2026 Michigan Medicaid Formulary

Introduction

Meridian is pleased to provide an updated 2026 Medicaid Formulary as a reference and informational tool for providers, pharmacists, and patients. The purpose of the Meridian formulary is to help providers choose clinically fit and cost-effective products for their patients. This document has facts about the drugs we cover in this plan.

Pharmacy and Therapeutics (P&T) Committee

Meridian uses the State of Michigan criteria for the formulary items to determine coverage. For items not on the list or formulary Meridian would depend on our internal P&T Committee made up of providers, pharmacists, and healthcare professionals. The clinical information within the formulary was derived from medical literature and is reviewed and approved by the P&T Committee.

Notice

The information contained in this formulary is provided by Meridian, solely for the convenience of medical providers. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. Meridian assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Preface

The Meridian formulary is organized in sections. Each section includes therapeutic groups named by either drug class or disease state. Brand and common names are included as a reference to help in product recognition. Brand name drugs are capitalized (e.g. LIPITOR) and generic drugs are listed in lower-case italics (e.g*. atorvastatin calcium).*

Meridian will not cover prescription drugs that are prescribed for experimental, investigational, or non-FDA approved indications, dosages, or routes of administration.

Formulary Components

The Meridian formulary contains covered medications without authorization, medications that must meet step therapy protocol, medications that need prior authorization, specialty medications, and medications that have quantity limits. Members will not be charged a co-pay when Meridian covers a medication.

Generic Substitution

Meridian is a mandatory generic plan. Michigan Department of Health and Human Services (MDHHS) has mandated that some brand medications are to be covered over the generic medication. Generic medication will be dispensed when available.

Covered Medications without Authorization

Meridian covers many medications without requiring authorization. These medications include many prescriptions and over-the-counter medications (with a valid prescription).

Non-Covered Benefits

The following categories are not covered benefits: medications used for cosmetic purposes, to promote fertility, for sexual dysfunction, for experimental or investigational purposes, or medications that are not licensed for use in the United States.

Tier Descriptions

Tier Number	Tier Name	Tier Description
1	PDL Preferred	MDHHS preferred drug list (PDL) mandated coverage. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
2	PDL Non-Preferred	MDHHS PDL mandated coverage. Prior authorization required. In some cases will need the trial and failure of preferred agent(s). Some products may have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
3	Non-PDL	MDHHS mandated Non-PDL coverage. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
4	Supplemental	Additional products that Meridian covers for the benefit of its members. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.

Prior Authorization (PA)
Drugs indicated with "PA" require prior authorization for coverage. Please call the Help Desk at **866-984-6462** or fax a completed prior authorization form to **877-355-8070**. All prior authorizations will be reviewed within 24 hours.

Step Therapy (ST)
Drugs with an "ST" need step therapy for coverage. The required step is listed next to the drug name.

Specialty Medications (SP)
All specialty medications noted as “SP” are to be filled at contracted, in-network specialty pharmacies.

Quantity Limits (QL)
Drugs with a "QL" have a set quantity limit imposed. These limits are based on FDA-recommended dosing guidelines. The quantity limit is listed next to the drug name. All medications have a maximum of 30 days per prescription.

Fill Limit (FL)
Drugs indicated with an "FL" have a set fill limit imposed. The fill limit is listed next to the drug name. These medications are limited to a number of fills in a set amount of time.

Day Supply Limit (DS)
Drugs indicated with a "DS" have a set day supply limit imposed. The day supply limit is listed next to the drug name. These medications are limited to a certain day supply in a set amount of time.

Gender Restriction (GR)
Drugs indicated with a "GR" have a set gender restriction imposed. The gender restriction is listed next to the drug name. These medications are limited to either males or females.

Age Limit (AL)
Drugs indicated with an "AL" have a set age limit imposed. The age limit is listed next to the drug name. These medications are limited to a specific age range.

Maintenance Product (MP)
Drugs indicated with an "MP" are used to treat long-term conditions or illnesses and are available for up to a 102-day supply.

Prescription and OTC Product (RX/OTC)
Drugs indicated with an "RX/OTC" are over-the-counter products that are available for coverage with a valid prescription written by a licensed prescriber.

Carve Out Medication (CO)
Drugs indicated with a "CO" are carve-out medications that are covered by the State of Michigan fee-for-service Medicaid program. These are not covered by Meridian. Separate coverage rules including prior authorization, quantity limits, age limits, etc. may apply. For carve out medications, pharmacies need to submit claims to the fee-for-service Medicaid program directly through Prime Therapeutics. The pharmacy help desk number for these carve-out medications is 877-624-5204.

Benefit Exception
The process for requesting non-formulary medication(s) requires CoverMyMeds submission or faxing a completed Formulary Exception form indicating the request for an exception to the formulary. This request must include pertinent clinical documentation showing trial and failure of all formulary agents. It should also contain information showing the medication is the standard of care for the indication provided (peer- reviewed journal articles may be required). Please call the Help Desk at **866-984-6462**, fax completed Formulary Exception forms to **877-355-8070** or follow the CoverMyMeds prior authorization process.

Pharmacy Benefit Management
Meridian utilizes Express Scripts to manage each member's pharmacy benefit. Express Scripts provides Meridian with a pharmacy network, pharmacy claims management services, and claims adjudication. This formulary is up to date through the date of publication. Please notify Meridian of any mistakes in the formulary. A copy of this formulary can be mailed upon request. The Help Desk can be contacted at **866-984-6462.**

Contact Information
Pharmacy Help Desk: 866-984-6462
Prior Authorization Fax Number: 877-355-8070

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
DYANAVEL XR TBCR	CO	
XELSTRYM	CO	
Analeptics		
caffeine citrate SOLN PO	3	AL(Up to 1 yrs old); MP
Anorexiants Non-Amphetamine		
ADIPEX-P TABS *(phentermine hcl)*	1	AL(At least 17 yrs old); PA
benzphetamine hcl 50 MG	1	AL(At least 18 yrs old); PA
diethylpropion hcl TABS	1	AL(At least 18 yrs old); PA
diethylpropion hcl TB24	1	AL(At least 18 yrs old); PA
PHENDIMETRAZINE TARTRATE ER CP24	1	AL(At least 18 yrs old); PA
phendimetrazine tartrate TABS	1	AL(At least 18 yrs old); PA
phentermine hcl CAPS	1	AL(At least 17 yrs old); PA
phentermine hcl TABS	1	AL(At least 17 yrs old); PA
phentermine hcl-topiramate	1	AL(At least 12 yrs old); PA
QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG *(phentermine hcl-topiramate)*	NF	
Anti-Obesity Agents		
liraglutide (weight management) 18 MG/3ML	2	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 12 yrs old); PA
orlistat	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(At least 12 yrs old); PA
SAXENDA 18 MG/3ML *(liraglutide (weight management))*	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 12 yrs old); PA
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	1	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 12 yrs old); PA
XENICAL *(orlistat)*	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(At least 12 yrs old); PA
ZEPBOUND SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
clonidine hcl (adhd) TB12	CO	
KAPVAY TB12 *(clonidine hcl (adhd))*	CO	
ONYDA XR SUER	CO	
Stimulants - Misc.		
methylphenidate hcl TBCR	CO	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.

Drug Name	Drug Tier	Requirements/ Limits
RELEXXII TBCR *(methylphenidate hcl)*	CO	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
PALFORZIA (12 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (120 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (160 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (20 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (200 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (240 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (3 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (300 MG MAINTENANCE) PACK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (300 MG TITRATION) PACK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (40 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (6 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (80 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA INITIAL DOSE 4-17YRS CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA INITIAL ESCALATION CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
melatonin LIQD 1 MG/ML	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU *(tobramycin)*	1	SP
HUMATIN	3	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)*	NF	SP
neomycin sulfate TABS	1	
TOBI PODHALER CAPS	1	SP
TOBI NEBU *(tobramycin)*	NF	SP
tobramycin NEBU	1	SP
tobramycin NEBU	2	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	2	QL(1 EA daily); SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.

Drug Name	Drug Tier	Requirements/ Limits
RINVOQ LQ SOLN	2	QL(12 ML daily); SP
RINVOQ TB24	2	QL(1 EA daily); SP
XELJANZ XR TB24	2	QL(1 EA daily); SP
XELJANZ SOLN	2	QL(10 ML daily); SP
XELJANZ TABS	2	QL(2 EA daily); SP
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
ABRILADA (2 PEN) AJKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
ADALIMUMAB-AACF (2 PEN) AJKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	2	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	2	QL(2 EA per 365 day(s) retail; 2 EA per 365 days mail); SP
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
ADALIMUMAB-AATY (2 PEN) AJKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	2	
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	2	QL(0.4 ML per 28 day(s) retail); SP
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	2	QL(0.2 ML per 28 day(s) retail); SP
ADALIMUMAB-ADBM (2 PEN) AJKT	2	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	2	
ADALIMUMAB-ADBM (2 PEN) AJKT	1	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	1	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	1	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	1	QL(4 EA per 365 day(s) retail; 4 EA per 365 days mail); SP
ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
ADALIMUMAB-BWWD SOSY 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
ADALIMUMAB-FKJP (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
ADALIMUMAB-RYVK (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
AMJEVITA-PED 10KG TO <15KG SOSY	2	QL(0.4 ML per 28 day(s) retail); SP
AMJEVITA-PED 15KG TO <30KG SOSY	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
AMJEVITA SOAJ 40 MG/0.8ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
AMJEVITA SOSY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
CYLTEZO (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
CYLTEZO-CD/UC/HS STARTER AJKT	2	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail); SP
CYLTEZO-PSORIASIS/UV STARTER AJKT	2	QL(4 EA per 365 day(s) retail; 4 EA per 365 days mail); SP
HADLIMA PUSHTOUCH SOAJ	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
HADLIMA PUSHTOUCH SOAJ	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
HADLIMA SOSY	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
HADLIMA SOSY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
HULIO (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
HUMIRA (2 PEN) AJKT	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	1	SP
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	1	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	1	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP
HUMIRA-PED<40KG CROHNS STARTER PSKT	1	SP
HUMIRA-PED>/=40KG CROHNS START PSKT	1	SP
HUMIRA-PS/UV/ADOL HS STARTER AJKT	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	1	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	2	QL(0.8 ML per 365 day(s) retail; 1 ML per 365 days mail); SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	2	QL(1.2 ML per 365 day(s) retail; 1 ML per 365 days mail); SP
HYRIMOZ-PED>/=40KG CROHN START SOSY	2	QL(0.8 ML per 365 day(s) retail; 1 ML per 365 days mail); SP
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	2	QL(1.6 ML per 365 day(s) retail; 2 ML per 365 days mail); SP
HYRIMOZ-PLAQUE PSORIASIS START SOAJ	2	QL(1.6 ML per 365 day(s) retail; 2 ML per 365 days mail); SP
HYRIMOZ SOAJ 80 MG/0.8ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
HYRIMOZ SOAJ 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
HYRIMOZ SOSY 20 MG/0.2ML	2	QL(0.4 ML per 28 day(s) retail); SP
HYRIMOZ SOSY 10 MG/0.1ML	2	QL(0.2 ML per 28 day(s) retail); SP
HYRIMOZ SOSY 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
IDACIO (2 PEN) AJKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
IDACIO (2 SYRINGE) PSKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
IDACIO-CROHNS/UC STARTER AJKT	2	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP
IDACIO-PSORIASIS STARTER AJKT	2	QL(2 EA per 365 day(s) retail; 2 EA per 365 days mail); SP
SIMLANDI (1 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
SIMLANDI (1 PEN) AJKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
SIMLANDI (1 SYRINGE) PSKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
SIMLANDI (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
SIMPONI ARIA SOLN	2	SP
SIMPONI SOAJ 50 MG/0.5ML	2	QL(0.5 ML per 28 day(s) retail); SP
SIMPONI SOAJ 100 MG/ML	2	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
SIMPONI SOSY 100 MG/ML	2	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
SIMPONI SOSY 50 MG/0.5ML	2	QL(0.5 ML per 28 day(s) retail); SP
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
YUFLYMA (2 PEN) AJKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
YUFLYMA (2 SYRINGE) PSKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
YUFLYMA-CD/UC/HS STARTER AJKT	2	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP
YUSIMRY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	2	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
ACTEMRA SOSY	2	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
KEVZARA SOAJ	2	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
KEVZARA SOSY	2	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
TYENNE SOAJ	2	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
TYENNE SOSY	2	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL DUAL ACTION TABS *(ibuprofen-acetaminophen)*	2	
ADVIL JUNIOR STRENGTH TABS 100 MG	1	
ADVIL MIGRAINE CAPS *(ibuprofen)*	1	
ADVIL CAPS *(ibuprofen)*	1	
ADVIL TABS *(ibuprofen)*	1	
ALEVE ALL DAY STRONG TABS 220 MG *(naproxen sodium)*	1	
ALEVE CAPS *(naproxen sodium)*	1	
ALEVE TABS *(naproxen sodium)*	1	
ANAPROX DS TABS *(naproxen sodium)*	2	
ARTHROTEC TBEC *(diclofenac w/ misoprostol)*	2	
CELEBREX *(celecoxib)*	2	QL(2 EA daily)
celecoxib	1	QL(2 EA daily)
CHILDRENS ADVIL SUSP 100 MG/5ML *(ibuprofen)*	1	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(ibuprofen)*	1	RX/OTC
DAYPRO TABS *(oxaprozin)*	2	
diclofenac potassium CAPS	2	
diclofenac potassium TABS	2	
diclofenac sodium TB24	2	
diclofenac sodium TBEC	1	
diclofenac w/ misoprostol TBEC	2	
DUEXIS *(ibuprofen-famotidine)*	2	
EC-NAPROSYN TBEC *(naproxen)*	2	
etodolac CAPS	2	
etodolac TABS	2	
etodolac TB24	2	
FELDENE CAPS *(piroxicam)*	2	
fenoprofen calcium CAPS 400 MG	2	
fenoprofen calcium TABS	2	
flurbiprofen TABS 100 MG	2	
ibuprofen-acetaminophen TABS	2	
ibuprofen CAPS	1	
ibuprofen CHEW	1	
ibuprofen-famotidine	2	
ibuprofen SUSP	1	
ibuprofen TABS	1	
INDOCIN SUSP *(indomethacin)*	2	
indomethacin CAPS 25 MG, 50 MG	1	
indomethacin CPCR	2	
indomethacin SUSP	2	
INFANTS ADVIL SUSP *(ibuprofen)*	1	
ketoprofen CAPS 25 MG, 50 MG	2	
ketoprofen CP24	2	
ketorolac tromethamine TABS	1	QL(21 EA per fill retail)
LODINE TABS *(etodolac)*	2	
LURBIPR TABS 100 MG *(flurbiprofen)*	2	
LURBIRO TABS 100 MG *(flurbiprofen)*	2	

Drug Name	Drug Tier	Requirements/ Limits
meclofenamate sodium CAPS	2	
mefenamic acid CAPS	2	
meloxicam CAPS	2	
meloxicam TABS	1	
MOTRIN CHILDRENS CHEW *(ibuprofen)*	1	
MOTRIN INFANTS DROPS SUSP *(ibuprofen)*	1	
nabumetone	1	
NALFON CAPS *(fenoprofen calcium)*	2	
NALFON TABS 600 MG	2	
NAPRELAN TB24 *(naproxen sodium)*	2	
NAPROSYN SUSP *(naproxen)*	2	
NAPROSYN TABS 500 MG *(naproxen)*	1	
naproxen sodium CAPS	1	
naproxen sodium TABS 275 MG, 550 MG	2	
naproxen sodium TABS 220 MG	1	
naproxen sodium TB24	2	
naproxen-esomeprazole magnesium	2	
naproxen SUSP	2	
naproxen TABS	1	
naproxen TBEC	2	
oxaprozin TABS	2	
piroxicam CAPS	2	
RELAFEN DS	2	
SPRIX SOLN NA	2	QL(5 EA per fill retail)
sulindac TABS	1	
tolmetin sodium CAPS	2	
tolmetin sodium TABS 600 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
VIMOVO *(naproxen-esomeprazole magnesium)*	2	
ZIPSOR CAPS *(diclofenac potassium)*	2	
ZORVOLEX CAPS 18 MG	2	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	2	QL(1 EA daily); SP
OTEZLA/OTEZLA XR INITIATION PK TBPK	2	QL(41 EA per 365 day(s) retail; 41 EA per 365 days mail); SP
OTEZLA TABS	2	QL(2 EA daily); SP
OTEZLA TBPK	2	QL(55 EA per 365 day(s) retail; 55 EA per 365 days mail); SP
Pyrimidine Synthesis Inhibitors		
ARAVA *(leflunomide)*	3	QL(1 EA daily)
leflunomide	3	QL(1 EA daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
ORENCIA SOSY 125 MG/ML	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
ORENCIA SOSY 50 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
ORENCIA SOSY 87.5 MG/0.7ML	2	QL(2.8 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
Soluble Tumor Necrosis Factor Receptor Agents		

Drug Name	Drug Tier	Requirements/ Limits
ENBREL MINI SOCT	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
ENBREL SURECLICK SOAJ	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
ENBREL SOLN	1	SP
ENBREL SOSY	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	3	QL(12.3 EA daily); AL(At least 10 yrs old - Up to 64 yrs old)
butalbital-acetaminophen TABS 50 MG-325 MG	3	QL(12.3 EA daily); AL(At least 10 yrs old - Up to 64 yrs old)
butalbital-aspirin-caffeine CAPS	3	QL(4 EA daily); AL(Up to 64 yrs old)
ESGIC TABS *(butalbital-acetaminophen-caffeine)*	3	QL(12.3 EA daily); AL(At least 10 yrs old - Up to 64 yrs old)
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	3	QL(29 EA per 90 day(s) retail; 29 EA per 90 days mail); AL(At least 18 yrs old)
Analgesics Other		
acetaminophen CAPS 500 MG	3	
acetaminophen CHEW 80 MG	3	
acetaminophen LIQD 160 MG/5ML	3	
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	3	
acetaminophen SUPP 120 MG, 650 MG	3	
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	3	
acetaminophen TABS 325 MG, 500 MG	3	
acetaminophen TBCR	3	
acetaminophen TBDP 160 MG	3	
FEVERALL JUNIOR STRENGTH SUPP	3	
TYLENOL 8 HOUR ARTHRITIS PAIN TBCR *(acetaminophen)*	3	
TYLENOL 8 HOUR TBCR *(acetaminophen)*	3	
TYLENOL CHILDRENS PAIN + FEVER SUSP *(acetaminophen)*	3	
TYLENOL CHILDRENS SUSP *(acetaminophen)*	3	
TYLENOL EXTRA STRENGTH TABS *(acetaminophen)*	3	
TYLENOL FOR CHILDREN + ADULTS SUSP *(acetaminophen)*	3	
TYLENOL INFANTS PAIN+FEVER SUSP *(acetaminophen)*	3	
TYLENOL TABS *(acetaminophen)*	3	
Salicylates		

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Drug Name	Drug Tier	Requirements/ Limits
aspirin buffered (cal carb-mag carb-mag oxide)	3	AL(At least 40 yrs old - Up to 79 yrs old)
aspirin CHEW	3	QL(1 EA daily); MP
ASPIRIN SUPP 300 MG	3	
aspirin TABS 325 MG	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)
aspirin TBEC 81 MG	3	QL(1 EA daily)
aspirin TBEC 325 MG	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)
BUFFERIN *(aspirin buffered (cal carb-mag carb-mag oxide))*	3	AL(At least 40 yrs old - Up to 79 yrs old)
diflunisal TABS	2	
DOLOBID TABS	2	
ECOTRIN ARTHRTIS PAIN TBEC *(aspirin)*	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)
ECOTRIN TBEC *(aspirin)*	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP 400 MCG *(fentanyl citrate)*	2	QL(4 EA daily); AL(At least 18 yrs old)
codeine sulfate TABS 30 MG	1	QL(6 EA daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS	1	QL(6 EA daily); AL(At least 12 yrs old)
CONZIP CP24 *(tramadol hcl)*	2	AL(At least 12 yrs old)
DILAUDID LIQD *(hydromorphone hcl)*	2	QL(4 ML daily)
DILAUDID TABS 8 MG *(hydromorphone hcl)*	2	QL(67 EA per 30 day(s) retail; 67 EA per 30 days mail)
DILAUDID TABS 4 MG *(hydromorphone hcl)*	2	QL(135 EA per 30 day(s) retail; 135 EA per 30 days mail)
DILAUDID TABS 2 MG *(hydromorphone hcl)*	2	QL(6 EA daily)
fentanyl citrate LPOP	2	QL(4 EA daily); AL(At least 18 yrs old)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	QL(10 EA per fill retail)
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	2	QL(10 EA per fill retail)
hydrocodone bitartrate CP12	2	
hydrocodone bitartrate T24A	2	
hydromorphone hcl LIQD	1	QL(4 ML daily)
HYDROMORPHONE HCL SUPP	2	
hydromorphone hcl TABS 4 MG	1	QL(135 EA per 30 day(s) retail; 135 EA per 30 days mail)
hydromorphone hcl TABS 8 MG	1	QL(67 EA per 30 day(s) retail; 67 EA per 30 days mail)
hydromorphone hcl TABS 2 MG	1	QL(6 EA daily)
hydromorphone hcl TB24	2	
HYSINGLA ER T24A	2	
levorphanol tartrate TABS	2	
meperidine hcl SOLN PO 50 MG/5ML	2	QL(8 ML daily)
meperidine hcl TABS 50 MG	2	QL(4 EA daily)
methadone hcl CONC	2	

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Drug Name	Drug Tier	Requirements/ Limits
methadone hcl SOLN PO	2	
methadone hcl TABS	2	
methadone hcl TBSO	2	
METHADOSE SUGAR-FREE CONC *(methadone hcl)*	2	
METHADOSE CONC *(methadone hcl)*	2	
morphine sulfate beads	2	
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	2	
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	1	QL(4 ML daily)
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	1	QL(8 ML daily)
morphine sulfate SUPP	1	
morphine sulfate TABS 30 MG	1	QL(3 EA daily)
morphine sulfate TABS 15 MG	1	QL(6 EA daily)
morphine sulfate TBCR	1	
MS CONTIN TBCR *(morphine sulfate)*	2	
NUCYNTA ER TB12	2	
NUCYNTA TABS	2	
OXAYDO TABS	2	QL(3 EA daily)
oxycodone hcl CAPS	2	QL(3 EA daily)
oxycodone hcl CONC 100 MG/5ML	2	QL(3 ML daily)
oxycodone hcl SOLN	1	QL(8 ML daily)
oxycodone hcl T12A 40 MG	1	Limit: 45 tablets per 30 days; QL(1.5 EA daily)
oxycodone hcl T12A 80 MG	1	Limit: 22 tablets per 30 days; QL(0.74 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
oxycodone hcl T12A 10 MG	1	QL(6 EA daily)
oxycodone hcl T12A 20 MG	1	QL(3 EA daily)
OXYCODONE HCL TABA 15 MG	2	QL(90 EA per 30 day(s) retail)
OXYCODONE HCL TABA 30 MG	2	QL(60 EA per 30 day(s) retail)
OXYCODONE HCL TABA 5 MG, 10 MG	2	QL(3 EA daily)
oxycodone hcl TABS 20 MG	2	QL(3 EA daily)
oxycodone hcl TABS 5 MG, 10 MG, 15 MG	1	QL(3 EA daily)
oxycodone hcl TABS 30 MG	2	QL(2 EA daily)
OXYCONTIN T12A 10 MG	1	QL(6 EA daily)
OXYCONTIN T12A 80 MG	1	Limit: 22 tablets per 30 days; QL(0.74 EA daily)
OXYCONTIN T12A 60 MG	1	QL(1 EA daily)
OXYCONTIN T12A 15 MG	1	QL(4 EA daily)
OXYCONTIN T12A 20 MG	1	QL(3 EA daily)
OXYCONTIN T12A 30 MG	1	QL(2 EA daily)
OXYCONTIN T12A 40 MG	1	Limit: 45 tablets per 30 days; QL(1.5 EA daily)
oxymorphone hcl TABS 5 MG	2	QL(4 EA daily)
oxymorphone hcl TABS 10 MG	2	QL(3 EA daily)
oxymorphone hcl TB12	2	
QDOLO SOLN *(tramadol hcl)*	2	QL(80 ML daily); AL(At least 12 yrs old)
ROXICODONE TABS 15 MG *(oxycodone hcl)*	2	QL(3 EA daily)
ROXICODONE TABS 30 MG *(oxycodone hcl)*	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ROXYBOND TABA 5 MG, 10 MG	2	QL(3 EA daily)
ROXYBOND TABA 15 MG	2	QL(90 EA per 30 day(s) retail)
ROXYBOND TABA 30 MG	2	QL(60 EA per 30 day(s) retail)
tramadol hcl CP24 100 MG, 200 MG, 300 MG	2	AL(At least 12 yrs old)
tramadol hcl SOLN	2	QL(80 ML daily); AL(At least 12 yrs old)
TRAMADOL HCL SOLN *(tramadol hcl)*	2	QL(80 ML daily); AL(At least 12 yrs old)
tramadol hcl TABS 50 MG, 100 MG	1	AL(At least 12 yrs old)
tramadol hcl TB24	1	AL(At least 12 yrs old)
XTAMPZA ER 36 MG	2	QL(1.5 EA daily)
XTAMPZA ER 9 MG, 13.5 MG, 18 MG, 27 MG	2	QL(2 EA daily)
Opioid Combinations		
acetaminophen w/ codeine SOLN	1	AL(At least 12 yrs old)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	1	AL(At least 12 yrs old)
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	2	AL(At least 12 yrs old)
APADAZ	2	
BENZHYDROCODONE-ACETAMINOPHEN	2	
butalbital-acetaminophen-caffeine w/ codeine	2	AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod	2	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	2	AL(At least 12 yrs old)
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	2	
NALOCET TABS	2	
oxycodone w/ acetaminophen SOLN	1	
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	
OXYCODONE-ACETAMINOPHEN SOLN	2	
OXYCODONE-ACETAMINOPHEN TABS	2	
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	2	
PROLATE SOLN	2	
PROLATE TABS	2	
SEGLENTIS	2	QL(4 EA daily); AL(At least 12 yrs old)
tramadol-acetaminophen	1	AL(At least 12 yrs old)
Opioid Partial Agonists		

Drug Name	Drug Tier	Requirements/ Limits
BELBUCA FILM	2	QL(2 EA daily)
BRIXADI (WEEKLY) SOSY	CO	SP
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	CO	SP
buprenorphine hcl-naloxone hcl dihydrate SUBL	CO	
buprenorphine PTWK	2	Limit: 6 patches per 28 days; QL(0.215 EA daily)
butorphanol tartrate NA 10 MG/ML	2	QL(15 ML per 30 day(s) retail)
BUTRANS PTWK *(buprenorphine)*	1	Limit: 6 patches per 28 days; QL(0.215 EA daily)
pentazocine w/ naloxone hcl	2	
ZUBSOLV SUBL	CO	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2	
ANDROGEL PUMP GEL TD *(testosterone)*	2	PA
danazol CAPS	3	
FORTESTA GEL TD *(testosterone)*	2	
NATESTO GEL NA	2	
TESTIM GEL TD *(testosterone)*	2	
testosterone cypionate SOLN IM	3	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	3	
testosterone GEL TD 1.62 %, 1.62 %	1	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	2	
testosterone SOLN	2	
VOGELXO PUMP GEL TD *(testosterone)*	2	
VOGELXO GEL TD *(testosterone)*	2	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Rectal Steroids		
ANUSOL-HC EX *(hydrocortisone (rectal))*	3	
hydrocortisone (rectal) EX 2.5 %	3	
hydrocortisone (rectal) EX 1 %	2	RX/OTC
PREPARATION H EX 1 %	1	RX/OTC
PREPARATION H SOOTHING RELIEF EX 1 %	1	RX/OTC
ANTACIDS		
Antacid Combinations		
ACID GONE SUSP 358 MG/15ML-95 MG/15ML	3	
alum & mag hydrox-simethicone LIQD	3	
alum & mag hydrox-simethicone SUSP	3	
GAVISCON SUSP 358 MG/15ML-95 MG/15ML	3	
HYVEE ADVANCED ANTACID SUSP *(alum & mag hydrox-simethicone)*	3	
SM FOAMING ANTACID	4	
Antacids - Aluminum Salts		

Drug Name	Drug Tier	Requirements/ Limits
ALUMINUM HYDROXIDE GEL SUSP	3	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	3	
SODIUM BICARBONATE POWD	4	
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	3	
calcium carbonate (antacid) SUSP	3	MP
CALCIUM CARBONATE ANTACID SUSP	3	MP
TUMS CHEWY BITES ULTRA STR CHEW *(calcium carbonate (antacid))*	3	
TUMS CHEWY BITES CHEW *(calcium carbonate (antacid))*	3	
TUMS E-X 750 CHEW *(calcium carbonate (antacid))*	3	
TUMS EXTRA STRENGTH 750 CHEW *(calcium carbonate (antacid))*	3	
TUMS EXTRA STRENGTH CHEW *(calcium carbonate (antacid))*	3	
TUMS LASTING EFFECTS CHEW *(calcium carbonate (antacid))*	3	
TUMS SMOOTHIES CHEW *(calcium carbonate (antacid))*	3	
TUMS ULTRA 1000 CHEW *(calcium carbonate (antacid))*	3	
TUMS ULTRA STRENGTH CHEW *(calcium carbonate (antacid))*	3	
TUMS CHEW *(calcium carbonate (antacid))*	3	
Antacids - Magnesium Salts		
MAG 440 TABS 440 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
magnesium oxide TABS 420 MG	3	MP
magnesium oxide TABS 400 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	4	
BENZNIDAZOLE	3	PA
ivermectin	3	QL(10 EA per 30 day(s) retail)
STROMECTOL *(ivermectin)*	3	QL(10 EA per 30 day(s) retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	3	QL(2 EA daily); AL(At least 18 yrs old); PA
ranolazine TB12	3	QL(2 EA daily); MP; PA

Drug Name	Drug Tier	Requirements/ Limits
Nitrates		
ISORDIL TITRADOSE TABS 5 MG *(isosorbide dinitrate)*	3	MP
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	3	MP
isosorbide mononitrate TABS	3	MP
ISOSORBIDE MONONITRATE TABS	3	MP
isosorbide mononitrate TB24	3	QL(2 EA daily); MP
NITRO-BID OINT	3	MP
NITRO-DUR PT24 *(nitroglycerin)*	3	QL(1 EA daily); MP
nitroglycerin PT24	3	QL(1 EA daily); MP
nitroglycerin SOLN TL 0.4 MG/SPRAY	3	
nitroglycerin SUBL	3	MP
NITROLINGUAL SOLN TL *(nitroglycerin)*	3	
NITROSTAT SUBL *(nitroglycerin)*	3	MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	CO	
hydroxyzine hcl SYRP	3	AL(Up to 12 yrs old)
hydroxyzine hcl TABS	3	AL(Up to 64 yrs old)
hydroxyzine pamoate CAPS	3	AL(Up to 64 yrs old)
VISTARIL CAPS 25 MG *(hydroxyzine pamoate)*	3	AL(Up to 64 yrs old)
Benzodiazepines		
LOREEV XR CS24	CO	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	3	AL(Up to 64 yrs old); MP
NORPACE CAPS *(disopyramide phosphate)*	3	AL(Up to 64 yrs old); MP
quinidine sulfate TABS	3	MP
Antiarrhythmics Type I-B		
mexiletine hcl	3	MP
Antiarrhythmics Type I-C		
flecainide acetate	3	MP
propafenone hcl TABS	3	MP
Antiarrhythmics Type III		
amiodarone hcl TABS 100 MG	3	QL(1 EA daily); MP
amiodarone hcl TABS 200 MG, 400 MG	3	MP
dofetilide	1	SP
TIKOSYN *(dofetilide)*	2	SP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	1	AL(At least 6 yrs old); SP; PA
NUCALA SOAJ	2	AL(At least 6 yrs old); SP; MP
NUCALA SOLR	2	AL(At least 6 yrs old); SP
NUCALA SOSY 100 MG/ML	2	AL(At least 6 yrs old); SP; MP
NUCALA SOSY 40 MG/0.4ML	2	AL(Up to 11 yrs old); SP; MP
TEZSPIRE SOAJ	2	AL(At least 12 yrs old); SP
TEZSPIRE SOSY	2	AL(At least 12 yrs old); SP
XOLAIR SOAJ	1	AL(At least 6 yrs old); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOSY	1	AL(At least 6 yrs old); SP; PA
Bronchodilators - Anticholinergics		
ATROVENT HFA	1	QL(0.9 GM daily); MP
INCRUSE ELLIPTA	1	QL(21 EA per 90 day(s) retail); MP
INCRUSE ELLIPTA	1	QL(90 EA per 90 day(s) retail); MP
ipratropium bromide SOLN 0.02 %	1	MP
SPIRIVA HANDIHALER CAPS IN *(tiotropium bromide)*	1	QL(1 EA daily); MP
SPIRIVA RESPIMAT AERS IN	1	QL(0.16 GM daily); MP
tiotropium bromide CAPS IN 18 MCG	2	QL(1 EA daily); MP
TUDORZA PRESSAIR	2	MP
YUPELRI	2	MP
Leukotriene Modulators		
ACCOLATE *(zafirlukast)*	2	MP
montelukast sodium CHEW 4 MG	1	AL(Up to 5 yrs old); MP
montelukast sodium CHEW 5 MG	1	AL(Up to 14 yrs old); MP
montelukast sodium PACK	2	AL(Up to 5 yrs old); MP
montelukast sodium TABS	1	MP
SINGULAIR CHEW 5 MG *(montelukast sodium)*	2	AL(Up to 14 yrs old); MP
SINGULAIR CHEW 4 MG *(montelukast sodium)*	2	AL(Up to 5 yrs old); MP
SINGULAIR PACK *(montelukast sodium)*	2	AL(Up to 5 yrs old); MP
SINGULAIR TABS *(montelukast sodium)*	2	MP
zafirlukast	2	MP
zileuton TB12	2	MP
ZYFLO TABS	2	MP
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	3	QL(5 ML daily); AL(At least 18 yrs old); SP; PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	2	MP; PA
roflumilast	1	MP; PA
Steroid Inhalants		
ALVESCO	1	MP
ARMONAIR DIGIHALER	2	MP
ARNUITY ELLIPTA 50 MCG/ACT *(fluticasone furoate (inhalation))*	1	AL(Up to 11 yrs old); MP
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT *(fluticasone furoate (inhalation))*	1	MP
ASMANEX (120 METERED DOSES) AEPB	1	QL(1 EA per 30 day(s) retail); MP
ASMANEX (14 METERED DOSES) AEPB	1	QL(1 EA per 30 day(s) retail); MP
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT	1	QL(1 EA per 30 day(s) retail); AL(Up to 11 yrs old); MP
ASMANEX (30 METERED DOSES) AEPB 220 MCG/ACT	1	QL(1 EA per 30 day(s) retail); MP
ASMANEX (60 METERED DOSES) AEPB	1	QL(1 EA per 30 day(s) retail); MP
ASMANEX HFA AERO 50 MCG/ACT	2	QL(0.55 GM daily); AL(Up to 12 yrs old); MP
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	2	QL(0.55 GM daily); MP

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Drug Name	Drug Tier	Requirements/ Limits
budesonide (inhalation) SUSP	1	QL(4 ML daily); AL(Up to 8 yrs old); MP
FLOVENT HFA 220 MCG/ACT *(fluticasone propionate hfa)*	1	QL(0.9 GM daily); MP
FLOVENT HFA 44 MCG/ACT *(fluticasone propionate hfa)*	1	QL(0.45 GM daily); MP
FLOVENT HFA 110 MCG/ACT *(fluticasone propionate hfa)*	1	QL(0.5 GM daily); MP
fluticasone furoate (inhalation) 100 MCG/ACT, 200 MCG/ACT	2	MP
fluticasone furoate (inhalation) 50 MCG/ACT	2	AL(Up to 11 yrs old); MP
fluticasone propionate (inhalation) AEPB	2	MP
fluticasone propionate hfa 110 MCG/ACT	1	QL(0.5 GM daily); MP
fluticasone propionate hfa 220 MCG/ACT	1	QL(0.9 GM daily); MP
fluticasone propionate hfa 44 MCG/ACT	1	QL(0.45 GM daily); MP
PULMICORT FLEXHALER AEPB 90 MCG/ACT	1	QL(0.04 EA daily); MP
PULMICORT FLEXHALER AEPB 180 MCG/ACT	1	QL(0.07 EA daily); MP
PULMICORT SUSP *(budesonide (inhalation))*	2	QL(4 ML daily); AL(Up to 8 yrs old); MP
QVAR REDIHALER	1	MP
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	1	QL(2.5 EA daily); MP
ADVAIR HFA AERO *(fluticasone-salmeterol)*	1	QL(0.5 GM daily); MP
AIRDUO DIGIHALER	2	QL(0.04 EA daily); MP
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	2	QL(0.04 EA daily); MP
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	2	QL(0.04 EA daily); MP
AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)*	2	QL(0.04 EA daily); MP
AIRSUPRA	2	QL(0.72 GM daily); MP
albuterol sulfate AERS	1	QL(0.6 GM daily); MP
albuterol sulfate AERS	2	QL(1.3 GM daily); MP
albuterol sulfate AERS	1	QL(0.5 GM daily); MP
albuterol sulfate NEBU	1	MP
ALBUTEROL SULFATE NEBU	1	MP
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(umeclidinium-vilanterol)*	1	QL(42 EA per 90 day(s) retail); MP
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(umeclidinium-vilanterol)*	1	QL(180 EA per 90 day(s) retail); MP
arformoterol tartrate	2	MP
BEVESPI AEROSPHERE	1	QL(32.1 GM per 90 day(s) retail); MP
BREO ELLIPTA *(fluticasone furoate-vilanterol)*	2	QL(2.5 EA daily); MP
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	QL(180 EA per 90 day(s) retail); AL(Up to 11 yrs old); MP
BREZTRI AEROSPHERE	2	QL(32.1 GM per 90 day(s) retail); MP
BREZTRI AEROSPHERE	2	QL(17.7 GM per 90 day(s) retail); MP
BROVANA *(arformoterol tartrate)*	2	MP

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Drug Name	Drug Tier	Requirements/ Limits
budesonide-formoterol fumarate dihydrate	2	QL(0.7 GM daily); MP
COMBIVENT RESPIMAT AERS	1	QL(20 GM per 90 day(s) retail); MP
DUAKLIR PRESSAIR	2	MP
DULERA 50 MCG/ACT-5 MCG/ACT	1	QL(0.9 GM daily); AL(Up to 11 yrs old); MP
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	1	QL(0.9 GM daily); MP
fluticasone furoate-vilanterol	2	QL(2.5 EA daily); MP
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	2	QL(2.5 EA daily); MP
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	2	QL(0.04 EA daily); MP
fluticasone-salmeterol AERO	2	QL(0.5 GM daily); MP
formoterol fumarate NEBU	2	MP
ipratropium-albuterol SOLN	1	MP
levalbuterol hcl	2	MP
levalbuterol tartrate	2	QL(1 GM daily); MP
PERFOROMIST NEBU *(formoterol fumarate)*	2	MP
PROAIR DIGIHALER	2	QL(0.04 EA daily); MP
PROAIR RESPICLICK AEPB	2	QL(0.04 EA daily); MP
PROVENTIL HFA AERS *(albuterol sulfate)*	1	QL(0.5 GM daily); MP
SEREVENT DISKUS	1	QL(2.5 EA daily); MP
STIOLTO RESPIMAT	1	QL(12 GM per 90 day(s) retail); MP
STRIVERDI RESPIMAT	2	MP
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT *(budesonide-formoterol fumarate dihydrate)*	1	QL(0.45 GM daily); MP
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	1	QL(0.7 GM daily); MP
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT *(budesonide-formoterol fumarate dihydrate)*	1	QL(0.5 GM daily); MP
terbutaline sulfate TABS	3	MP
TRELEGY ELLIPTA	1	QL(84 EA per 90 day(s) retail); MP
TRELEGY ELLIPTA	1	QL(180 EA per 90 day(s) retail); MP
umeclidinium-vilanterol	2	QL(180 EA per 90 day(s) retail; 180 EA per 90 days mail); MP
VENTOLIN HFA AERS *(albuterol sulfate)*	1	QL(1.3 GM daily); MP
VENTOLIN HFA AERS *(albuterol sulfate)*	1	QL(0.55 GM daily); MP
XOPENEX HFA *(levalbuterol tartrate)*	1	QL(1 GM daily); MP
Xanthines		
theophylline ELIX	3	
theophylline SOLN	3	MP
theophylline TB12 300 MG, 450 MG	3	MP
theophylline TB24	3	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	MP
Direct Factor Xa Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS DVT/PE STARTER PACK TBPK	1	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS 2.5 MG	1	QL(2 EA daily); MP
ELIQUIS TABS 5 MG	1	QL(218 EA per 102 day(s) retail); MP
rivaroxaban SUSR 1 MG/ML	2	QL(20 ML daily); MP
rivaroxaban TABS 2.5 MG	2	QL(2 EA daily); MP
SAVAYSA	2	MP
XARELTO STARTER PACK TBPK	1	QL(51 EA per 30 day(s) retail)
XARELTO SUSR 1 MG/ML *(rivaroxaban)*	1	QL(20 ML daily); MP
XARELTO TABS 15 MG	1	QL(102 EA per 102 day(s) retail); MP
XARELTO TABS 10 MG	1	QL(1 EA daily); MP
XARELTO TABS 2.5 MG *(rivaroxaban)*	1	QL(2 EA daily); MP
XARELTO TABS 20 MG	1	QL(42 EA per 34 day(s) retail); MP
Heparins And Heparinoid-Like Agents		
ARIXTRA *(fondaparinux sodium)*	2	SP; MP
enoxaparin sodium SOLN IJ 300 MG/3ML	1	SP; MP
enoxaparin sodium SOSY	1	SP; MP
fondaparinux sodium	2	SP; MP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	2	SP; MP
FRAGMIN SOSY	2	SP; MP
heparin sodium (porcine) lock flush 10 UNIT/ML	4	MP
heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML	3	MP
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	2	SP; MP
LOVENOX SOSY *(enoxaparin sodium)*	2	SP; MP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS 110 MG	1	QL(4 EA daily); MP
dabigatran etexilate mesylate CAPS 75 MG, 150 MG	1	QL(2 EA daily); MP
PRADAXA CAPS 110 MG *(dabigatran etexilate mesylate)*	2	QL(4 EA daily); MP
PRADAXA CAPS 75 MG, 150 MG *(dabigatran etexilate mesylate)*	2	QL(2 EA daily); MP
PRADAXA PACK	2	AL(Up to 11 yrs old); MP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
LIBERVANT FILM	CO	
Anticonvulsants - Misc.		
carbamazepine CHEW	CO	
GABARONE TABS 100 MG, 400 MG	CO	
LEVETIRACETAM IN NACL	CO	
MOTPOLY XR CP24	CO	
primidone	CO	
SUBVENITE SUSP PO 10 MG/ML	CO	
topiramate CPSP	CO	
ZONISADE SUSP	CO	
ZTALMY	CO	SP
Carbamates		
XCOPRI TABS	CO	SP
GABA Modulators		
VIGAFYDE SOLN	CO	SP

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Drug Name	Drug Tier	Requirements/ Limits
ANTIDEPRESSANTS - Drugs to Treat Depression		
Antidepressant Combinations		
AUVELITY	CO	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	CO	
ZURZUVAE	CO	SP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	CO	
ESCITALOPRAM OXALATE CAPS PO 15 MG	CO	
Serotonin Modulators		
EXXUA TITRATION PACK TB24 PO 18.2 MG	CO	
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	CO	
RALDESY SOLN PO 10 MG/ML	CO	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
VENLAFAXINE BESYLATE ER	CO	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	MP
miglitol	1	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	1	MP
SYMLINPEN 60 SOPN	1	MP
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)*	2	MP
alogliptin-metformin hcl	2	MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	2	MP
dapagliflozin propanediol-metformin hcl	2	MP
DUETACT *(pioglitazone hcl-glimepiride)*	2	MP
glipizide-metformin hcl	2	MP
glyburide-metformin	1	MP
GLYXAMBI	2	MP
INVOKAMET XR TB24	2	MP
INVOKAMET TABS	2	MP
JANUMET XR TB24	1	MP
JANUMET TABS	1	QL(2 EA daily); MP
JENTADUETO XR TB24	1	MP
JENTADUETO TABS	1	MP
KAZANO *(alogliptin-metformin hcl)*	2	MP
KOMBIGLYZE XR *(saxagliptin-metformin hcl)*	2	MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG *(alogliptin-pioglitazone)*	2	MP
pioglitazone hcl-glimepiride	2	MP
pioglitazone hcl-metformin hcl TABS	2	MP
QTERN	2	MP
saxagliptin-metformin hcl	2	MP
SEGLUROMET	2	MP
SITAGLIPT BASE-METFORM HCL ER TB24	2	MP
SITAGLIPTIN BASE-METFORMIN HCL TABS	2	MP
SOLIQUA	2	QL(0.6 ML daily); MP
STEGLUJAN	2	MP

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Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TB24	1	MP
SYNJARDY TABS	1	MP
TRIJARDY XR	2	MP
XIGDUO XR	1	MP
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	1	MP
XULTOPHY	2	QL(0.5 ML daily); MP
ZITUVIMET XR TB24	2	MP
ZITUVIMET TABS	2	MP
Biguanides		
GLUMETZA TB24 *(metformin hcl)*	2	MP
metformin hcl SOLN	2	MP
metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	MP
metformin hcl TABS 625 MG, 750 MG	2	MP
metformin hcl TB24 500 MG, 750 MG	1	MP
metformin hcl TB24 500 MG, 1000 MG	2	MP
RIOMET SOLN *(metformin hcl)*	2	MP
Diabetic Other		
BAQSIMI ONE PACK POWD	1	QL(0.067 EA daily); MP
BAQSIMI TWO PACK POWD	1	QL(0.067 EA daily); MP
diazoxide	2	MP
GLUCAGEN HYPOKIT	2	MP
GLUCAGON EMERGENCY	2	MP
GLUCAGON EMERGENCY SOLR IJ 1 MG, 1 MG/ML *(glucagon)*	2	MP
glucagon SOLR IJ 1 MG	2	MP

Drug Name	Drug Tier	Requirements/ Limits
GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML	2	QL(0.2 ML per 30 day(s) retail)
GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML	2	QL(0.4 ML per 30 day(s) retail)
GVOKE HYPOPEN 2-PACK SOAJ 1 MG/0.2ML	2	QL(0.4 ML per 30 day(s) retail)
GVOKE HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML	2	QL(0.2 ML per 30 day(s) retail)
GVOKE KIT SOLN	2	QL(0.4 ML per 30 day(s) retail)
GVOKE PFS SOSY 1 MG/0.2ML	2	QL(0.4 ML per 30 day(s) retail; 1 ML per 90 days mail)
GVOKE PFS SOSY 0.5 MG/0.1ML	2	QL(0.2 ML per 30 day(s) retail; 1 ML per 90 days mail)
PROGLYCEM *(diazoxide)*	1	MP
ZEGALOGUE SOAJ	1	
ZEGALOGUE SOSY	1	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	2	MP
JANUVIA	1	QL(2 EA daily); MP
NESINA *(alogliptin benzoate)*	2	MP
ONGLYZA *(saxagliptin hcl)*	2	MP
saxagliptin hcl	2	MP
SITAGLIPTIN	2	MP
TRADJENTA	1	QL(5 EA daily); MP; PA
ZITUVIO	2	MP
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	2	QL(0.122 ML daily); MP
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(exenatide)*	1	QL(0.08 ML daily); MP

Drug Name	Drug Tier	Requirements/ Limits
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(exenatide)*	1	QL(0.04 ML daily); MP
exenatide SOPN 10 MCG/0.04ML	2	QL(0.08 ML daily); MP
exenatide SOPN 5 MCG/0.02ML	2	QL(0.04 ML daily); MP
liraglutide	2	QL(0.2 ML daily); MP
liraglutide	2	QL(0.3 ML daily); MP
MOUNJARO	2	QL(0.072 ML daily)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	1	QL(0.11 ML daily); MP
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	1	QL(0.11 ML daily); MP
OZEMPIC (2 MG/DOSE) SOPN	1	QL(0.11 ML daily); MP
RYBELSUS TABS	2	QL(1 EA daily); MP
TRULICITY	1	QL(0.072 ML daily); MP
VICTOZA *(liraglutide)*	1	QL(0.2 ML daily); MP
VICTOZA *(liraglutide)*	1	QL(0.3 ML daily); MP
Insulin		
ADMELOG SOLOSTAR SOPN	2	QL(3 ML daily); MP
ADMELOG SOLN IJ	2	QL(3 ML daily); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	2	QL(6 EA daily); MP
APIDRA SOLOSTAR SOPN	2	QL(90 ML per fill retail); MP
APIDRA SOLN	2	QL(90 ML per fill retail); MP
BASAGLAR KWIKPEN SOPN	2	QL(3 ML daily); MP
FIASP FLEXTOUCH SOPN	2	QL(3 ML daily); MP
FIASP PENFILL SOCT	2	QL(3 ML daily); MP
FIASP PUMPCART SOCT	2	QL(3 ML daily); MP
FIASP SOLN	2	QL(3 ML daily); MP
HUMALOG JUNIOR KWIKPEN SOPN	1	QL(3 ML daily); MP
HUMALOG KWIKPEN SOPN 100 UNIT/ML	1	QL(3 ML daily); MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(3 ML daily); MP
HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(3 ML daily); MP
HUMALOG MIX 50/50 SUSP	1	QL(3 ML daily); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(90 ML per fill retail); MP
HUMALOG MIX 75/25 SUSP	1	QL(3 ML daily); MP
HUMALOG TEMPO PEN SOPN	1	QL(3 ML daily); MP
HUMALOG SOCT	1	QL(3 ML daily); MP
HUMALOG SOLN IJ	1	QL(3 ML daily); MP
HUMULIN 70/30 KWIKPEN SUPN	1	QL(3 ML daily); MP
HUMULIN 70/30 SUSP	1	QL(3 ML daily); MP
HUMULIN N KWIKPEN SUPN	1	QL(90 ML per fill retail); MP
HUMULIN N SUSP	1	QL(90 ML per fill retail); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	1	QL(3 ML daily); MP
HUMULIN R U-500 KWIKPEN SOPN SC	1	QL(3 ML daily); MP
HUMULIN R SOLN IJ	1	QL(90 ML per fill retail); MP
INSULIN ASP PROT & ASP FLEXPEN SUPN	1	QL(90 ML per fill retail); MP
INSULIN ASPART FLEXPEN SOPN	1	QL(90 ML per fill retail); MP

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART PENFILL SOCT	1	QL(90 ML per fill retail); MP
INSULIN ASPART PROT & ASPART SUSP	1	QL(3 ML daily)
INSULIN ASPART SOLN IJ	1	QL(90 ML per fill retail); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	QL(3 ML daily); MP
INSULIN DEGLUDEC SOLN	2	QL(3 ML daily); MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	2	QL(3 ML daily); MP
INSULIN GLARGINE SOLOSTAR SOPN	2	QL(3 ML daily); MP
INSULIN GLARGINE SOLN	2	QL(3 ML daily); MP
INSULIN GLARGINE-YFGN SOLN	2	QL(3 ML daily); MP
INSULIN GLARGINE-YFGN SOPN	2	QL(3 ML daily); MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	1	QL(3 ML daily); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	QL(3 ML daily); MP
INSULIN LISPRO PROT & LISPRO SUPN	1	QL(90 ML per fill retail); MP
INSULIN LISPRO SOLN IJ	1	QL(3 ML daily); MP
LANTUS SOLOSTAR SOPN	1	QL(3 ML daily); MP
LANTUS SOLN	1	QL(3 ML daily); MP
LEVEMIR FLEXPEN SOPN	1	QL(3 ML daily); MP
LEVEMIR SOLN	1	QL(3 ML daily); MP
LYUMJEV KWIKPEN SOPN	2	QL(3 ML daily); MP
LYUMJEV TEMPO PEN SOPN	2	QL(3 ML daily); MP
LYUMJEV SOLN	2	QL(3 ML daily); MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	QL(3 ML daily); MP
NOVOLIN 70/30 FLEXPEN SUPN	2	QL(3 ML daily); MP
NOVOLIN 70/30 RELION SUSP	2	QL(3 ML daily); MP
NOVOLIN 70/30 SUSP	2	QL(3 ML daily); MP
NOVOLIN N FLEXPEN RELION SUPN	2	QL(90 ML per fill retail); MP
NOVOLIN N FLEXPEN SUPN	2	QL(90 ML per fill retail); MP
NOVOLIN N RELION SUSP	2	QL(90 ML per fill retail); MP
NOVOLIN N SUSP	2	QL(90 ML per fill retail); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	2	QL(90 ML per fill retail); MP
NOVOLIN R FLEXPEN SOPN IJ	2	QL(90 ML per fill retail); MP
NOVOLIN R RELION SOLN IJ	2	QL(90 ML per fill retail); MP
NOVOLIN R SOLN IJ	2	QL(90 ML per fill retail); MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	2	QL(90 ML per fill retail); MP
NOVOLOG FLEXPEN RELION SOPN	2	QL(90 ML per fill retail); MP
NOVOLOG FLEXPEN SOPN	2	QL(90 ML per fill retail); MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	2	QL(90 ML per fill retail); MP
NOVOLOG MIX 70/30 RELION SUSP	2	QL(3 ML daily); MP
NOVOLOG MIX 70/30 SUSP	2	QL(3 ML daily); MP
NOVOLOG PENFILL SOCT	2	QL(90 ML per fill retail); MP
NOVOLOG RELION SOLN IJ	2	QL(90 ML per fill retail); MP
NOVOLOG SOLN IJ	2	QL(90 ML per fill retail); MP
REZVOGLAR KWIKPEN	2	QL(90 ML per fill retail); MP

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Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE (YFGN) SOLN	2	QL(3 ML daily); MP
SEMGLEE (YFGN) SOPN	2	QL(3 ML daily); MP
TOUJEO MAX SOLOSTAR SOPN	2	QL(3 ML daily); MP
TOUJEO SOLOSTAR SOPN	2	QL(3 ML daily); MP
TRESIBA FLEXTOUCH SOPN	2	QL(3 ML daily); MP
TRESIBA SOLN	2	QL(3 ML daily); MP
Insulin Sensitizing Agents		
ACTOS *(pioglitazone hcl)*	2	MP
pioglitazone hcl	1	MP
Meglitinide Analogues		
nateglinide	1	MP
repaglinide	1	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	2	MP
FARXIGA *(dapagliflozin propanediol)*	1	MP
INVOKANA	2	MP
JARDIANCE	1	MP
STEGLATRO	2	MP
Sulfonylureas		
glimepiride 1 MG, 2 MG, 4 MG	1	MP
glipizide TABS 5 MG, 10 MG	1	MP
glipizide TB24	1	MP
GLUCOTROL XL TB24 *(glipizide)*	2	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	MP
glyburide TABS	1	MP
GLYNASE 3 MG *(glyburide micronized)*	2	MP

Drug Name	Drug Tier	Requirements/ Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	3	
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	3	
bismuth subsalicylate TABS	3	
CULTURELLE IMMUNITY SUPPORT CAPS *(lactobacillus rhamnosus (gg))*	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CULTURELLE PRO-WELL HEALTH CAPS *(lactobacillus rhamnosus (gg))*	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CULTURELLE CAPS *(lactobacillus rhamnosus (gg))*	NF	
CULTURELLE CAPS *(lactobacillus rhamnosus (gg))*	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
lactobacillus rhamnosus (gg) CAPS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
PEPTO BISMOL SUSP 525 MG/30ML *(bismuth subsalicylate)*	3	

Drug Name	Drug Tier	Requirements/ Limits
PEPTO-BISMOL MAX STRENGTH SUSP *(bismuth subsalicylate)*	3	
PEPTO-BISMOL TO-GO CHEW *(bismuth subsalicylate)*	3	
PEPTO-BISMOL CHEW *(bismuth subsalicylate)*	3	
PEPTO-BISMOL SUSP 262 MG/15ML *(bismuth subsalicylate)*	3	
PEPTO-BISMOL TABS *(bismuth subsalicylate)*	3	
Antidiarrheal/Probiotic Combinations		
CULTURELLE HEALTH (INULIN) CAPS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1	
diphenoxylate w/ atropine TABS	1	
IMODIUM A-D CAPS *(loperamide hcl)*	1	RX/OTC
IMODIUM A-D SOLN *(loperamide hcl)*	3	
IMODIUM A-D TABS *(loperamide hcl)*	NF	
LOMOTIL TABS *(diphenoxylate w/ atropine)*	NF	
loperamide hcl CAPS	1	RX/OTC
loperamide hcl SOLN 1 MG/7.5ML	3	
LOPERAMIDE HCL SUSP	3	
loperamide hcl TABS	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
Opioid Antagonists		
KLOXXADO LIQD	3	QL(6 EA per 90 day(s) retail)
naloxone hcl LIQD	3	RX/OTC
naloxone hcl SOCT	3	QL(6 ML per 90 day(s) retail)
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	3	
naloxone hcl SOSY 2 MG/2ML	3	
NARCAN LIQD *(naloxone hcl)*	3	RX/OTC
OPVEE NA	3	QL(6 EA per 90 day(s) retail)
REXTOVY LIQD	3	
ZIMHI SOSY	3	QL(3 ML per 90 day(s) retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	2	QL(10 EA per fill retail)
granisetron hcl TABS	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
ondansetron hcl SOLN PO 4 MG/5ML	1	QL(75 ML per fill retail)
ondansetron hcl TABS 4 MG, 8 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
ondansetron TBDP 16 MG	2	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
ondansetron TBDP 4 MG, 8 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
SANCUSO PTCH	2	Limit: 6 patches per 30 days; QL(0.2 EA daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Antiemetics - Anticholinergic		
ANTIVERT CHEW *(meclizine hcl)*	3	RX/OTC
dimenhydrinate TABS	3	
DRAMAMINE TABS *(dimenhydrinate)*	3	
meclizine hcl CHEW	3	RX/OTC
meclizine hcl TABS 12.5 MG, 25 MG	3	RX/OTC
trimethobenzamide hcl CAPS	4	
Antiemetics - Miscellaneous		
AKYNZEO	2	QL(1 EA per fill retail); SP
dronabinol CAPS	3	PA
MARINOL CAPS *(dronabinol)*	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	2	QL(3 EA per fill retail); AL(At least 12 yrs old)
aprepitant CAPS 40 MG, 125 MG	1	QL(1 EA per fill retail); AL(At least 12 yrs old)
aprepitant CAPS 80 MG	1	QL(2 EA per fill retail); AL(At least 12 yrs old)
EMEND BIPACK CAPS 80 MG *(aprepitant)*	2	QL(2 EA per fill retail); AL(At least 12 yrs old)
EMEND TRIPACK CAPS *(aprepitant)*	2	QL(3 EA per fill retail); AL(At least 12 yrs old)
EMEND SUSR	2	AL(At least 12 yrs old)
VARUBI (180 MG DOSE) TBPK	2	QL(2 EA per 7 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	2	QL(4 EA per fill retail)
Antifungals		
ANCOBON *(flucytosine)*	2	
flucytosine	2	
griseofulvin microsize SUSP	1	
griseofulvin microsize TABS	2	
griseofulvin ultramicrosize	2	
nystatin TABS	1	
terbinafine hcl TABS	1	QL(84 EA per fill retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	2	AL(At least 6 yrs old)
DIFLUCAN SUSR *(fluconazole)*	2	
DIFLUCAN TABS 100 MG, 200 MG *(fluconazole)*	2	
DIFLUCAN TABS 150 MG *(fluconazole)*	2	QL(4 EA per fill retail)
fluconazole SUSR	1	
fluconazole TABS 50 MG, 100 MG, 200 MG	1	
fluconazole TABS 150 MG	1	QL(4 EA per fill retail)
itraconazole CAPS	2	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail)
itraconazole SOLN	2	QL(840 ML per fill retail)
ketoconazole	1	
NOXAFIL PACK	2	AL(Up to 17 yrs old)
NOXAFIL SUSP *(posaconazole)*	2	

Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL TBEC *(posaconazole)*	2	
posaconazole SUSP	2	
posaconazole TBEC	2	
SPORANOX CAPS *(itraconazole)*	2	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail)
SPORANOX SOLN *(itraconazole)*	2	QL(840 ML per fill retail)
TOLSURA CAPS	2	
VFEND SUSR *(voriconazole)*	2	
VFEND TABS 200 MG *(voriconazole)*	2	
VIVJOA	2	QL(18 EA per fill retail)
voriconazole SUSR	2	
voriconazole TABS	2	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
chlorpheniramine maleate TABS	3	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY CHILDRENS LIQD *(diphenhydramine hcl)*	3	
BENADRYL ALLERGY ULTRATABS TABS *(diphenhydramine hcl)*	3	AL(Up to 64 yrs old)
BENADRYL ALLERGY CAPS *(diphenhydramine hcl)*	3	AL(Up to 64 yrs old)
BENADRYL ALLERGY TABS *(diphenhydramine hcl)*	3	AL(Up to 64 yrs old)
carbinoxamine maleate SOLN	3	
carbinoxamine maleate TABS 4 MG	3	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
diphenhydramine hcl CAPS	3	AL(Up to 64 yrs old)
diphenhydramine hcl ELIX 12.5 MG/5ML	3	
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	3	
diphenhydramine hcl SOLN 50 MG/ML	3	AL(Up to 64 yrs old)
diphenhydramine hcl TABS 25 MG	3	AL(Up to 64 yrs old)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP *(fexofenadine hcl)*	1	
ALLEGRA ALLERGY TABS *(fexofenadine hcl)*	1	
cetirizine hcl CAPS	2	
cetirizine hcl CHEW	2	
cetirizine hcl SOLN PO	1	RX/OTC
cetirizine hcl SYRP PO 1 MG/ML	1	RX/OTC
cetirizine hcl TABS	1	
CLARINEX TABS *(desloratadine)*	2	
CLARITIN ALLERGY CHILDRENS SOLN *(loratadine)*	1	
CLARITIN CHILDRENS CHEW *(loratadine)*	1	
CLARITIN CHEW *(loratadine)*	1	
CLARITIN SOLN *(loratadine)*	1	
CLARITIN TABS *(loratadine)*	1	
desloratadine TABS	2	
desloratadine TBDP 5 MG	2	
desloratadine TBDP 2.5 MG	2	AL(Up to 11 yrs old)
fexofenadine hcl SUSP	1	

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Drug Name	Drug Tier	Requirements/ Limits
fexofenadine hcl TABS 60 MG, 180 MG	1	
levocetirizine dihydrochloride SOLN	2	RX/OTC
levocetirizine dihydrochloride TABS	1	RX/OTC
loratadine CHEW	1	
loratadine SOLN	1	
loratadine TABS	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN *(levocetirizine dihydrochloride)*	2	RX/OTC
XYZAL ALLERGY 24HR TABS *(levocetirizine dihydrochloride)*	1	RX/OTC
ZYRTEC ALLERGY CAPS *(cetirizine hcl)*	2	
ZYRTEC ALLERGY TABS *(cetirizine hcl)*	1	
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG *(cetirizine hcl)*	2	
ZYRTEC CHILDRENS ALLERGY SOLN PO *(cetirizine hcl)*	2	RX/OTC
ZYRTEC CHEW 10 MG *(cetirizine hcl)*	2	
Antihistamines - Phenothiazines		
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	3	AL(At least 2 yrs old - Up to 64 yrs old)
promethazine hcl SUPP 50 MG	3	QL(2 EA daily); AL(At least 2 yrs old - Up to 64 yrs old)
promethazine hcl SUPP 12.5 MG, 25 MG	3	QL(4 EA daily); AL(At least 2 yrs old - Up to 64 yrs old)
promethazine hcl TABS	3	AL(At least 2 yrs old - Up to 64 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	3	AL(Up to 64 yrs old)
cyproheptadine hcl TABS	3	AL(Up to 64 yrs old)
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	2	AL(At least 18 yrs old); MP
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	1	QL(1 EA daily); MP
NEXLIZET	2	AL(At least 18 yrs old); MP
VYTORIN *(ezetimibe-simvastatin)*	2	QL(1 EA daily); MP
Antihyperlipidemics - Misc.		
icosapent ethyl	2	MP
LOVAZA *(omega-3-acid ethyl esters)*	2	MP
omega-3-acid ethyl esters	2	MP
VASCEPA *(icosapent ethyl)*	2	MP
Bile Acid Sequestrants		
cholestyramine light PACK	1	MP
cholestyramine light POWD	1	MP
cholestyramine PACK	1	MP
cholestyramine POWD	1	MP
colesevelam hcl PACK	2	MP
colesevelam hcl TABS	2	MP
COLESTID FLAVORED GRAN *(colestipol hcl)*	2	MP
COLESTID FLAVORED PACK *(colestipol hcl)*	2	MP
COLESTID GRAN *(colestipol hcl)*	2	MP

Drug Name	Drug Tier	Requirements/ Limits
COLESTID PACK *(colestipol hcl)*	2	MP
COLESTID TABS *(colestipol hcl)*	2	MP
colestipol hcl GRAN	2	MP
colestipol hcl PACK	2	MP
colestipol hcl TABS	1	MP
QUESTRAN LIGHT POWD *(cholestyramine light)*	2	MP
QUESTRAN PACK *(cholestyramine)*	2	MP
QUESTRAN POWD *(cholestyramine)*	2	MP
WELCHOL PACK *(colesevelam hcl)*	2	MP
WELCHOL TABS *(colesevelam hcl)*	2	MP
Fibric Acid Derivatives		
choline fenofibrate	2	MP
fenofibrate micronized 67 MG, 134 MG, 200 MG	1	MP
fenofibrate micronized 43 MG, 130 MG	2	MP
fenofibrate CAPS	2	MP
fenofibrate TABS 40 MG, 120 MG	2	MP
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1	MP
fenofibric acid	2	MP
FENOGLIDE TABS *(fenofibrate)*	2	MP
FIBRICOR *(fenofibric acid)*	2	MP
gemfibrozil TABS	1	MP
LIPOFEN CAPS *(fenofibrate)*	2	MP
LOPID TABS *(gemfibrozil)*	2	MP
TRICOR TABS *(fenofibrate)*	2	MP

Drug Name	Drug Tier	Requirements/ Limits
TRILIPIX *(choline fenofibrate)*	2	MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	2	QL(1 EA daily); MP
ATORVALIQ SUSP	2	QL(20 ML daily); MP
atorvastatin calcium TABS	1	QL(1 EA daily); MP
CRESTOR TABS *(rosuvastatin calcium)*	2	QL(1 EA daily); MP
EZALLOR SPRINKLE CPSP	2	QL(1 EA daily); MP
fluvastatin sodium CAPS	2	QL(1 EA daily); MP
fluvastatin sodium TB24	2	QL(1 EA daily); MP
LESCOL XL TB24 *(fluvastatin sodium)*	2	QL(1 EA daily); MP
LIPITOR TABS *(atorvastatin calcium)*	2	QL(1 EA daily); MP
LIVALO *(pitavastatin calcium)*	2	QL(1 EA daily); MP
lovastatin TABS	1	QL(1 EA daily); MP
pitavastatin calcium	2	QL(1 EA daily); MP
pravastatin sodium	1	QL(1 EA daily); MP
rosuvastatin calcium TABS	1	QL(1 EA daily); MP
simvastatin TABS	1	QL(1 EA daily); MP
ZOCOR TABS 10 MG, 20 MG, 40 MG *(simvastatin)*	2	QL(1 EA daily); MP
ZYPITAMAG 2 MG, 4 MG	2	QL(1 EA daily); MP
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	MP
ZETIA *(ezetimibe)*	2	MP
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	2	MP

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Drug Name	Drug Tier	Requirements/ Limits
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	1	QL(2 ML per 28 day(s) retail); SP; MP; PA
REPATHA PUSHTRONEX SYSTEM SOCT	1	QL(7 ML per 28 day(s) retail); SP; MP; PA
REPATHA SURECLICK SOAJ	1	QL(2 ML per 28 day(s) retail); SP; MP; PA
REPATHA SOSY	1	QL(2 ML per 28 day(s) retail); SP; MP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(quinapril hcl)*	2	MP
ALTACE CAPS 1.25 MG, 5 MG, 10 MG *(ramipril)*	2	MP
benazepril hcl	1	MP
captopril	2	MP
enalapril maleate SOLN	2	MP
enalapril maleate TABS	1	MP
EPANED SOLN *(enalapril maleate)*	2	MP
fosinopril sodium	2	MP
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1	MP
LOTENSIN 10 MG, 20 MG, 40 MG *(benazepril hcl)*	2	MP
moexipril hcl	2	MP
perindopril erbumine	2	MP
QBRELIS SOLN	2	MP
quinapril hcl	2	MP
ramipril CAPS	1	MP
trandolapril	2	MP
VASOTEC TABS *(enalapril maleate)*	2	MP
ZESTRIL TABS *(lisinopril)*	2	MP
Angiotensin II Receptor Antagonists		
ATACAND *(candesartan cilexetil)*	2	MP
AVAPRO 150 MG, 300 MG *(irbesartan)*	2	MP
BENICAR *(olmesartan medoxomil)*	2	MP
candesartan cilexetil	2	MP
COZAAR *(losartan potassium)*	2	MP
DIOVAN TABS *(valsartan)*	2	MP
EDARBI	2	MP
irbesartan	2	MP
losartan potassium	1	MP
MICARDIS *(telmisartan)*	2	MP
olmesartan medoxomil	1	MP
telmisartan	2	MP
valsartan SOLN	2	MP
valsartan TABS	1	MP
Antiadrenergic Antihypertensives		
CARDURA *(doxazosin mesylate)*	2	MP
CATAPRES-TTS-1 PTWK *(clonidine)*	2	QL(0.143 EA daily); MP
CATAPRES-TTS-2 PTWK *(clonidine)*	2	QL(0.143 EA daily); MP
CATAPRES-TTS-3 PTWK *(clonidine)*	2	QL(0.143 EA daily); MP
clonidine hcl TABS	1	MP
clonidine PTWK	1	QL(0.143 EA daily); MP
clonidine TB24	1	MP
doxazosin mesylate	1	MP
guanfacine hcl	1	MP
methyldopa TABS	1	MP
MINIPRESS CAPS *(prazosin hcl)*	2	MP

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Drug Name	Drug Tier	Requirements/ Limits
NEXICLON XR TB24 *(clonidine)*	1	MP
prazosin hcl CAPS	1	MP
terazosin hcl	1	MP
TEZRULY PO 1 MG/ML	2	QL(20 ML daily); AL(At least 18 yrs old)
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(quinapril-hydrochlorothiazide)*	2	MP
amlodipine besylate-benazepril hcl	1	MP
amlodipine besylate-olmesartan medoxomil	1	MP
amlodipine besylate-valsartan	1	MP
amlodipine-valsartan-hydrochlorothiazide	1	MP
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	2	MP
atenolol & chlorthalidone	1	MP
AVALIDE *(irbesartan-hydrochlorothiazide)*	2	MP
AZOR *(amlodipine besylate-olmesartan medoxomil)*	2	MP
benazepril & hydrochlorothiazide	1	MP
BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)*	2	MP
bisoprolol & hydrochlorothiazide	1	MP
candesartan cilexetil-hydrochlorothiazide	2	MP
captopril & hydrochlorothiazide	2	MP
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	2	MP
EDARBYCLOR	2	MP
enalapril maleate & hydrochlorothiazide	1	MP
EXFORGE *(amlodipine besylate-valsartan)*	2	MP
EXFORGE HCT *(amlodipine-valsartan-hydrochlorothiazide)*	2	MP
fosinopril sodium & hydrochlorothiazide	2	MP
HYZAAR *(losartan potassium & hydrochlorothiazide)*	2	MP
irbesartan-hydrochlorothiazide	2	MP
lisinopril & hydrochlorothiazide	1	MP
losartan potassium & hydrochlorothiazide	1	MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	2	MP
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	2	MP
metoprolol & hydrochlorothiazide TABS	2	MP
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	2	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	2	MP
olmesartan medoxomil-hydrochlorothiazide	1	MP
quinapril-hydrochlorothiazide	2	MP
TEKTURNA HCT	2	MP
telmisartan-amlodipine	2	MP

Drug Name	Drug Tier	Requirements/ Limits
telmisartan-hydrochlorothiazide	2	MP
TENORETIC 100 *(atenolol & chlorthalidone)*	2	MP
TENORETIC 50 *(atenolol & chlorthalidone)*	2	MP
trandolapril-verapamil hcl	2	MP
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	2	MP
valsartan-hydrochlorothiazide	1	MP
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	2	MP
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	2	MP
Direct Renin Inhibitors		
aliskiren fumarate	2	MP
TEKTURNA *(aliskiren fumarate)*	2	MP
Endothelin Receptor Antagonists		
TRYVIO	3	QL(1 EA daily); AL(At least 18 yrs old); PA
Vasodilators		
hydralazine hcl SOLN	3	MP
hydralazine hcl TABS 100 MG	3	QL(3 EA daily); MP
hydralazine hcl TABS 10 MG, 25 MG, 50 MG	3	QL(4 EA daily); MP
minoxidil 2.5 MG, 10 MG	3	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	2	QL(12 EA per fill retail); AL(At least 18 yrs old)
FLAGYL CAPS *(metronidazole)*	2	
LIKMEZ SUSP	2	QL(400 ML per 10 day(s) retail; 400 ML per 10 days mail)
metronidazole CAPS	2	
metronidazole TABS 250 MG, 500 MG	1	
metronidazole TABS 125 MG	2	
tinidazole	1	
trimethoprim TABS	3	
XIFAXAN 200 MG	4	QL(9 EA per fill retail); AL(At least 12 yrs old); PA
XIFAXAN 550 MG	4	QL(3 EA daily); AL(At least 18 yrs old); PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	3	
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	3	
sulfamethoxazole-trimethoprim SUSP	3	
sulfamethoxazole-trimethoprim TABS	3	
Antiprotozoal Agents		
ALINIA TABS *(nitazoxanide)*	2	QL(6 EA per 30 day(s) retail)
atovaquone	3	
MEPRON *(atovaquone)*	3	
nitazoxanide TABS	2	QL(6 EA per 30 day(s) retail)
Glycopeptides		
FIRVANQ SOLR PO *(vancomycin hcl)*	2	

Drug Name	Drug Tier	Requirements/ Limits
VANCOCIN CAPS *(vancomycin hcl)*	2	
vancomycin hcl CAPS	1	
vancomycin hcl SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG	3	
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	1	
VANCOMYCIN HCL SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG	3	
VANCOMYCIN HCL SOLR IV *(vancomycin hcl)*	3	
Leprostatics		
dapsone	3	
Lincosamides		
CLEOCIN *(clindamycin hcl)*	3	
CLEOCIN *(clindamycin palmitate hydrochloride)*	3	AL(Up to 12 yrs old)
clindamycin hcl	3	
clindamycin palmitate hydrochloride	3	AL(Up to 12 yrs old)
Monobactams		
CAYSTON	1	SP
Oxazolidinones		
linezolid SUSR	2	
linezolid TABS	1	QL(28 EA per fill retail)
SIVEXTRO TABS	2	QL(14 EA per fill retail)
ZYVOX SUSR *(linezolid)*	2	
ZYVOX TABS *(linezolid)*	2	QL(28 EA per fill retail)
Urinary Anti-infectives		
HIPREX *(methenamine hippurate)*	3	
MACROBID *(nitrofurantoin monohyd macro)*	3	QL(20 EA per 10 day(s) retail); AL(Up to 64 yrs old)
MACRODANTIN 50 MG, 100 MG *(nitrofurantoin macrocrystal)*	3	QL(2 EA daily); AL(Up to 64 yrs old)
methenamine hippurate	3	
methenamine mandelate	3	
nitrofurantoin macrocrystal 50 MG, 100 MG	3	QL(2 EA daily); AL(Up to 64 yrs old)
nitrofurantoin monohyd macro	3	QL(20 EA per 10 day(s) retail); AL(Up to 64 yrs old)
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarials		
chloroquine phosphate TABS	3	MP
DARAPRIM *(pyrimethamine)*	3	MP; PA
hydroxychloroquine sulfate	3	
KRINTAFEL	3	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; AL(At least 16 yrs old); MP; PA
mefloquine hcl	3	MP; PA
PLAQUENIL *(hydroxychloroquine sulfate)*	3	MP
primaquine phosphate TABS	3	MP
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	3	MP
pyrimethamine	3	MP; PA
SOVUNA	3	

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Drug Name	Drug Tier	Requirements/ Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS *(pyridostigmine bromide)*	3	
pyridostigmine bromide TABS 60 MG	3	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	3	MP
ethambutol hcl TABS	3	MP
isoniazid SYRP	3	AL(Up to 12 yrs old); MP
isoniazid TABS	3	MP
MYAMBUTOL TABS 400 MG *(ethambutol hcl)*	3	MP
MYCOBUTIN *(rifabutin)*	3	MP
PRETOMANID	3	MP; PA
PRIFTIN	3	QL(0.86 EA daily); MP
pyrazinamide	3	MP
rifabutin	3	MP
rifampin CAPS	3	MP
SIRTURO	3	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	3	
CYCLOPHOSPHAMIDE TABS	3	
GLEOSTINE *(lomustine)*	3	
LEUKERAN	3	
lomustine	3	
melphalan	3	
MYLERAN TABS	3	SP
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	3	SP
oxaliplatin SOLR	3	SP
temozolomide CAPS	3	SP
Antimetabolites		
ALIMTA SOLR *(pemetrexed disodium)*	3	SP
ARRANON *(nelarabine)*	3	SP
AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML	3	SP
azacitidine SUSR	3	SP
capecitabine	3	SP
cladribine 10 MG/10ML	3	SP
clofarabine	3	SP
CLOLAR *(clofarabine)*	3	SP
cytarabine SOLN	3	SP
decitabine	3	SP
floxuridine	3	SP
fludarabine phosphate SOLN	3	SP
FLUDARABINE PHOSPHATE SOLN	3	SP
fludarabine phosphate SOLR	3	SP
fluorouracil	3	SP
FOLOTYN	3	SP
gemcitabine hcl SOLN	3	SP
GEMCITABINE HCL SOLN *(gemcitabine hcl)*	3	SP
gemcitabine hcl SOLR	3	SP
JYLAMVO SOLN PO	3	
mercaptopurine SUSP 2000 MG/100ML	3	SP
mercaptopurine TABS	3	SP
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	3	SP
methotrexate sodium SOLR	3	SP

Drug Name	Drug Tier	Requirements/ Limits
methotrexate sodium TABS 2.5 MG	3	
nelarabine	3	SP
ONUREG TABS	3	SP
pemetrexed disodium SOLR 100 MG, 500 MG	3	SP
pralatrexate	3	SP
PURIXAN SUSP 2000 MG/100ML *(mercaptopurine)*	3	SP
TABLOID	3	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	
VIDAZA SUSR *(azacitidine)*	3	SP
XATMEP SOLN PO	3	
XELODA *(capecitabine)*	3	SP
Antineoplastic - Angiogenesis Inhibitors		
CYRAMZA	3	
FRUZAQLA	CO	SP
Antineoplastic - Antibodies		
ARZERRA	3	SP
BLINCYTO	3	SP
GAZYVA	3	SP
KEYTRUDA	3	SP
LOQTORZI	3	SP
OPDIVO 40 MG/4ML, 100 MG/10ML	3	SP
RIABNI	3	SP
RITUXAN	3	SP
TECENTRIQ	1	SP
YERVOY	3	
Antineoplastic - Anti-HER2 Agents		
HERNEXEOS TABS PO 60 MG	CO	SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	SP
VENCLEXTA TABS	3	SP
Antineoplastic - EGFR Inhibitors		
LAZCLUZE	CO	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	3	SP
ERIVEDGE	3	SP
ODOMZO	3	SP
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	3	SP
AKEEGA	3	SP
anastrozole	3	
ARIMIDEX *(anastrozole)*	3	
AROMASIN *(exemestane)*	3	
bicalutamide	3	
CAMCEVI	3	SP
CASODEX *(bicalutamide)*	3	
ELIGARD SC	3	SP
EMCYT	3	SP
ERLEADA	3	SP
EULEXIN	3	
exemestane	3	
FARESTON *(toremifene citrate)*	3	SP
FEMARA *(letrozole)*	3	
letrozole	3	
leuprolide acetate (3 month) INJ 22.5 MG	3	SP
leuprolide acetate KIT IJ 1 MG/0.2ML	3	SP
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	3	SP
LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	3	SP
LUPRON DEPOT (4-MONTH) IM	3	SP

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Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (6-MONTH) IM	3	SP
LUTRATE DEPOT INJ 22.5 MG	3	SP
LYSODREN	3	SP
megestrol acetate SUSP	1	
megestrol acetate TABS	3	
NILANDRON *(nilutamide)*	3	SP
nilutamide	3	SP
NUBEQA	3	SP
ORGOVYX	3	SP
ORSERDU	3	SP
SOLTAMOX SOLN	3	
tamoxifen citrate TABS	3	
toremifene citrate	3	SP
TRELSTAR MIXJECT	3	SP
VABRINTY SC 22.5 MG, 30 MG, 45 MG	3	SP
XTANDI CAPS	3	SP
XTANDI TABS	3	SP
YONSA	3	SP
ZYTIGA *(abiraterone acetate)*	3	SP
Antineoplastic - Immunomodulators		
POMALYST	3	SP
Antineoplastic - Menin Inhibitors		
REVUFORJ	CO	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	3	SP
XPOVIO (40 MG ONCE WEEKLY) 40 MG	3	SP
XPOVIO (40 MG TWICE WEEKLY) 40 MG	3	SP
XPOVIO (60 MG ONCE WEEKLY) 60 MG	3	SP
XPOVIO (60 MG TWICE WEEKLY)	3	SP
XPOVIO (80 MG ONCE WEEKLY) 40 MG	3	SP
XPOVIO (80 MG TWICE WEEKLY)	3	SP
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THPK PO	CO	SP
INQOVI	3	SP
KISQALI FEMARA (200 MG DOSE)	3	SP
KISQALI FEMARA (400 MG DOSE)	3	SP
KISQALI FEMARA (600 MG DOSE)	3	SP
LONSURF	3	SP
TECENTRIQ HYBREZA	1	SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(everolimus)*	3	SP
AFINITOR TABS *(everolimus)*	3	SP
ALUNBRIG TABS	CO	SP
ALUNBRIG TBPK	CO	SP
AUGTYRO	CO	SP
BORTEZOMIB SOLN IV	CO	SP
BORTEZOMIB SOLR IV 3.5 MG	CO	SP
BORUZU SOLN IJ	CO	SP
BOSULIF CAPS	CO	SP
BRAFTOVI 75 MG	3	SP
BRUKINSA PO 160 MG	CO	SP
CALQUENCE	CO	SP
CAPRELSA	CO	SP
DANZITEN	CO	SP
everolimus TABS	3	SP
everolimus TBSO	3	SP
GOMEKLI CAPS PO 1 MG, 2 MG	CO	SP

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Drug Name	Drug Tier	Requirements/ Limits
GOMEKLI TBSO PO 1 MG	CO	SP
IBTROZI CAPS PO 200 MG	CO	SP
IDHIFA	3	SP
IMBRUVICA SUSP	CO	SP
IMKELDI SOLN	CO	SP
ITOVEBI	CO	SP
JAKAFI	3	SP
JAYPIRCA	CO	SP
KOSELUGO PO 5 MG, 7.5 MG	CO	SP
KRAZATI	3	SP
LUMAKRAS	3	SP
LYTGOBI (12 MG DAILY DOSE)	CO	SP
LYTGOBI (16 MG DAILY DOSE)	CO	SP
LYTGOBI (20 MG DAILY DOSE)	CO	SP
MEKINIST SOLR	CO	SP
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	CO	SP
OGSIVEO	CO	SP
OJJAARA	CO	SP
pazopanib hcl	CO	SP
RETEVMO TABS	CO	SP
REZLIDHIA	3	SP
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	CO	SP
ROZLYTREK PACK	CO	SP
RUBRACA	CO	SP
RYTELO	CO	SP
SCEMBLIX	CO	SP
TAFINLAR TBSO	CO	SP
TALZENNA	CO	SP
TAZVERIK	3	SP
TIBSOVO	3	SP
TRUQAP TABS	CO	SP
TRUQAP TBPK	CO	SP
TURALIO 125 MG	CO	SP
VANFLYTA	CO	SP
VORANIGO	3	SP
XALKORI CPSP	CO	SP
ZEJULA CAPS	CO	SP
ZEJULA TABS	CO	SP
ZOLINZA	3	SP
Antineoplastics Misc.		
BESREMI	3	
bexarotene	3	SP
HYDREA *(hydroxyurea)*	3	MP
hydroxyurea	3	MP
MATULANE	3	SP
NIPENT	3	SP
TARGRETIN *(bexarotene)*	3	SP
tretinoin (chemotherapy)	3	SP
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	CO	SP
IWILFIN	CO	SP
leucovorin calcium TABS	3	
mesna TABS	3	SP
MESNEX TABS	3	SP
Mitotic Inhibitors		
etoposide CAPS	3	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	3	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	2	MP
LODOSYN *(carbidopa)*	2	MP
NOURIANZ	2	MP

Drug Name	Drug Tier	Requirements/ Limits
Antiparkinson COMT Inhibitors		
COMTAN *(entacapone)*	2	MP
entacapone	1	MP
ONGENTYS	2	MP
TASMAR *(tolcapone)*	2	MP
tolcapone	2	MP
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	MP
amantadine hcl SOLN	1	MP
amantadine hcl TABS	2	MP
bromocriptine mesylate CAPS	2	MP
bromocriptine mesylate TABS 2.5 MG	2	MP
carbidopa-levodopa CPCR	2	MP
carbidopa-levodopa-entacapone	2	MP
carbidopa-levodopa TABS	1	MP
carbidopa-levodopa TBCR	1	MP
carbidopa-levodopa TBDP	2	MP
CREXONT CPCR	2	AL(At least 18 yrs old)
DHIVY TABS	2	MP
DUOPA SUSP	2	MP
GOCOVRI CP24	2	SP; MP
INBRIJA CAPS	2	MP
MIRAPEX ER TB24 *(pramipexole dihydrochloride)*	2	MP
NEUPRO	2	QL(1 EA daily); MP
ONAPGO SOCT 98 MG/20ML	2	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 18 yrs old); SP
OSMOLEX ER TB24 129 MG	2	MP
PARLODEL CAPS *(bromocriptine mesylate)*	2	MP
PARLODEL TABS *(bromocriptine mesylate)*	2	MP
pramipexole dihydrochloride TABS	1	MP
pramipexole dihydrochloride TB24	2	MP
ropinirole hydrochloride TABS	1	MP
ropinirole hydrochloride TB24	2	MP
RYTARY CPCR	2	MP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	2	MP
STALEVO 100 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 125 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 150 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 200 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 50 *(carbidopa-levodopa-entacapone)*	2	MP
STALEVO 75 *(carbidopa-levodopa-entacapone)*	2	MP
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(rasagiline mesylate)*	2	AL(At least 18 yrs old); MP; PA
rasagiline mesylate	1	AL(At least 18 yrs old); MP; PA
selegiline hcl CAPS	2	MP
selegiline hcl TABS	2	MP
XADAGO	2	MP
ZELAPAR TBDP	2	MP

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Drug Name	Drug Tier	Requirements/ Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	CO	
Antipsychotics - Misc.		
CAPLYTA	CO	
Benzisoxazoles		
ERZOFRI	CO	
FANAPT TITRATION PACK B	CO	
FANAPT TITRATION PACK C	CO	
RYKINDO SRER	CO	
UZEDY SUSY	CO	
Dibenzapines		
quetiapine fumarate TABS	CO	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	CO	SP
COBENFY CAPS	CO	SP
Phenothiazines		
prochlorperazine	3	QL(2 EA daily)
prochlorperazine maleate TABS	3	QL(4 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	CO	MP
ABILIFY MYCITE MAINTENANCE KIT	CO	SP
ABILIFY MYCITE STARTER KIT	CO	SP
OPIPZA FILM	CO	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
DESCOVY	CO	SP
EDURANT PED PO 2.5 MG	CO	SP
PREZCOBIX	CO	SP
PREZISTA SUSP	CO	SP
SUNLENCA SOLN	CO	SP
SUNLENCA TABS PO 300 MG	CO	SP
SUNLENCA TBPK 300 MG	CO	SP
YEZTUGO SOLN 463.5 MG/1.5ML	CO	SP
YEZTUGO TABS PO 300 MG	CO	SP
Antiviral Combinations		
PAXLOVID (150/100)	1	
PAXLOVID (300/100 & 150/100)	1	
PAXLOVID (300/100)	1	
CMV Agents		
LIVTENCITY	1	SP
PREVYMIS PACK	3	SP
PREVYMIS TABS	1	SP
VALCYTE TABS *(valganciclovir hcl)*	3	QL(2 EA daily)
valganciclovir hcl TABS	3	QL(2 EA daily)
Hepatitis Agents		
adefovir dipivoxil	3	QL(1 EA daily); SP; MP
BARACLUDE TABS *(entecavir)*	3	QL(1 EA daily); SP; MP
entecavir TABS	3	QL(1 EA daily); SP; MP
lamivudine (hbv) TABS	3	QL(1 EA daily); SP; MP
VEMLIDY	3	QL(1 EA daily); AL(At least 6 yrs old); SP; MP; PA
Herpes Agents		
acyclovir CAPS	1	MP

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Drug Name	Drug Tier	Requirements/ Limits
acyclovir SUSP	1	MP
acyclovir TABS PO	1	MP
famciclovir	1	MP
SITAVIG TABS BU	2	MP
valacyclovir hcl	1	MP
VALTREX *(valacyclovir hcl)*	2	MP
Influenza Agents		
oseltamivir phosphate CAPS	1	QL(14 EA per fill retail)
oseltamivir phosphate SUSR	1	QL(120 ML per fill retail)
RELENZA DISKHALER	1	
rimantadine hydrochloride TABS	1	
TAMIFLU CAPS *(oseltamivir phosphate)*	2	QL(14 EA per fill retail)
TAMIFLU SUSR *(oseltamivir phosphate)*	2	QL(120 ML per fill retail)
XOFLUZA (40 MG DOSE) 40 MG	2	
XOFLUZA (80 MG DOSE) 80 MG	2	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol	1	MP
carvedilol phosphate	2	MP
COREG *(carvedilol)*	2	MP
COREG CR *(carvedilol phosphate)*	2	MP
labetalol hcl TABS	1	MP
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	2	MP
atenolol TABS	1	MP
betaxolol hcl	2	MP
bisoprolol fumarate	1	MP
BYSTOLIC *(nebivolol hcl)*	2	MP
KAPSPARGO SPRINKLE CS24	2	MP
LOPRESSOR TABS *(metoprolol tartrate)*	2	MP
metoprolol succinate TB24	1	MP
metoprolol tartrate TABS	1	MP
nebivolol hcl	1	MP
TENORMIN TABS *(atenolol)*	2	MP
TOPROL XL TB24 *(metoprolol succinate)*	2	MP
Beta Blockers Non-Selective		
BETAPACE AF *(sotalol hcl (afib/afl))*	2	MP
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	2	MP
CORGARD TABS 20 MG, 40 MG *(nadolol)*	1	MP
HEMANGEOL SOLN PO	1	AL(Up to 1 yrs old); SP; MP
INDERAL LA CP24 *(propranolol hcl)*	2	MP
INDERAL XL	2	MP
INNOPRAN XL	2	MP
nadolol TABS 20 MG, 40 MG, 80 MG	1	MP
pindolol TABS	2	MP
propranolol hcl CP24	1	MP
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	MP
propranolol hcl TABS	1	MP
sotalol hcl (afib/afl)	1	MP
sotalol hcl TABS	1	MP
SOTYLIZE SOLN PO	2	MP
timolol maleate TABS	2	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		

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Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate TABS	1	MP
CARDIZEM CD CP24 *(diltiazem hcl coated beads)*	2	MP
CARDIZEM LA TB24 *(diltiazem hcl)*	2	MP
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	2	MP
CONJUPRI *(levamlodipine maleate)*	2	MP
diltiazem hcl coated beads CP24	1	MP
diltiazem hcl extended release beads	2	MP
diltiazem hcl extended release beads	1	MP
diltiazem hcl CP12	1	MP
diltiazem hcl CP24	1	MP
diltiazem hcl TABS	1	MP
diltiazem hcl TB24	2	MP
felodipine	2	MP
isradipine CAPS	2	MP
KATERZIA	2	AL(At least 6 yrs old); MP
levamlodipine maleate	2	MP
nicardipine hcl CAPS	2	MP
nifedipine CAPS	1	MP
nifedipine TB24	1	MP
nimodipine CAPS	3	QL(252 EA per 365 day(s) retail)
nisoldipine	2	MP
NORLIQVA SOLN	1	AL(At least 6 yrs old); MP; PA
NORVASC TABS *(amlodipine besylate)*	2	MP
PROCARDIA XL TB24 *(nifedipine)*	2	MP
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	2	MP
TIAZAC *(diltiazem hcl extended release beads)*	2	MP
VERAPAMIL HCL ER CP24 *(verapamil hcl)*	2	MP
verapamil hcl CP24	2	MP
verapamil hcl TABS	1	MP
verapamil hcl TBCR	1	MP
VERELAN PM CP24 *(verapamil hcl)*	2	MP
VERELAN CP24 *(verapamil hcl)*	2	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin TABS 125 MCG, 250 MCG	3	MP
LANOXIN TABS 125 MCG, 250 MCG *(digoxin)*	3	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	3	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	2	QL(1 EA daily); 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 *(amlodipine besylate-atorvastatin calcium)*	2	QL(1 EA daily); MP
ENTRESTO CPSP	2	QL(2 EA daily); MP
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(sacubitril-valsartan)*	2	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
OPSYNVI	2	QL(1 EA daily); AL(At least 18 yrs old); SP
sacubitril-valsartan TABS	1	QL(2 EA daily); MP
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	2	MP
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	2	SP
ORENITRAM MONTH 2 TEPK	2	SP
ORENITRAM MONTH 3 TEPK	2	SP
ORENITRAM TBCR	2	SP; MP
TYVASO DPI INSTITUTIONAL KIT POWD	2	SP; MP
TYVASO DPI MAINTENANCE KIT POWD	2	SP; MP
TYVASO DPI TITRATION KIT POWD	2	SP; MP
TYVASO REFILL KIT SOLN IN	1	SP; MP; PA
TYVASO STARTER KIT SOLN IN	1	SP; MP; PA
TYVASO SOLN IN	1	SP; MP; PA
VENTAVIS IN	1	SP; MP; PA
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	2	SP; MP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	1	SP; MP; PA
bosentan TABS	2	SP; MP; PA
bosentan TBSO 32 MG	2	SP; MP
LETAIRIS *(ambrisentan)*	2	SP; MP; PA
OPSUMIT	1	SP; MP; PA
TRACLEER TABS *(bosentan)*	1	SP; MP; PA
TRACLEER TBSO 32 MG *(bosentan)*	2	SP; MP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	2	SP; MP; PA
LIQREV SUSP	2	SP; MP
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	2	SP; MP; PA
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	2	SP; MP; PA
sildenafil citrate (pulmonary hypertension) SUSR	1	SP; MP; PA
sildenafil citrate (pulmonary hypertension) TABS	1	SP; MP; PA
tadalafil (pulmonary hypertension) TABS	1	SP; MP; PA
TADLIQ SUSP	2	AL(At least 18 yrs old); SP; MP
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	1	SP; MP; PA
UPTRAVI TABS	1	SP; MP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	2	SP; MP
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	3	AL(At least 18 yrs old); MP; PA

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Drug Name	Drug Tier	Requirements/ Limits
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	QL(28 EA per fill retail)
cefadroxil SUSR	1	
cefadroxil TABS	2	QL(28 EA per fill retail)
cephalexin CAPS	1	
cephalexin SUSR	1	
cephalexin TABS	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	2	QL(42 EA per fill retail)
cefaclor CAPS	2	QL(42 EA per fill retail)
cefaclor SUSR 250 MG/5ML	2	
cefprozil SUSR	1	
cefprozil TABS	1	QL(28 EA per fill retail)
cefuroxime axetil TABS	1	QL(42 EA per fill retail)
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	QL(28 EA per fill retail)
cefdinir SUSR	1	
cefixime CAPS	1	
cefixime SUSR	2	
cefpodoxime proxetil SUSR	2	
cefpodoxime proxetil TABS	2	QL(28 EA per fill retail)
CHEMICALS		
Bulk Chemicals - C's		
CITRULLINE	4	RX/OTC
CREATINE MONOHYDRATE	4	RX/OTC
L-CITRULLINE	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Bulk Chemicals - O's		
L-ORNITHINE HYDROCHLORIDE	4	RX/OTC
ORNITHINE HCL	4	RX/OTC
Bulk Chemicals - S's		
NICE PURE BAKING SODA	4	RX/OTC
Solids		
COENZYME Q10	4	RX/OTC
UBIDECARENONE	4	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
desogestrel & ethinyl estradiol	3	
desogestrel-ethinyl estradiol (biphasic)	3	
desogestrel-ethinyl estradiol (triphasic)	3	
drospirenone-ethinyl estradiol 0.03 MG-3 MG	3	
drospirenone-ethinyl estradiol 0.02 MG-3 MG	1	
ethynodiol diacet & eth estrad	3	
levonorgestrel & eth estradiol TABS	3	
levonorgestrel-eth estradiol (triphasic)	3	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	3	
levonorgestrel-ethinyl estradiol (continuous)	3	
MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)*	3	
norethin acet & estrad-fe CHEW	3	

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Drug Name	Drug Tier	Requirements/ Limits
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	3	
norethindrone & eth estradiol	3	
norethindrone & ethinyl estradiol-fe	3	
norethindrone acet & eth estra TABS	3	
norethindrone acetate-ethinyl estradiol-fe	3	
norethindrone-eth estradiol (triphasic)	3	
norgestimate-ethinyl estradiol	3	
norgestimate-ethinyl estradiol (triphasic)	3	
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	3	
YASMIN 28 *(drospirenone-ethinyl estradiol)*	3	
YAZ *(drospirenone-ethinyl estradiol)*	2	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	3	
Combination Contraceptives - Vaginal		
etonogestrel-ethinyl estradiol	3	QL(0.036 EA daily)
NUVARING *(etonogestrel-ethinyl estradiol)*	3	QL(0.036 EA daily)
Emergency Contraceptives		
ELLA	3	
levonorgestrel (emergency oc) 1.5 MG	3	
PLAN B ONE-STEP *(levonorgestrel (emergency oc))*	3	

Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(medroxyprogesterone acetate (contraceptive))*	3	
medroxyprogesterone acetate (contraceptive) SUSP IM	3	
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	3	
OPILL	3	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	3	SP
ALKINDI SPRINKLE CPSP	3	
budesonide CPEP	3	PA
budesonide TB24	2	
CORTEF TABS *(hydrocortisone)*	3	
deflazacort SUSP	3	
deflazacort TABS	3	
DEPO-MEDROL SUSP *(methylprednisolone acetate)*	3	
DEPO-MEDROL SUSP	3	
DEXAMETHASONE INTENSOL CONC	3	
dexamethasone sodium phosphate SOLN IJ	3	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	3	
dexamethasone sodium phosphate SOSY IJ	3	
dexamethasone ELIX	3	
dexamethasone SOLN	3	
dexamethasone TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
dexamethasone TBPK	3	
EMFLAZA SUSP *(deflazacort)*	3	
EMFLAZA TABS *(deflazacort)*	3	
EOHILIA SUSP	3	QL(20 ML daily); AL(At least 11 yrs old); PA
HEMADY TABS	3	
hydrocortisone sod succinate 100 MG	3	
hydrocortisone TABS	3	
KENALOG-10 SUSP *(triamcinolone acetonide)*	3	
KENALOG-40 SUSP *(triamcinolone acetonide)*	3	
KHINDIVI SOLN PO 1 MG/ML	3	
MEDROL TABS *(methylprednisolone)*	3	
MEDROL TABS	3	
MEDROL TBPK *(methylprednisolone)*	3	
methylprednisolone acetate SUSP	3	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	3	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	3	
methylprednisolone TABS	3	
methylprednisolone TBPK	3	
ORAPRED ODT TBDP	3	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	3	
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML	3	
prednisolone sodium phosphate TBDP	3	
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	3	
prednisolone SOLN	3	
prednisolone TABS	3	
PREDNISONE INTENSOL CONC	3	
prednisone SOLN	3	
prednisone TABS	3	
PREDNISONE TBEC 2 MG	3	
prednisone TBPK	3	
RAYOS TBEC	3	
SOLU-CORTEF *(hydrocortisone sod succinate)*	3	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
SOLU-MEDROL 2 GM, 500 MG, 1000 MG *(methylprednisolone sod succ)*	3	
SOLU-MEDROL (PF)	3	
triamcinolone acetonide SUSP	3	
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML	3	
UCERIS TB24 *(budesonide)*	2	
Mineralocorticoids		
fludrocortisone acetate TABS	3	MP
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Cough/Cold/Allergy Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
dextromethorphan-doxylamine-acetaminophen LIQD	4	
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	4	
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	4	
dextromethorphan-phenylephrine-acetaminophen LIQD	3	
guaifenesin-codeine SOLN	4	
guaifenesin-codeine SYRP	4	
MUCINEX D TB12 *(pseudoephedrine-guaifenesin)*	NF	
NYQUIL HBP COLD & FLU LIQD *(dextromethorphan-doxylamine-acetaminophen)*	NF	
promethazine & phenylephrine SYRP	4	
promethazine w/codeine SOLN	4	
promethazine-dm SYRP	4	
promethazine-phenylephrine-codeine	4	
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	4	
VICKS NYQUIL COLD & FLU NIGHT LIQD *(dextromethorphan-doxylamine-acetaminophen)*	NF	
VICKS NYQUIL COLD & FLU LIQD *(dextromethorphan-doxylamine-acetaminophen)*	NF	
VICKS NYQUIL HBP COLD & FLU LIQD *(dextromethorphan-doxylamine-acetaminophen)*	NF	
Expectorants		
GERI-TUSSIN SYRP	4	
guaifenesin LIQD	4	
guaifenesin TABS 200 MG	4	
Misc. Respiratory Inhalants		
HYPERSAL NEBU	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
HYPERSAL NEBU *(sodium chloride (inhalant))*	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
NEBUSAL NEBU	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
sodium chloride (inhalant) NEBU 3 %, 7 %	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
sodium chloride (inhalant) NEBU 0.9 %	3	

Drug Name	Drug Tier	Requirements/ Limits
Mucolytics		
acetylcysteine SOLN	3	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(isotretinoin)*	3	QL(2 EA daily); PA
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(isotretinoin)*	NF	
ACANYA GEL *(clindamycin phosphate-benzoyl peroxide)*	2	
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)
adapalene GEL 0.1 %	3	QL(45 GM per 30 day(s) retail); RX/OTC
adapalene GEL 0.3 %	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)
BENZAC AC WASH LIQD 5 %	3	RX/OTC
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	3	
benzoyl peroxide CREA 10 %	3	
benzoyl peroxide-erythromycin GEL	3	
benzoyl peroxide FOAM 10 %	3	
benzoyl peroxide GEL 5 %	3	
benzoyl peroxide GEL 10 %	3	QL(114 GM per 30 day(s) retail)
benzoyl peroxide LIQD 5 %, 10 %	3	
CABTREO	2	
clindamycin phosphate (topical) SOLN	3	
clindamycin phosphate (topical) SWAB	3	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	2	
clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %	2	
clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %	1	
DIFFERIN CLEANSER LIQD *(benzoyl peroxide)*	3	RX/OTC
DIFFERIN GEL 0.3 % *(adapalene)*	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)
DIFFERIN GEL 0.1 % *(adapalene)*	3	QL(45 GM per 30 day(s) retail); RX/OTC
EPIDUO GEL *(adapalene-benzoyl peroxide)*	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)
erythromycin (acne aid) SOLN	3	
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	3	QL(2 EA daily); PA
ONEXTON GEL *(clindamycin phosphate-benzoyl peroxide)*	2	
RA DAYLOGIC ACNE FOAMING WASH FOAM 10 %	3	
RETIN-A CREA 0.025 %, 0.05 % *(tretinoin)*	3	QL(20 GM per 30 day(s) retail); AL(Up to 30 yrs old)
sulfacetamide sodium w/ sulfur LIQD 10 %-5 %	3	

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Drug Name	Drug Tier	Requirements/ Limits
tretinoin CREA 0.025 %, 0.05 %	3	QL(20 GM per 30 day(s) retail); AL(Up to 30 yrs old)
Antibiotics - Topical		
bacitracin (topical) OINT	3	
bacitracin zinc OINT	3	
CENTANY AT KIT	2	
gentamicin sulfate (topical) CREA	3	
gentamicin sulfate (topical) OINT	3	
mupirocin calcium (topical)	2	
mupirocin OINT	1	
neomycin-bacitracin-polymyxin OINT	3	
NEOSPORIN ORIGINAL OINT *(neomycin-bacitracin-polymyxin)*	3	
XEPI	2	QL(60 GM per 30 day(s) retail)
Antifungals - Topical		
ALOE VESTA ANTIFUNGAL OINT *(miconazole nitrate (topical))*	2	
AZOLEN ANTI-FUNGAL WASH SOLN	1	
AZOLEN TINCTURE SOLN	1	
butenafine hcl	2	
ciclopirox olamine CREA	1	
ciclopirox olamine SUSP	2	
ciclopirox GEL	2	
ciclopirox KIT	2	
ciclopirox SHAM	2	
ciclopirox SOLN	1	
ciclopirox SOLN	2	
clotrimazole (topical) CREA	1	RX/OTC
clotrimazole (topical) CREA	2	RX/OTC
clotrimazole (topical) SOLN	2	RX/OTC
clotrimazole (topical) SOLN	1	RX/OTC
clotrimazole w/ betamethasone CREA	1	
clotrimazole w/ betamethasone LOTN	2	
econazole nitrate CREA	1	
ERTACZO	2	
EXELDERM CREA *(sulconazole nitrate)*	2	
FUNGOID TINCTURE SOLN	1	
JUBLIA	2	AL(At least 6 yrs old)
KERYDIN *(tavaborole)*	2	AL(At least 6 yrs old)
ketoconazole (topical) CREA	1	
ketoconazole (topical) FOAM	2	
ketoconazole (topical) SHAM 2 %	1	
KETODAN	2	
LAMISIL AT ATHLETES FOOT CREA *(terbinafine hcl (topical))*	3	
LAMISIL AT JOCK ITCH CREA *(terbinafine hcl (topical))*	3	
LAMISIL AT CREA *(terbinafine hcl (topical))*	3	
LOTRIMIN AF JOCK ITCH CREA *(clotrimazole (topical))*	2	RX/OTC
LOTRIMIN AF JOCK ITCH CREA *(clotrimazole (topical))*	NF	RX/OTC
LOTRIMIN AF CREA *(clotrimazole (topical))*	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF CREA *(clotrimazole (topical))*	2	RX/OTC
LOTRIMIN ULTRA *(butenafine hcl)*	2	
luliconazole	2	
LUZU *(luliconazole)*	2	
MICATIN CREA *(miconazole nitrate (topical))*	1	
miconazole nitrate (topical) CREA	1	
miconazole nitrate (topical) OINT	2	
MICONAZOLE NITRATE SOLN	1	
miconazole-zinc oxide-white petrolatum	2	AL(Up to 16 yrs old)
MICONI-AL SOLN	1	
naftifine hcl CREA	2	
naftifine hcl GEL 2 %	2	
NAFTIN GEL	2	
NAFTIN GEL *(naftifine hcl)*	2	
nystatin (topical) CREA	1	
nystatin (topical) OINT	1	
nystatin (topical) POWD EX	1	
nystatin-triamcinolone CREA	1	
nystatin-triamcinolone OINT	1	
oxiconazole nitrate CREA	2	
OXISTAT CREA *(oxiconazole nitrate)*	2	
OXISTAT LOTN	2	
sulconazole nitrate CREA	2	
tavaborole	2	AL(At least 6 yrs old)
terbinafine hcl (topical) CREA	3	
TINACTIN CREA *(tolnaftate)*	2	
tolnaftate CREA	1	
tolnaftate POWD EX	1	
VUSION *(miconazole-zinc oxide-white petrolatum)*	2	AL(Up to 16 yrs old)
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	2	QL(2 EA daily)
diclofenac sodium (topical) GEL EX	1	RX/OTC
diclofenac sodium (topical) SOLN EX 1.5 %	1	
diclofenac sodium (topical) SOLN EX 2 %	2	
FLECTOR PTCH EX *(diclofenac epolamine)*	2	QL(2 EA daily)
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	2	
VOLTAREN ARTHRITIS PAIN GEL EX *(diclofenac sodium (topical))*	2	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	3	SP
CARAC CREA *(fluorouracil (topical))*	3	SP
diclofenac sodium (actinic keratoses) EX	3	
EFUDEX CREA *(fluorouracil (topical))*	3	SP
fluorouracil (topical) CREA	3	SP
fluorouracil (topical) SOLN	3	SP
TARGRETIN *(bexarotene (topical))*	3	SP
VALCHLOR	3	SP
Antipsoriatics		

Drug Name	Drug Tier	Requirements/ Limits
acitretin 10 MG, 25 MG	3	QL(2 EA daily); PA
acitretin 17.5 MG	3	PA
BIMZELX SOAJ	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP
BIMZELX SOSY 160 MG/ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP
BIMZELX SOSY 320 MG/2ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
calcipotriene CREA	3	AL(At least 2 yrs old); PA
calcipotriene OINT	3	QL(4 GM daily); AL(At least 2 yrs old); PA
calcipotriene SOLN	3	QL(2 ML daily); AL(At least 2 yrs old); PA
calcitriol (topical)	3	AL(At least 2 yrs old); PA
COSENTYX (300 MG DOSE) SOSY	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
COSENTYX SENSOREADY (300 MG) SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
COSENTYX SENSOREADY PEN SOAJ	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
COSENTYX UNOREADY SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
COSENTYX SOSY 150 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
ILUMYA	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
OTULFI SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
OTULFI SOSY SC 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
PYZCHIVA 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail)
PYZCHIVA SC 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail); SP; PA
PYZCHIVA 90 MG/ML	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
PYZCHIVA 90 MG/ML	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail)
PYZCHIVA 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail); SP
SELARSDI SOLN SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	2	SP
SILIQ	2	SP
SKYRIZI PEN SOAJ	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
SKYRIZI SOSY	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
SOTYKTU	2	QL(1 EA daily); AL(At least 18 yrs old); SP

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOLN 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
STELARA SOSY 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
STELARA SOSY 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
STEQEYMA 90 MG/ML	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
STEQEYMA 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail); SP
TALTZ SOAJ	2	QL(1 ML per 365 day(s) retail; 1 ML per 365 days mail); SP
TALTZ SOAJ	2	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
TALTZ SOAJ	2	QL(2 ML per 365 day(s) retail; 2 ML per 365 days mail); SP
TALTZ SOSY 40 MG/0.5ML	2	QL(0.5 ML per 28 day(s) retail); SP
TALTZ SOSY 20 MG/0.25ML	2	QL(0.25 ML per 28 day(s) retail); SP
TALTZ SOSY 80 MG/ML	2	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
tazarotene CREA	3	PA
tazarotene GEL	3	PA
TAZORAC CREA *(tazarotene)*	3	PA
TAZORAC GEL *(tazarotene)*	3	PA
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 6 yrs old); SP
TREMFYA PEN SOAJ 100 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 6 yrs old); SP
TREMFYA SOSY 100 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 6 yrs old); SP
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
USTEKINUMAB-AAUZ SOSY SC 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	2	SP
USTEKINUMAB SOLN 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
USTEKINUMAB SOSY 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
USTEKINUMAB SOSY 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
USTEKINUMAB-TTWE 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
USTEKINUMAB-TTWE 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
VECTICAL *(calcitriol (topical))*	3	AL(At least 2 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
VTAMA	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
YESINTEK SOLN 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
YESINTEK SOSY 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
YESINTEK SOSY 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	3	
Antivirals - Topical		
ABREVA *(docosanol)*	3	MP
acyclovir topical CREA	1	MP
acyclovir topical OINT	1	MP
DENAVIR *(penciclovir)*	1	MP
docosanol	3	MP
penciclovir	2	MP
XERESE	2	MP
ZOVIRAX CREA *(acyclovir topical)*	2	MP
ZOVIRAX OINT *(acyclovir topical)*	2	MP
Burn Products		
SILVADENE *(silver sulfadiazine)*	3	
silver sulfadiazine	3	
Corticosteroids - Topical		
alclometasone dipropionate CREA	2	
alclometasone dipropionate OINT	2	
amcinonide CREA	2	
amcinonide LOTN	2	
APEXICON E CREA	2	
betamethasone dipropionate (topical) CREA	1	
betamethasone dipropionate (topical) LOTN	1	
betamethasone dipropionate (topical) OINT	1	
betamethasone dipropionate augmented CREA	2	
betamethasone dipropionate augmented GEL 0.05 %	2	
betamethasone dipropionate augmented LOTN	2	
betamethasone dipropionate augmented OINT	2	
betamethasone valerate CREA	1	
betamethasone valerate FOAM	2	
betamethasone valerate LOTN	1	
betamethasone valerate OINT	1	
BRYHALI LOTN	2	
CAPEX SHAM	2	
clobetasol propionate emollient base 0.05 %	2	
clobetasol propionate emulsion	2	
clobetasol propionate CREA 0.025 %	2	
clobetasol propionate CREA 0.05 %	1	
clobetasol propionate FOAM	2	

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate GEL 0.05 %	2	
clobetasol propionate LIQD	2	
clobetasol propionate LOTN	2	
clobetasol propionate OINT 0.05 %	1	
clobetasol propionate SHAM	2	
clobetasol propionate SOLN 0.05 %	1	
CLOBEX SPRAY LIQD *(clobetasol propionate)*	2	
CLOBEX LOTN 0.05 % *(clobetasol propionate)*	2	
CLOBEX SHAM *(clobetasol propionate)*	2	
clocortolone pivalate	2	
CLODAN	2	
CLODERM *(clocortolone pivalate)*	2	
CORDRAN CREA *(flurandrenolide)*	2	
CORDRAN LOTN *(flurandrenolide)*	2	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	2	
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	2	
desonide CREA	2	
desonide GEL	2	
desonide LOTN	2	
desonide OINT	2	
desoximetasone CREA	2	
desoximetasone GEL	2	
desoximetasone LIQD	2	
desoximetasone OINT	2	

Drug Name	Drug Tier	Requirements/ Limits
diflorasone diacetate CREA	2	
diflorasone diacetate OINT	2	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	2	
fluocinolone acetonide CREA	2	
fluocinolone acetonide OIL	2	
fluocinolone acetonide OINT	2	
fluocinolone acetonide SOLN	2	
fluocinonide emulsified base	2	
fluocinonide CREA	1	
fluocinonide GEL	1	
fluocinonide OINT	1	
fluocinonide SOLN	1	
flurandrenolide CREA	2	
flurandrenolide LOTN	2	
flurandrenolide OINT	2	
fluticasone propionate CREA 0.05 %	1	
fluticasone propionate LOTN	2	
fluticasone propionate OINT	1	
halcinonide CREA	2	
halcinonide SOLN 0.1 %	2	
halobetasol propionate CREA	1	
halobetasol propionate FOAM	2	
halobetasol propionate OINT	1	
HALOG CREA *(halcinonide)*	2	
HALOG OINT	2	

Drug Name	Drug Tier	Requirements/ Limits
HALOG SOLN 0.1 % *(halcinonide)*	2	
HYDROCORT LOTION COMPLETE KIT THPK	2	
hydrocortisone (topical) CREA	1	RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1	
hydrocortisone (topical) OINT 1 %, 2.5 %	1	RX/OTC
hydrocortisone (topical) SOLN	2	
hydrocortisone acetate (topical) OINT	1	
HYDROCORTISONE ACETATE CREA	1	
hydrocortisone butyrate hydrophilic lipo base	2	
hydrocortisone butyrate CREA	2	
hydrocortisone butyrate LOTN	2	
hydrocortisone butyrate OINT	2	
hydrocortisone butyrate SOLN	2	
hydrocortisone valerate CREA	2	
hydrocortisone valerate OINT	2	
IMPOYZ CREA 0.025 % *(clobetasol propionate)*	2	
KENALOG AERS *(triamcinolone acetonide (topical))*	2	
LEXETTE FOAM *(halobetasol propionate)*	2	
LOCOID LIPOCREAM	2	
LOCOID LOTN *(hydrocortisone butyrate)*	2	
mometasone furoate CREA	1	
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
PANDEL	2	
SERNIVO EMUL	2	
SYNALAR (CREAM)	2	
SYNALAR (OINTMENT)	2	
SYNALAR TS	2	
SYNALAR CREA *(fluocinolone acetonide)*	2	
SYNALAR OINT *(fluocinolone acetonide)*	2	
SYNALAR SOLN *(fluocinolone acetonide)*	2	
TOPICORT SPRAY LIQD *(desoximetasone)*	2	
TOPICORT CREA *(desoximetasone)*	2	
TOPICORT GEL *(desoximetasone)*	2	
TOPICORT OINT *(desoximetasone)*	2	
TOVET	2	
triamcinolone acetonide (topical) AERS	2	
triamcinolone acetonide (topical) CREA	1	
triamcinolone acetonide (topical) LOTN	1	
triamcinolone acetonide (topical) OINT	1	
triamcinolone acetonide-dimethicone-silicone	2	
ULTRAVATE LOTN	2	
VANICREAM HC MAXIMUM STRENGTH CREA	2	
VANOS CREA *(fluocinonide)*	2	
Eczema Agents		

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Drug Name	Drug Tier	Requirements/ Limits
ADBRY SOAJ	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA
ADBRY SOSY	1	QL(4 ML per 28 day(s) retail); SP; PA
CIBINQO	2	AL(At least 12 yrs old); SP
DUPIXENT SOAJ	1	AL(At least 2 yrs old); SP; PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	1	SP; PA
EBGLYSS SOAJ	2	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); AL(At least 12 yrs old); SP
EBGLYSS SOSY	2	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); AL(At least 12 yrs old); SP
OPZELURA	2	QL(240 GM per 30 day(s) retail; 240 GM per 30 days mail); AL(At least 2 yrs old); SP
Emollients		
lactic acid (ammonium lactate) CREA	3	RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	3	RX/OTC
Hair Growth Agents		
LITFULO	3	QL(1 EA daily); AL(At least 12 yrs old); SP; PA
Immunomodulating Agents - Systemic		
NEMLUVIO	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
Immunomodulating Agents - Topical		
imiquimod 5 %	3	
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	1	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA
HYFTOR	3	AL(At least 6 yrs old); PA
pimecrolimus	1	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.03 %	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
tacrolimus (topical) OINT 0.1 %	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
podofilox SOLN	3	
Local Anesthetics - Topical		
lidocaine hcl CREA 3 %	3	QL(85 GM per 30 day(s) retail); RX/OTC
lidocaine hcl GEL 2 %	3	
lidocaine hcl PRSY	3	
lidocaine OINT 5 %	3	QL(100 GM per 30 day(s) retail)
lidocaine-prilocaine CREA	3	QL(1 GM daily)
lidocaine PTCH 4 %	3	QL(30 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
lidocaine PTCH 5 %	3	PA
LIDOCARE ARM/NECK/LEG PTCH *(lidocaine)*	3	QL(30 EA per 30 day(s) retail)
LIDOCARE BACK/SHOULDER PTCH *(lidocaine)*	3	QL(30 EA per 30 day(s) retail)
LIDODERM PTCH *(lidocaine)*	3	PA
Misc. Topical		
DRYSOL SOLN	4	
EUCERIN ORIGINAL HEALING CREA *(skin protectants, misc.)*	NF	
HYDROCERIN CREA	4	
SENI CARE BODY CREA	4	
SENSI-CARE MOISTURIZING CREA	4	
skin protectants, misc. CREA	4	
SORBIDON HYDRATE CREA	4	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	1	QL(100 GM per 30 day(s) retail); PA
ZORYVE CREA EX	3	AL(At least 6 yrs old)
ZORYVE FOAM EX	3	AL(At least 9 yrs old)
Rosacea Agents		
METROCREAM CREA *(metronidazole (topical))*	3	
metronidazole (topical) CREA	3	
metronidazole (topical) GEL 0.75 %	3	
Scabicides & Pediculicides		
ELIMITE CREA *(permethrin)*	3	QL(2 GM daily)
ivermectin (pediculicide)	1	
malathion	3	QL(1.97 ML daily); AL(At least 2 yrs old)
NATROBA *(spinosad)*	3	QL(240 ML per 180 day(s) retail; 240 ML per 180 days mail)
NIX CREME RINSE LIQD EX *(permethrin)*	3	QL(59 ML per 30 day(s) retail)
OVIDE *(malathion)*	3	QL(1.97 ML daily); AL(At least 2 yrs old)
permethrin CREA	3	QL(2 GM daily)
permethrin LIQD EX	3	QL(59 ML per 30 day(s) retail)
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	3	QL(236 ML per 30 day(s) retail)
SKLICE *(ivermectin (pediculicide))*	2	
spinosad	3	QL(240 ML per 180 day(s) retail; 240 ML per 180 days mail)
STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	3	QL(236 ML per 30 day(s) retail)
Tar Products		
coal tar extract SHAM 0.5 %	4	
DHS TAR GEL SHAM *(coal tar extract)*	NF	
DHS TAR SHAM *(coal tar extract)*	NF	
Wound Care Products		
VYJUVEK	CO	SP
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		

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Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE TEST STRP	4	QL(250 EA per 30 day(s) retail; 250 EA per 30 days mail); RX/OTC
CHEMSTRIP K STRP	4	QL(3.34 EA daily)
KETONE TEST STRP	4	QL(3.34 EA daily)
KETOSTIX STRP	4	QL(3.34 EA daily)
RELION KETONE TEST STRP	4	QL(3.34 EA daily)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
ELFOLATE PLUS TABS	3	
FOLBIC	3	MP
FOLTANX TABS	3	
NIVA-FOL	3	MP
WESTAB MAX	3	MP
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	1	MP; PA
PERTZYE CPEP	2	MP
VIOKACE TABS	2	MP
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	1	MP; PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	3	QL(2 EA daily); MP
acetazolamide TABS	3	QL(4 EA daily); MP
Diuretic Combinations		
amiloride & hydrochlorothiazide	3	QL(2 EA daily); MP
MAXZIDE-25 TABS *(triamterene & hydrochlorothiazide)*	3	MP
MAXZIDE TABS *(triamterene & hydrochlorothiazide)*	3	MP
spironolactone & hydrochlorothiazide	3	QL(3 EA daily); MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	3	MP
triamterene & hydrochlorothiazide TABS	3	MP
Loop Diuretics		
FUROSCIX CTKT	3	QL(8 EA per 30 day(s) retail); AL(At least 18 yrs old); PA
furosemide SOLN PO 8 MG/ML, 10 MG/ML	3	AL(Up to 12 yrs old); MP
furosemide TABS 20 MG	3	QL(16 EA daily); MP
furosemide TABS 80 MG	3	QL(4 EA daily); MP
furosemide TABS 40 MG	3	QL(8 EA daily); MP
LASIX TABS 80 MG *(furosemide)*	3	QL(4 EA daily); MP
LASIX TABS 20 MG *(furosemide)*	3	QL(16 EA daily); MP
LASIX TABS 40 MG *(furosemide)*	3	QL(8 EA daily); MP
SOAANZ TABS 20 MG	3	QL(4 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
torsemide TABS 5 MG, 100 MG	3	QL(2 EA daily); MP
torsemide TABS 10 MG, 20 MG	3	QL(4 EA daily); MP
Potassium Sparing Diuretics		
ALDACTONE TABS 50 MG *(spironolactone)*	2	QL(4 EA daily); MP
ALDACTONE TABS 25 MG, 100 MG *(spironolactone)*	3	QL(4 EA daily); MP
amiloride hcl TABS	3	QL(1 EA daily); MP
spironolactone TABS 50 MG	1	QL(4 EA daily); MP
spironolactone TABS 25 MG, 100 MG	3	QL(4 EA daily); MP
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	3	QL(4 EA daily); MP
DIURIL SUSP	3	AL(Up to 12 yrs old); MP
hydrochlorothiazide CAPS	3	MP
hydrochlorothiazide TABS	3	MP
indapamide TABS 1.25 MG, 2.5 MG	3	QL(1 EA daily); MP
metolazone	3	QL(2 EA daily); MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG *(risedronate sodium)*	2	
ACTONEL TABS 35 MG *(risedronate sodium)*	2	Limit: 4 tablets per 28 days; QL(0.143 EA daily)
alendronate sodium SOLN	2	
alendronate sodium TABS 5 MG, 10 MG	1	
alendronate sodium TABS 35 MG, 70 MG	1	4 tablets per 28 days; QL(0.15 EA daily)
ATELVIA TBEC *(risedronate sodium)*	2	Limit: 4 tablets per 28 days; QL(0.134 EA daily)
BINOSTO TBEF	2	
BONSITY SOPN 560 MCG/2.24ML	1	SP; PA
calcitonin (salmon) NA	1	SP
FORTEO SOPN *(teriparatide)*	1	SP; PA
FOSAMAX PLUS D	2	4 tablets per 28 days; QL(0.15 EA daily)
FOSAMAX TABS 70 MG *(alendronate sodium)*	2	4 tablets per 28 days; QL(0.15 EA daily)
ibandronate sodium SOLN	2	SP
ibandronate sodium TABS	2	Limit 1 tablet per 28 days; QL(0.04 EA daily)
risedronate sodium TABS 5 MG, 30 MG, 150 MG	2	
risedronate sodium TABS 35 MG	2	Limit: 4 tablets per 28 days; QL(0.143 EA daily)
risedronate sodium TBEC	2	Limit: 4 tablets per 28 days; QL(0.134 EA daily)
teriparatide SOPN	2	SP; PA
TERIPARATIDE SOPN	1	SP; PA
TYMLOS	2	SP
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	CO	SP
CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML	CO	SP
Corticotropin-Releasing Factor (CRF) Receptor		

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Drug Name	Drug Tier	Requirements/ Limits
Antagonists		
CRENESSITY CAPS	CO	SP
CRENESSITY SOLN	CO	SP
GnRH/LHRH Antagonists		
ORILISSA 200 MG	1	QL(56 EA per 28 day(s) retail); AL(At least 18 yrs old); PA
ORILISSA 150 MG	1	QL(28 EA per 28 day(s) retail); AL(At least 18 yrs old); PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	1	SP; PA
GENOTROPIN CART SC	1	SP; PA
HUMATROPE CART IJ	2	SP
NGENLA	2	AL(Up to 16 yrs old); SP
NORDITROPIN FLEXPRO SOPN	1	SP; PA
NUTROPIN AQ NUSPIN 10 SOPN	2	SP
NUTROPIN AQ NUSPIN 20 SOPN	2	SP
NUTROPIN AQ NUSPIN 5 SOPN	2	SP
OMNITROPE SOCT	2	SP
OMNITROPE SOLR SC	2	SP
SAIZEN IJ	2	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	2	SP
SKYTROFA	2	SP
SOGROYA	2	SP
ZOMACTON SOLR SC	2	SP
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	2	
raloxifene hcl	1	

Drug Name	Drug Tier	Requirements/ Limits
Metabolic Modifiers		
calcitriol CAPS	3	QL(4 EA daily); MP
calcitriol SOLN PO	3	AL(Up to 12 yrs old); MP
cinacalcet hcl 30 MG, 60 MG	3	QL(2 EA daily); SP; PA
cinacalcet hcl 90 MG	3	QL(4 EA daily); SP; PA
doxercalciferol CAPS	4	SP
doxercalciferol SOLN	4	
ELFABRIO	CO	SP
HARLIKU TABS PO 2 MG	CO	SP
IMCIVREE SOLN SC	CO	SP
LAMZEDE	CO	SP
OLPRUVA (2 GM DOSE) THPK	CO	SP
OLPRUVA (3 GM DOSE) THPK	CO	SP
OLPRUVA (4 GM DOSE) THPK	CO	SP
OLPRUVA (5 GM DOSE) THPK	CO	SP
OLPRUVA (6 GM DOSE) THPK	CO	SP
OLPRUVA (6.67 GM DOSE) THPK	CO	SP
OPFOLDA	CO	SP
paricalcitol CAPS	4	SP
paricalcitol SOLN	4	
PHEBURANE PLLT	CO	SP
ROCALTROL CAPS *(calcitriol)*	3	QL(4 EA daily); MP
ROCALTROL SOLN PO *(calcitriol)*	3	AL(Up to 12 yrs old); MP
SENSIPAR 30 MG, 60 MG *(cinacalcet hcl)*	3	QL(2 EA daily); SP; PA
SENSIPAR 90 MG *(cinacalcet hcl)*	3	QL(4 EA daily); SP; PA
STRENSIQ	CO	SP; MP
TRYNGOLZA	CO	SP

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Drug Name	Drug Tier	Requirements/ Limits
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	CO	SP
XPHOZAH	2	MP
YORVIPATH 168 MCG/0.56ML	3	QL(0.04 ML daily); AL(At least 18 yrs old); SP; PA
YORVIPATH 420 MCG/1.4ML	3	QL(0.1 ML daily); AL(At least 18 yrs old); SP; PA
YORVIPATH 294 MCG/0.98ML	3	QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA
ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)*	NF	SP
ZEMPLAR SOLN *(paricalcitol)*	NF	
Mineralocorticoid Receptor Antagonists		
KERENDIA	3	QL(1 EA daily); AL(At least 18 yrs old); PA
Natriuretic Peptides		
VOXZOGO	CO	SP
Posterior Pituitary Hormones		
DDAVP TABS 0.1 MG *(desmopressin acetate)*	3	QL(6 EA daily)
DDAVP TABS 0.2 MG *(desmopressin acetate)*	2	QL(6 EA daily)
desmopressin acetate spray	3	PA
desmopressin acetate spray refrigerated 0.01 %	3	PA
DESMOPRESSIN ACETATE SOLN NA	3	
desmopressin acetate TABS 0.2 MG	1	QL(6 EA daily)
desmopressin acetate TABS 0.1 MG	3	QL(6 EA daily)
Prolactin Inhibitors		
cabergoline	3	
Somatostatic Agents		
octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML	3	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML *(octreotide acetate)*	3	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG *(tolvaptan)*	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
JYNARQUE TBPK 15 MG *(tolvaptan)*	NF	SP
SAMSCA TABS *(tolvaptan)*	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
tolvaptan TABS	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
tolvaptan TBPK 15 MG	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	3	AL(Up to 64 yrs old); MP
esterified estrogens & methyltestosterone 1.25 MG-0.625 MG	4	MP
estradiol & norethindrone acetate TABS	3	AL(Up to 64 yrs old); MP
MYFEMBREE	1	QL(28 EA per 28 day(s) retail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
norethindrone acetate-ethinyl estradiol 1 MG-5 MCG	3	AL(Up to 64 yrs old); MP
norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
ORIAHNN	1	QL(56 EA per 28 day(s) retail); AL(At least 18 yrs old); PA
PREMPHASE	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
PREMPRO	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP
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 *(estradiol)*	3	QL(0.143 EA daily); AL(Up to 64 yrs old); MP
DELESTROGEN *(estradiol valerate)*	3	MP
ESTRACE TABS 0.5 MG, 2 MG *(estradiol)*	3	AL(Up to 64 yrs old); MP
ESTRACE TABS 1 MG *(estradiol)*	2	AL(Up to 64 yrs old)
estradiol valerate	3	MP
estradiol PTTW	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP
estradiol PTWK	3	QL(0.143 EA daily); AL(Up to 64 yrs old); MP
estradiol TABS 1 MG	1	AL(Up to 64 yrs old)
estradiol TABS 0.5 MG, 2 MG	3	AL(Up to 64 yrs old); MP
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
MENEST 2.5 MG	3	AL(Up to 64 yrs old)
MINIVELLE PTTW *(estradiol)*	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(estrogens, conjugated)*	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
VIVELLE-DOT PTTW *(estradiol)*	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	2	
ciprofloxacin hcl TABS 100 MG	1	QL(42 EA per fill retail)
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1	QL(56 EA per fill retail)
CIPRO SUSR	1	
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	2	QL(56 EA per fill retail)
levofloxacin SOLN PO	1	
levofloxacin TABS 250 MG, 500 MG	1	QL(28 EA per fill retail)
levofloxacin TABS 750 MG	1	QL(14 EA per fill retail)
moxifloxacin hcl TABS	2	QL(21 EA per fill retail)
ofloxacin 300 MG, 400 MG	2	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(prucalopride succinate)*	2	

Drug Name	Drug Tier	Requirements/ Limits
prucalopride succinate	2	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	2	
Antiflatulents		
GAS RELIEF LIQD PO 40 MG/0.6ML	3	
GAS-X EXTRA STRENGTH CHEW *(simethicone)*	3	
MYLICON INFANTS GAS RELIEF SUSP *(simethicone)*	3	
simethicone CHEW	3	
simethicone LIQD PO	3	
simethicone SUSP	3	
Gallstone Solubilizing Agents		
RELTONE CAPS	2	MP
URSO 250 TABS *(ursodiol)*	2	MP
URSO FORTE TABS *(ursodiol)*	2	MP
ursodiol CAPS	1	MP
URSODIOL CAPS	2	MP
ursodiol TABS	1	MP
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	3	
GASTROCROM *(cromolyn sodium (mastocytosis))*	3	
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	2	QL(2 EA daily); AL(At least 18 yrs old)
lubiprostone	1	QL(2 EA daily); AL(At least 18 yrs old)
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	3	
metoclopramide hcl TABS 10 MG	1	
metoclopramide hcl TABS 5 MG	3	
REGLAN TABS 5 MG *(metoclopramide hcl)*	3	
REGLAN TABS 10 MG *(metoclopramide hcl)*	2	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
LIVMARLI	CO	SP
LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	CO	SP
Inflammatory Bowel Agents		
APRISO CP24 *(mesalamine)*	2	
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	2	
AZULFIDINE TABS *(sulfasalazine)*	2	
balsalazide disodium CAPS	2	
CIMZIA (2 SYRINGE) PSKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
CIMZIA KIT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
CIMZIA-STARTER PSKT	2	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP
COLAZAL CAPS *(balsalazide disodium)*	2	
DELZICOL CPDR *(mesalamine)*	2	
DIPENTUM	2	

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Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO PEN SOAJ	2	QL(1.36 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
ENTYVIO SOLR	2	SP
LIALDA TBEC *(mesalamine)*	2	
mesalamine CP24	2	
mesalamine CPCR	2	
mesalamine CPDR	2	
mesalamine ENEM	3	
mesalamine TBEC 800 MG	2	
mesalamine TBEC 1.2 GM	1	
OMVOH (300 MG DOSE) SOAJ	2	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP
OMVOH (300 MG DOSE) SOSY	2	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP
OMVOH SOAJ	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP
OMVOH SOSY	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP
OTULFI SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
PENTASA CPCR *(mesalamine)*	1	
PENTASA CPCR	1	
PYZCHIVA 130 MG/26ML	1	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
SELARSDI SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
SFROWASA ENEM	3	
SKYRIZI SOCT 180 MG/1.2ML	2	QL(1.2 ML per 56 day(s) retail; 1 ML per 56 days mail); SP
SKYRIZI SOCT 360 MG/2.4ML	2	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); SP; PA
STELARA 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
STEQEYMA	1	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
sulfasalazine TABS	1	
sulfasalazine TBEC	1	
TREMFYA PEN SOAJ SC 200 MG/2ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 6 yrs old); SP
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 6 yrs old); SP
TREMFYA SOLN IV	2	SP

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SOSY SC 200 MG/2ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 6 yrs old); SP
USTEKINUMAB 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
USTEKINUMAB-TTWE	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
VELSIPITY	2	QL(1 EA daily); AL(At least 18 yrs old); SP
YESINTEK 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
ZYMFENTRA (1 PEN) AJKT	2	SP
ZYMFENTRA (2 PEN) AJKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 18 yrs old); SP
ZYMFENTRA (2 SYRINGE) PSKT	2	AL(At least 18 yrs old); SP
Intestinal Acidifiers		
lactulose (encephalopathy)	CO	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	2	
IBSRELA	2	QL(2 EA daily); AL(At least 18 yrs old)
LINZESS	1	QL(1 EA daily); AL(At least 6 yrs old)
LOTRONEX *(alosetron hcl)*	2	
VIBERZI	2	QL(2 EA daily)
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	
RELISTOR SOLN 12 MG/0.6ML	2	
RELISTOR SOSY SC 8 MG/0.4ML, 12 MG/0.6ML	2	
RELISTOR TABS	2	
SYMPROIC	2	
Phosphate Binder Agents		
AURYXIA 210 MG *(ferric citrate)*	2	MP
calcium acetate (phosphate binder) CAPS	1	MP; PA
calcium acetate (phosphate binder) TABS	1	MP; PA; RX/OTC
ferric citrate	2	MP
FOSRENOL CHEW *(lanthanum carbonate)*	2	MP
FOSRENOL PACK	2	MP
lanthanum carbonate CHEW	2	MP
RENVELA PACK *(sevelamer carbonate)*	2	MP
RENVELA TABS *(sevelamer carbonate)*	2	MP; PA
sevelamer carbonate PACK	2	MP
sevelamer carbonate TABS	1	MP; PA
sevelamer hcl	2	MP
VELPHORO	2	MP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		

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Drug Name	Drug Tier	Requirements/ Limits
K-PHOS NO 2	3	
Alkalinizers		
potassium citrate (alkalinizer) TBCR	3	
potassium citrate-citric acid SOLN	3	RX/OTC
sodium citrate & citric acid	3	RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	3	
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	3	
UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))*	3	
Cystinosis Agents		
CYSTAGON CAPS	CO	SP
PROCYSBI CPDR	CO	SP
PROCYSBI PACK	CO	SP
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	4	
Hyperoxaluria Agents		
RIVFLOZA SOLN	CO	SP
RIVFLOZA SOSY	CO	SP
Interstitial Cystitis Agents		
ELMIRON CAPS	3	PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	
AVODART *(dutasteride)*	2	
CARDURA XL	2	MP
dutasteride	1	
dutasteride-tamsulosin hcl	2	
finasteride	1	
JALYN *(dutasteride-tamsulosin hcl)*	2	
PROSCAR *(finasteride)*	2	
RAPAFLO *(silodosin)*	2	
silodosin	2	
tamsulosin hcl	1	
UROXATRAL *(alfuzosin hcl)*	1	
Urinary Analgesics		
phenazopyridine hcl TABS 100 MG	3	
phenazopyridine hcl TABS 200 MG	1	
PYRIDIUM TABS 100 MG *(phenazopyridine hcl)*	3	
PYRIDIUM TABS 200 MG *(phenazopyridine hcl)*	2	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	
Gout Agents		
allopurinol	1	
colchicine CAPS	2	
colchicine TABS	1	
COLCRYS TABS *(colchicine)*	2	
febuxostat	1	
GLOPERBA SOLN PO	2	
MITIGARE CAPS *(colchicine)*	2	
ULORIC *(febuxostat)*	2	
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ALHEMO	CO	SP

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Drug Name	Drug Tier	Requirements/ Limits
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	SP
COAGADEX	CO	SP
ESPEROCT	CO	SP
FIBRYGA 2 GM	CO	SP
HEMLIBRA	CO	SP
HYMPAVZI	CO	SP
JIVI	CO	SP
NUWIQ KIT	CO	SP
NUWIQ SOLR	CO	SP
QFITLIA SOAJ SC 50 MG/0.5ML	CO	SP
QFITLIA SOLN SC 20 MG/0.2ML	CO	SP
REBINYN	CO	SP
SEVENFACT	CO	SP
Complement Inhibitors		
BKEMV SOLN IV 300 MG/30ML	CO	SP
EMPAVELI	CO	SP
ENJAYMO	CO	SP
EPYSQLI SOLN IV 300 MG/30ML	CO	SP
FABHALTA	CO	SP
PIASKY	CO	SP
SOLIRIS	CO	SP
TAVNEOS	CO	SP
ULTOMIRIS	CO	SP
VEOPOZ	CO	SP
VOYDEYA TABS	CO	SP
VOYDEYA TBPK	CO	SP
ZILBRYSQ	CO	SP
Hemataologic - Tyrosine Kinase Inhibitors		
WAYRILZ TABS PO 400 MG	CO	SP
Hematorheologic Agents		
pentoxifylline	3	MP
Plasma Kallikrein Inhibitors		
TAKHZYRO SOSY	CO	SP
Plasma Proteins		
RYPLAZIM	CO	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(anagrelide hcl)*	3	
anagrelide hcl	3	
aspirin-dipyridamole	2	MP
BRILINTA 60 MG, 90 MG *(ticagrelor)*	1	MP
cilostazol	3	QL(2 EA daily); MP
clopidogrel bisulfate 75 MG	1	QL(1 EA daily); MP
clopidogrel bisulfate 300 MG	1	QL(2 EA per 30 day(s) retail)
dipyridamole	2	MP
EFFIENT *(prasugrel hcl)*	2	AL(Up to 75 yrs old); MP
PLAVIX 75 MG *(clopidogrel bisulfate)*	2	QL(1 EA daily); MP
prasugrel hcl	1	AL(Up to 75 yrs old); MP
ticagrelor 60 MG, 90 MG	2	MP
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	CO	SP
PYRUKYND TABS	CO	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
CASGEVY	CO	SP
DROXIA CAPS	3	MP

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Drug Name	Drug Tier	Requirements/ Limits
ENDARI *(glutamine (sickle cell))*	2	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); AL(At least 5 yrs old); PA
glutamine (sickle cell)	1	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); AL(At least 5 yrs old); PA
LYFGENIA	CO	SP
OXBRYTA TABS 500 MG	3	QL(3 EA daily); AL(At least 12 yrs old); SP; PA
OXBRYTA TABS 300 MG	3	QL(3 EA daily); AL(At least 4 yrs old); SP; PA
OXBRYTA TBSO	3	QL(3 EA daily); AL(At least 4 yrs old); SP; PA
SIKLOS TABS	3	AL(At least 2 yrs old); SP; MP
XROMI SOLN PO 100 MG/ML	3	SP; MP
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	3	MP
Folic Acid/Folates		
folic acid TABS 400 MCG	3	QL(1 EA daily); MP
folic acid TABS 1 MG, 800 MCG	3	MP; RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	CO	SP
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	1	SP; PA
ARANESP (ALBUMIN FREE) SOSY	1	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	SP; PA
FULPHILA	1	QL(0.6 ML per 14 day(s) retail; 1 ML per 14 days mail); SP
FYLNETRA	1	QL(0.6 ML per 14 day(s) retail; 1 ML per 14 days mail); SP
GRANIX SOLN 300 MCG/ML	2	SP
GRANIX SOSY	2	SP
JESDUVROQ	2	AL(At least 18 yrs old); SP
LEUKINE SOLR IJ	2	SP
NEULASTA ONPRO SOSY 6 MG/0.6ML	2	QL(0.6 ML per 14 day(s) retail); SP
NEULASTA SOSY	2	QL(0.6 ML per 14 day(s) retail); SP
NEUPOGEN SOLN	1	SP
NEUPOGEN SOSY	1	SP
NIVESTYM SOLN	2	SP
NIVESTYM SOSY	2	SP
NYVEPRIA	2	QL(0.6 ML per 14 day(s) retail); SP
PROCRIT	2	SP
PROCRIT	2	SP
RELEUKO SOSY	2	SP
RETACRIT	1	SP; PA
STIMUFEND	2	QL(0.6 ML per 14 day(s) retail); SP
UDENYCA ONBODY SOSY	2	QL(0.6 ML per 14 day(s) retail; 1 ML per 14 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SOAJ	2	QL(0.6 ML per 14 day(s) retail); SP
UDENYCA SOSY	2	QL(0.6 ML per 14 day(s) retail); SP
VAFSEO	2	AL(At least 18 yrs old); SP
ZARXIO	2	QL(45 ML per 30 day(s) retail); SP
ZIEXTENZO	2	QL(0.6 ML per 14 day(s) retail); SP
Hematopoietic Mixtures		
BIFERA	4	MP
FE C TAB PLUS TABS 250 MG-1 MG-25 MCG-100 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
FEOSOL BIFERA	4	MP
FERREX 150 FORTE PLUS	4	MP
FERREX 28 MISC	4	MP
FOLGARD RX TABS	3	AL(Up to 12 yrs old); MP
folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.5 MG-1 MG	3	RX/OTC
FOLITAB 500	4	MP
FOLTABS 800 TABS	3	MP
HEMATRON-AF	4	MP
HEMAX EZY-DOSE	4	MP
ICAR-C *(iron-vitamin c)*	NF	MP
ICAR-C PLUS TABS 250 MG-1 MG-25 MCG-100 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
IRON 100 PLUS TABS 250 MG-1 MG-25 MCG-100 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
iron polysaccharide complex-vit b12-folic acid CAPS	4	MP; RX/OTC
iron-docusate-b12-folic acid-vit c-vit e-copper-biotin	4	MP
iron-vitamin c	4	MP
MULTIGEN	4	MP
NEPHRON FA	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
Iron		
FEOSOL TABS *(ferrous sulfate dried)*	3	MP
FER-IN-SOL SOLN *(ferrous sulfate)*	3	AL(Up to 12 yrs old); MP
ferrous gluconate TABS	3	MP
FERROUS GLUCONATE TABS 324 MG	3	MP
ferrous sulfate dried TABS	3	MP
ferrous sulfate dried TBCR 45 MG	3	MP
ferrous sulfate SOLN	3	AL(Up to 12 yrs old); MP
ferrous sulfate TABS 325 MG, 65 MG, 325 MG	3	
ferrous sulfate TBEC	3	MP
FERROUS SULFATE TBEC *(ferrous sulfate)*	3	MP
Stem Cell Mobilizers		
XOLREMDI	CO	SP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
SEZABY SOLR	CO	
Non-Barbiturate Hypnotics		
IGALMI FILM	CO	SP
ZOLPIDEM TARTRATE CAPS	CO	

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Drug Name	Drug Tier	Requirements/ Limits
Orexin Receptor Antagonists		
QUVIVIQ	CO	
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
HYDROCIL POWD *(psyllium)*	3	
METAMUCIL 4 IN 1 FIBER POWD *(psyllium)*	3	
METAMUCIL FREE & NATURAL POWD *(psyllium)*	3	
psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %, 58.6 %, 95 %	3	
Laxative Combinations		
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	3	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	3	
sennosides-docusate sodium TABS	3	
SENOKOT S TABS *(sennosides-docusate sodium)*	3	
sodium sulfate-potassium sulfate-magnesium sulfate	1	1 package(s) per 30 day(s) retail
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	2	1 package(s) per 30 day(s) retail
Laxatives - Miscellaneous		
INSTALAX POWD 17 GM/SCOOP	3	
lactulose SOLN	3	
MIRALAX POWD *(polyethylene glycol 3350)*	3	
polyethylene glycol 3350 POWD	3	
Lubricant Laxatives		
FLEET OIL ENEM *(mineral oil)*	3	
mineral oil ENEM	3	
Saline Laxatives		
FLEET ENEMA ENEM *(sodium phosphates)*	3	
FLEET PEDIATRIC ENEM *(sodium phosphates)*	3	
magnesium citrate 1.745 GM/30ML	3	
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	3	
magnesium oxide (laxative)	3	MP
PHILLIPS *(magnesium oxide (laxative))*	3	MP
sodium phosphates ENEM	3	
Stimulant Laxatives		
bisacodyl SUPP	3	
bisacodyl TBEC	3	
DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)*	3	
DULCOLAX SUPP *(bisacodyl)*	3	
DULCOLAX TBEC *(bisacodyl)*	3	
sennosides CAPS	3	
sennosides LIQD	3	
sennosides SYRP 8.8 MG/5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	3	
SENOKOT TABS *(sennosides)*	3	
Surfactant Laxatives		
benzocaine-docusate sodium ENEM	3	
COLACE CLEAR CAPS *(docusate sodium)*	3	
COLACE CAPS 100 MG *(docusate sodium)*	3	
docusate calcium	3	
docusate sodium CAPS	3	
docusate sodium ENEM 283 MG/5ML	3	
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	3	
docusate sodium TABS	3	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	QL(2 EA per fill retail)
azithromycin SUSR	1	
azithromycin TABS 250 MG	1	
azithromycin TABS 500 MG	1	QL(10 EA per fill retail)
azithromycin TABS 600 MG	1	QL(12 EA per fill retail)
ZITHROMAX TRI-PAK TABS *(azithromycin)*	2	QL(10 EA per fill retail)
ZITHROMAX Z-PAK TABS *(azithromycin)*	2	
ZITHROMAX PACK	2	QL(2 EA per fill retail)
ZITHROMAX SUSR *(azithromycin)*	2	
ZITHROMAX TABS 250 MG *(azithromycin)*	2	
ZITHROMAX TABS 500 MG *(azithromycin)*	2	QL(10 EA per fill retail)
Clarithromycin		
clarithromycin SUSR	1	
clarithromycin TABS	1	QL(28 EA per fill retail)
clarithromycin TB24	2	
Erythromycins		
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	2	MP
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	2	MP
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	2	MP
erythromycin base CPEP	2	
erythromycin base TABS	2	
erythromycin base TBEC	2	
erythromycin ethylsuccinate SUSR 400 MG/5ML	2	MP
erythromycin ethylsuccinate SUSR 200 MG/5ML	1	MP
erythromycin ethylsuccinate TABS	2	MP
erythromycin ethylsuccinate TABS	1	
erythromycin stearate TABS 250 MG	1	
Fidaxomicin		
DIFICID SUSR	2	AL(Up to 17 yrs old)
DIFICID TABS 200 MG *(fidaxomicin)*	1	
fidaxomicin TABS 200 MG	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits
AIMSCO LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
CAYA DPRH	3	
CONDOMS	3	QL(36 EA per 30 day(s) retail)
DUREX EXTRA SENSITIVE THIN DEVI	3	QL(36 EA per 30 day(s) retail)
DUREX EXTRA SENSITIVE THIN MISC	3	QL(36 EA per 30 day(s) retail)
DUREX REALFEEL	3	QL(36 EA per 30 day(s) retail)
DUREX TROPICAL MISC	3	QL(36 EA per 30 day(s) retail)
FANTASY LUBRICATED/SPERMICIDE MISC	3	QL(36 EA per 30 day(s) retail)
FANTASY LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
FC2 FEMALE CONDOM	3	QL(36 EA per 30 day(s) retail)
FEMCAP DEVI	3	
KAMELEON LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO COLORS DEVI	3	QL(36 EA per 30 day(s) retail)
KIMONO MAXX-LARGE FLARE MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO MICRO THIN PLUS MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO MICRO THIN MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO PLUS MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO PS PLUS MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO PS MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO SENSATION PLUS MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO SENSATION MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO SPECIAL DEVI	3	QL(36 EA per 30 day(s) retail)
KIMONO MISC	3	QL(36 EA per 30 day(s) retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	3	QL(36 EA per 30 day(s) retail)
K-Y ME & YOU INTENSE DEVI	3	QL(36 EA per 30 day(s) retail)
MAXX PLUS MISC	3	QL(36 EA per 30 day(s) retail)
MAXX MISC	3	QL(36 EA per 30 day(s) retail)
REALITY LATEX CONDOMS MISC	3	QL(36 EA per 30 day(s) retail)
REALITY LATEX/ULTRA TEXTURED DEVI	3	QL(36 EA per 30 day(s) retail)
REALITY LATEX/ULTRA THIN DEVI	3	QL(36 EA per 30 day(s) retail)
TROJAN BARESKIN DEVI	3	QL(36 EA per 30 day(s) retail)
TROJAN ENZ MISC	3	QL(36 EA per 30 day(s) retail)
TROJAN MAGNUM MISC	3	QL(36 EA per 30 day(s) retail)
TROJAN ULTRA THIN/SPERMICIDAL MISC	3	QL(36 EA per 30 day(s) retail)
TROJAN ULTRA THIN MISC	3	QL(36 EA per 30 day(s) retail)
TROJAN-ENZ LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
TROJAN-ENZ/SPERMICIDAL MISC	3	QL(36 EA per 30 day(s) retail)
TRUE COVER DEVI	3	QL(36 EA per 30 day(s) retail)
TRUSTEX COLOR CONDOMS + LUBE MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX LUB/RIBBED/STUDDED MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX LUB/SPERMICIDE EX ST MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX LUB/SPERMICIDE XL MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX LUBRICATED EX LARGE MISC	3	QL(36 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED EXTRA ST MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX NATURAL CONDOMS + LUBE MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX NON-LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX RIA LUB/SPERMICIDE MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX RIA LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX RIA NON-LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	3	QL(36 EA per 30 day(s) retail)
WIDE-SEAL DIAPHRAGM 60	3	
WIDE-SEAL DIAPHRAGM 65	3	
WIDE-SEAL DIAPHRAGM 70	3	
WIDE-SEAL DIAPHRAGM 75	3	
WIDE-SEAL DIAPHRAGM 80	3	
WIDE-SEAL DIAPHRAGM 85	3	
WIDE-SEAL DIAPHRAGM 90	3	
WIDE-SEAL DIAPHRAGM 95	3	
Diabetic Supplies		
ACCU-CHEK AVIVA SOLN	3	
ACCU-CHEK FASTCLIX LANCET KIT	4	
ACCU-CHEK FASTCLIX LANCETS	4	RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	3	
ACCU-CHEK GUIDE ME KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK GUIDE KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	4	RX/OTC
ACCU-CHEK SMARTVIEW CONTROL LIQD	3	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	4	
ACCU-CHEK SOFTCLIX LANCETS	4	RX/OTC
ACCUTREND GLUCOSE CONTROL SOLN	3	
ACTI-LANCE 28G	4	RX/OTC
ACTI-LANCE LITE LANCETS 28G	4	RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	4	RX/OTC
ACTI-LANCE UNIVERSAL 23G	4	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	4	
ADVANCE INTUITION CONTROL LIQD	3	
ADVANCE MICRO-DRAW CONTROL LIQD	3	
ADVANCE MICRO-DRAW NORMAL LIQD	3	
ADVANCED MOBILE LANCET	4	RX/OTC
ADVOCATE CONTROL SOLUTION LIQD	3	
ADVOCATE LANCETS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCETS 30G	4	RX/OTC
ADVOCATE LANCING DEVICE MISC	4	
ADVOCATE RAPID-SAFE LANCING MISC	4	
ADVOCATE REDI-CODE+ CONTROL SOLN	3	
ADVOCATE REDI-CODE+ CONTROL SOLN	4	QL(1 EA per 30 day(s) retail)
ADVOCATE SAFETY LANCETS	4	RX/OTC
ADVOCATE SAFETY LANCETS 21G	4	RX/OTC
ADVOCATE SAFETY LANCETS 23G	4	RX/OTC
ADVOCATE SAFETY LANCETS 26G	4	RX/OTC
ADVOCATE SAFETY LANCETS 28G	4	RX/OTC
AGAMATRIX CONTROL LEVEL 2 SOLN	3	
AGAMATRIX CONTROL LEVEL 4 SOLN	3	
AGAMATRIX CONTROL NORMAL/HIGH SOLN	3	
AGAMATRIX CONTROL SOLN	3	
AGAMATRIX ULTRA-THIN LANCETS	4	RX/OTC
AIMSCO TWIST LANCETS 32G	4	RX/OTC
AIMSCO TWIST LANCETS 33G	4	RX/OTC
AMBI-TRAY MISC	4	RX/OTC
AQUALANCE LANCETS 30G	4	RX/OTC
ASSURE 3 CONTROL LIQD	3	
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	3	
ASSURE COMFORT LANCETS 28G	4	RX/OTC
ASSURE CONTROL SOLUTION 2/3 LIQD	3	
ASSURE DOSE CONTROL SOLN	3	
ASSURE DOSE NORM/HIGH CONTROL SOLN	3	
ASSURE HAEMOLANCE PLUS HIGH	4	RX/OTC
ASSURE HAEMOLANCE PLUS LOW	4	RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	4	RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	4	RX/OTC
ASSURE HAEMOLANCE PLUS PED	4	RX/OTC
ASSURE II CONTROL LEVEL 1 & 2 LIQD	3	
ASSURE II CONTROL LIQD	3	
ASSURE LANCE LANCETS	4	RX/OTC
ASSURE LANCE LANCETS 21G	4	RX/OTC
ASSURE LANCE PLUS SAFETY 25G	4	RX/OTC
ASSURE LANCE PLUS SAFETY 30G	4	RX/OTC
ASSURE LANCE SAFETY LANCET 28G	4	RX/OTC
ASSURE PRISM CONTROL LEVEL 1&2 SOLN	3	
ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	3	
AURORA LANCET SUPER THIN 30G	4	RX/OTC
AURORA LANCET THIN 23G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AUTO-LANCET MINI MISC	4	
AUTO-LANCET MISC	4	
AUTOLET II CLINISAFE KIT	4	
AUTOLET LANCING DEVICE MISC	4	
AUTOLET LITE CLINISAFE KIT	4	
AUTOLET LITE LANCING DEVICE MISC	4	
AUTOLET LITE STARTER PACK KIT	4	
AUTOLET MINI MISC	4	
AUTOLET PLATFORMS MISC	4	
AUTOLET PLUS MISC	4	
BD MICROTAINER LANCETS	4	RX/OTC
BIGFOOT UNITY PEN CAP/ADMELOG MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/APIDRA MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/ASPART MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/BASAGLAR MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/FIASP MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/HUMALOG MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/LANTUS MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/LISPRO MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/LYUMJEV MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/NOVOLOG MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/TOUJEO M MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/TOUJEO MISC	4	RX/OTC
BIGFOOT UNITY PEN CAP/TRESIBA MISC	4	RX/OTC
BLULINK CONTROL HIGH & LOW LIQD	3	
CARDIOCOM LANCING DEVICE MISC	4	
CAREONE ADVANCED LANCING DEV MISC	4	
CAREONE LANCET SUPER THIN 30G	4	RX/OTC
CAREONE LANCET THIN 23G	4	RX/OTC
CARESENS CONTROL A SOLN	3	
CARESENS CONTROL SOLUTION A/B SOLN	3	
CARESENS LANCETS	4	RX/OTC
CARESENS LANCETS 30G	4	RX/OTC
CARESENS S CONTROL SOLN A/B LIQD	3	
CARETOUCH CONTROL SOL LEVEL 2 LIQD	3	
CARETOUCH LANCING/EJECTOR MISC	4	
CARETOUCH SAFETY LANCETS	4	RX/OTC
CARETOUCH SAFETY LANCETS 26G	4	RX/OTC
CARETOUCH TWIST LANCETS 28G	4	RX/OTC
CARETOUCH TWIST LANCETS 30G	4	RX/OTC
CARETOUCH TWIST LANCETS 33G	4	RX/OTC
CARETOUCH TWIST MC LANCETS 30G	4	RX/OTC
CHOSEN LANCETS 30G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CHOSEN LANCING DEVICE MISC	4	
CHOSEN SAFETY LANCETS 28G	4	RX/OTC
CLEANLET LANCETS 28G	4	RX/OTC
CLEVER CHEK LANCETS	4	RX/OTC
CLEVER CHOICE COMFORT EZ	4	RX/OTC
CLEVER CHOICE GLUCOSE CONTROL LIQD	3	
CLEVER CHOICE LANCETS 21G	4	RX/OTC
CLEVER CHOICE LANCETS 23G	4	RX/OTC
CLEVER CHOICE LANCETS 28G	4	RX/OTC
COAGUCHEK LANCETS	4	RX/OTC
COMFORT ASSURED LANCETS 28G	4	RX/OTC
COMFORT ASSURED LANCETS 33G	4	RX/OTC
COMFORT TOUCH LANCETS 31G	4	RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	4	RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	4	RX/OTC
COMFORT TOUCH TWIST LANCET 30G	4	RX/OTC
CONTOUR CONTROL LIQD	3	
CONTOUR NEXT CONTROL SOLN	3	
CONTOUR PLUS CONTROL SOLUTION LIQD	3	
CONTROL SOLN	3	
COOL CONTROL A SOLN	3	
COOL CONTROL B SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS ORIGINAL	4	RX/OTC
CVS LANCETS THIN 26G	4	RX/OTC
CVS LANCING DEVICE MISC	4	
CVS ULTRA THIN LANCETS	4	RX/OTC
DEXCOM G6 RECEIVER	4	PA
DEXCOM G6 SENSOR	4	PA
DEXCOM G6 TRANSMITTER	4	PA
DEXCOM G7 15 DAY SENSOR	4	PA
DEXCOM G7 RECEIVER	4	PA
DEXCOM G7 SENSOR	4	PA
DIATHRIVE GLUCOSE CONTROL SOLN LIQD	3	
DIATHRIVE LANCET ULTRA THIN 30	4	RX/OTC
DIATHRIVE LANCETS	4	RX/OTC
DIATHRIVE LANCING DEVICE MISC	4	
DIATRUE CONTROL LEVEL 2 SOLN	3	
DIATRUE CONTROL LEVEL 3 SOLN	3	
DROPLET GENTEEL LANCING DEVICE MISC	4	
DROPLET LANCETS ULTRA THIN 30G	4	RX/OTC
DROPLET LANCING DEVICE MISC	4	
DROPLET PERSONAL LANCETS 30G	4	RX/OTC
DROPSAFE ACTI-LANCE 23G	4	RX/OTC
DROPSAFE MEDLANCE LANCET 30G	4	RX/OTC
DRUG MART LANCING DEVICE MISC	4	

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART ON-THE-GO LANCET 30G	4	RX/OTC
DRUG MART UNILET LANCETS 28G	4	RX/OTC
DRUG MART UNILET LANCETS 30G	4	RX/OTC
DRUG MART UNILET LANCETS 33G	4	RX/OTC
DUO-CARE CONTROL SOLUTION LIQD	3	
EASY COMFORT LANCETS	4	RX/OTC
EASY COMFORT LANCETS TWIST TOP	4	RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	4	
EASY MINI LANCING DEVICE MISC	4	
EASY PLUS II CONTROL SOLN	3	
EASY STEP CONTROL SOLN	3	
EASY TALK CONTROL SOLN	3	
EASY TALK PLUS II CONTROL SOLN	3	
EASY TOUCH CONTROL HIGH & LOW SOLN	3	
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	3	
EASY TOUCH LANCETS 21G	4	RX/OTC
EASY TOUCH LANCETS 23G	4	RX/OTC
EASY TOUCH LANCETS 26G	4	RX/OTC
EASY TOUCH LANCETS 28G	4	RX/OTC
EASY TOUCH LANCETS 28G/TWIST	4	RX/OTC
EASY TOUCH LANCETS 30G	4	RX/OTC
EASY TOUCH LANCETS 30G/TWIST	4	RX/OTC
EASY TOUCH LANCETS 32G	4	RX/OTC
EASY TOUCH LANCETS 32G/TWIST	4	RX/OTC
EASY TOUCH LANCETS 33G/TWIST	4	RX/OTC
EASY TOUCH LANCING DEVICE MISC	4	
EASY TOUCH SAFETY LANCETS 21G	4	RX/OTC
EASY TOUCH SAFETY LANCETS 23G	4	RX/OTC
EASY TOUCH SAFETY LANCETS 26G	4	RX/OTC
EASY TOUCH SAFETY LANCETS 28G	4	RX/OTC
EASY TRAK CONTROL SOLN	3	
EASY TRAK II CONTROL LIQD	3	
EASYMAX 15 LEVEL 2 CONTROL SOLN	3	
EASYMAX 15 LEVEL 2-3 CONTROL LIQD	3	
EASYMAX CONTROL NORMAL/HIGH LIQD	3	
EASYMAX CONTROL SOLN	3	
ELEMENT COMPACT CONTROL 2 SOLN	3	
ELEMENT COMPACT CONTROL 3 SOLN	3	
ELEMENT CONTROL LIQD	3	
EMBRACE GLUCOSE CONTROL LIQD	3	
EMBRACE LANCETS ULTRA THIN 30G	4	RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	4	

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PRESSURE ACTIVATED 21G	4	RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	4	RX/OTC
EMBRACE PRO GLUCOSE CONTROL LIQD	3	
EMBRACE TALK GLUCOSE CONTROL SOLN	3	
ENLITE GLUCOSE SENSOR	4	PA
EVERSENSE 365 SENSOR/HOLDER	4	PA
EVERSENSE 365 SMART TRANSMIT	4	PA
EVERSENSE E3 SENSOR/HOLDER	4	PA
EVERSENSE E3 SMART TRANSMITTER	4	PA
EVERSENSE SENSOR/HOLDER	4	PA
EVERSENSE SMART TRANSMITTER	4	PA
EVOLUTION CONTROL SOLN	3	
FIFTY50 SAFETY SEAL LANCETS	4	RX/OTC
FIFTY50 UNILET LANCETS 33G	4	RX/OTC
FINE 30	4	RX/OTC
FINGERSTIX LANCETS	4	RX/OTC
FONDCIRCLE CONTROL SOLUTION LIQD	3	
FONDCIRCLE LANCING DEVICE MISC	4	
FONDCIRCLE SINGLE USE LANCETS	4	RX/OTC
FORA CONTROL SOLN	3	
FORA LANCETS	4	RX/OTC
FORA LANCING DEVICE MISC	4	
FORACARE GDH CONTROL SOLN	3	
FORTISCARE CONTROL SOLN	3	
FREESTYLE CONTROL SOLUTION LIQD	3	
FREESTYLE LANCETS	4	RX/OTC
FREESTYLE LIBRE 14 DAY READER	4	PA
FREESTYLE LIBRE 14 DAY SENSOR	4	PA
FREESTYLE LIBRE 2 PLUS SENSOR	4	PA
FREESTYLE LIBRE 2 READER	4	PA
FREESTYLE LIBRE 2 SENSOR	4	PA
FREESTYLE LIBRE 3 PLUS SENSOR	4	PA
FREESTYLE LIBRE 3 READER	4	PA
FREESTYLE LIBRE 3 SENSOR	4	PA
FREESTYLE LIBRE READER	4	PA
FREESTYLE UNISTICK II LANCETS	4	RX/OTC
GE100 CONTROL SOLN	3	
GENTEEL BUTTERFLY TOUCH LANCET	4	RX/OTC
GENTEEL CONTACT TIPS (BLUE) MISC	4	
GENTEEL CONTACT TIPS (CLEAR) MISC	4	
GENTEEL CONTACT TIPS (GREEN) MISC	4	
GENTEEL CONTACT TIPS (ORANGE) MISC	4	
GENTEEL CONTACT TIPS (RAINBOW) MISC	4	
GENTEEL CONTACT TIPS (VIOLET) MISC	4	

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL CONTACT TIPS (YELLOW) MISC	4	
GENTEEL LANCING KIT (BLUE) KIT	4	
GENTEEL NOZZLES MISC	4	
GENTEEL PLUS LANCING (BLACK) MISC	4	
GENTEEL PLUS LANCING (PURPLE) MISC	4	
GENTEEL PLUS LANCING (WHITE) MISC	4	
GENTEEL PLUS LANCING DEV(BLUE) MISC	4	
GENTEEL PLUS LANCING DEV(PINK) MISC	4	
GENTLE-LET GP LANCETS	4	RX/OTC
GENTLE-LET LANCETS	4	RX/OTC
GENTLE-LET PLATFORMS MISC	4	
GLOBAL INJECT EASE LANCETS 28G	4	RX/OTC
GLOBAL INJECT EASE LANCETS 30G	4	RX/OTC
GLOBAL LANCING DEVICE MISC	4	
GLUCOCARD 01 CONTROL LIQD	3	
GLUCOCARD 01 CONTROL SOLN	3	
GLUCOCARD EXPRESSION CONTROL SOLN	3	
GLUCOCARD SHINE CONTROL SOLN	3	
GLUCOCARD X-SENSOR CONTROL SOLN	3	
GLUCOCOM CONTROL LIQD	3	
GLUCOCOM LANCETS 28G	4	RX/OTC
GLUCOCOM LANCETS 30G	4	RX/OTC
GLUCOCOM LANCETS 33G	4	RX/OTC
GLUCOSE CONTROL SOLN	3	
GNP EASY TOUCH CONT HIGH/LOW LIQD	3	
GNP EASY TOUCH CONT HIGH/LOW SOLN	3	
GNP LANCING SYSTEM DEVICE MISC	4	
GNP STERILE LANCETS 28G	4	RX/OTC
GNP STERILE LANCETS 30G	4	RX/OTC
GNP STERILE LANCETS 33G	4	RX/OTC
GOJJI CONTROL SOLN	3	
GOJJI LANCING DEVICE/CLEAR CAP MISC	4	
GOJJI STERILE LANCETS	4	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	4	PA
GUARDIAN 4 TRANSMITTER	4	PA
GUARDIAN CONNECT TRANSMITTER	4	PA
GUARDIAN LINK 3 TRANSMITTER	4	PA
GUARDIAN REAL-TIME CHARGER MISC	4	PA; RX/OTC
GUARDIAN REAL-TIME REPLACE PED	4	PA
GUARDIAN REAL-TIME TEST PLUG MISC	4	PA; RX/OTC
GUARDIAN SENSOR (3)	4	PA
GUARDIAN SENSOR 3	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE	4	RX/OTC
HAEMOLANCE LOW FLOW LANCETS	4	RX/OTC
HAEMOLANCE PLUS	4	RX/OTC
HAEMOLANCE PLUS HIGH FLOW	4	RX/OTC
HAEMOLANCE PLUS LOW FLOW	4	RX/OTC
HAEMOLANCE PLUS MAX FLOW	4	RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	4	RX/OTC
H-E-B INCONTROL ADV LANCING MISC	4	
H-E-B INCONTROL LANCETS 28G	4	RX/OTC
H-E-B INCONTROL LANCETS 30G	4	RX/OTC
H-E-B INCONTROL LANCETS 33G	4	RX/OTC
HYPOLANCE AST LANCING KIT	4	
HY-VEE LANCETS	4	RX/OTC
HY-VEE THIN LANCETS	4	RX/OTC
IHEALTH CONTROL SOLUTION LIQD	3	
IHEALTH LANCING DEVICE MISC	4	
IN TOUCH GLUCOSE CONTROL SOLN	3	
IN TOUCH LANCING DEVICE MISC	4	
IN TOUCH STERILE LANCETS 30G	4	RX/OTC
INFINITY CONTROL SOLN	3	
INFINITY VOICE LIQD	3	
INSUL-CAP MISC	4	RX/OTC
INSUL-EZE MISC	4	RX/OTC
KINNEY LANCETS	4	RX/OTC
KINNEY THIN LANCETS	4	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	4	
KROGER HEALTHPRO CONTROL HI/LO LIQD	3	
KROGER HEALTHPRO LANCET 26G	4	RX/OTC
KROGER LANCETS	4	RX/OTC
KROGER LANCETS SUPER THIN	4	RX/OTC
KROGER LANCETS THIN	4	RX/OTC
KT TAPE CGM PATCH MISC	4	PA; RX/OTC
LANCET DEVICE WITH EJECTOR MISC	4	
LANCET DEVICE MISC	4	
LANCET TRANSPORTER CASE MISC	4	
LANCETS	4	RX/OTC
LANCETS 28G THIN	4	RX/OTC
LANCETS 30G	4	RX/OTC
LANCETS 33G	4	RX/OTC
LANCETS MICRO THIN 33G	4	RX/OTC
LANCETS SUPER THIN	4	RX/OTC
LANCETS SUPER THIN 28G	4	RX/OTC
LANCETS THIN	4	RX/OTC
LANCETS ULTRA THIN	4	RX/OTC
LANCETS ULTRA THIN 30G	4	RX/OTC
LANCING DEVICE MISC	4	
LANZO MISC	4	
LEADER ADVANCED LANCING DEVICE MISC	4	
LIBERTY GLUCOSE CONTROL MID SOLN	3	
LIBERTY GLUCOSE CONTROL LIQD	3	
LIBERTY MEDICAL LANCETS	4	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LIBERTY MINI LANCING DEVICE MISC	4	
LITE TOUCH LANCETS	4	RX/OTC
LITE TOUCH LANCING PEN MISC	4	
LITETOUCH LANCETS	4	RX/OTC
LIVE BETTER LANCET SUPER THIN	4	RX/OTC
MEDICHOICE SAFETY LANCET	4	RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	4	RX/OTC
MEDICHOICE SAFETY LANCET NORM	4	RX/OTC
MEDISENSE GLUCOSE KETONE CONTR LIQD	3	
MEDISENSE HI/MID/LOW CONTROL LIQD	3	
MEDLANCE EXTRA 21G	4	RX/OTC
MEDLANCE LITE 25G	4	RX/OTC
MEDLANCE PLUS EXTRA 21G	4	RX/OTC
MEDLANCE PLUS LANCETS	4	RX/OTC
MEDLANCE PLUS LITE 25G	4	RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	4	RX/OTC
MEDLANCE PLUS SUPERLITE 30G	4	RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	4	RX/OTC
MEDLANCE UNIVERSAL 21G	4	RX/OTC
MEIJER LANCETS	4	RX/OTC
MEIJER LANCETS UNIVERSAL 21G	4	RX/OTC
MEIJER LANCETS UNIVERSAL 30G	4	RX/OTC
MEIJER LANCETS UNIVERSAL 33G	4	RX/OTC
MICRODOT CONTROL HIGH/LOW SOLN	3	
MICROLET LANCETS	4	RX/OTC
MICROLET NEXT LANCING DEVICE MISC	4	
MINI LANCING DEVICE MISC	4	
MINILINK REAL-TIME TRANSMITTER	4	PA
MINIMED 630G GUARDIAN PRESS	4	PA
MINIMED INSTINCT GLUC SENSOR	4	PA
MM LANCING DEVICE MISC	4	
MM TWIST LANCETS	4	RX/OTC
MOBILE LANCETS 30G	4	RX/OTC
MODD1 PATIENT WELCOME KIT KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
MONOLET LANCETS	4	RX/OTC
MONOLET OPD LANCETS	4	RX/OTC
MONOLETTOR SAFETY LANCETS	4	RX/OTC
MPD SAFETY LANCET 21G	4	RX/OTC
MPD SAFETY LANCET 23G	4	RX/OTC
MPD SAFETY LANCET 28G	4	RX/OTC
MPD SAFETY LANCET 30G	4	RX/OTC
MULTI-LANCET DEVICE 2 KIT	4	
MULTI-LANCET DEVICE MISC	4	
MYGLUCOHEALTH CONTROL SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
MYGLUCOHEALTH LANCETS 30G	4	RX/OTC
NEUTEK 2TEK CONTROL SOLN	3	
NOVA MAX PLUS GLU/KET CONTROL LIQD	3	
NOVA SAFETY LANCETS 23G	4	RX/OTC
NOVA SAFETY LANCETS 28G	4	RX/OTC
NOVA SUREFLEX LANCETS	4	RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	4	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	4	QL(0.34 EA daily); PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	4	QL(0.34 EA daily); PA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	4	QL(0.34 EA daily); PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	4	QL(0.34 EA daily); PA
OMNIPOD DASH INTRO (GEN 4) KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
OMNIPOD DASH PDM (GEN 4) KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
OMNIPOD DASH PODS (GEN 4) MISC	4	QL(0.34 EA daily); PA
ONETOUCH DELICA PLUS LANCET30G	4	RX/OTC
ONETOUCH DELICA PLUS LANCET33G	4	RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	4	
ONETOUCH DELICA SAFETY LANCING	4	RX/OTC
ONETOUCH ULTRA CONTROL LIQD	3	
ONETOUCH ULTRASOFT 2 LANCETS	4	RX/OTC
ONETOUCH VERIO LIQD	3	
OVAL TAPE MISC	4	PA; RX/OTC
PARADIGM REAL-TIME TRANSMITTER	4	PA
PERFECT LANCETS 28G	4	RX/OTC
PERFECT LANCETS 30G	4	RX/OTC
PERFECT POINT SAFETY LANCETS	4	RX/OTC
PHARMACIST CHOICE LANCETS	4	RX/OTC
PIP GLUCOSE CONTROL SOLUTION LIQD	3	
PIP LANCETS 28G	4	RX/OTC
PIP LANCETS 30G	4	RX/OTC
POCKETCHEM EZ CONTROL SOLN	3	
PRECISION GLUCOSE KETONE CONTR LIQD	3	
PRECISION THINS GP LANCETS	4	RX/OTC
PRO COMFORT LANCETS 30G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT LANCETS 31G	4	RX/OTC
PRO COMFORT SAFETY LANCETS 30G	4	RX/OTC
PRODIGY CONTROL SOLUTION SOLN	3	
PRODIGY CONTROL SOLUTION SOLN	4	QL(1 EA per 30 day(s) retail)
PRODIGY COUNT-A-DOSE MISC	4	RX/OTC
PRODIGY LANCETS 28G	4	RX/OTC
PRODIGY LANCING DEVICE MISC	4	
PRODIGY SAFETY LANCETS 26G	4	RX/OTC
PRODIGY TWIST TOP LANCETS 28G	4	RX/OTC
PSS SELECT GP LANCETS	4	RX/OTC
PSS SELECT PLATFORMS MISC	4	
PSS SELECT SAFETY LANCETS	4	RX/OTC
PURE COMFORT LANCETS 30G	4	RX/OTC
PX ADVANCED LANCING DEVICE MISC	4	
PX LANCETS MICROTHIN 33G	4	RX/OTC
PX LANCETS ULTRA THIN 28G	4	RX/OTC
QC ADVANCED LANCING DEVICE MISC	4	
QC LANCETS SUPER THIN 30G	4	RX/OTC
QC LANCETS ULTRA THIN	4	RX/OTC
QC UNILET LANCETS 28G	4	RX/OTC
QC UNILET LANCETS MICRO THIN	4	RX/OTC
QUICKTEK CONTROL SOLUTION LIQD	3	
QUINTET CONTROL HIGH/NORMAL SOLN	3	
READYLANCE SAFETY LANCETS	4	RX/OTC
REALITY LANCETS	4	RX/OTC
REALITY TRIGGER LANCETS	4	RX/OTC
REFUAH PLUS GLUCOSE CONTROL SOLN	3	
RELION LANCET DEVICES 30G	4	RX/OTC
RELION LANCETS	4	RX/OTC
RELION LANCETS MICRO-THIN 33G	4	RX/OTC
RELION LANCETS THIN 26G	4	RX/OTC
RELION LANCETS ULTRA-THIN 30G	4	RX/OTC
RELION LANCING DEVICE MISC	4	
RELION ULTRA THIN LANCETS 30G	4	RX/OTC
RIGHTEST ALTERNATE SITE ADAPT MISC	4	
RIGHTEST GC300 CONTROL LIQD	3	
RIGHTEST GD500 LANCING DEVICE MISC	4	
RIGHTEST GL300 LANCETS	4	RX/OTC
SAFE-T-LANCE	4	RX/OTC
SAFE-T-LANCE PLUS	4	RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	4	RX/OTC
SAFETY LANCETS	4	RX/OTC
SAFETY LANCETS 21G	4	RX/OTC
SAFETY LANCETS 23G	4	RX/OTC
SAFETY LANCETS 28G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAPS HEALTH PLUS LANCETS	4	RX/OTC
SAPS HEALTH TWIST TOP LANCETS	4	RX/OTC
SAPS TWIST TOP LANCETS	4	RX/OTC
SAPSCARE TWIST TOP LANCETS	4	RX/OTC
SB LANCETS THIN	4	RX/OTC
SB LANCETS ULTRA THIN	4	RX/OTC
SELECT-LITE DEVICE/LANCETS KIT	4	
SELECT-LITE LANCING DEVICE MISC	4	
SIMPLE DIAGNOSTICS LANCING DEV MISC	4	
SIMPLERA SENSOR	4	PA
SIMPLERA SYNC SENSOR	4	PA
SIMPLERA SYSTEM	4	PA
SINGLE-LET	4	RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	4	
SMART DIABETES VANTAGE LANCING MISC	4	
SMARTEST CONTROL MEDIUM SOLN	3	
SMARTEST LANCETS 28G	4	RX/OTC
SOLUS V2 CONTROL SOLN	3	
SOLUS V2 LANCETS 28G	4	RX/OTC
SOLUS V2 LANCING DEVICE MISC	4	
SOLUS V2 TWIST LANCETS 30G	4	RX/OTC
STERILANCE PA MISC	4	
STERILANCE TL	4	RX/OTC
SUPER THIN LANCETS	4	RX/OTC
SUPREME II HIGH/LOW CONTROL LIQD	3	
SURE COMFORT LANCETS 18G	4	RX/OTC
SURE COMFORT LANCETS 21G	4	RX/OTC
SURE COMFORT LANCETS 23G	4	RX/OTC
SURE COMFORT LANCETS 28G	4	RX/OTC
SURE COMFORT LANCETS 30G	4	RX/OTC
SURE COMFORT LANCING PEN MISC	4	
SURELITE LANCETS	4	RX/OTC
TAI DOC CONTROL SOLN	3	
TECHLITE AST LANCETS	4	RX/OTC
TECHLITE LANCETS	4	RX/OTC
TECHLITE LANCETS 26G	4	RX/OTC
TECHLITE LANCETS 30G	4	RX/OTC
THINLETS GP LANCETS	4	RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	4	
TODAYS HEALTH THIN LANCETS 28G	4	RX/OTC
TODAYS HEALTH THIN LANCETS 30G	4	RX/OTC
TRAVEL LANCETS ADVANCED 28G	4	RX/OTC
TRUE COMFORT SAFETY LANCETS	4	RX/OTC
TRUE COMFORT TWIST TOP LANCETS	4	RX/OTC
TRUE METRIX LEVEL 2 SOLN	3	
TRUE METRIX LEVEL 3 SOLN	3	
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	3	

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Drug Name	Drug Tier	Requirements/ Limits
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	3	
TRUEDRAW LANCING DEVICE MISC	4	
TRUEPLUS LANCETS 26G	4	RX/OTC
TRUEPLUS LANCETS 28G	4	RX/OTC
TRUEPLUS LANCETS 30G	4	RX/OTC
TRUEPLUS LANCETS 33G	4	RX/OTC
TRUEPLUS SAFETY LANCETS 28G	4	RX/OTC
TWIIST STARTER KIT KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
TWIST TOP LANCETS 30G	4	RX/OTC
ULTI-LANCE AUTOMATIC MISC	4	
ULTILET CLASSIC LANCETS	4	RX/OTC
ULTILET LANCETS	4	RX/OTC
ULTILET SAFETY LANCETS	4	RX/OTC
ULTILET SAFETY LANCETS 23G	4	RX/OTC
ULTRA THIN LANCETS 31G	4	RX/OTC
ULTRA-CARE LANCETS 30G	4	RX/OTC
ULTRA-THIN II AUTO LANCET	4	RX/OTC
ULTRA-THIN II LANCETS	4	RX/OTC
UNILET COMFORTOUCH LANCET	4	RX/OTC
UNILET EXCELITE	4	RX/OTC
UNILET EXCELITE II	4	RX/OTC
UNILET G.P. LANCET	4	RX/OTC
UNILET G.P. SUPERLITE LANCET	4	RX/OTC
UNILET GP 28 ULTRA THIN	4	RX/OTC
UNILET LANCET	4	RX/OTC
UNILET MICRO-THIN 33G	4	RX/OTC
UNILET SUPERLITE LANCET	4	RX/OTC
UNILET SUPER-THIN 30G	4	RX/OTC
UNILET ULTRA-THIN 28G	4	RX/OTC
UNISTIK 1	4	RX/OTC
UNISTIK 2	4	RX/OTC
UNISTIK 2 COMFORT	4	RX/OTC
UNISTIK 2 EXTRA	4	RX/OTC
UNISTIK 2 NEONATAL	4	RX/OTC
UNISTIK 2 NORMAL	4	RX/OTC
UNISTIK 2 SUPER	4	RX/OTC
UNISTIK 3	4	RX/OTC
UNISTIK 3 COMFORT	4	RX/OTC
UNISTIK 3 EXTRA	4	RX/OTC
UNISTIK 3 GENTLE	4	RX/OTC
UNISTIK 3 NEONATAL	4	RX/OTC
UNISTIK 3 NORMAL	4	RX/OTC
UNISTIK CZT COMFORT	4	RX/OTC
UNISTIK CZT NORMAL	4	RX/OTC
UNISTIK NORMAL	4	RX/OTC
UNISTIK PRO SAFETY LANCET	4	RX/OTC
UNISTIK SAFETY LANCETS 28G	4	RX/OTC
UNISTIK SAFETY LANCETS 30G	4	RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	4	RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	4	RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK TOUCH SAFETY LANC 30G	4	RX/OTC
UNISTRIP CONTROL SOLN	3	
VERASENS GLUCOSE CONTROL LIQD	3	
VERIFINE SAFE LANCET MINI 21G	4	RX/OTC
VERIFINE SAFE LANCET MINI 23G	4	RX/OTC
VERIFINE SAFE LANCET MINI 28G	4	RX/OTC
VERIFINE SAFE LANCET MINI 30G	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	4	RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	3	
VIVAGUARD LANCETS	4	RX/OTC
VIVAGUARD LANCETS 30G	4	RX/OTC
VIVAGUARD LANCING DEVICE MISC	4	
VIVAGUARD SAFETY LANCETS 28G	4	RX/OTC
VIVI CAP1 MISC	4	RX/OTC
VIVI CAP MISC	4	RX/OTC
ZEVRX TWIST TOP LANCETS 30G	4	RX/OTC
Misc. Devices		
ADVOCATE ALCOHOL PREP PADS	4	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	4	RX/OTC
ALCOHOL PADS	4	RX/OTC
ALCOHOL PREP	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL PREP PADS	4	RX/OTC
ALCOHOL SWABS	4	RX/OTC
ALCOHOL SWABSTICK	4	RX/OTC
AUM ALCOHOL PREP PADS	4	RX/OTC
BD SWAB SINGLE USE REGULAR	4	RX/OTC
CARETOUCH ALCOHOL PREP	4	RX/OTC
COMFORT TOUCH ALCOHOL PREP	4	RX/OTC
CURITY ALCOHOL PREPS	4	RX/OTC
CVS ALCOHOL PREP PADS	4	RX/OTC
CVS PREP	4	RX/OTC
DROPSAFE ALCOHOL PREP	4	RX/OTC
EASY COMFORT ALCOHOL PADS	4	RX/OTC
EASY TOUCH ALCOHOL PREP MEDIUM	4	RX/OTC
EQL ALCOHOL SWABS	4	RX/OTC
FIFTY50 ALCOHOL PREP	4	RX/OTC
GLOBAL ALCOHOL PREP EASE	4	RX/OTC
GNP ALCOHOL SWABS	4	RX/OTC
GOODSENSE ALCOHOL SWABS	4	RX/OTC
H-E-B INCONTROL ALCOHOL	4	RX/OTC
HM STERILE ALCOHOL PREP	4	RX/OTC
MEIJER ALCOHOL SWABS	4	RX/OTC
PHARMACIST CHOICE ALCOHOL	4	RX/OTC
PRO COMFORT ALCOHOL	4	RX/OTC
PURE COMFORT ALCOHOL PREP	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QC ALCOHOL SWABS	4	RX/OTC
REALITY SWABS	4	RX/OTC
RELION ALCOHOL SWABS	4	RX/OTC
SAPS CARE ALCOHOL PREP	4	RX/OTC
SAPS HEALTH ALCOHOL PREP	4	RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	4	RX/OTC
SB ALCOHOL PREP	4	RX/OTC
SM ALCOHOL PREP	4	RX/OTC
SURE COMFORT ALCOHOL PREP	4	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	4	RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	4	RX/OTC
ULTICARE ALCOHOL SWABS	4	RX/OTC
ULTILET ALCOHOL SWABS	4	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	4	RX/OTC
WEBCOL ALCOHOL PREP LARGE	4	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	4	RX/OTC
ZEVRX STERILE ALCOHOL PREP PAD	4	RX/OTC
Parenteral Therapy Supplies		
BD AUTOSHIELD DUO	4	RX/OTC
BD INS SYR ULTRAFINE 1/2UNIT	4	RX/OTC
BD INSULIN SYR ULTRAFINE II	4	RX/OTC
BD INSULIN SYRINGE	4	RX/OTC
BD INSULIN SYRINGE HALF-UNIT	4	RX/OTC
BD INSULIN SYRINGE MICROFINE	4	RX/OTC
BD INSULIN SYRINGE U/F	4	RX/OTC
BD INSULIN SYRINGE U-500	4	
BD INSULIN SYRINGE ULTRAFINE	4	
BD PEN NEEDLE MICRO ULTRAFINE	4	
BD PEN NEEDLE MINI ULTRAFINE	4	RX/OTC
BD PEN NEEDLE NANO 2ND GEN	4	RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	4	RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	4	
BD PEN NEEDLE SHORT ULTRAFINE	4	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	4	RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	4	
BD VEO INSULIN SYR U/F 1/2UNIT	4	RX/OTC
BD VEO INSULIN SYR ULTRAFINE	4	RX/OTC
EMBECTA AUTOSHIELD DUO	4	RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	4	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	4	
EMBECTA INSULIN SYRINGE	4	RX/OTC
EMBECTA INSULIN SYRINGE U-100	4	
EMBECTA INSULIN SYRINGE U-500	4	
EMBECTA PEN NEEDLE NANO	4	RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	4	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EMBECTA PEN NEEDLE ULTRAFINE	4	
Respiratory Aids		
ACTEEV PROTECT FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE COMFORT PROTECT SHIELD	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE DISPOSABLE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CVS MEDICAL FACE MASKS EARLOOP	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CVS PROCEDURAL MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE FACE MASK 3-PLY	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EAR-LOOP MASK SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW KN 95	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK EARLOOP-STYLE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK RESP N-100 PART	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK RESPIRATOR R-95 PART	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASKS 3 LAYER NON-MEDICAL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
GNP EARLOOP MASKS	3	4 max fill(s) per 365 day(s) retail; RX/OTC
J & J GERM FILTER MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
KN95 DISPOSABLE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
KN95 MEDICAL PROTECTIVE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
MASK PEDIATRIC SIZE 1"	3	4 max fill(s) per 365 day(s) retail; RX/OTC
N95 PARTI RESPIRATOR FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEXCARE ALL PURPOSE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEXCARE EARLOOP MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC MEDIUM MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC SMALL MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SAFE-SENSE EARLOOP FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SHIELD-SECURE FULL FACE SHIELD	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SURGICAL FACE MASK/NIOSH N95	3	4 max fill(s) per 365 day(s) retail; RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ACTIVITY POUCH MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ADAPTER PED DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADULT AEROSOL MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROBIKA DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER MV MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE MASK MEDIUM MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROECLIPSE MASK SMALL MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROTRACH PLUS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROVENT PLUS DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AIRZONE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 1000 PFT FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALL FLOW 3000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ASSESS PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE LARGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE MEDIUM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE NEB MASK/CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE NEB MASK/INFANT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE EASE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
BREATHE EASE SMALL DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BUBBLES THE FISH II PEDI MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH 2 CPAP HOSE HANGER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP & BIPAP HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP MASK WIPES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH CPAP PRE-WASH SOLN MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH CPAP TUBE BRUSH MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH UNIVERSL CPAP FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CO MONITOR DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE FULL RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE LOW RANGE/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE LOW RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE PAPER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE UNIVERSAL RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MASK LARGE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MASK MEDIUM MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MASK SMALL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASIVENT MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY AIR NEBULIZER FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW 300 MM HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW 400 MM HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW AIR NOZZLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/BLUE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/ORANGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/RED DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/WHITE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/YELLOW DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW HEPA FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/BLUE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/GREEN DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/PINK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/WHITE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/YELLOW DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY NEB NEBULIZER FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EBASE CONTROLLER KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXPIRATORY MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FILTER AIR PP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FONDCIRCLE ELECTRONIC PEAK FLO	3	QL(4 EA per 365 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
INSPIREASE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
KOKO PEAK PRO MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
LITETOUCH MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
LITETOUCH MASK MEDIUM MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
LITETOUCH MASK SMALL MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
LUNG PERFORM PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
MASK VORTEX/CHILD/FROG	3	4 max fill(s) per 365 day(s) retail; RX/OTC
MASK VORTEX/TODDLER/LADYBUG	3	4 max fill(s) per 365 day(s) retail; RX/OTC
MICROCHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
MICROCHAMBER MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
MICROLIFE DIGITAL PEAK FLOW	3	QL(4 EA per 365 day(s) retail); RX/OTC
MICROSPACER MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MINI WRIGHT PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NAVAGE NASAL ASPIRATOR BABY DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER CUP/TUBING DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK ADULT/TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK PED/TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NOSE CLIP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ONE FLOW SPIROMETER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ONE FLOW TESTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE-WAY VALVED EXPIRATORY MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ONE-WAY VALVED INSPIRATORY MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PANDA MASK LARGE	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PANDA MASK MEDIUM	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PANDA MASK SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI BABY CONVERSION KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI BUBBLES PEDIATRIC MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI EXPIRATORY FILTER SET DEVI	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI MANUAL INTERRUPTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PARI MASK SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SOFT PLASTIC PED MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI TREK S COMBO PACK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PARI VORTEX ADULT MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI VORTEX PEDIATRIC MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PEAK A-I-R FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
PEAK AIR PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
PEAK FLOW METER UNIVERSAL RANG	3	QL(4 EA per 365 day(s) retail); RX/OTC
PED DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PEDIATRIC PANDA MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PERSONAL BEST FULL RANGE	3	QL(4 EA per 365 day(s) retail); RX/OTC
PFLEX MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PHARMACIST CHOICE MASK WIPES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PIKO 1	3	QL(4 EA per 365 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PILLOW MASK/CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PILLOW MASK/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
POCKET CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
POCKET PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
POCKET SPACER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
POCKETPEAK PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PRO COMFORT SPACER CHILD MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PRO COMFORT SPACER INFANT DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PROCARE SPACER/ADULT MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PROCARE SPACER/CHILD MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PROCHAMBER VHC DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PRONEB ULTRA FILTER SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT 3-BALL BREATHE EX DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT FLOW METER ADULT	3	QL(4 EA per 365 day(s) retail); RX/OTC
PURE COMFORT FLOW METER CHILD	3	QL(4 EA per 365 day(s) retail); RX/OTC
PURE COMFORT PEAK FLOW MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
QUAKE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
REPLACEMENT AIR FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
REPLACEMENT FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
REUSABLE COMFORTSEAL MASK-LRG MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RITEFLO DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SAMI THE SEAL FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SIDESTREAM ADULT FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SIDESTREAM PLS ADULT FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK/ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK/INFANT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 ADULT MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 CHILD MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 MED CUP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENEB NBL 100 MESH CAP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SPIRO PD DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
STRIVE DUAL ZONE PEAK FLOW MTR	3	QL(4 EA per 365 day(s) retail); RX/OTC
THRESHOLD IMT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
THRESHOLD PEP DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
TRUZONE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
TUBING/WING TIP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ULTRA NEB ACCESSORIES KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
VERSAPAP DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VORTEX VALVED HOLDING CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
WINDMILL TRAINER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG 140 MG/ML	1	QL(0.034 ML daily); AL(At least 18 yrs old); MP; PA
AIMOVIG 70 MG/ML	1	QL(0.067 ML daily); AL(At least 18 yrs old); MP; PA
AJOVY SOAJ	1	QL(0.05 ML daily); AL(At least 6 yrs old); MP; PA
AJOVY SOSY	1	QL(0.05 ML daily); AL(At least 6 yrs old); MP; PA
EMGALITY (300 MG DOSE) SOSY	1	QL(0.1 ML daily); AL(At least 18 yrs old); MP; PA
EMGALITY SOAJ	1	QL(0.034 ML daily); AL(At least 18 yrs old); MP; PA
EMGALITY SOSY	1	QL(0.034 ML daily); AL(At least 18 yrs old); MP; PA
NURTEC	1	QL(0.6 EA daily); AL(At least 18 yrs old); MP; PA
QULIPTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP
UBRELVY	2	QL(16 EA per 30 day(s) retail); AL(At least 18 yrs old)
ZAVZPRET	2	QL(0.27 EA daily); AL(At least 18 yrs old)
Migraine Combinations		
sumatriptan-naproxen sodium	2	
SYMBRAVO TABS PO	2	QL(9 EA per fill retail)
TREXIMET *(sumatriptan-naproxen sodium)*	2	
Migraine Products - NSAIDs		
ELYXYB	2	QL(0.47 ML daily); AL(At least 18 yrs old)
Serotonin Agonists		
almotriptan malate	2	QL(9 EA per fill retail)
eletriptan hydrobromide	2	QL(12 EA per fill retail)
FROVA *(frovatriptan succinate)*	2	QL(18 EA per fill retail)
frovatriptan succinate	2	QL(18 EA per fill retail)
IMITREX 5 MG/ACT, 20 MG/ACT *(sumatriptan)*	1	QL(6 EA per fill retail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	2	QL(4 ML per fill retail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML, 6 MG/0.5ML	2	QL(4 ML per fill retail)
IMITREX STATDOSE SYSTEM SOAJ *(sumatriptan succinate)*	2	QL(4 ML per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS *(sumatriptan succinate)*	2	QL(18 EA per fill retail)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	2	QL(18 EA per fill retail)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	2	QL(18 EA per fill retail)
naratriptan hcl	2	QL(9 EA per fill retail)
RELPAX *(eletriptan hydrobromide)*	2	QL(12 EA per fill retail)
REYVOW	2	QL(8 EA per 30 day(s) retail); AL(At least 18 yrs old)
rizatriptan benzoate TABS	1	QL(18 EA per fill retail)
rizatriptan benzoate TBDP	1	QL(18 EA per fill retail)
sumatriptan	1	QL(6 EA per fill retail)
sumatriptan succinate SOAJ	1	QL(4 ML per fill retail)
sumatriptan succinate SOCT	1	QL(4 ML per fill retail)
sumatriptan succinate SOLN 6 MG/0.5ML	1	QL(2 ML per fill retail)
sumatriptan succinate TABS	1	QL(18 EA per fill retail)
TOSYMRA	2	QL(6 EA per fill retail)
ZEMBRACE SYMTOUCH SOAJ	2	
zolmitriptan SOLN	2	
zolmitriptan TABS	2	QL(12 EA per fill retail)
zolmitriptan TBDP 2.5 MG	2	QL(12 EA per fill retail)
ZOMIG SOLN *(zolmitriptan)*	2	
MINERALS & ELECTROLYTES		
Calcium		
CA PHOSPHATE DIBASIC DIHYD	4	
CALCIUM + D3 TABS 125 UNIT-250 MG	3	MP
CALCIUM 600 +D HIGH POTENCY TABS	3	MP
CALCIUM CARBONATE EXTRA LIGHT POWD XX	4	RX/OTC
CALCIUM CARBONATE LIGHT POWD XX	4	RX/OTC
calcium carbonate-cholecalciferol TABS	3	
CALCIUM CARBONATE POWD XX	4	RX/OTC
calcium carbonate TABS	3	
calcium carbonate-vitamin d w/ minerals TABS	4	MP
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	3	MP
calcium citrate TABS	3	MP
CALCIUM CITRATE TABS 250 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG	3	MP
calcium gluconate SOLN	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CALCIUM GLUCONATE SOLN *(calcium gluconate)*	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM PHOSPHATE DIBASIC	4	
calcium-magnesium-zinc-cholecalciferol TABS 200 UNIT-333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG	4	MP
CALCIUM-MAGNESIUM-ZINC-D3 TABS	4	MP
CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG-133.333 MG-5 MG	4	MP
CALTRATE 600+D3 TABS *(calcium carbonate-cholecalciferol)*	3	MP
CALTRATE BONE HEALTH TABS *(calcium carbonate-cholecalciferol)*	3	MP
CITRACAL MAXIMUM TABS *(calcium citrate-vitamin d)*	3	MP
CVS CALCIUM TABS 600 MG	3	
oyster shell	3	MP
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	3	MP
OYSTER SHELL CALCIUM/VIT D3 TABS 200 UNIT-500 MG, 3.12 MCG-250 MG	3	MP
Electrolyte Mixtures		
BIOLYTE SOLN	3	MP
CERASPORT EX1 SOLN	3	MP
CERASPORT SOLN	3	MP
ENFAMIL ENFALYTE SOLN	3	MP
EQUALYTE SOLN *(oral electrolytes)*	3	MP
FT ELECTROLYTE SOLN	3	MP
GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	3	MP
GOODSENSE ELECTROLYTE ADV CARE SOLN	3	MP
HYDRALYTE FREEZER POPS SOLN	3	MP
HYDRALYTE SOLN	3	MP
KINDERLYTE PREMAX SOLN	3	MP
KINDERLYTE SOLN	3	MP
oral electrolytes SOLN	3	MP
PEDIALYTE ADVANCED CARE SOLN *(oral electrolytes)*	3	MP
PEDIALYTE FREEZER POPS SOLN *(oral electrolytes)*	3	MP
PEDIALYTE IMMUNE SUPPORT SOLN	3	MP
PEDIALYTE SINGLES SOLN *(oral electrolytes)*	3	MP
PEDIALYTE SOLN *(oral electrolytes)*	3	MP
TRUELYTE SOLN	3	MP
Fluoride		
sodium fluoride CHEW	3	AL(Up to 16 yrs old)
sodium fluoride SOLN 0.5 MG/ML	3	AL(Up to 16 yrs old); RX/OTC
SOLUVITA SOLN	3	AL(Up to 16 yrs old); RX/OTC
Magnesium		
BEELITH	3	MP

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Drug Name	Drug Tier	Requirements/ Limits
magnesium chloride SOLN	3	MP
MAGNESIUM CITRATE TABS 100 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
magnesium gluconate TABS 27.5 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG, 500 MG	3	MP
MAGNESIUM OXIDE -MG SUPPLEMENT TABS	3	
magnesium sulfate IJ 50 %	3	MP
MAGNESIUM SULFATE IV *(magnesium sulfate)*	3	MP
MAGNESIUM SULFATE IN D5W *(magnesium sulfate in dextrose)*	3	MP
magnesium sulfate in dextrose	3	MP
magnesium TABS 100 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MAGOX 400 TABS *(magnesium oxide (mg supplement))*	NF	
NU-MAG	3	MP
SLOW-MAG	3	MP
SLOWMAG MG MUSCLE HLTH/RECOVER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
SLOWMAG MG MUSCLE/HEART	3	MP
Mineral Combinations		
ADVANCED CALCIUM/D/MAGNESIUM TABS	4	MP
BONE DENSITY BUILDER TABS	4	MP
CALCIUM 600+D3 PLUS MINERALS TABS	4	MP
CALCIUM CITRATE + TABS 50 UNIT-0.5 MG-50 MCG-0.5 MG-2 MG-250 MG	4	MP
CALCIUM CITRATE PLUS/MAGNESIUM TABS 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	4	MP
CALCIUM CITRATE PLUS TABS 125 UNIT-0.5 MG-3.75 MG-250 MG-0.5 MG-40 MG, 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	4	MP
CALCIUM CITRATE-MAG-MINERALS TABS 5 MG-400 UNIT-0.5 MG-5 MG-250 MG-40 MG-0.5 MG	4	MP
CITRACAL MAXIMUM PLUS TABS	4	MP
CITRACAL PLUS TABS	4	MP
CVS CALCIUM CITRATE+D3 W/MAGNE TABS	4	MP
CVS CALCIUM CITRATE+D3 TABS	4	MP

Drug Name	Drug Tier	Requirements/ Limits
FEM-CAL CITRATE TABS	4	MP
GNP CAL MAG ZINC +D3 TABS 133.333 UNIT-333.333 MG-133.333 MG-5 MG	4	MP
MULTI MEGA MINERALS TABS	4	MP
PROSTEON TABS	4	MP
THERACAL D2000 TABS	4	MP
THERACAL D4000 TABS	4	MP
THERACAL RAPID REPLETION TABS	4	MP
Phosphate		
GLYCOPHOS	3	MP
K-PHOS TABS *(potassium phosphate monobasic)*	3	
PHOS-NAK PACK *(potassium & sodium phosphates)*	1	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
PHOS-NAK PACK *(potassium & sodium phosphates)*	NF	
potassium & sodium phosphates PACK	1	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
potassium phosphate monobasic TABS	3	
potassium phosphates	3	MP
POTASSIUM PHOSPHATES *(potassium phosphates)*	3	MP
POTASSIUM PHOSPHATES(66 MEQ K) *(potassium phosphates)*	3	MP
SODIUM PHOSPHATES 45 MMOLE/15ML *(sodium phosphates (sodium phosphate dibasic & monobasic))*	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
sodium phosphates (sodium phosphate dibasic & monobasic)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
Potassium		
KLOR-CON 10 TBCR 10 MEQ *(potassium chloride)*	3	MP
KLOR-CON TBCR 8 MEQ *(potassium chloride)*	3	MP
K-TAB TBCR 20 MEQ *(potassium chloride)*	3	
potassium bicarbonate TBEF	3	MP
potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	3	MP
potassium chloride CPCR	3	MP
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	3	
Sodium		
sodium chloride SOLN IV 0.9 %	4	MP
SODIUM CHLORIDE SOLN IV 0.9 %	4	MP
sodium chloride TABS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
Zinc		

Drug Name	Drug Tier	Requirements/ Limits
ORAZINC TABS 110 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
zinc gluconate TABS 100 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
zinc sulfate CAPS	4	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
zinc sulfate TABS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MISCELLANEOUS THERAPEUTIC CLASSES		
Immunomodulators		
lenalidomide	3	SP
REVLIMID	3	SP
REZUROCK	3	SP
THALOMID	3	
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	SP
azathioprine TABS	3	SP
CELLCEPT INTRAVENOUS *(mycophenolate mofetil hcl)*	3	SP
CELLCEPT CAPS *(mycophenolate mofetil)*	3	SP
CELLCEPT SUSR *(mycophenolate mofetil)*	3	SP
CELLCEPT TABS *(mycophenolate mofetil)*	3	SP
cyclosporine modified (for microemulsion) CAPS	3	SP
cyclosporine modified (for microemulsion) SOLN	3	SP
cyclosporine CAPS	3	SP
cyclosporine SOLN IV 50 MG/ML	3	SP
ENSPRYNG	3	AL(At least 18 yrs old); SP; PA
ENVARSUS XR TB24	3	SP
everolimus (immunosuppressant)	3	SP
IMURAN TABS *(azathioprine)*	3	SP
mycophenolate mofetil hcl	3	SP
mycophenolate mofetil CAPS	3	SP
mycophenolate mofetil SUSR	3	SP
mycophenolate mofetil TABS	3	SP
mycophenolate sodium	3	SP
MYFORTIC *(mycophenolate sodium)*	3	SP
NEORAL CAPS *(cyclosporine modified (for microemulsion))*	3	SP
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	3	SP
NULOJIX	3	SP
PROGRAF CAPS *(tacrolimus)*	3	SP
PROGRAF PACK	3	SP
PROGRAF SOLN 5 MG/ML *(tacrolimus)*	3	SP
RAPAMUNE SOLN *(sirolimus)*	3	SP

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Drug Name	Drug Tier	Requirements/ Limits
RAPAMUNE TABS *(sirolimus)*	3	SP
SANDIMMUNE CAPS *(cyclosporine)*	3	SP
SANDIMMUNE SOLN IV 50 MG/ML	3	SP
sirolimus SOLN	3	SP
sirolimus TABS	3	SP
tacrolimus CAPS	3	SP
tacrolimus SOLN 5 MG/ML	3	SP
ZORTRESS *(everolimus (immunosuppressant))*	3	SP
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE PACK	CO	SP
VIJOICE TBPK	CO	SP
Potassium Removing Agents		
LOKELMA	1	
sodium polystyrene sulfonate POWD	3	MP
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1	
VELTASSA	2	MP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	3	
Anti-infectives - Throat		
clotrimazole	1	
NYSTATIN *(nystatin (mouth-throat))*	1	
nystatin (mouth-throat)	1	
ORAVIG	2	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	3	
PERIDEX *(chlorhexidine gluconate (mouth-throat))*	3	
Dental Products		
DENTA 5000 PLUS SENSITIVE GEL	3	
FLUORIDEX SENSITIVITY RELIEF GEL	3	
FLUORIMAX 5000 SENSITIVE GEL	3	
PREVIDENT 5000 DRY MOUTH GEL *(sodium fluoride (dental))*	3	
PREVIDENT 5000 ENAMEL PROTECT GEL	3	
PREVIDENT 5000 PLUS CREA *(sodium fluoride (dental))*	3	
PREVIDENT 5000 SENSITIVE GEL	3	
PREVIDENT GEL *(sodium fluoride (dental))*	3	
SOD FLUORIDE-POTASSIUM NITRATE GEL	3	
sodium fluoride (dental) CREA	3	
sodium fluoride (dental) GEL	3	
SODIUM FLUORIDE 5000 ENAMEL GEL	3	
SODIUM FLUORIDE 5000 SENSITIVE GEL	3	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	3	QL(5 GM per 30 day(s) retail)
Throat Products - Misc.		
pilocarpine hcl (oral)	3	

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Drug Name	Drug Tier	Requirements/ Limits
SALAGEN *(pilocarpine hcl (oral))*	3	
MULTIVITAMINS		
B-Complex Vitamins		
b-complex vitamins SOLN IJ 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML	3	MP
b-complex vitamins TABS	3	MP
B-COMPLEX SOLN IJ	3	MP
VITAMIN B COMPLEX-HYDROXOCOBAL SOLN IJ	3	MP
VITAMIN B-COMPLEX 100 SOLN IJ 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML	3	MP
B-Complex w/ Folic Acid		
b-complex w/ c & folic acid CAPS	3	MP; RX/OTC
b-complex w/ c & folic acid TABS	3	MP; RX/OTC
b-complex w/ folic acid TABS	3	MP
b-complex w/biotin & folic acid TABS	3	MP
DIALYVITE 3000	3	MP
DIALYVITE 5000	3	MP
DIALYVITE 800 PLUS D WAFR	3	MP
DIALYVITE 800/ZINC	3	MP
DIALYVITE 800-ZINC 15	3	MP
DIALYVITE/ZINC	3	MP
NEPHPLEX RX	3	MP
SM B-COMPLEX/VITAMIN C TABS	3	MP; RX/OTC
VITAL-D RX	3	MP
Multiple Vitamins w/ Calcium		
multiple vitamins w/ calcium TABS	3	
ONE-A-DAY WOMENS FORMULA TABS *(multiple vitamins w/ calcium)*	3	
Multiple Vitamins w/ Iron		
DESTRESS-IRON TABS	3	MP
multiple vitamins w/ iron TABS	3	MP
STRESS FORMULA/IRON/ENERGY TABS	3	MP
TAB-A-VITE/IRON/BETA CAROTENE TABS	3	MP
Multiple Vitamins w/ Minerals		
ABC COMPLETE ADULT TABS	3	MP; RX/OTC
ABC COMPLETE MENS TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR 50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	3	MP; RX/OTC
ABC COMPLETE WOMENS TABS	3	MP; RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	3	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	3	RX/OTC
ACTIVNUTRIENTS CAPS	3	RX/OTC
ADEK GUMMIES PLUS ZN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADULT ONE DAILY GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
AFLORA TABS	3	MP; RX/OTC
AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
AIRBORNE KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
AIRBORNE+GOOD REST CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
AIRBORNE+PROBIOTIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
AIRBORNE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE ADULT PREMIUM CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	3	MP; RX/OTC
ALIVE DAILY ENERGY TABS	3	MP; RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	3	MP; RX/OTC
ALIVE ENERGY 50+ TABS	3	MP; RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	3	RX/OTC
ALIVE GARDEN GOODNESS TABS	3	MP; RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	3	RX/OTC
ALIVE HAIR, SKIN & NAILS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE MAX 6 POTENCY CAPS	3	RX/OTC
ALIVE MENS 50+ MULTI GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE MENS 50+ ULTRA TABS	3	MP; RX/OTC
ALIVE MENS 50+ TABS	3	MP; RX/OTC
ALIVE MENS COMPLETE MULTI TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ALIVE MENS ENERGY TABS	3	MP; RX/OTC
ALIVE MENS GUMMY MULTIVITAMINS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE MENS ULTRA TABS	3	MP; RX/OTC
ALIVE MULTI-VITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE ONCE DAILY WOMENS TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE WOMENS 50+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE WOMENS 50+ TABS	3	MP; RX/OTC
ALIVE WOMENS ENERGY TABS	3	MP; RX/OTC
ALIVE WOMENS GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALPHA BETIC TABS	3	MP; RX/OTC
ANTIOXIDANT FORMULA TABS	3	MP; RX/OTC
APETIBEX CAPS	3	RX/OTC
APPE-CURB CAPS	3	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	3	MP; RX/OTC
AZO HORMONAL HEALTH HAPPY CYCL TABS	3	MP; RX/OTC
BACMIN TABS	3	MP; RX/OTC
BARIATRIC FUSION CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BARIATRIC MULTIVITAMIN/IRON CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BARIATRIC MULTIVITAMINS/IRON CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BARIATRIC MULTIVITAMINS CAPS	3	RX/OTC
BARIATRIC MULTIVITAMINS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BARIATRIC MULTIVITAMINS TABS	3	MP; RX/OTC
BASIC AM TABS	3	MP; RX/OTC
BASIC PM TABS	3	MP; RX/OTC
BIO-35 GLUTEN-FREE CAPS	3	RX/OTC
BIO-35 IRON FREE CAPS	3	RX/OTC
BIOCAL CAPS	3	RX/OTC
BIOTECT PLUS CAPS	3	RX/OTC
BLOOD SUGAR MANAGER TABS	3	MP; RX/OTC
BONEUP 3 PER DAY CAPS	3	RX/OTC
BONEUP VEGETARIAN TABS	3	MP; RX/OTC
BONEUP CAPS	3	RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	3	RX/OTC
CELEBRATE MULTI-COMPLETE 18 CAPS	3	RX/OTC
CELEBRATE MULTI-COMPLETE 18 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CELEBRATE MULTI-COMPLETE 36 CAPS	3	RX/OTC
CELEBRATE MULTI-COMPLETE 36 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CELEBRATE MULTI-COMPLETE 45 CAPS	3	RX/OTC
CELEBRATE MULTI-COMPLETE 45 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CELEBRATE MULTI-COMPLETE 60 CAPS	3	RX/OTC
CELEBRATE MULTI-COMPLETE 60 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRAVITES 50 PLUS TABS	3	MP; RX/OTC
CENTRAVITES ADULTS TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM ADULT 50+ MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM ADULTS MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM ADULTS TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM CARDIO TABS	3	MP; RX/OTC
CENTRUM DUAL ACT MULTI+ BEAUTY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM FLAVOR BURST ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM FLAVOR BURST CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM FRESH/FRUITY 50+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM FRESH/FRUITY ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM MEN 50+ MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM MEN MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM MENOPAUSE HOT FLASH TABS	3	MP; RX/OTC
CENTRUM MEN TABS	3	MP; RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	3	MP; RX/OTC
CENTRUM MINIS MEN 50+ TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM MINIS WOMEN 50+ TABS	3	MP; RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUP TABS	3	MP; RX/OTC
CENTRUM MULTI + OMEGA 3 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM MULTI+ MENTAL FOCUS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM POSTNATAL GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM SILVER 50+MEN TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SILVER 50+WOMEN TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SILVER ADULT 50+ TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM SILVER WOMEN 50+ TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SILVER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM SILVER TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CENTRUM SPECIALIST HEART TABS	3	MP; RX/OTC
CENTRUM SPECIALIST IMMUNE TABS	3	MP; RX/OTC
CENTRUM SPECIALIST VISION TABS	3	MP; RX/OTC
CENTRUM ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM VITAMINTS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CENTRUM WOMEN 50+ MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM WOMEN MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM WOMEN TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT TABS	3	MP; RX/OTC
CERTAVITE SENIOR TABS	3	MP; RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	3	MP; RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	3	RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CITRACAL +D3 TABS	3	MP; RX/OTC
COMPLETIA DIABETIC MULTIVIT TABS	3	MP; RX/OTC
COREVIA TABS	3	MP; RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	3	RX/OTC
CULTURELLE PROBIOTICS + MULTIV CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	3	RX/OTC
CVS ADULT MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	3	MP; RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	3	MP; RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	3	MP; RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	3	RX/OTC
CVS IMMUNE SUPPORT CAPS	3	RX/OTC
CVS ONE DAILY MENS 50+ ADV TABS	3	MP; RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ADULT 50+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	3	MP; RX/OTC
CVS SPECTRAVITE ADULTS TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA MEN 50+ TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	MP; RX/OTC
CVS SPECTRAVITE WOMEN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CVS VISION HEALTH CAPS	3	RX/OTC
DAYAVITE TABS	3	MP; RX/OTC
DECUBI-VITE CAPS	3	RX/OTC
DEKAS BARIATRIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
DEKAS PLUS OCEAN CAPS	3	RX/OTC
DEKAS PLUS CAPS	3	RX/OTC
DEKAS PLUS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
DEPLIN MA CAPS	3	RX/OTC
DEPLINPRO MOOD HEALTH CAPS	3	RX/OTC
DERMACINRX MULTITAM TABS	3	MP; RX/OTC
DERMACINRX RIBOTIN-E TABS	3	MP; RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	MP; RX/OTC
DERMAVITE TABS	3	MP; RX/OTC
DEXATRAN CAPS	3	RX/OTC
DIALYVITE SUPREME D TABS	3	MP; RX/OTC
DIATROL TABS	3	MP; RX/OTC
EMERGEN-C APPLE CIDER VINEGAR CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EMERGEN-C ASHWAGANDHA CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EMERGEN-C ELDERBERRY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EMERGEN-C IMMUNE PLUS/VIT D CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EMERGEN-C IMMUNE+ ELDERBERRY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EMERGEN-C IMMUNE+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EMERGEN-C TURMERIC & GINGER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EMERGEN-C VITAMIN C CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ENLYTE GUMMY+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EQ COMPLETE MULTIVITAMIN-ADULT TABS	3	MP; RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EQ ONE DAILY MENS 50+ TABS	3	MP; RX/OTC
EQ ONE DAILY MENS HEALTH TABS	3	MP; RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	3	MP; RX/OTC
EQL CENTURY MATURE ADULTS 50+ TABS	3	MP; RX/OTC
EQL CENTURY MENS TABS	3	MP; RX/OTC
EQL CENTURY WOMENS TABS	3	MP; RX/OTC
EQL ONE DAILY ADULT GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EQL ONE DAILY MENS TABS	3	MP; RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	MP; RX/OTC
EYE HEALTH + LUTEIN TABS	3	MP; RX/OTC
EYE HEALTH AREDS 2 CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EYE HEALTH GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EYE HEALTH CAPS	3	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	3	MP; RX/OTC
FINAZOL TABS	3	MP; RX/OTC
FITNESS TABS FOR MEN AM/PM TABS	3	MP; RX/OTC
FITNESS TABS FOR WOMEN AM/PM TABS	3	MP; RX/OTC
FLORRAVITE TABS	3	MP; RX/OTC
FLORRAXYL TABS	3	MP; RX/OTC
FOLAGENT DHA CAPS	3	RX/OTC
FOLAMAX TABS	3	MP; RX/OTC
FOLAMED DHA CAPS	3	RX/OTC
FOLAPRIME TABS	3	MP; RX/OTC
FOLASYNC DHA CAPS	3	RX/OTC
FOLIFLEX TABS	3	MP; RX/OTC
FOLITIN-Z TABS	3	MP; RX/OTC
FOLIXIA TABS	3	MP; RX/OTC
FREEDAVITE TABS	3	MP; RX/OTC
FT ADULT MULTI GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
FT CENTURY 50+ TABS	3	MP; RX/OTC
FT CENTURY ADULTS TABS	3	MP; RX/OTC
FT CENTURY MEN 50+ TABS	3	MP; RX/OTC
FT CENTURY MEN TABS	3	MP; RX/OTC
FT CENTURY WOMEN 50+ TABS	3	MP; RX/OTC
FT CENTURY WOMEN TABS	3	MP; RX/OTC
FT EYE HEALTH CAPS	3	RX/OTC
FT EYE HEALTH TABS	3	MP; RX/OTC
FT HAIR SKIN & NAILS EXTRA STR TABS	3	MP; RX/OTC
FT IMMUNE SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
FT ONE DAILY MENS 50+ TABS	3	MP; RX/OTC
FT ONE DAILY MENS TABS	3	MP; RX/OTC
FT ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC
FT ONE DAILY WOMENS TABS	3	MP; RX/OTC
GENADEK STEP 1 CAPS	3	RX/OTC
GENADEK STEP 2 CAPS	3	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	3	MP; RX/OTC
GNP ADULT MINI CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
GNP CENTURY ADULTS MEN TABS	3	MP; RX/OTC
GNP CENTURY ADULTS WOMEN TABS	3	MP; RX/OTC
GNP CENTURY ADULT TABS	3	MP; RX/OTC
GNP CENTURY MATURE ADULTS 50+ TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP HAIR SKIN & NAILS EXTRA ST TABS	3	MP; RX/OTC
GNP IMMUNE SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG	3	MP; RX/OTC
GNP ONE DAILY MENS HEALTH TABS	3	MP; RX/OTC
GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG	3	MP; RX/OTC
GNP THERAPEUTIC-M TABS	3	MP; RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	3	MP; RX/OTC
HAIR SKIN & NAILS TABS	3	MP; RX/OTC
HAIR/SKIN/NAILS CAPS	3	RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	3	MP; RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	3	RX/OTC
HIGH POT MULTIVITAMIN/BETA-CAR TABS	3	MP; RX/OTC
HIGH POTENCY MULTIVIT/FA TABS	3	MP; RX/OTC
HM COMPLETE MEN TABS	3	MP; RX/OTC
HM HAIR/SKIN/NAILS TABS	3	MP; RX/OTC
HYLAZINC TABS	3	MP; RX/OTC
ICAPS AREDS FORMULA TABS	3	MP; RX/OTC
IMMUNE ESSENTIALS DAILY CAPS	3	RX/OTC
IMMUNE SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
JOINT HEALTH & BONE STRENGTH TABS	3	MP; RX/OTC
KEYFOLIC TABS	3	MP; RX/OTC
KEYLOSA TABS	3	MP; RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS	3	MP; RX/OTC
LIVER DETOX TABS	3	MP; RX/OTC
LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	3	MP; RX/OTC
MEDI TAB TABS	3	MP; RX/OTC
MEGA MULTI FOR WOMEN TABS	3	MP; RX/OTC
MEGA MULTI MEN TABS	3	MP; RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	3	MP; RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	3	MP; RX/OTC
MENATROL CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MENS 50+ ADVANCED CAPS	3	RX/OTC
MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
MENS MULTI HEALTH FORMULA TABS	3	MP; RX/OTC
MENS MULTIVITAMIN GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
MENS MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
MENS MULTIVITAMIN TABS	3	MP; RX/OTC
MOOD FOOD ES CAPS	3	RX/OTC
MOOD FOOD CAPS	3	RX/OTC
MULTI + OMEGA-3 GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
MULTIA CAPS	3	RX/OTC
multiple vitamins w/ minerals CAPS	3	RX/OTC
multiple vitamins w/ minerals CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
multiple vitamins w/ minerals TABS	3	MP; RX/OTC
MULTITOL-M TABS	3	MP; RX/OTC
MULTIVITAMIN ADULT (MINERALS) TABS	3	MP; RX/OTC
MULTIVITAMIN HEALTH FORM/CA/FE TABS	3	MP; RX/OTC
MULTIVITAMIN MEN TABS	3	MP; RX/OTC
MULTI-VITAMIN MONOCAPS TABS	3	MP; RX/OTC
MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	3	MP; RX/OTC
MULTIVITAMIN-MINERALS TABS	3	MP; RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	3	RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	3	RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	3	RX/OTC
MVW COMPLETE FORMULATION CAPS	3	RX/OTC
MVW HI-D ADEK GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	3	RX/OTC
MVW MODULATOR FORMULATION CAPS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MVW ORANGE CHEWABLES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
NAT-RUL THERAVITE-M TABS	3	MP; RX/OTC
NATRUL-VITES TABS	3	MP; RX/OTC
NEOVITE TABS	3	MP; RX/OTC
NICADAN TABS	3	MP; RX/OTC
NICAZEL FORTE TABS	3	MP; RX/OTC
NICAZEL TABS	3	MP; RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	3	MP; RX/OTC
NUTRALYN TABS	3	MP; RX/OTC
NUTRICAP TABS	3	MP; RX/OTC
OCULAR VITAMINS TABS	3	MP; RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	3	RX/OTC
OCUVITE ADULT 50+ CAPS	3	RX/OTC
OCUVITE ADULT FORMULA CAPS	3	RX/OTC
OCUVITE EYE PERFORMANCE CAPS	3	RX/OTC
OCUVITE-LUTEIN CAPS	3	RX/OTC
ONCOVITE TABS	3	MP; RX/OTC
ONE A DAY ENERGY TABS	3	MP; RX/OTC
ONE A DAY IMMUNITY DEFENSE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE A DAY MEN 50 PLUS TABS	3	MP; RX/OTC
ONE A DAY MENS VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	3	MP; RX/OTC
ONE A DAY WOMEN 50 PLUS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE A DAY WOMEN 50 PLUS TABS	3	MP; RX/OTC
ONE A DAY WOMENS MULTI TABS	3	MP; RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	3	MP; RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	3	MP; RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC
ONE DAILY WOMENS TABS	3	MP; RX/OTC
ONE-A-DAY ENERGY TABS	3	MP; RX/OTC
ONE-A-DAY FOR HER VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY FOR HIM VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	3	MP; RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	3	MP; RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	MP; RX/OTC
ONE-A-DAY MENS 50+ TABS	3	MP; RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	3	MP; RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	3	MP; RX/OTC
ONE-A-DAY MENS VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	3	MP; RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	3	MP; RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY VITACRAVES IMMUNITY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY VITACRAVES SOUR CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCE TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS 50+ TABS	3	MP; RX/OTC
ONE-A-DAY WOMENS HEALTHY SKIN TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS MIND & BODY TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
ONE-A-DAY WOMENS PETITES TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY WOMENS TABS	3	MP; RX/OTC
ONE-DAILY MULTI CAPS CAPS	3	RX/OTC
ONEVITE TABS	3	MP; RX/OTC
OPTIFAST POST BARIATRIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
OPTIMUM AIRVITES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
OPTISOURCE POST BARIATRIC SURG CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
OPTIVITE P.M.T. TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
OPURITY BYPASS OPTIMIZED CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
OPURITY TABS	3	MP; RX/OTC
OSTEOPRIME PLUS TABS	3	MP; RX/OTC
PARVLEX TABS	3	MP; RX/OTC
PHYTOMULTI TABS	3	MP; RX/OTC
PRESCRIPTION SUPPORT MULTIVIT CAPS	3	RX/OTC
PRESERVISION AREDS 2+COQ10 CAPS	3	RX/OTC
PRESERVISION AREDS 2+MULTI VIT CAPS	3	RX/OTC
PRESERVISION AREDS 2 CAPS	3	RX/OTC
PRESERVISION AREDS 2 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
PRESERVISION AREDS CAPS	3	RX/OTC
PRESERVISION AREDS TABS	3	MP; RX/OTC
PRESERVISION/LUTEIN CAPS	3	RX/OTC
PREV-RX TABS	3	MP; RX/OTC
PROBIOTICS + BARIATRIC MULTI CAPS	3	RX/OTC
PRO-CAL TABS	3	MP; RX/OTC
PROCERV HP TABS	3	MP; RX/OTC
PROFOLA TABS	3	MP; RX/OTC
PRORENAL + D W/ OMEGA-3 CAPS	3	RX/OTC
PRORENAL + D TABS	3	MP; RX/OTC
PROTECT CARDIO AF CAPS	3	RX/OTC
PROTECT PLUS SO CAPS	3	RX/OTC
PROTEGRA CAPS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PROVIT TABS	3	MP; RX/OTC
QC MULTI-VITE TABS	3	MP; RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	3	RX/OTC
QUIN B STRONG TABS	3	MP; RX/OTC
QUINTABS-M TABS	3	MP; RX/OTC
RAYAVIT TABS	3	MP; RX/OTC
REMEDIENT CAPS	3	RX/OTC
RENAL MULTIVITAMIN TABS	3	MP; RX/OTC
RENAPLEX-D TABS	3	MP; RX/OTC
SENTRY SENIOR MENS 50+ TABS	3	MP; RX/OTC
SENTRY SENIOR/LUTEIN TABS	3	MP; RX/OTC
SENTRY TABS	3	MP; RX/OTC
SIDEROL TABS	3	MP; RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	3	RX/OTC
SOLO TABS	3	MP; RX/OTC
SPECTRAVITE TABS	3	MP; RX/OTC
STROVITE ONE TABS	3	MP; RX/OTC
SUPER ANTIOXIDANT CAPS	3	RX/OTC
SUPER D-ZINC-SELENIUM-COPPER TABS	3	MP; RX/OTC
SUPERIOR MENS MULTI TABS	3	MP; RX/OTC
SUPERIOR WOMENS MULTI TABS	3	MP; RX/OTC
SUPPORT-500 CAPS	3	RX/OTC
SYSTANE ICAPS AREDS2 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
SYSTANE ICAPS AREDS2 TABS	3	MP; RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	MP; RX/OTC
THERAGRAN-M ADVANCED TABS	3	MP; RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	MP; RX/OTC
THERAGRAN-M PREMIER TABS	3	MP; RX/OTC
THERAGRAN-M TABS	3	MP; RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	3	MP; RX/OTC
THERAMILL FORTE CAPS	3	RX/OTC
THERA-M TABS	3	MP; RX/OTC
THERANATAL LACTATION ONE CAPS	3	RX/OTC
THERA-TABS M TABS	3	MP; RX/OTC
THERA-VITE MAX-M TABS	3	MP; RX/OTC
THEREMS-M TABS	3	MP; RX/OTC
T-VITES TABS	3	MP; RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	MP; RX/OTC
ULTRA BONEUP TABS	3	MP; RX/OTC
VENEXA FE TABS	3	MP; RX/OTC
VENEXA TABS	3	MP; RX/OTC
VENTRIXYL FE TABS	3	MP; RX/OTC
VENTRIXYL TABS	3	MP; RX/OTC
VISION HEALTH CAPS	3	RX/OTC
VISION OPTIMIZER CAPS	3	RX/OTC
VISTA ADVANCED AREDS2 FORMULA CAPS	3	RX/OTC
VISTA ADVANCED DRY EYE FORMULA CAPS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
VITABASIC COMPLETE TABS	3	MP; RX/OTC
VITABASIC SENIOR TABS	3	MP; RX/OTC
VITABEX PLUS CAPS	3	RX/OTC
VITABEX CAPS	3	RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
VITACORE TABS	3	MP; RX/OTC
VITAFUSION MULTI WOMENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
VITAJOY MULTI GUMMIES ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
VITAMIN D3 COMPLETE TABS	3	MP; RX/OTC
VITAROCA PLUS TABS *(multiple vitamins w/ minerals)*	3	MP; RX/OTC
VITASANA TABS	3	MP; RX/OTC
VITATRUM TABS	3	MP; RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	3	RX/OTC
VITEYES AREDS 2 FORMULA CAPS	3	RX/OTC
VITEYES CLASSIC ADVANCED CAPS	3	RX/OTC
VITEYES CLASSIC MACULAR SUPPOR CAPS	3	RX/OTC
VITEYES CLASSIC MULTIVITAMIN TABS	3	MP; RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	3	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	3	MP; RX/OTC
VITRAMYN TABS	3	MP; RX/OTC
VITRANOL FE TABS	3	MP; RX/OTC
VITRANOL TABS	3	MP; RX/OTC
VITREXATE FE TABS	3	MP; RX/OTC
VITREXATE TABS	3	MP; RX/OTC
VITREXYL + IRON TABS	3	MP; RX/OTC
VITREXYL TABS	3	MP; RX/OTC
VITRUM 50+ ADULT-MULTI TABS	3	MP; RX/OTC
VITRUM 50+ SENIOR MULTI TABS	3	MP; RX/OTC
WAL-BORN VITAMIN C CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
WELLFOLA TABS	3	MP; RX/OTC
WOMENS 50+ MULTI VITAMIN TABS	3	MP; RX/OTC
WOMENS MULTI GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WOMENS MULTIVITAMIN + COLLAGEN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
WOMENS MULTIVITAMIN GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
YELETS TEENAGE FORMULA TABS	3	MP; RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
YUM-VS COMPLETE MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
YUMVS MULTI ZERO CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
YUMVS ZERO DIABETIC MULTIVITAM CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Multivitamins		
ALTRIXA TABS	3	RX/OTC
AMLADEX TABS	3	RX/OTC
CENTRUM MENOPAUSE MIND/MOOD TABS	3	RX/OTC
DAILY MULTIPLE VITAMINS TABS	3	RX/OTC
DEKAS ESSENTIAL CAPS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC
DEKAS ESSENTIAL LIQD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ESTROFACTORS TABS	3	RX/OTC
FOLAWISE TABS	3	RX/OTC
FOLCYTEINE TABS	3	RX/OTC
GENICIN VITA-Q TABS	3	RX/OTC
HIGH POTENCY MULTIVITAMIN TABS	3	RX/OTC
MINCORA TABS	3	RX/OTC
MULTI VITAMIN W/D-3 TABS	3	RX/OTC
MULTI VITAMIN TABS	3	RX/OTC
multiple vitamin TABS	3	RX/OTC
MULTIVITAMIN ADULT TABS	3	RX/OTC
MULTIVITAMIN TABS	3	RX/OTC
NEOMULTIVITE TABS	3	RX/OTC
NEWVITE TABS	3	RX/OTC
OMNICAP TABS	3	RX/OTC
ONE DAILY ESSENTIALS TABS	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY ESSENTIAL TABS	3	RX/OTC
ONE VITE DAILY MULTIVITAMIN TABS	3	RX/OTC
ONE-A-DAY ESSENTIAL TABS *(multiple vitamin)*	3	RX/OTC
ONE-A-DAY MENS TABS *(multiple vitamin)*	3	RX/OTC
QUINTABS TABS	3	RX/OTC
RELCARE TABS	3	RX/OTC
STRESS FORMULA/ZINC/ENERGY TABS	3	RX/OTC
THERA TABS	3	RX/OTC
THEREMS TABS	3	RX/OTC
TM-DAILY VITE TABS	3	RX/OTC
TRUE MULTIVITAMIN TABS	3	RX/OTC
VIREXA TABS	3	RX/OTC
VITRAX TABS	3	RX/OTC
ZE-PLUS CAPS *(multiple vitamin)*	NF	RX/OTC
Ped Multi Vitamins w/Fl & FE		
ped multivitamins w/fl & iron SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
Ped Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ALIVE GUMMIES FOR CHILDREN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ALIVE MULTI-VITAMIN CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CENTRUM FLAVOR BURST KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CENTRUM KIDS MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CENTRUM KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CHILDRENS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CVS GUMMY DINOS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CVS GUMMY MULTIVITAMIN KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drug Name	Drug Tier	Requirements/ Limits
DEKAS PLUS LIQD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC
EMERGEN-C KIDZ DAILY IMMUNE CHEW 250 MG-12 MCG-0.5 MG-0.13 MG-10 MG-0.5 MG-1.4 MCG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EMERGEN-C KIDZ IMMUNE+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQ MULTIVITAMIN GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQ MULTIVITAMINS GUMMY CHILD CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQL GUMMIES CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES + EXTRA IRON CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES COMPLETE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES GUMMIES BONE BUILD CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES GUMMIES COMPLETE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES GUMMIES-IMMUNITY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES SOUR GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES TODDLER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drug Name	Drug Tier	Requirements/ Limits
FLINTSTONES-IMMUNITY SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FT CHILDRENS MULTI CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GNP MULTI CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GROWING BONES & MUSCLES KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GUMMI BEAR MULTIVITAMIN/MIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
HEALTHY KIDS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MULTIVITAMIN CHILDRENS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MULTIVIT-MIN GUMMIES CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MVW COMPLETE FORMULATION D3000 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MVW COMPLETE FORMULATION D5000 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MVW COMPLETE FORMULATION CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MVW COMPLETE FORMULATION SOLN	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
NANOVM 1-3 YEARS POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drug Name	Drug Tier	Requirements/ Limits
NANOVM 4-8 YEARS POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
NANOVM 9-18 YEARS POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
NANOVM T/F POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ONE-A-DAY JOLLY RANCHER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
SMARTY PANTS KIDS COMPLETE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
SPONGEBOB SQUAREPANTS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
VITACHEW MULTIPLE VITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
VITALETS CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
YUMVSKIDS MULTI ZERO CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ZOO FRIENDS MULTI GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
Ped MV w/ Fluoride		
FLORAFOL PEDIATRIC CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
FLORAFOL PEDIATRIC CHEW 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
FLORAFOL PEDIATRIC SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
FLORIVA PLUS SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
FLOTREX CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
FLOTREX CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	3	QL(2 ML daily); AL(Up to 12 yrs old); MP
MULTI-VIT-FLOR CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
MULTI-VIT-FLOR CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
pediatric multivitamins w/fl CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
pediatric multivitamins w/fl CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
pediatric multivitamins w/fl SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
pediatric vitamins acd w/ fluoride SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
POLY-VI-FLOR CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
POLY-VI-FLOR CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
POLY-VI-FLOR SUSP	3	QL(2 ML daily); AL(Up to 12 yrs old); MP
QUFLORA PEDIATRIC CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
QUFLORA PEDIATRIC CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
QUFLORA PEDIATRIC SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
SOLUVITA WITH FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
TRI-VI-FLOR SUSP 0.25 MG/ML	3	QL(2 ML daily); AL(Up to 12 yrs old); MP
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3	QL(2 ML daily); AL(Up to 12 yrs old); MP
VITAMINS ACD-FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
Pediatric Vitamins		
VITAMIN A/C/D/ INFANT/TODDLER	3	MP
VITAMIN A-C-D INFANT	3	MP
Prenatal Vitamins		
CLASSIC PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
COMPLETENATE CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
CO-NATAL FA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
EQL PRENATAL FORMULA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
FT PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
GNP PRENATAL/FOLIC ACID TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
GNP PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
KP PRENATAL MULTIVITAMINS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
MASONATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
M-NATAL PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
NEONATAL COMPLETE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
NEONATAL PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
NESTABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
NIVA-PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
ONE VITE WOMENS PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PNV 27-CA/FE/FA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATABS FA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATABS RX 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	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL (W/IRON & FA) TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL 19 CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL 19 TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
PRENATAL FORTE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL PLUS VITAMIN/MINERAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
prenatal vit w/ ferrous fumarate-folic acid CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL VITAMIN AND MINERAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); 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	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL/IRON TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATVITE RX TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
QC PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
SE-NATAL 19 TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
SM PRENATAL VITAMINS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
THERANATAL CORE NUTRITION TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
THRIVITE RX TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
TRICARE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
TRINATAL RX 1 TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
VINATE ONE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
VITATHELY WITH GINGER TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
WESTAB PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
Specialty Vitamins Products		
MG PLUS PROTEIN TABS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC
Vitamins w/ Lipotropics		
ACTIFLOVIT EAR HEALTH TABS	3	MP
LIPO FLAVONOID ADVANCED BALANC TABS	3	MP

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Drug Name	Drug Tier	Requirements/ Limits
LIPOTRIAD TABS *(vitamins w/ lipotropics)*	3	MP
TINNITUS RELIEF TABS	3	MP
vitamins w/ lipotropics TABS	3	MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	2	
baclofen SOLN PO 5 MG/5ML	1	PA
baclofen SUSP	2	
baclofen TABS	1	
chlorzoxazone TABS	2	
cyclobenzaprine hcl CP24	2	
cyclobenzaprine hcl TABS	1	
FLEQSUVY SUSP *(baclofen)*	2	
LYVISPAH PACK	2	
metaxalone	2	
METAXALONE 640 MG	2	
methocarbamol TABS 1000 MG	2	
methocarbamol TABS	1	
orphenadrine citrate TB12	1	
OZOBAX SOLN PO *(baclofen)*	1	PA
tizanidine hcl CAPS	2	
tizanidine hcl TABS	1	
ZANAFLEX CAPS *(tizanidine hcl)*	2	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	2	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	2	
dantrolene sodium CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	SP
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff	2	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	2	
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	2	
RYALTRIS	2	
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	3	
LITTLE REMEDIES SALINE SOLN	3	
OCEAN NASAL SPRAY SOLN *(saline)*	3	
saline SOLN 0.65 %	3	
Nasal Antiallergy		
azelastine hcl	1	
cromolyn sodium (nasal) 5.2 MG/ACT	3	
NASALCROM *(cromolyn sodium (nasal))*	3	
olopatadine hcl (nasal)	2	
Nasal Anticholinergics		
ipratropium bromide (nasal)	1	
Nasal Steroids		
budesonide (nasal)	2	

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY REL CHILDRENS SUSP *(fluticasone propionate (nasal))*	2	RX/OTC
FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))*	2	RX/OTC
FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))*	NF	RX/OTC
flunisolide (nasal)	2	
fluticasone propionate (nasal) SUSP	1	RX/OTC
fluticasone propionate (nasal) SUSP	2	RX/OTC
mometasone furoate (nasal) SUSP	2	RX/OTC
NASACORT ALLERGY 24HR AERO *(triamcinolone acetonide (nasal))*	2	
NASONEX 24HR SUSP *(mometasone furoate (nasal))*	2	RX/OTC
OMNARIS SUSP	2	
QNASL	2	
QNASL CHILDRENS	2	
triamcinolone acetonide (nasal) AERO	2	
XHANCE EXHU	2	
ZETONNA AERS	2	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	3	AL(At least 18 yrs old); PA
RILUTEK TABS *(riluzole)*	3	
riluzole TABS	3	
TEGLUTIK SUSP	3	AL(At least 18 yrs old); PA
TIGLUTIK SUSP	3	AL(At least 18 yrs old); PA
Friedrich's Ataxia Agents		
SKYCLARYS	CO	SP
Muscular Dystrophy Agents		
DUVYZAT	CO	SP
Rett Syndrome Agents		
DAYBUE	CO	SP
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	CO	SP
EVRYSDI	CO	SP; MP
SPINRAZA	CO	SP; MP
NUTRIENTS		
Misc. Nutritional Substances		
omega-3 fatty acids CAPS 200 MG-300 MG, 300 MG, 500 MG, 1000 MG, 1200 MG	3	
omega-3 fatty acids CPDR	3	
Proteins		
L-ORNITHINE POWD	4	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution	3	
BION TEARS PF	3	
carboxymethylcellulose sodium (ophth) GEL	3	
carboxymethylcellulose sodium (ophth) SOLN 0.5 %	3	
dextran 70-hypromellose 0.3 %-0.1 %	3	
GENTEAL TEARS MODERATE PF *(dextran 70-hypromellose)*	3	

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Drug Name	Drug Tier	Requirements/ Limits
GENTEAL TEARS PF *(dextran 70-hypromellose)*	3	
GENTEAL TEARS SEVERE DAY/NIGHT GEL	3	
polyethylene glycol-propylene glycol (ophth) GEL	3	
polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	3	
polyvinyl alcohol 1.4 %	3	
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	3	
REFRESH LIQUIGEL GEL *(carboxymethylcellulose sodium (ophth))*	3	
REFRESH PLUS SOLN *(carboxymethylcellulose sodium (ophth))*	3	
REFRESH PLUS SOLN *(carboxymethylcellulose sodium (ophth))*	NF	
REFRESH TEARS SOLN *(carboxymethylcellulose sodium (ophth))*	3	
SYSTANE ULTRA SOLN *(polyethylene glycol-propylene glycol (ophth))*	NF	
SYSTANE ULTRA SOLN *(polyethylene glycol-propylene glycol (ophth))*	3	
SYSTANE GEL	3	
SYSTANE SOLN *(polyethylene glycol-propylene glycol (ophth))*	3	
white petrolatum-mineral oil	3	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	2	
BETIMOL *(timolol)*	2	
BETIMOL	2	
BETOPTIC-S SUSP	1	
brimonidine tartrate-timolol maleate	2	
carteolol hcl (ophth)	1	
COMBIGAN *(brimonidine tartrate-timolol maleate)*	1	
COSOPT *(dorzolamide hcl-timolol maleate)*	2	
COSOPT PF *(dorzolamide hcl-timolol maleate)*	2	
DORZOLAMIDE HCL-TIMOLOL MAL	2	
dorzolamide hcl-timolol maleate	2	
dorzolamide hcl-timolol maleate	1	
ISTALOL SOLN *(timolol maleate (ophth))*	2	
levobunolol hcl 0.5 %	2	
timolol	2	
timolol maleate (ophth) SOLG	1	
timolol maleate (ophth) SOLN	2	
timolol maleate (ophth) SOLN	1	
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	2	
Cholinergic Agonists		
TYRVAYA	2	QL(8.4 ML per 30 day(s) retail)
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	3	
atropine sulfate (ophthalmic) SOLN	3	
ATROPINE SULFATE SOLN 1 %	3	

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL	3	
CYCLOGYL *(cyclopentolate hcl)*	3	
cyclopentolate hcl 1 %	3	
MYDRIACYL SOLN *(tropicamide)*	3	
phenylephrine hcl (mydriatic) SOLN 2.5 %	3	
PHENYLEPHRINE HCL SOLN *(phenylephrine hcl (mydriatic))*	3	
tropicamide SOLN	3	
Miotics		
PHOSPHOLINE IODIDE	3	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	3	
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	2	
apraclonidine hcl	1	
brimonidine tartrate 0.2 %	1	
brimonidine tartrate 0.1 %, 0.15 %	2	
IOPIDINE	2	
SIMBRINZA	1	
Ophthalmic Anti-infectives		
AZASITE	2	
bacitracin (ophthalmic)	3	
bacitracin-polymyxin b (ophth)	3	
BESIVANCE	2	
CILOXAN OINT	2	
ciprofloxacin hcl (ophth) SOLN	1	
ERYTHROMYCIN	1	
erythromycin (ophth)	1	
gatifloxacin (ophth)	2	
gentamicin sulfate (ophth) SOLN	3	
KLARITY-A	2	
levofloxacin (ophth) 0.5 %	2	
moxifloxacin hcl (ophth) SOLN OP	1	
moxifloxacin hcl (ophth) SOLN OP	2	
neomycin-bacitracin zn-polymyxin	3	
neomycin-polymyxin-gramicidin	3	
OCUFLOX *(ofloxacin (ophth))*	2	
ofloxacin (ophth)	1	
polymyxin b-trimethoprim	3	
sulfacetamide sodium (ophth) OINT	3	
sulfacetamide sodium (ophth) SOLN	3	
tobramycin (ophth) SOLN	3	
trifluridine	4	
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	2	
ZYMAXID *(gatifloxacin (ophth))*	2	
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.3 %-0.025 %	3	
NAPHCON-A *(naphazoline w/ pheniramine)*	3	
Ophthalmic Immunomodulators		
CEQUA SOLN	2	QL(60 EA per 30 day(s) retail)
cyclosporine (ophth) EMUL	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
KLARITY-C DROPS EMUL	2	QL(4 ML daily); AL(At least 4 yrs old)
RESTASIS MULTIDOSE EMUL	2	QL(5.5 ML per 30 day(s) retail; 6 ML per 30 days mail)
RESTASIS EMUL *(cyclosporine (ophth))*	1	QL(60 EA per 30 day(s) retail)
VERKAZIA EMUL	2	QL(4 EA daily); AL(At least 4 yrs old)
VEVYE SOLN	2	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old)
Ophthalmic Integrin Antagonists		
XIIDRA	1	QL(60 EA per 30 day(s) retail)
Ophthalmic Kinase Inhibitors		
RHOPRESSA	1	
ROCKLATAN	1	
Ophthalmic Local Anesthetics		
ALCAINE *(proparacaine hcl)*	3	
proparacaine hcl	3	
Ophthalmic Nerve Growth Factors		
OXERVATE	3	QL(28 ML per 28 day(s) retail); 4 max fill(s) per 365 day(s) retail; 56 day(s) max supply per 365 day(s) retail; AL(At least 2 yrs old); SP; PA
Ophthalmic Steroids		
ALREX SUSP *(loteprednol etabonate)*	2	
bacitracin-poly-neomycin-hc	3	
dexamethasone sodium phosphate (ophth)	3	
EYSUVIS SUSP	2	QL(8.3 ML per 14 day(s) retail)
fluorometholone (ophth) SUSP	3	QL(15 ML per 30 day(s) retail)
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	3	QL(15 ML per 30 day(s) retail)
loteprednol etabonate SUSP 0.2 %	2	
MAXITROL OINT *(neomycin-polymy-dexameth)*	3	
MAXITROL SUSP *(neomycin-polymy-dexameth)*	3	
neomycin-polymy-dexameth OINT	3	
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	3	
PRED FORTE *(prednisolone acetate (ophth))*	3	
prednisolone acetate (ophth)	3	
PREDNISOLONE ACETATE P-F	3	
PREDNISOLONE SODIUM PHOSPHATE	3	
sulfacetamide sod-prednisolone SOLN	3	
tobramycin-dexamethasone SUSP	3	
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	2	
ACULAR LS *(ketorolac tromethamine (ophth))*	2	
ACUVAIL	2	

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Drug Name	Drug Tier	Requirements/ Limits
ALOCRIL	2	
ALOMIDE	2	
azelastine hcl (ophth)	1	
AZOPT *(brinzolamide)*	2	
bepotastine besilate	2	
BEPREVE *(bepotastine besilate)*	2	
brinzolamide	1	
bromfenac sodium (ophth)	2	
BROMSITE *(bromfenac sodium (ophth))*	2	
cromolyn sodium (ophth)	1	
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	
DORZOLAMIDE HCL	2	
epinastine hcl (ophth)	2	
flurbiprofen sodium	1	
ILEVRO	2	
ketorolac tromethamine (ophth) 0.5 %	1	
ketorolac tromethamine (ophth) 0.4 %	2	
ketotifen fumarate (ophth) 0.035 %	1	
LASTACAFT	2	
MIEBO	2	QL(0.1 ML daily); AL(At least 18 yrs old)
MURO 128 OINT *(sodium chloride hypertonic)*	NF	
MURO 128 OINT *(sodium chloride hypertonic)*	3	
MURO 128 SOLN *(sodium chloride hypertonic)*	NF	
NEVANAC	2	
olopatadine hcl	1	
PATADAY	2	
PATADAY *(olopatadine hcl)*	2	
PROLENSA *(bromfenac sodium (ophth))*	2	
sodium chloride hypertonic OINT	3	
sodium chloride hypertonic SOLN	3	
ZADITOR 0.035 % *(ketotifen fumarate (ophth))*	1	
ZERVIATE	2	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	2	
IYUZEH SOLN	2	
latanoprost SOLN	1	
LATANOPROST SOLN	2	
LUMIGAN SOLN 0.01 %	2	
tafluprost	2	
TRAVATAN Z SOLN *(travoprost)*	2	
travoprost SOLN	2	
VYZULTA	2	
XALATAN SOLN *(latanoprost)*	2	
XELPROS EMUL	2	
ZIOPTAN *(tafluprost)*	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	3	
Otic Anti-infectives		
CETRAXAL *(ciprofloxacin hcl (otic))*	2	
ciprofloxacin hcl (otic)	2	
ofloxacin (otic)	1	
Otic Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
CIPRO HC 1 %-0.2 % *(ciprofloxacin-hydrocortisone)*	2	
ciprofloxacin-dexamethasone	1	
ciprofloxacin-fluocinolone acetonide	2	
ciprofloxacin-hydrocortisone	2	
neomycin-polymyxin-hc (otic) SOLN	1	
neomycin-polymyxin-hc (otic) SUSP	1	
OTOVEL *(ciprofloxacin-fluocinolone acetonide)*	2	
Otic Steroids		
hydrocortisone w/acetic acid	3	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
methylergonovine maleate TABS	3	QL(28 EA per 180 day(s) retail); AL(At least 12 yrs old)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
BEYFORTUS	3	SP; MP; PA
SYNAGIS SOLN	3	SP; MP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	3	MP
amoxicillin CHEW 125 MG, 250 MG	3	MP
amoxicillin SUSR	3	MP
amoxicillin TABS	3	MP
ampicillin CAPS 500 MG	3	
Natural Penicillins		
penicillin v potassium SOLR	3	MP
penicillin v potassium TABS	3	MP
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	3	
amoxicillin & pot clavulanate SUSR	3	
amoxicillin & pot clavulanate TABS	3	
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	3	
AUGMENTIN TABS 125 MG-500 MG *(amoxicillin & pot clavulanate)*	3	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	3	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
FLAVOR BLEND SUSP	4	RX/OTC
FLAVOR PLUS LIQD	4	RX/OTC
FLAVOR SWEET-SF SYRP	4	RX/OTC
FLAVOR SWEET SYRP	4	RX/OTC
FREEDOM PEG TROCHE BASE POWD	4	
GRAPE SYRUP SYRP	4	RX/OTC
MX-SOL BLEND SF SUSP	4	RX/OTC
MX-SOL BLEND SUSP	4	RX/OTC
MX-SOL SF SYRP	4	RX/OTC
MX-SOL SUSPEND SUSP	4	RX/OTC
MX-SOL SYRP	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ORA-BLEND SF SUSP	4	RX/OTC
ORA-BLEND SUSP	4	RX/OTC
ORAL MIX SF SUSP	4	RX/OTC
ORAL MIX SUSP	4	RX/OTC
ORAL SUSPEND LIQD	4	RX/OTC
ORAL SYRUP SF SYRP	4	RX/OTC
ORAL SYRUP SYRP	4	RX/OTC
ORAPENN SD ANHYD SWEETENED LIQD	4	RX/OTC
ORAPENN SD ANHYD UNSWEETEN LIQD	4	RX/OTC
ORA-PLUS LIQD	4	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	4	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	4	RX/OTC
PCCA CUSTOM TROCHE BASE (LS) POWD	4	
PCCA POLYGLYCOL TROCHE POWD	4	
PCCA SWEET-SF SYRP	4	RX/OTC
PCCA SYRUP VEHICLE SYRP	4	RX/OTC
PCCA-PLUS SUSP	4	RX/OTC
SOSWEET SYRP	4	RX/OTC
SUSPENDIT ANHYDROUS SUSP	4	RX/OTC
SUSPENDRX W/BITTERBLOC SWEET SUSP	4	RX/OTC
SUSPENDRX W/BITTERBLOC UNSWEET SUSP	4	RX/OTC
SUSPENSION VEHICLE SUSP	4	RX/OTC
SYRPALTA SYRP	4	RX/OTC
SYRSPEND SF LIQD	4	RX/OTC
SYRUP VEHICLE SF SYRP	4	RX/OTC
SYRUP VEHICLE SYRP	4	RX/OTC
TROCHE BASE POWD	4	
UNISPEND ANHYDROUS SWEETENED SUSP	4	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	4	RX/OTC
VERSAFREE SYRP	4	RX/OTC
VERSAPLUS SYRP	4	RX/OTC
Pharmaceutical Excipients		
SODIUM BENZOATE	4	RX/OTC
Semi Solid Vehicles		
1ST BASE	4	RX/OTC
ALPAWASH	4	RX/OTC
ALTADERM	4	RX/OTC
ANHYDROUS BASE OINT	4	
ARBEM H-COSMETIC	4	RX/OTC
ARBEM LIPOPEN	4	RX/OTC
ATREVIS HYDROGEL	4	RX/OTC
AUXIPRO VANISHING	4	RX/OTC
AZ CREAM	4	RX/OTC
BABY SKIN PROTECTANT	3	RX/OTC
BASE PCCA CLARIFYING	4	RX/OTC
BASE W301	4	RX/OTC
CHRYSADERM DAY	4	RX/OTC
CHRYSADERM NIGHT	4	RX/OTC
CLEODERM	4	RX/OTC
CREAM BASE	4	RX/OTC
CREAM CONCENTRATE	4	RX/OTC
CUTIS PLUS	4	RX/OTC
DAILY MOISTURIZER	3	RX/OTC
DURABASE	4	RX/OTC
DURABASE ADVANCED	4	RX/OTC
EMOLIVAN	4	RX/OTC
EMOLLIENT BASE	4	RX/OTC
FAGRON LS PLUS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FAGRON NATURAL	4	RX/OTC
FAGRON SUPREME	4	RX/OTC
FITALITE	4	RX/OTC
FLEX BASE	4	RX/OTC
FREEDOM ADAPTADERM	4	RX/OTC
FREEDOM DERMA SERUM	4	RX/OTC
FREEDOM DERMA-D	4	RX/OTC
FREEDOM DERMA-N	4	RX/OTC
HYDROUS EMULSIFIED BASE	4	RX/OTC
LIOPEN ABSORPTION ENHANCING	4	RX/OTC
LIP BALM BASE	4	RX/OTC
LIPO CREAM BASE	4	RX/OTC
LIPOCREAM BASE	4	RX/OTC
LIPOPEN ULTRA BASE	4	RX/OTC
MEDIDERM	4	RX/OTC
MICRODERM BASE	4	RX/OTC
MICROSOME BASE	4	RX/OTC
MULTI-PHASIC PENETRATING CMPD	4	RX/OTC
NOURILITE	4	RX/OTC
NOURIVAN ANTIOX BASE	4	RX/OTC
OMNIBASE	4	RX/OTC
PCCA ALADERM BASE	4	RX/OTC
PCCA ANHYDROUS BASE OINT	4	
PCCA ANHYDROUS LIPODERM BASE	4	RX/OTC
PCCA BASE 7542	4	RX/OTC
PCCA BIOPEPTIDE BASE	4	RX/OTC
PCCA CANNIDEX 2.0 CUSTOM BASE	4	RX/OTC
PCCA CANNIDEX CUSTOM BASE	4	RX/OTC
PCCA COSMETIC HRT BASE	4	RX/OTC
PCCA EMOLLIENT CREAM BASE	4	RX/OTC
PCCA HYDRABASE SB CUSTOM BASE	4	RX/OTC
PCCA LIPODERM BASE	4	RX/OTC
PCCA MVC BASE	4	RX/OTC
PCCA NATACREAM	4	RX/OTC
PCCA POLYPEG BASE	4	RX/OTC
PCCA PRACASIL TM-PLUS BASE	4	RX/OTC
PCCA VANISHING CREAM BASE	4	RX/OTC
PCCA VANISHING CREAM LIGHT	4	RX/OTC
PCCA VANPEN BASE	4	RX/OTC
PCCA WAV CUSTOM BASE	4	RX/OTC
PEG	4	RX/OTC
PEG BLEND	4	RX/OTC
PEG OINTMENT BASE	4	RX/OTC
PENDERM	4	RX/OTC
PENSOMAL	4	RX/OTC
PETROLATUM	3	RX/OTC
PETROLEUM JELLY	3	RX/OTC
PETROLEUM JELLY BABY	3	RX/OTC
PFCB	4	RX/OTC
PHARMABASE ANTIOXIDANT	4	RX/OTC
PHARMABASE COSMETIC	4	RX/OTC
PHARMABASE COSMETIC NATURAL	4	RX/OTC
PHARMABASE HEAVY	4	RX/OTC
PHARMABASE LIGHT	4	RX/OTC
PHARMABASE VAGINAL	4	RX/OTC
PHYTOBASE	4	RX/OTC
P-SILOXAN DS	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SA3 DERM	4	RX/OTC
SALT DURABLE CREAM	4	RX/OTC
SALT STABLE LS ADVANCED	4	RX/OTC
SALTSTABLE LO	4	RX/OTC
SANARE ADVANCED SCAR THERAPY	4	RX/OTC
SANARE SCAR THERAPY	4	RX/OTC
SCAR CARE	4	RX/OTC
SECURA PROTECTIVE	3	RX/OTC
SILPROTEX PLUS	4	RX/OTC
SKIN PROTECTANT	3	RX/OTC
SKYY DERM	4	RX/OTC
TERODERM	4	RX/OTC
TERODERM-PLUS	4	RX/OTC
U-BASE	4	RX/OTC
VANIBASE	4	RX/OTC
VANISHING	4	RX/OTC
VANISHING CREAM BOTANICAL BASE	4	RX/OTC
VANISH-PEN	4	RX/OTC
VERSAPRO	4	RX/OTC
VERSATILE CREAM BASE	4	RX/OTC
VERSATILE RICH BASE	4	RX/OTC
VERSIGEL	4	RX/OTC
VP DERMABASE	4	RX/OTC
WOUND CARE	4	RX/OTC
XCEL 100	4	RX/OTC
XEMATOP BASE	4	RX/OTC
YELLOW PETROLATUM	3	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	1	MP
megestrol acetate (appetite)	2	
norethindrone acetate TABS	1	MP
progesterone CAPS	1	MP
progesterone OIL	2	MP
PROMETRIUM CAPS *(progesterone)*	2	MP
PROVERA 5 MG, 10 MG *(medroxyprogesterone acetate)*	2	MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
lofexidine hcl	1	
LUCEMYRA *(lofexidine hcl)*	1	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	3	QL(18 ML daily); AL(At least 7 yrs old); SP; PA
XYWAV	3	QL(18 ML daily); AL(At least 7 yrs old); SP; PA
Antidementia Agents		
ADLARITY PTWK	3	PA
ARICEPT TABS *(donepezil hydrochloride)*	2	
donepezil hydrochloride TABS 23 MG	2	
donepezil hydrochloride TABS 5 MG, 10 MG	1	
donepezil hydrochloride TBDP	1	
EXELON *(rivastigmine)*	1	
galantamine hydrobromide CP24	2	

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide SOLN	2	
galantamine hydrobromide TABS	1	
memantine hcl CP24	2	
memantine hcl-donepezil hcl CP24	2	
memantine hcl SOLN	1	
memantine hcl TABS	1	
NAMENDA TITRATION PAK TABS *(memantine hcl)*	2	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(memantine hcl)*	2	
NAMENDA TABS *(memantine hcl)*	2	
NAMZARIC C4PK	2	
NAMZARIC CP24	2	
NAMZARIC CP24 *(memantine hcl-donepezil hcl)*	2	
rivastigmine	2	
rivastigmine tartrate CAPS	1	
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	2	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	1	
SAVELLA TABS	1	
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	3	AL(At least 18 yrs old); SP; PA
AUSTEDO XR TB24	3	AL(At least 18 yrs old); SP; PA
AUSTEDO TABS	3	AL(At least 18 yrs old); SP; PA
INGREZZA CAPS	3	AL(At least 18 yrs old); SP; PA
INGREZZA CPPK	3	AL(At least 18 yrs old); SP; PA
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	3	QL(2 EA daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
AUBAGIO *(teriflunomide)*	2	SP
AVONEX PEN AJKT	1	SP
AVONEX PREFILLED PSKT	1	QL(4 EA per fill retail); SP
BAFIERTAM	2	QL(4 EA daily); SP
BETASERON KIT	1	SP
cladribine (multiple sclerosis) 10 MG	2	SP
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	1	SP
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	2	SP
dalfampridine	3	QL(2 EA daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
dimethyl fumarate CDPK	1	SP
dimethyl fumarate CPDR	1	SP
fingolimod hcl	1	SP
GILENYA *(fingolimod hcl)*	2	SP
GILENYA	2	SP
glatiramer acetate SOSY	2	SP
KESIMPTA	1	SP
MAVENCLAD (10 TABS) 10 MG *(cladribine (multiple sclerosis))*	2	SP

Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (4 TABS) 10 MG *(cladribine (multiple sclerosis))*	2	SP
MAVENCLAD (5 TABS) 10 MG *(cladribine (multiple sclerosis))*	2	SP
MAVENCLAD (6 TABS) 10 MG *(cladribine (multiple sclerosis))*	2	SP
MAVENCLAD (7 TABS) 10 MG *(cladribine (multiple sclerosis))*	2	SP
MAVENCLAD (8 TABS) 10 MG *(cladribine (multiple sclerosis))*	2	SP
MAVENCLAD (9 TABS) 10 MG *(cladribine (multiple sclerosis))*	2	SP
MAYZENT STARTER PACK TBPK 0.25 MG	2	SP
MAYZENT TABS	2	SP
PLEGRIDY STARTER PACK SOAJ	2	SP
PLEGRIDY STARTER PACK SOSY SC	2	SP
PLEGRIDY SOAJ	2	SP
PLEGRIDY SOSY IM	2	SP
PONVORY STARTER PACK TBPK	2	AL(At least 18 yrs old - Up to 55 yrs old); SP
PONVORY TABS	2	AL(At least 18 yrs old - Up to 55 yrs old); SP
REBIF REBIDOSE TITRATION PACK SOAJ	2	SP
REBIF REBIDOSE SOAJ	2	SP
REBIF TITRATION PACK SOSY	2	SP
REBIF SOSY 22 MCG/0.5ML	2	SP
REBIF SOSY 44 MCG/0.5ML	2	QL(7.5 ML per 30 day(s) retail); SP
TASCENSO ODT 0.25 MG	2	AL(At least 10 yrs old - Up to 17 yrs old); SP
TASCENSO ODT 0.5 MG	2	AL(At least 10 yrs old - Up to 18 yrs old); SP
TECFIDERA CDPK *(dimethyl fumarate)*	2	SP
TECFIDERA CPDR *(dimethyl fumarate)*	2	SP
teriflunomide	1	SP
VUMERITY	2	SP
ZEPOSIA 7-DAY STARTER PACK CPPK	2	AL(At least 18 yrs old); SP
ZEPOSIA STARTER KIT CPPK	2	AL(At least 18 yrs old); SP
ZEPOSIA CAPS	2	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
gabapentin (once-daily) TABS	1	
GRALISE TABS *(gabapentin (once-daily))*	1	
Psychotherapeutic and Neurological Agents - Misc.		
MIPLYFFA	CO	SP
Restless Leg Syndrome (RLS) Agents		
HORIZANT	1	
Smoking Deterrents		
APO-VARENICLINE TABS	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail
bupropion hcl (smoking deterrent)	3	QL(2 EA daily)
CHANTIX CONTINUING MONTH PAK TABS *(varenicline tartrate)*	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)*	2	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
CHANTIX TABS *(varenicline tartrate)*	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail
NICODERM CQ PT24 TD *(nicotine)*	3	QL(1 EA daily)
NICORETTE MINI LOZG *(nicotine polacrilex)*	3	QL(20 EA daily)
NICORETTE STARTER KIT GUM 2 MG *(nicotine polacrilex)*	3	QL(30 EA daily)
NICORETTE STARTER KIT GUM 4 MG *(nicotine polacrilex)*	3	QL(24 EA daily)
NICORETTE GUM 4 MG *(nicotine polacrilex)*	3	QL(24 EA daily)
NICORETTE GUM 2 MG *(nicotine polacrilex)*	3	QL(30 EA daily)
NICORETTE LOZG *(nicotine polacrilex)*	3	QL(20 EA daily)
nicotine polacrilex GUM 4 MG	3	QL(24 EA daily)
nicotine polacrilex GUM 2 MG	3	QL(30 EA daily)
nicotine polacrilex LOZG	3	QL(20 EA daily)
NICOTINE KIT	3	QL(1 EA daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	3	QL(1 EA daily)
NICOTROL NS SOLN	3	QL(40 ML per 30 day(s) retail)
NICOTROL INHA	3	QL(168 EA per 30 day(s) retail)
varenicline tartrate TABS	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail
varenicline tartrate TBPK	1	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ALYFTREK	CO	SP
BRONCHITOL	3	QL(20 EA daily); AL(At least 18 yrs old); PA
BRONCHITOL TOLERANCE TEST	3	QL(20 EA daily); AL(At least 18 yrs old); PA
KALYDECO PACK	CO	SP
ORKAMBI PACK	CO	SP
PULMOZYME	3	QL(2.5 ML daily); SP; PA
TRIKAFTA THPK	CO	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline (monohydrate) CAPS 50 MG, 100 MG	3	
doxycycline (monohydrate) SUSR	3	
doxycycline (monohydrate) TABS 50 MG, 100 MG	3	
doxycycline hyclate CAPS	3	
doxycycline hyclate TABS 20 MG, 100 MG	3	
minocycline hcl CAPS	3	
VIBRAMYCIN CAPS *(doxycycline hyclate)*	3	
VIBRAMYCIN SUSR *(doxycycline (monohydrate))*	3	
THYROID AGENTS - Drugs to Regulate Thyroid		

Drug Name	Drug Tier	Requirements/ Limits
Hormones		
Antithyroid Agents		
methimazole TABS	3	MP
propylthiouracil	3	MP
Thyroid Hormones		
ADTHYZA TABS	3	MP
ARMOUR THYROID TABS	3	MP
CYTOMEL TABS *(liothyronine sodium)*	3	MP
ERMEZA SOLN PO	3	
EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	3	MP
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	3	
levothyroxine sodium SOLR IV	3	
LEVOTHYROXINE SODIUM SOLR IV *(levothyroxine sodium)*	3	
levothyroxine sodium TABS	3	MP
liothyronine sodium SOLN	2	
liothyronine sodium TABS	3	MP
NIVA THYROID TABS	3	MP
NP THYROID TABS	3	MP
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	3	MP
SYNTHROID TABS *(levothyroxine sodium)*	3	MP
THYQUIDITY SOLN PO	3	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	3	MP
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG *(levothyroxine sodium)*	3	
TIROSINT-SOL SOLN PO 13 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	3	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	4	
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	4	
BOOSTRIX SUSP	4	
BOOSTRIX SUSY	4	
DAPTACEL	4	
INFANRIX	4	
KINRIX SUSY	4	
PEDIARIX SUSY	4	
PENTACEL	4	
QUADRACEL SUSP	4	
QUADRACEL SUSY	4	
TDVAX SUSP	4	
TENIVAC SUSP 2 LFU-5 LFU	4	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	4	
VAXELIS SUSP	4	
VAXELIS SUSY	4	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		

Drug Name	Drug Tier	Requirements/ Limits
ANASPAZ TBDP *(hyoscyamine sulfate)*	3	AL(Up to 64 yrs old)
CUVPOSA SOLN PO *(glycopyrrolate)*	3	AL(Up to 12 yrs old)
dicyclomine hcl CAPS	3	AL(Up to 64 yrs old)
dicyclomine hcl SOLN PO	3	AL(Up to 64 yrs old)
dicyclomine hcl TABS	3	AL(Up to 64 yrs old)
glycopyrrolate SOLN PO 1 MG/5ML	3	AL(Up to 12 yrs old)
glycopyrrolate TABS 1 MG, 2 MG	3	
hyoscyamine sulfate ELIX	3	AL(Up to 64 yrs old)
hyoscyamine sulfate SOLN PO 0.125 MG/ML	3	AL(Up to 64 yrs old)
hyoscyamine sulfate SUBL 0.125 MG	3	AL(Up to 64 yrs old)
hyoscyamine sulfate TABS 0.125 MG	3	AL(Up to 64 yrs old)
hyoscyamine sulfate TB12 0.375 MG	3	AL(Up to 64 yrs old)
hyoscyamine sulfate TBDP 0.125 MG	3	AL(Up to 64 yrs old)
LEVBID TB12 *(hyoscyamine sulfate)*	3	AL(Up to 64 yrs old)
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	3	AL(Up to 64 yrs old)
LEVSIN TABS *(hyoscyamine sulfate)*	3	AL(Up to 64 yrs old)
ROBINUL-FORTE TABS *(glycopyrrolate)*	3	
ROBINUL TABS *(glycopyrrolate)*	3	
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	3	
cimetidine TABS	3	RX/OTC
famotidine SUSR	3	AL(Up to 6 yrs old)
famotidine TABS	3	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS *(famotidine)*	3	RX/OTC
PEPCID AC TABS *(famotidine)*	3	
PEPCID TABS *(famotidine)*	3	RX/OTC
TAGAMET HB 200 TABS *(cimetidine)*	3	RX/OTC
TAGAMET HB TABS *(cimetidine)*	3	RX/OTC
Misc. Anti-Ulcer		
CARAFATE TABS *(sucralfate)*	3	QL(4 EA daily)
sucralfate TABS	3	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC *(rabeprazole sodium)*	2	
DEXILANT *(dexlansoprazole)*	2	
dexlansoprazole	2	
esomeprazole magnesium CPDR	2	RX/OTC
esomeprazole magnesium PACK	2	QL(2 EA daily)
esomeprazole magnesium TBEC	2	
lansoprazole CPDR	2	RX/OTC
lansoprazole TBDD	2	RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR *(esomeprazole magnesium)*	2	RX/OTC
NEXIUM 24HR CPDR *(esomeprazole magnesium)*	2	RX/OTC
NEXIUM 24HR TBEC 20 MG	2	
NEXIUM CPDR *(esomeprazole magnesium)*	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NEXIUM PACK *(esomeprazole magnesium)*	1	QL(2 EA daily)
omeprazole magnesium CPDR	2	
omeprazole magnesium TBEC	2	
omeprazole CPDR 10 MG, 40 MG	1	QL(2 EA daily)
omeprazole CPDR 20 MG	1	
omeprazole TBDD	2	
omeprazole TBEC	2	
pantoprazole sodium PACK	2	QL(2 EA daily)
pantoprazole sodium TBEC	1	QL(2 EA daily)
PREVACID 24HR CPDR *(lansoprazole)*	2	RX/OTC
PREVACID SOLUTAB TBDD *(lansoprazole)*	2	RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	2	
PRILOSEC OTC TBEC *(omeprazole magnesium)*	2	
PRILOSEC PACK	2	
PROTONIX PACK *(pantoprazole sodium)*	1	QL(2 EA daily)
PROTONIX TBEC *(pantoprazole sodium)*	2	QL(2 EA daily)
RABEPRAZOLE SODIUM CPSP	2	
rabeprazole sodium TBEC	2	
VOQUEZNA	3	QL(1 EA daily); AL(At least 18 yrs old); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	3	QL(4 EA daily)
misoprostol	3	QL(4 EA daily)
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	2	QL(224 EA per fill retail)
bismuth subcitrate potassium-metronidazole-tetracycline	2	
KONVOMEP SUSR	2	
OMECLAMOX-PAK	2	
omeprazole-sodium bicarbonate CAPS	2	RX/OTC
omeprazole-sodium bicarbonate PACK	2	
PYLERA *(bismuth subcitrate potassium-metronidazole-tetracycline)*	1	
TALICIA	2	
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
ZEGERID OTC CAPS *(omeprazole-sodium bicarbonate)*	2	RX/OTC
ZEGERID CAPS *(omeprazole-sodium bicarbonate)*	2	RX/OTC
ZEGERID PACK *(omeprazole-sodium bicarbonate)*	2	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	2	
DETROL LA CP24 *(tolterodine tartrate)*	2	
DETROL TABS *(tolterodine tartrate)*	2	
fesoterodine fumarate	1	MP
GELNIQUE GEL 10 %	2	
oxybutynin chloride SOLN	1	
oxybutynin chloride TABS	1	
oxybutynin chloride TB24	1	

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Drug Name	Drug Tier	Requirements/ Limits
OXYTROL FOR WOMEN PTTW	3	RX/OTC
OXYTROL PTTW	2	RX/OTC
solifenacin succinate TABS	1	
tolterodine tartrate CP24	1	
tolterodine tartrate TABS	1	
TOVIAZ *(fesoterodine fumarate)*	2	MP
trospium chloride CP24	1	
trospium chloride TABS	1	
VESICARE LS SUSP	2	
VESICARE TABS *(solifenacin succinate)*	2	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	2	
mirabegron TB24	2	
MYRBETRIQ SRER	1	
MYRBETRIQ TB24 *(mirabegron)*	1	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	3	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	2	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	4	
BCG VACCINE	4	
BEXSERO 0.5 ML	4	
BIOTHRAX	4	
CAPVAXIVE	4	
HIBERIX SOLR IJ	4	
MENACTRA	4	
MENQUADFI 0.5 ML	4	
MENVEO SOLN	4	
MENVEO SOLR	4	
PEDVAX HIB SUSP	4	
PENBRAYA	4	
PENMENVY SUSR IM	4	
PNEUMOVAX 23 SOLN	4	
PNEUMOVAX 23 SOSY	4	
PREVNAR 13	4	
PREVNAR 20	4	
TRUMENBA 0.5 ML	4	
TYPHIM VI SOLN	4	
TYPHIM VI SOSY	4	
VAXCHORA	4	
VAXNEUVANCE	4	
VIVOTIF	4	
Viral Vaccines		
ABRYSVO	4	
ACAM2000	4	
AFLURIA PRESERVATIVE FREE SUSY	4	
AFLURIA QUADRIVALENT SUSP	4	
AFLURIA QUADRIVALENT SUSY 0.5 ML	4	
AFLURIA SUSP	4	
AREXVY	4	AL(At least 50 yrs old)
AUDENZ EMUL	4	
AUDENZ PRSY	4	
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	4	
COMIRNATY SUSP	4	
COMIRNATY SUSY	4	
DENGVAXIA	4	
ENGERIX-B SUSP 20 MCG/ML	4	3 max fill(s) per 999 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B SUSY	4	3 max fill(s) per 999 day(s) retail
ERVEBO	4	
FLUAD	4	QL(1 ML per fill retail); 1 max fill(s) per 180 day(s) retail
FLUAD QUADRIVALENT	4	
FLUARIX QUADRIVALENT SUSY	4	
FLUARIX SUSY	4	
FLUBLOK QUADRIVALENT	4	
FLUBLOK SOSY	4	
FLUCELVAX QUADRIVALENT SUSP	4	
FLUCELVAX QUADRIVALENT SUSY	4	
FLUCELVAX SUSP	4	
FLUCELVAX SUSY	4	
FLULAVAL QUADRIVALENT SUSY	4	
FLULAVAL SUSY	4	
FLUMIST QUADRIVALENT	4	
FLUZONE HIGH-DOSE QUADRIVALENT	4	
FLUZONE HIGH-DOSE SUSY	4	QL(0.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail
FLUZONE QUADRIVALENT SUSP	4	
FLUZONE QUADRIVALENT SUSY	4	
FLUZONE SUSP	4	
FLUZONE SUSY	4	
GARDASIL 9 SUSP 0.5 ML	4	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	4	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	4	
HEPLISAV-B SOSY	4	3 max fill(s) per 999 day(s) retail
IMOVAX RABIES SUSR	4	
IPOL IJ	4	
IXCHIQ	4	
IXIARO	4	
JYNNEOS	4	
M-M-R II SOLR	4	
MNEXSPIKE SUSY 10 MCG/0.2ML	4	
MODERNA COVID-19 BIVALENT	4	
MODERNA COVID-19 VAC 6M-11Y SUSP	4	
MODERNA COVID-19 VAC 6M-11Y SUSY	4	
MODERNA COVID-19 VACCINE SUSP	4	
MRESVIA	4	
NOVAVAX COVID-19 VACCINE SUSP	4	
NOVAVAX COVID-19 VACCINE SUSY	4	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	4	
PFIZER COVID-19 VAC BIVALENT	4	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	4	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	4	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	4	

Drug Name	Drug Tier	Requirements/ Limits
PFIZER-BIONTECH COVID-19 VACC SUSP	4	
PREHEVBRIO	4	3 max fill(s) per 999 day(s) retail
PRIORIX SUSR	4	
PROQUAD SUSR	4	
RABAVERT	4	
RECOMBIVAX HB SUSP	4	3 max fill(s) per 999 day(s) retail
RECOMBIVAX HB SUSY	4	3 max fill(s) per 999 day(s) retail
ROTARIX SUSP	4	
ROTATEQ SOLN	4	
SHINGRIX	4	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	4	
SPIKEVAX SUSP	4	
SPIKEVAX SUSY	4	
STAMARIL SUSR	4	
TICOVAC	4	
TWINRIX SUSY	4	
VAQTA	4	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	4	
VARIVAX SUSR	4	2 max fill(s) per 999 day(s) retail
VIMKUNYA SUSY IM 40 MCG/0.8ML	4	
YF-VAX SUSR	4	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	2	
CLEOCIN SUPP	1	
clindamycin phosphate vaginal CREA	1	
CLINDESSE	1	
clotrimazole vaginal CREA	3	
metronidazole vaginal	1	
MICONAZOLE 7 SUPP 100 MG	3	
miconazole nitrate vaginal CREA 2 %	3	
miconazole nitrate vaginal KIT	3	
miconazole nitrate vaginal SUPP 100 MG	3	
MONISTAT 3 COMBINATION PACK KIT *(miconazole nitrate vaginal)*	3	
MONISTAT 3 COMBO PACK APP KIT *(miconazole nitrate vaginal)*	3	
MONISTAT 7 COMBO PACK APP KIT	3	
MONISTAT 7 SIMPLY CURE CREA *(miconazole nitrate vaginal)*	3	
NUVESSA	1	
terconazole vaginal CREA	3	
VANDAZOLE	2	
XACIATO GEL	2	AL(At least 12 yrs old)
Vaginal Anti-inflammatory Agents		
hydrocortisone acetate vaginal	1	
hydrocortisone vaginal	2	
hydrocortisone vaginal	1	
MONISTAT CARE INSTANT ITCH RLF 1 %	1	
Vaginal Contraceptive - pH Modulators		

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Drug Name	Drug Tier	Requirements/ Limits
PHEXX	3	QL(180 GM per 30 day(s) retail)
PHEXXI	3	QL(180 GM per 30 day(s) retail)
Vaginal Estrogens		
ESTRACE CREA *(estradiol vaginal)*	3	QL(1.42 GM daily); MP
estradiol vaginal CREA	3	QL(1.42 GM daily); MP
estradiol vaginal TABS	3	MP
VAGIFEM TABS *(estradiol vaginal)*	3	MP
Vaginal Progestins		
CRINONE GEL	2	MP
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	2	QL(4 EA per fill retail)
epinephrine (anaphylaxis) SOAJ	1	QL(4 EA per fill retail)
EPINEPHRINE SOSY 0.3 MG/0.3ML	2	
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	QL(4 EA per fill retail)
EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	QL(4 EA per fill retail)
NEFFY SOLN NA	2	QL(4 EA per fill retail)
Vasopressors		
midodrine hcl	3	QL(3 EA daily)
VITAMINS		
Oil Soluble Vitamins		
beta carotene CAPS 25000 UNIT	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
cholecalciferol CAPS	3	MP
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	3	MP
cholecalciferol TABS 50 MCG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
cholecalciferol TABS	3	
DRISDOL CAPS *(ergocalciferol)*	3	MP
D-VI-SOL LIQD PO *(cholecalciferol)*	3	MP
ergocalciferol CAPS	3	MP
ergocalciferol SOLN PO 200 MCG/ML	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
phytonadione TABS 5 MG	3	QL(3 EA per 30 day(s) retail); 3 day(s) max supply per 30 day(s) retail
vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	4	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D3 TABS *(cholecalciferol)*	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
vitamin e CAPS 1000 UNIT, 268 MG, 400 UNIT, 450 MG, 400 UNIT, 450 MG, 1000 UNIT	3	
vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
VITAMIN E CAPS	3	
vitamin e SOLN	3	MP
VITAMIN E SOLN 15 MG/0.67ML	3	MP
VITAMIN E TABS 100 UNIT, 100 UNIT	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
Water Soluble Vitamins		
ascorbic acid TABS 500 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
biotin TABS 5 MG, 5000 MCG	3	MP
ENDUR-AMIDE TBCR	1	
NIACIN ER CPCR	1	MP
niacinamide TABS 100 MG	1	
niacinamide TABS 500 MG	3	MP
niacinamide TBCR	1	
niacin CPCR 500 MG	1	MP
niacin TABS 100 MG, 500 MG	1	MP
niacin TBCR 500 MG, 750 MG	1	MP
pyridoxine hcl TABS 25 MG	4	QL(2 EA daily); MP
pyridoxine hcl TABS 100 MG	4	MP
pyridoxine hcl TABS 50 MG	4	QL(4 EA daily); MP
riboflavin TABS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
SLO-NIACIN TBCR 500 MG, 750 MG *(niacin)*	1	MP
thiamine mononitrate TABS 100 MG	4	QL(1 EA daily); MP

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