* | 9 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| CENTRUM MEN TABS | 8 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| CENTRUM SILVER 50+MEN TABS *(Use multiple vitamins w/ minerals)* | 9 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| CENTRUM SILVER 50+WOMEN TABS *(Use multiple vitamins w/ minerals)* | 9 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| CENTRUM SILVER MEN 50+ TABS *(Use multiple vitamins w/ minerals)* | 9 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| CENTRUM SILVER TABS *(Use multiple vitamins w/ minerals)* | 9 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| CENTRUM WOMEN TABS *(Use multiple vitamins w/ minerals)* | 9 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| FOSFREE TABS *(Use multiple vitamins w/ minerals)* | 9 | 2 max fill(s) per 30 day(s) retail; MP; 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; MP; RX/OTC |
| ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(Use multiple vitamins w/ minerals)* | 9 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| OPTIVITE P.M.T. TABS *(Use multiple vitamins w/ minerals)* | 9 | 2 max fill(s) per 30 day(s) retail; MP; 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; MP; RX/OTC |
| Ped Multi Vitamins w/Fl & FE | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| Ped Multiple Vitamins w/ Minerals | | |
| ALIVE MULTI-VITAMIN CHILDRENS CHEW | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| CENTRUM KIDS MULTIGUMMIES CHEW | 8 | 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 |
| EMERGEN-C KIDZ DAILY IMMUNE CHEW 250 MG-12 MCG-0.5 MG-0.13 MG-10 MG-0.5 MG-1.4 MCG | 8 | 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 |
| VITACHEW MULTIPLE VITAMIN 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 | 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 |
| 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 |
| VITAMINS ACD-FLUORIDE SOLN | 1 | 2 max fill(s) per 30 day(s) retail; MP; RX/OTC |
| Ped MV w/ Iron | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |
| GNP PRENATAL TABS | 1 | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| KP PRENATAL MULTIVITAMINS 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 |
| 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 |
| RA PRENATAL TABS | 1 | 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 10 MG/5ML* | 4 | 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 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 5 MG, 10 MG* | 1 | QL(3 EA daily); 2 max fill(s) per 30 day(s) retail |
| *cyclobenzaprine hcl TABS 7.5 MG* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| 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 750 MG* | 1 | QL(6 EA daily); 2 max fill(s) per 30 day(s) retail |
| *methocarbamol TABS 500 MG* | 1 | QL(8 EA daily); 2 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *methocarbamol TABS 1000 MG* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *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 |
| ROBAXIN SOLN *(Use methocarbamol)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| 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 4 MG* | 4 | QL(9 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 TABS 2 MG* | 1 | QL(4 EA daily); 2 max fill(s) per 30 day(s) retail |
| *tizanidine hcl TABS 4 MG* | 1 | QL(9 EA daily); 2 max fill(s) per 30 day(s) retail |
| ZANAFLEX CAPS 6 MG *(Use tizanidine hcl)* | 4 | QL(3 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 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 25 MG, 50 MG* | 4 | QL(3 EA daily); 2 max fill(s) per 30 day(s) retail |
| *dantrolene sodium CAPS 100 MG* | 4 | QL(4 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 | | |
| *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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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. | | |
| NASADROPS SALINE ON THE GO SOLN | CO | |
| OCEAN NASAL SPRAY SOLN *(Use saline)* | 9 | 2 max fill(s) per 30 day(s) retail |
| RHINASE SOLN | 8 | |
| *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 |
| PATANASE *(Use olopatadine hcl (nasal))* | 9 | QL(31 GM per 30 day(s) retail; 31 GM per 30 days mail); 2 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| NASACORT ALLERGY 24HR AERO *(Use triamcinolone acetonide (nasal))* | 9 | 2 max fill(s) per 30 day(s) retail |
| 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 |
| ZETONNA AERS | 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 30 MG/100ML* | CO | QL(2800 ML daily); 2 max fill(s) per 30 day(s) retail; SP |
| *edaravone SOLN 60 MG/100ML* | CO | QL(1400 ML daily); 2 max fill(s) per 30 day(s) retail; SP |
| EXSERVAN FILM | 4 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail |
| RILUTEK TABS *(Use riluzole)* | 4 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| *riluzole TABS* | 1 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 | CO | 2 max fill(s) per 30 day(s) retail; SP |
| EVRYSDI PO 5 MG | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *carboxymethylcellulose sodium (ophth) GEL* | 8 | |
| *carboxymethylcellulose sodium (ophth) SOLN 0.5 %* | 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 |
| *glycerin-hypromellose-polyethylene glycol 400* | 2 | 2 max fill(s) per 30 day(s) retail |
| *glycerin-hypromellose-polyethylene glycol 400* | 1 | 2 max fill(s) per 30 day(s) retail |
| LACRISERT | 4 | 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 |
| PURE & GENTLE LUBRICANT SOLN | 8 | |
| 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 |
| 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 |
| BETIMOL | 4 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *timolol maleate (ophth) SOLG* | 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 |
| *timolol maleate (ophth) SOLN* | 1 | 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 SOLN *(Use timolol maleate (ophth))* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| TIMOPTIC-XE SOLG *(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 % | 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 |
| ATROPINE SULFATE SOLN 1 % | 2 | 2 max fill(s) per 30 day(s) retail |
| CYCLOGYL | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| CYCLOGYL *(Use cyclopentolate hcl)* | 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 0.5 %* | 1 | 2 max fill(s) per 30 day(s) retail; PA |
| *tropicamide SOLN 1 %* | 1 | 2 max fill(s) per 30 day(s) retail |
| Miotics | | |
| PHOSPHOLINE IODIDE | 4 | 2 max fill(s) per 30 day(s) retail; MP |
| *pilocarpine hcl SOLN 1 %, 2 %, 4 %* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| VUITY SOLN | 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| AZASITE | 4 | 4 max fill(s) per 30 day(s) retail |
| *bacitracin (ophthalmic)* | 4 | 4 max fill(s) per 30 day(s) retail |
| *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 |
| CILOXAN SOLN *(Use ciprofloxacin hcl (ophth))* | 9 | 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 |
| POLYTRIM *(Use polymyxin b-trimethoprim)* | 9 | 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| Ophthalmic Local Anesthetics | | |
| AKTEN | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| ALCAINE *(Use proparacaine hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *proparacaine hcl* | 1 | 2 max fill(s) per 30 day(s) retail; PA |
| *proparacaine hcl* | 8 | 2 max fill(s) per 30 day(s) retail; PA |
| *tetracaine hcl (ophth)* | 8 | 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 |
| DUREZOL *(Use difluprednate)* | 9 | 2 max fill(s) per 30 day(s) retail |
| EYSUVIS SUSP | 4 | 2 max fill(s) per 30 day(s) retail |
| FLAREX | 4 | 2 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| 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 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 |
| TOBRADEX SUSP *(Use tobramycin-dexamethasone)* | 9 | 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)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| AZOPT *(Use brinzolamide)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 |
| *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 0.1 %* | 8 | RX/OTC |
| *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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 |
| XELPROS EMUL | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| ZIOPTAN *(Use tafluprost)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| ZIOPTAN *(Use tafluprost)* | 4 | 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 |
| CIPRODEX *(Use ciprofloxacin-dexamethasone)* | 9 | 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 S/D 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 SUSR *(Use amoxicillin)* | 1 | 4 max fill(s) per 30 day(s) retail |
| *amoxicillin TABS* | 1 | 4 max fill(s) per 30 day(s) retail |
| *ampicillin sodium IV 1 GM, 2 GM, 10 GM* | 1 | 2 max fill(s) per 30 day(s) retail; PA |
| *ampicillin sodium IJ 125 MG* | 2 | 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 |
| 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 IV 1 GM-0.5 GM, 10 GM-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* | 1 | 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 |
| 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 | | |
| AYGESTIN TABS *(Use norethindrone acetate)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 | 1 max fill(s) per 30 day(s) retail; SP |
| ARICEPT TABS *(Use donepezil hydrochloride)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *donepezil hydrochloride TABS 23 MG* | 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 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *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 XR CP24 7 MG *(Use memantine hcl)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| NAMENDA TABS *(Use memantine hcl)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| NAMZARIC C4PK | 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 |
| NAMZARIC CP24 | 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 | SP |
| 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 | SP |
| Movement Disorder Drug Therapy | | |
| AUSTEDO XR PATIENT TITRATION TEPK | 2 | 2 max fill(s) per 30 day(s) retail |
| 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 30 MG, 48 MG | 2 | QL(1 EA daily; 1 EA per fill retail); 2 max fill(s) per 30 day(s) retail |
| AUSTEDO XR TB24 6 MG, 12 MG, 18 MG, 24 MG, 36 MG, 42 MG | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| *tetrabenazine 12.5 MG* | 1 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail |
| *tetrabenazine 25 MG* | 1 | QL(8 EA daily); 2 max fill(s) per 30 day(s) retail |
| XENAZINE 25 MG *(Use tetrabenazine)* | 4 | QL(8 EA daily); 2 max fill(s) per 30 day(s) retail; MP; PA |
| XENAZINE 12.5 MG *(Use tetrabenazine)* | 4 | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; MP; 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 *(Use 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 |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| 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 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 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZEPOSIA 7-DAY STARTER PACK CPPK | 4 | 2 max fill(s) per 30 day(s) retail; SP; PA |
| ZEPOSIA STARTER KIT CPPK | 2 | 2 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 | | |
| *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 450 MG, 750 MG, 900 MG | 2 | QL(2 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 82.5 MG, 165 MG *(Use pregabalin (once-daily))* | 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 |
| *pregabalin (once-daily) 82.5 MG, 165 MG* | 4 | QL(3 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 STARTING MONTH PAK TBPK *(Use varenicline tartrate)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| 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 |
| *nicotine polacrilex LOZG* | 2 | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| TEGSEDI | CO | QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); 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 125 MG-10 MG-50 MG | CO | QL(2 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| ALYFTREK 50 MG-4 MG-20 MG | CO | QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; SP |
| BRONCHITOL | CO | 2 max fill(s) per 30 day(s) retail |
| BRONCHITOL TOLERANCE TEST | CO | 2 max fill(s) per 30 day(s) retail |
| KALYDECO PACK 25 MG, 50 MG, 75 MG | CO | |
| KALYDECO PACK 5.8 MG, 13.4 MG | CO | 2 max fill(s) per 30 day(s) retail |
| KALYDECO TABS | CO | |
| ORKAMBI PACK 94 MG-75 MG | CO | 2 max fill(s) per 30 day(s) retail; SP |
| ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG | CO | |
| ORKAMBI TABS | CO | |
| PULMOZYME | CO | |
| SYMDEKO | CO | |
| TRIKAFTA TBPK | CO | |
| TRIKAFTA THPK | CO | |
| Pulmonary Fibrosis Agents | | |
| ESBRIET CAPS *(Use pirfenidone)* | 9 | QL(9 EA daily); 2 max fill(s) per 30 day(s) retail |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ESBRIET CAPS *(Use pirfenidone)* | 4 | QL(9 EA daily); 2 max fill(s) per 30 day(s) retail; PA |
| 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 |
| 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 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 |
| *pirfenidone TABS 801 MG* | 1 | QL(3 EA daily); 2 max fill(s) per 30 day(s) retail; 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 |
| DORYX TBEC 200 MG *(Use doxycycline hyclate)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *doxycycline (monohydrate) CAPS 75 MG, 150 MG* | 4 | 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) 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 |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| *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)* | 4 | 4 max fill(s) per 30 day(s) retail; PA |
| 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 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG | 2 | 2 max fill(s) per 30 day(s) retail; MP |
| ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | 1 | 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 CAPS 13 MCG, 50 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG* | 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* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *levothyroxine sodium TABS* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA |
| *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 | |
| 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 INJ | 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 |
| DARTISLA ODT TBDP | 4 | 2 max fill(s) per 30 day(s) retail |
| *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* | 1 | 2 max fill(s) per 30 day(s) retail |
| DONNATAL ELIX *(Use phenobarbital-hyoscyamine-atropine-scopolamine)* | 8 | |
| GLYCATE TABS | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *glycopyrrolate SOLN PO 1 MG/5ML* | 1 | 2 max fill(s) per 30 day(s) retail |
| *glycopyrrolate SOLN IJ* | 1 | |
| *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* | 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 TB12 0.375 MG* | 1 | 2 max fill(s) per 30 day(s) retail |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| LIBRAX *(Use chlordiazepoxide hcl-clidinium bromide)* | 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 |
| PEPCID TABS *(Use famotidine)* | 4 | 2 max fill(s) per 30 day(s) retail; MP; PA; RX/OTC |
| Misc. Anti-Ulcer | | |
| CARAFATE SUSP *(Use sucralfate)* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| 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 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| *esomeprazole magnesium CPDR 20 MG* | 1 | Max Limit: 60 days per 365 days; 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 |
| *esomeprazole magnesium CPDR* | 4 | Max Limit: 60 days per 365 days; 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* | 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 |
| *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 PACK 10 MG, 20 MG, 40 MG* | 4 | Max Limit: 60 days per 365 days; 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lansoprazole CPDR* | 4 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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 |
| NEXIUM PACK *(Use esomeprazole magnesium)* | 4 | Max Limit: 60 days per 365 days; 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 CPDR 20 MG, 40 MG* | 1 | Max Limit: 60 days per 365 days; 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 |
|---|---|---|
| *omeprazole CPDR 10 MG* | 4 | Max Limit: 60 days per 365 days; 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/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-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 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 PACK* | 1 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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* | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *pantoprazole sodium TBEC* | 1 | Max Limit: 60 days per 365 days; 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 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 |
| PREVACID 24HR CPDR *(Use lansoprazole)* | 9 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PROTONIX TBEC *(Use pantoprazole sodium)* | 4 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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 *(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 |
| *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 | Max Limit: 60 days per 365 days; 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 | Max Limit: 60 days per 365 days; 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ZEGERID CAPS *(Use omeprazole-sodium bicarbonate)* | 4 | Max Limit: 60 days per 365 days; 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 |
| ZEGERID PACK *(Use omeprazole-sodium bicarbonate)* | 4 | Max Limit: 60 days per 365 days; 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 |
| 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 1 MG *(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 |
| DITROPAN XL TB24 5 MG *(Use oxybutynin chloride)* | 9 | 2 max fill(s) per 30 day(s) retail; MP |
| *fesoterodine fumarate* | 1 | 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 2.5 MG* | 2 | 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 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* | 1 | 2 max fill(s) per 30 day(s) retail; MP |
| *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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | | |
| 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 | |
| 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 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) |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 1440 EL U/ML | 2 | |
| HAVRIX IM 720 EL U/0.5ML | 2 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HEPLISAV-B SOSY | 2 | 3 max fill(s) per 999 day(s) retail |
| IMOVAX RABIES SUSR | 2 | |
| IPOL | 2 | |
| IXIARO | 2 | |
| JANSSEN COVID-19 VACCINE | 2 | |
| JYNNEOS | 2 | |
| M-M-R II SOLR | 2 | AL(At least 7 yrs old) |
| MODERNA COVID-19 BIVAL 6M-5Y | 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 | |
| PFIZER COVID-19 BIVAL 6MO-4YR | 2 | |
| PFIZER COVID-19 VAC BIVAL 5-11 | 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 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 | |
| ROTARIX SUSR | 2 | |
| ROTATEQ SOLN | 2 | |
| SHINGRIX | 2 | 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old) |
| SPIKEVAX SUSP | 2 | |
| SPIKEVAX SUSY | 2 | |
| STAMARIL SUSR | 2 | |
| TICOVAC | 2 | |
| TWINRIX SUSY | 2 | |
| VAQTA | 2 | |
| VARIVAX SUSR | 2 | 2 max fill(s) per 999 day(s) retail |
| YF-VAX INJ | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 |
| GYNE-LOTRIMIN CREA *(Use clotrimazole vaginal)* | 9 | 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 |
| 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* | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| 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 |
| **VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions** | | |
| Anaphylaxis Therapy Agents | | |
| ADRENALIN SOLN IJ 1 MG/ML *(Use epinephrine (anaphylaxis))* | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| ADRENALIN SOLN IJ 30 MG/30ML *(Use epinephrine (anaphylaxis))* | NP | PA |
| AUVI-Q SOAJ | 4 | 2 max fill(s) per 30 day(s) retail; PA |
| *epinephrine (anaphylaxis) SOAJ* | 2 | 2 max fill(s) per 30 day(s) retail |
| *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) SOLN IJ 30 MG/30ML* | NP | PA |
| EPINEPHRINE SOAJ 0.3 MG/0.3ML | 2 | 2 max fill(s) per 30 day(s) retail |
| 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; MP; PA |
| Vasopressors | | |
| AKOVAZ SOLN IV *(Use ephedrine sulfate (pressors))* | NF | PA |
| *ephedrine sulfate (pressors) SOLN IJ* | 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 | PA |
| *epinephrine SOLN IJ* | 1 | 2 max fill(s) per 30 day(s) retail |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 | 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 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)* | 1 | 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 |
| *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 |
| *phytonadione TABS 5 MG* | 1 | |
| 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 400 UNIT | 1 | 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 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 | 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 |
| Water Soluble Vitamins | | |
| B-6 TABS | 1 | 2 max fill(s) per 30 day(s) retail; MP |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *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 TABS 500 MG* | 2 | 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 100 MG* | 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 |
| 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 |

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