

LEGEND

TIER	DESCRIPTION	
1	Preferred	
2	Non-Preferred	
3	Non-Preferred	
TYPE	DESCRIPTION	
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST1	ST1	Prerequisite for the Step Therapy target drug
ACA	Affordable Care Act	Affordable Care Act
OTC	Over the Counter	Over the Counter Items - covered with a valid prescription
F	Covered under fertility rider	Covered under fertility rider
WL	Covered Under Weight Loss Programs	Covered Under Weight Loss Programs
G	Glucometer	Must use manufacturer's voucher

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</b>		
<i>clonidine hcl (adhd)</i>	1	QL 120 / 30 day(s)
<i>guanfacine hcl (adhd)</i>	1	QL 30 / 30 day(s)
<b>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</b>		
<i>atomoxetine hcl (atomoxetine hcl cap 10 mg (base equiv), atomoxetine hcl cap 18 mg (base equiv), atomoxetine hcl cap 25 mg (base equiv), atomoxetine hcl cap 40 mg (base equiv))</i>	1	QL 60 / 30 day(s)
<i>atomoxetine hcl (atomoxetine hcl cap 60 mg (base equiv), atomoxetine hcl cap 80 mg (base equiv), atomoxetine hcl cap 100 mg (base equiv))</i>	1	QL 30 / 30 day(s)
<b>AMPHETAMINE MIXTURES</b>		
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine cap er 24hr 10 mg, amphetamine-dextroamphetamine cap er 24hr 15 mg, amphetamine-dextroamphetamine cap er 24hr 20 mg, amphetamine-dextroamphetamine cap er 24hr 25 mg, amphetamine-dextroamphetamine cap er 24hr 30 mg, amphetamine-dextroamphetamine cap er 24hr 5 mg)</i>	1	QL 30 / 30 day(s)
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine tab 5 mg, amphetamine-dextroamphetamine tab 7.5 mg, amphetamine-dextroamphetamine tab 10 mg, amphetamine-dextroamphetamine tab 12.5 mg, amphetamine-dextroamphetamine tab 15 mg, amphetamine-dextroamphetamine tab 30 mg)</i>	1	QL 60 / 30 day(s)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL 90 / 30 day(s)
<b>AMPHETAMINES</b>		
<i>amphetamine sulfate tab 10 mg</i>	1	QL 90 / 30 days
<i>amphetamine sulfate tab 5 mg</i>	1	QL 60 / 30 days
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL 120 / 30 days
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL 120 / 30 day(s)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL 180 / 30 day(s)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL 90 / 30 day(s)
<i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate cap 10 mg, lisdexamfetamine dimesylate cap 20 mg, lisdexamfetamine dimesylate cap 30 mg, lisdexamfetamine dimesylate cap 40 mg, lisdexamfetamine dimesylate cap 50 mg, lisdexamfetamine dimesylate cap 60 mg, lisdexamfetamine dimesylate cap 70 mg)</i>	2	QL 30 / 30 day(s)
<b>ANALEPTICS</b>		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<b>ANOREXIANT COMBINATIONS</b>		
<i>phentermine hcl-topiramate</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> <li>WL Covered Under Weight Loss Programs</li> </ul>
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i>phentermine hcl (phentermine hcl cap 15 mg, phentermine hcl cap 30 mg, phentermine hcl cap 37.5 mg)</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>AL1 At least 17 yrs old</li> </ul>
<i>phentermine hcl tab 37.5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 17 yrs old</li> </ul>
<b>ANTI-OBESITY - GIP &amp; GLP-1 RECEPTOR AGONISTS</b>		
ZEPBOUND (ZEPBOUND 5 MG/0.5ML SOLN A-INJ, ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 10 MG/0.5ML SOLN A-INJ, ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 15 MG/0.5ML SOLN A-INJ)	1	<ul style="list-style-type: none"> <li>QL 2 / 28 day(s)</li> <li>PA</li> <li>WL Covered Under Weight Loss Programs</li> </ul>
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	1	<ul style="list-style-type: none"> <li>PA</li> <li>QLC 2 / 180 days</li> <li>WL Covered Under Weight Loss Programs</li> </ul>
<b>ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS</b>		
SAXENDA	1	<ul style="list-style-type: none"> <li>QL 15 / 30 day(s)</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> <li>WL Covered Under Weight Loss Programs</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WEGOVY (WEGOVY 0.25 MG/0.5ML SOLN A-INJ, WEGOVY 0.5 MG/0.5ML SOLN A-INJ, WEGOVY 1 MG/0.5ML SOLN A-INJ)	1	<ul style="list-style-type: none"> <li>PA</li> <li>AL1 At least 12 yrs old</li> <li>QLC 4/180 days</li> <li>WL Covered Under Weight Loss Programs</li> </ul>
WEGOVY (WEGOVY 1.7 MG/0.75ML SOLN A-INJ, WEGOVY 2.4 MG/0.75ML SOLN A-INJ)	1	<ul style="list-style-type: none"> <li>QL 3 / 28 days</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> <li>WL Covered Under Weight Loss Programs</li> </ul>
WEGOVY HD	1	<ul style="list-style-type: none"> <li>QL 3 / 28 day(s)</li> <li>PA</li> <li>AL1 At least 12 yrs old</li> <li>WL Covered Under Weight Loss Programs</li> </ul>
ANTI-OBESITY AGENT COMBINATIONS		
CONTRACE	1	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>PA</li> <li>WL Covered Under Weight Loss Programs</li> </ul>
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>AL1 At least 18 yrs old</li> </ul>
STIMULANTS - MISC.		
<i>armodafinil</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl (dexmethylphenidate hcl cap er 24 hr 10 mg, dexmethylphenidate hcl cap er 24 hr 15 mg, dexmethylphenidate hcl cap er 24 hr 20 mg, dexmethylphenidate hcl cap er 24 hr 25 mg, dexmethylphenidate hcl cap er 24 hr 30 mg, dexmethylphenidate hcl cap er 24 hr 35 mg, dexmethylphenidate hcl cap er 24 hr 40 mg, dexmethylphenidate hcl cap er 24 hr 5 mg)</i>	1	QL 30 / 30 day(s)
<i>dexmethylphenidate hcl (dexmethylphenidate hcl tab 2.5 mg, dexmethylphenidate hcl tab 5 mg, dexmethylphenidate hcl tab 10 mg)</i>	1	QL 60 / 30 day(s)
<i>methylphenidate hcl (methylphenidate hcl cap er 10 mg (cd), methylphenidate hcl cap er 20 mg (cd), methylphenidate hcl cap er 24hr 30 mg (la), methylphenidate hcl cap er 24hr 40 mg (la), methylphenidate hcl cap er 30 mg (cd), methylphenidate hcl cap er 40 mg (cd), methylphenidate hcl cap er 50 mg (cd), methylphenidate hcl cap er 60 mg (cd))</i>	2	QL 30 / 30 day(s)
<i>methylphenidate hcl (methylphenidate hcl tab 5 mg, methylphenidate hcl tab 10 mg, methylphenidate hcl tab 20 mg)</i>	1	QL 90 / 30 day(s)
<i>methylphenidate hcl (methylphenidate hcl tab er 10 mg, methylphenidate hcl tab er 20 mg, methylphenidate hcl tab er osmotic release (osm) 27 mg)</i>	1	QL 30 / 30 days
<i>methylphenidate hcl (methylphenidate hcl tab er diffusion 27 mg, methylphenidate hcl tab er diffusion 54 mg, methylphenidate hcl tab er osmotic release (osm) 18 mg, methylphenidate hcl tab er osmotic release (osm) 54 mg)</i>	1	QL 30 / 30 day(s)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL 30 / 30 day(s) QLC 30 / 30 days
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 27 MG TAB ER 24H, METHYLPHENIDATE HCL ER 54 MG TAB ER 24H)	1	QL 30 / 30 days
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	1	QL 30 / 30 day(s)
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	1	QL 60 / 30 days
METHYLPHENIDATE HCL ER(DIFFUS) (METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER, METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER)	1	QL 30 / 30 day(s)
METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER	1	QL 60 / 30 day(s)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL 900 / 30 day(s)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL 450 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl tab er diffusion 36 mg</i>	1	QL 60 / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL 60 / 30 days
<i>modafinil</i>	1	QL 30 / 30 day(s)
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - CO'S		
CO Q-10	1	OTC Over the Counter
<i>coenzyme q10 (ubidecarenone) (coenzyme q10 cap 100 mg, coenzyme q10 cap 200 mg, coenzyme q10 cap 30 mg, coenzyme q10 cap 400 mg, coenzyme q10 cap 50 mg, coenzyme q10 cap 60 mg)</i>	1	OTC Over the Counter
COQ-10	1	OTC Over the Counter
ALTERNATIVE MEDICINE - KR'S		
<i>krill oil (*krill oil cap 300 mg***, *krill oil cap 350 mg***, *krill oil cap 500 mg***, *krill oil cap 1000 mg***, krill oil)</i>	1	OTC Over the Counter
ALTERNATIVE MEDICINE - ME'S		
<i>melatonin (melatonin tab 1 mg, melatonin tab 3 mg, melatonin tab 5 mg, melatonin tab 10 mg)</i>	1	OTC Over the Counter
ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS		
MELATONIN 3-10 MG TAB	1	OTC Over the Counter
AMINOGLYCOSIDES		
<i>neomycin sulfate</i>	1	
<i>tobramycin</i>	3	S
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	1	QL 2 / 28 day(s) PA S
ADALIMUMAB-ADB (2 PEN) 40 MG/0.4ML AUT-IJ KIT	1	QL 2 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	1	<p>QL 2 / 28 days</p> <p>PA</p> <p>S</p>
ADALIMUMAB-ADBM (2 SYRINGE) (ADALIMUMAB-ADBM (2 SYRINGE) 10 MG/0.2ML PREF SY KT, ADALIMUMAB-ADBM (2 SYRINGE) 20 MG/0.4ML PREF SY KT, ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	1	<p>QL 2 / 28 days</p> <p>PA</p> <p>S</p>
ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.4ML PREF SY KT	1	<p>QL 2 / 28 day(s)</p> <p>PA</p> <p>S</p>
ADALIMUMAB-ADBM(CD/UC/HS STRT)	1	<p>PA</p> <p>S</p> <p>QLC 6 / 180 days</p>
ADALIMUMAB-ADBM(PS/UV STARTER)	1	<p>PA</p> <p>S</p> <p>QLC 4 / 180 days</p>
ADALIMUMAB-FKJP (2 PEN)	1	<p>QL 2 / 28 days</p> <p>PA</p> <p>S</p>
ADALIMUMAB-FKJP (2 SYRINGE)	1	<p>QL 2 / 28 days</p> <p>PA</p> <p>S</p>
<b>CYCLOOXYGENASE 2 (COX-2) INHIBITORS</b>		
<i>celecoxib (celecoxib cap 50 mg, celecoxib cap 200 mg)</i>	1	<p>QL 60 / 30 day(s)</p>
<i>celecoxib cap 100 mg</i>	1	<p>QL 90 / 30 day(s)</p>
<i>celecoxib cap 400 mg</i>	1	<p>QL 30 / 30 day(s)</p>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR)	1	<p>QL 3.6 / 28 day(s)</p> <p>PA</p> <p>S</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ADVIL JUNIOR STRENGTH	1	OTC Over the Counter
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium (diclofenac sodium tab delayed release 25 mg, diclofenac sodium tab delayed release 50 mg, diclofenac sodium tab delayed release 75 mg, diclofenac sodium tab er 24hr 100 mg)</i>	1	
<i>etodolac (etodolac cap 200 mg, etodolac cap 300 mg, etodolac tab 400 mg, etodolac tab 500 mg)</i>	1	
<i>ibuprofen (ibuprofen chew tab 100 mg, ibuprofen susp 100 mg/5ml, ibuprofen tab 100 mg, ibuprofen tab 200 mg, ibuprofen tab 400 mg, ibuprofen tab 600 mg, ibuprofen tab 800 mg)</i>	1	
<i>indomethacin (indomethacin cap 25 mg, indomethacin cap 50 mg, indomethacin cap er 75 mg)</i>	1	
<i>meloxicam tab 15 mg</i>	1	QL 30 / 30 days
<i>meloxicam tab 7.5 mg</i>	1	QL 60 / 30 days
<i>nabumetone</i>	1	
<i>naproxen (naproxen tab 250 mg, naproxen tab 375 mg, naproxen tab 500 mg)</i>	1	
<i>naproxen sodium tab 220 mg</i>	1	OTC Over the Counter
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESICS OTHER</b>		
<i>acetaminophen (acetaminophen disintegrating tab 80 mg, acetaminophen disintegrating tab 160 mg, acetaminophen susp 160 mg/5ml, acetaminophen tab 325 mg, acetaminophen tab 500 mg, acetaminophen tab er 650 mg)</i>	1	OTC Over the Counter
<b>ANALGESICS-SEDATIVES</b>		
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL 180 / 30 day(s)
<i>butalbital-aspirin-caffeine</i>	1	QL 180 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SALICYLATES</b>		
<i>aspirin (aspirin chew tab 81 mg, aspirin tab 325 mg, aspirin tab delayed release 81 mg, aspirin tab delayed release 325 mg)</i>	1	OTC Over the Counter
<i>diflunisal</i>	1	
<b>ANALGESICS - OPIOID</b>		
<b>CODEINE COMBINATIONS</b>		
<i>acetaminophen w/ codeine (acetaminophen w/ codeine tab 300-15 mg, acetaminophen w/ codeine tab 300-30 mg)</i>	1	QL 360 / 30 day(s) AL1 At least 12 yrs old
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL 180 / 30 day(s) AL1 At least 12 yrs old
<b>HYDROCODONE COMBINATIONS</b>		
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen tab 7.5-325 mg, hydrocodone-acetaminophen tab 10-325 mg)</i>	1	QL 180 / 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL 3600 / 30 day(s) PA
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL 360 / 30 day(s)
<i>hydrocodone-ibuprofen</i>	1	QL 150 / 30 day(s)
<b>OPIOID AGONISTS</b>		
<i>fentanyl (fentanyl td patch 72hr 100 mcg/hr, fentanyl td patch 72hr 12 mcg/hr, fentanyl td patch 72hr 25 mcg/hr, fentanyl td patch 72hr 50 mcg/hr, fentanyl td patch 72hr 75 mcg/hr)</i>	1	QL 15 / 30 day(s) PA
<i>hydromorphone hcl (hydromorphone hcl tab 4 mg, hydromorphone hcl tab 8 mg)</i>	1	QL 180 / 30 day(s) AL1 At least 18 yrs old
<i>hydromorphone hcl tab 2 mg</i>	1	QL 180 / 30 day(s)
<i>methadone hcl (methadone hcl tab 5 mg, methadone hcl tab 10 mg)</i>	1	QL 90 / 30 day(s)
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate tab 15 mg)</i>	1	QL 240 / 30 day(s)
<i>morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate tab 30 mg)</i>	1	QL 180 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (morphine sulfate tab er 15 mg, morphine sulfate tab er 30 mg, morphine sulfate tab er 60 mg, morphine sulfate tab er 100 mg, morphine sulfate tab er 200 mg)</i>	1	QL 90 / 30 day(s)
<i>oxycodone hcl (oxycodone hcl tab 15 mg, oxycodone hcl tab 20 mg, oxycodone hcl tab 30 mg)</i>	1	QL 180 / 30 day(s) AL1 At least 18 yrs old
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL 900 / 30 days PA
<i>oxycodone hcl tab 10 mg</i>	1	QL 180 / 30 day(s)
<i>oxycodone hcl tab 5 mg</i>	1	QL 360 / 30 day(s)
<i>tramadol hcl (tramadol hcl tab er 24hr 100 mg, tramadol hcl tab er 24hr 200 mg, tramadol hcl tab er 24hr 300 mg)</i>	1	QL 30 / 30 day(s) AL1 At least 18 yrs old
<i>tramadol hcl tab 50 mg</i>	1	QL 240 / 30 day(s) AL1 At least 18 yrs old
<b>OPIOID COMBINATIONS</b>		
<i>oxycodone w/ acetaminophen (oxycodone w/ acetaminophen tab 2.5-325 mg, oxycodone w/ acetaminophen tab 5-325 mg)</i>	1	QL 360 / 30 day(s) AL1 At least 18 yrs old
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL 180 / 30 day(s) AL1 At least 18 yrs old
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL 240 / 30 day(s) AL1 At least 18 yrs old
<b>OPIOID PARTIAL AGONISTS</b>		
<i>buprenorphine hcl (buprenorphine hcl sl tab 2 mg (base equiv), buprenorphine hcl sl tab 8 mg (base equiv))</i>	1	QLC 15 / 90 day(s)
<i>buprenorphine hcl-naloxone hcl dihydrate (buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv))</i>	1	QL 90 / 30 day(s)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL 60 / 30 days
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL 90 / 30 day(s)
<b>TRAMADOL COMBINATIONS</b>		
<i>tramadol-acetaminophen</i>	1	QL 240 / 30 day(s) AL1 At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol</i>	1	
<i>testosterone (testosterone td gel 12.5 mg/act (1%), testosterone td gel 50 mg/5gm (1%))</i>	2	QL 300 / 30 day(s)
TESTOSTERONE 50 MG/5GM (1%) GEL	2	QL 300 / 30 days
<i>testosterone cypionate</i>	1	QL 10 / 28 day(s)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	QL 5 / 28 days
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	QL 150 / 30 day(s)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL 150 / 30 day(s)
<i>testosterone td soln 30 mg/act</i>	2	QL 180 / 30 day(s)
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>hydrocortisone (intrarectal)</i>	1	
<b>RECTAL COMBINATIONS - MISC.</b>		
HEMORRHOIDAL 0.25-3-85.5 % SUPPOS	1	OTC Over the Counter
<i>phenylephrine-cocoa butter (phenylephrine-cocoa butter suppos 0.25-85.39%, phenylephrine-cocoa butter suppos 0.25-88.44%)</i>	1	OTC Over the Counter
<i>phenylephrine-mineral oil-petrolatum</i>	1	OTC Over the Counter
<i>phenylephrine-shark liver oil-cocoa butter</i>	1	OTC Over the Counter
<i>phenylephrine-witch hazel</i>	1	OTC Over the Counter
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>lidocaine (anorectal)</i>	1	OTC Over the Counter
<b>RECTAL STEROIDS</b>		
ANUCORT-HC	1	
HEMMOREX-HC 25 MG SUPPOS	1	
HYDROCORTISONE (PERIANAL)	1	QL 85.2 / 30 days
<i>hydrocortisone (rectal)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE ACETATE 25 MG SUPPOS	1	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
PREPARATION H 1 % CREAM	1	<span>QL</span> 78 / 30 days <span>OTC</span> Over the Counter
PREPARATION H SOOTHING RELIEF 1 % CREAM	1	<span>QL</span> 78 / 30 days <span>OTC</span> Over the Counter
<b>ANTACIDS</b>		
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate (antacid) (sodium bicarbonate tab 325 mg, sodium bicarbonate tab 650 mg)</i>	1	<span>OTC</span> Over the Counter
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (antacid) chew tab 500 mg</i>	1	<span>OTC</span> Over the Counter
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1	
BENZNIDAZOLE	1	
<i>ivermectin</i>	1	<span>PA</span>
<i>praziquantel</i>	1	
<i>pyrantel pamoate</i>	1	<span>OTC</span> Over the Counter
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>metronidazole (metronidazole tab 250 mg, metronidazole tab 500 mg)</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim (trimethoprim, trimethoprim 100 mg tab)</i>	1	
XIFAXAN 200 MG TAB	2	<span>QL</span> 9 / Rx <span>AL1</span> At least 12 yrs old
XIFAXAN 550 MG TAB	2	<span>AL1</span> At least 12 yrs old <span>QLC</span> 42 / 60 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim susp 200-40 mg/5ml, sulfamethoxazole-trimethoprim tab 400-80 mg, sulfamethoxazole-trimethoprim tab 800-160 mg)</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA 100 MG/5ML RECON SUSP	1	QL 300 / 90 day(s)
<i>atovaquone</i>	1	
<i>nitazoxanide</i>	1	
<b>GLYCOPEPTIDES</b>		
<i>vancomycin hcl (vancomycin hcl cap 125 mg (base equivalent), vancomycin hcl cap 250 mg (base equivalent), vancomycin hcl for oral soln 50 mg/ml (base equivalent))</i>	1	
<b>LEPROSTATICS</b>		
<i>dapsone</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	1	QL 120 / 30 day(s)
<i>clindamycin palmitate hydrochloride</i>	1	QL 2100 / 30 day(s)
<b>METHENAMINE COMBOS</b>		
<i>methenamine-sodium salicylate</i>	1	OTC Over the Counter
<b>MONOBACTAMS</b>		
CAYSTON	3	S
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	2	QL 900 / 30 day(s)
<i>linezolid tab 600 mg</i>	2	QL 60 / 30 day(s)
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine</i>	1	QL 60 / 30 day(s)
<b>NITRATES</b>		
<i>isosorbide dinitrate (isosorbide dinitrate tab 5 mg, isosorbide dinitrate tab 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tab 30 mg)</i>	1	
<i>isosorbide mononitrate (isosorbide mononitrate tab 10 mg, isosorbide mononitrate tab 20 mg, isosorbide mononitrate tab er 24hr 120 mg, isosorbide mononitrate tab er 24hr 30 mg, isosorbide mononitrate tab er 24hr 60 mg)</i>	1	
<i>nitroglycerin (nitroglycerin sl tab 0.3 mg, nitroglycerin sl tab 0.4 mg, nitroglycerin sl tab 0.6 mg, nitroglycerin td patch 24hr 0.1 mg/hr, nitroglycerin td patch 24hr 0.2 mg/hr, nitroglycerin td patch 24hr 0.4 mg/hr, nitroglycerin td patch 24hr 0.6 mg/hr)</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	
<b>ANTIANKXIETY AGENTS</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>buspirone hcl (buspirone hcl tab 5 mg, buspirone hcl tab 10 mg, buspirone hcl tab 15 mg, buspirone hcl tab 30 mg)</i>	1	
<i>hydroxyzine hcl (hydroxyzine hcl syrup 10 mg/5ml, hydroxyzine hcl tab 10 mg, hydroxyzine hcl tab 25 mg, hydroxyzine hcl tab 50 mg)</i>	1	AL1 At least 2 yrs old
<i>hydroxyzine pamoate</i>	1	AL1 At least 2 yrs old
<b>BENZODIAZEPINES</b>		
<i>alprazolam (alprazolam tab 0.25 mg, alprazolam tab 0.5 mg, alprazolam tab 1 mg)</i>	1	QL 120 / 30 day(s)
<i>alprazolam (alprazolam tab er 24hr 0.5 mg, alprazolam tab er 24hr 1 mg, alprazolam tab er 24hr 2 mg, alprazolam tab er 24hr 3 mg)</i>	1	QL 30 / 30 days
<i>alprazolam tab 2 mg</i>	1	QL 150 / 30 days
<i>clorazepate dipotassium tab 15 mg</i>	1	QL 180 / 30 day(s)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL 720 / 30 day(s)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL 360 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam (diazepam conc 5 mg/ml, diazepam oral soln 1 mg/ml)</i>	1	
<i>diazepam tab 10 mg</i>	1	QL 120 / 30 days
<i>diazepam tab 2 mg</i>	1	QL 600 / 30 days
<i>diazepam tab 5 mg</i>	1	QL 240 / 30 days
<i>lorazepam (lorazepam conc 2 mg/ml, lorazepam tab 2 mg)</i>	1	QL 150 / 30 day(s)
<i>lorazepam (lorazepam tab 0.5 mg, lorazepam tab 1 mg)</i>	1	QL 90 / 30 day(s)
<i>oxazepam</i>	1	QL 120 / 30 day(s)
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	1	
NORPACE CR	1	
<i>quinidine gluconate</i>	1	
QUINIDINE SULFATE	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl (propafenone hcl cap er 12hr 225 mg, propafenone hcl cap er 12hr 325 mg, propafenone hcl cap er 12hr 425 mg, propafenone hcl tab 150 mg, propafenone hcl tab 225 mg, propafenone hcl tab 300 mg)</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (amiodarone hcl tab 100 mg, amiodarone hcl tab 200 mg, amiodarone hcl tab 400 mg)</i>	1	
<i>dofetilide</i>	1	
MULTAQ	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ADRENERGIC COMBINATIONS</b>		
ANORO ELLIPTA	1	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BREO ELLIPTA	1	QL 60 / 30 day(s)
BREZTRI AEROSPHERE	1	QL 10.7 / 30 day(s)
<i>budesonide-formoterol fumarate dihydrate</i>	1	QL 10.3 / 30 day(s)
DULERA	1	QL 13 / 30 days
<i>fluticasone-salmeterol</i>	1	QL 60 / 30 day(s)
<i>ipratropium-albuterol</i>	1	
STIOLTO RESPIMAT	1	QL 4 / 30 day(s)
TRELEGY ELLIPTA	1	QL 60 / 30 day(s)
<b>BETA ADRENERGICS</b>		
<i>albuterol sulfate (albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv))</i>	1	QL 540 / 30 day(s)
<i>albuterol sulfate (albuterol sulfate syrup 2 mg/5ml, albuterol sulfate tab 2 mg, albuterol sulfate tab 4 mg)</i>	1	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	1	QL 36 / 30 day(s)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	1	QL 36 / 30 day(s)
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	1	QL 36 / 30 day(s)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL 36 / 30 day(s)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL 540 / 30 days
<i>arformoterol tartrate</i>	1	QL 120 / 30 day(s)
<i>levalbuterol hcl (levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv), levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv), levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv))</i>	1	QL 540 / 30 days ST ST1 Must try albuterol
LEVALBUTEROL TARTRATE	1	QL 30 / 30 days ST ST1 Must try albuterol
STRIVERDI RESPIMAT	1	QL 4 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
INCRUSE ELLIPTA	1	QL 30 / 30 day(s)
<i>ipratropium bromide</i>	1	QL 375 / 30 day(s)
SPIRIVA HANDIHALER	1	QL 30 / 30 days
SPIRIVA RESPIMAT	1	QL 4 / 30 day(s)
<b>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</b>		
FASENRA 10 MG/0.5ML SOLN PRSYR	1	QL 1 / 56 day(s) PA AL1 At least 6 yrs old S
FASENRA 30 MG/ML SOLN PRSYR	1	QL 1 / 56 day(s) PA AL1 At least 12 yrs old S
FASENRA PEN	1	QL 1 / 56 day(s) PA AL1 At least 12 yrs old S
NUCALA (NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	1	QL 3 / 28 day(s) PA AL1 At least 12 yrs old S
NUCALA 40 MG/0.4ML SOLN PRSYR	1	QL 0.4 / 28 days PA AL1 At least 6 yrs old S
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast sodium (montelukast sodium chew tab 4 mg (base equiv), montelukast sodium chew tab 5 mg (base equiv), montelukast sodium tab 10 mg (base equiv))</i>	1	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	1	QL 30 / 30 day(s)
ASMANEX (120 METERED DOSES)	1	QL 1 / 30 day(s)
ASMANEX (30 METERED DOSES)	1	QL 1 / 30 day(s)
ASMANEX (60 METERED DOSES)	1	QL 1 / 30 day(s)
ASMANEX HFA (ASMANEX HFA 100 MCG/ACT AEROSOL, ASMANEX HFA 200 MCG/ACT AEROSOL)	1	QL 13 / 30 day(s)
ASMANEX HFA 50 MCG/ACT AEROSOL	1	QL 13 / 30 day(s) AL1 Up to 12 yrs old
<i>budesonide (inhalation)</i>	1	QL 240 / 30 days
<i>fluticasone propionate hfa</i>	2	QL 10.6 / 30 days
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	2	QL 12 / 30 day(s)
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	2	QL 24 / 30 day(s)
<b>XANTHINES</b>		
<i>theophylline (theophylline tab er 24hr 400 mg, theophylline tab er 24hr 600 mg)</i>	1	
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>warfarin sodium</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS (1.5 MG PACK)	1	QL 420 / 28 days
ELIQUIS (2 MG PACK)	1	QL 560 / 28 days
ELIQUIS 0.15 MG CAP SPRINK	1	QL 84 / 28 days
ELIQUIS 0.5 MG TAB SOL	1	QL 140 / 28 days
ELIQUIS 2.5 MG TAB	1	QL 60 / 30 day(s)
ELIQUIS 5 MG TAB	1	QL 74 / 30 day(s)
ELIQUIS DVT/PE STARTER PACK	1	QLC 74 / 180 day(s)
<i>rivaroxaban tab 2.5 mg</i>	1	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO (XARELTO 10 MG TAB, XARELTO 20 MG TAB)	1	QL 30 / 30 day(s)
XARELTO (XARELTO 2.5 MG TAB, XARELTO 15 MG TAB)	1	QL 60 / 30 day(s)
XARELTO 1 MG/ML RECON SUSP	1	QL 620 / 30 days
XARELTO STARTER PACK	1	QLC 51 / 180 days
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>heparin sodium (porcine) (heparin sodium (porcine) inj 5000 unit/ml, heparin sodium (porcine) inj 10000 unit/ml, heparin sodium (porcine) inj 20000 unit/ml, heparin sodium (porcine) pf inj 5000 unit/0.5ml)</i>	1	
<b>LOW MOLECULAR WEIGHT HEPARINS</b>		
<i>enoxaparin sodium (enoxaparin sodium inj soln pref syr 30 mg/0.3ml, enoxaparin sodium inj soln pref syr 40 mg/0.4ml, enoxaparin sodium inj soln pref syr 60 mg/0.6ml, enoxaparin sodium inj soln pref syr 80 mg/0.8ml, enoxaparin sodium inj soln pref syr 100 mg/ml, enoxaparin sodium inj soln pref syr 120 mg/0.8ml, enoxaparin sodium inj soln pref syr 150 mg/ml)</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	QLC 30 / 90 day(s)
<b>SYNTHETIC HEPARINOID-LIKE AGENTS</b>		
<i>fondaparinux sodium</i>	1	
<b>THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE</b>		
<i>dabigatran etexilate mesylate (dabigatran etexilate mesylate cap 75 mg (etexilate base eq), dabigatran etexilate mesylate cap 150 mg (etexilate base eq))</i>	1	QL 60 / 30 day(s)
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (clobazam suspension 2.5 mg/ml, clobazam tab 10 mg, clobazam tab 20 mg)</i>	1	
<i>clonazepam (clonazepam orally disintegrating tab 0.125 mg, clonazepam orally disintegrating tab 0.25 mg, clonazepam orally disintegrating tab 0.5 mg, clonazepam orally disintegrating tab 1 mg, clonazepam tab 0.5 mg, clonazepam tab 1 mg)</i>	1	QL 90 / 30 day(s)
<i>clonazepam (clonazepam orally disintegrating tab 2 mg, clonazepam tab 2 mg)</i>	1	QL 300 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam (anticonvulsant) (diazepam rectal gel delivery system 10 mg, diazepam rectal gel delivery system 20 mg)</i>	1	
NAYZILAM	1	PA ST AL1 At least 12 yrs old
VALTOCO 10 MG DOSE	1	PA ST AL1 At least 2 yrs old
VALTOCO 15 MG DOSE	1	PA ST AL1 At least 2 yrs old
VALTOCO 20 MG DOSE	1	PA ST AL1 At least 2 yrs old
VALTOCO 5 MG DOSE	1	PA ST AL1 At least 2 yrs old
<b>ANTICONVULSANTS - MISC.</b>		
<i>carbamazepine (carbamazepine cap er 12hr 100 mg, carbamazepine cap er 12hr 200 mg, carbamazepine cap er 12hr 300 mg, carbamazepine chew tab 100 mg, carbamazepine susp 100 mg/5ml, carbamazepine tab 200 mg, carbamazepine tab er 12hr 100 mg, carbamazepine tab er 12hr 200 mg, carbamazepine tab er 12hr 400 mg)</i>	1	
<i>gabapentin (gabapentin cap 100 mg, gabapentin cap 300 mg, gabapentin cap 400 mg)</i>	1	QL 270 / 30 day(s)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL 2160 / 30 day(s)
<i>gabapentin tab 600 mg</i>	1	QL 180 / 30 day(s)
<i>gabapentin tab 800 mg</i>	1	QL 150 / 30 day(s)
<i>lacosamide (lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine (lamotrigine tab 25 mg, lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit, lamotrigine tab 35 x 25 mg starter kit, lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit, lamotrigine tab 100 mg, lamotrigine tab 150 mg, lamotrigine tab 200 mg, lamotrigine tab chewable dispersible 5 mg, lamotrigine tab chewable dispersible 25 mg, lamotrigine tab er 24hr 100 mg, lamotrigine tab er 24hr 200 mg, lamotrigine tab er 24hr 25 mg, lamotrigine tab er 24hr 250 mg, lamotrigine tab er 24hr 300 mg, lamotrigine tab er 24hr 50 mg)</i>	1	
<i>levetiracetam (levetiracetam tab 250 mg, levetiracetam tab 500 mg, levetiracetam tab 750 mg, levetiracetam tab 1000 mg, levetiracetam tab er 24hr 500 mg, levetiracetam tab er 24hr 750 mg)</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	QL 946 / 30 day(s)
<i>oxcarbazepine (oxcarbazepine susp 300 mg/5ml (60 mg/ml), oxcarbazepine tab 150 mg, oxcarbazepine tab 300 mg, oxcarbazepine tab 600 mg)</i>	1	
<i>pregabalin (pregabalin cap 225 mg, pregabalin cap 300 mg)</i>	1	QL 60 / 30 day(s)
<i>pregabalin (pregabalin cap 25 mg, pregabalin cap 50 mg, pregabalin cap 75 mg, pregabalin cap 100 mg, pregabalin cap 150 mg, pregabalin cap 200 mg)</i>	1	QL 90 / 30 day(s)
<i>pregabalin soln 20 mg/ml</i>	1	QL 900 / 30 day(s)
<i>primidone</i>	1	
<i>rufinamide (rufinamide susp 40 mg/ml, rufinamide tab 200 mg, rufinamide tab 400 mg)</i>	1	
<i>topiramate (topiramate cap er 24hr sprinkle 100 mg, topiramate cap er 24hr sprinkle 150 mg, topiramate cap er 24hr sprinkle 25 mg, topiramate cap er 24hr sprinkle 50 mg)</i>	1	QL 30 / 30 day(s) PA
<i>topiramate (topiramate tab 25 mg, topiramate tab 50 mg, topiramate tab 100 mg, topiramate tab 200 mg)</i>	1	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	QL 60 / 30 day(s) PA
<i>zonisamide</i>	1	
<b>CARBAMATES</b>		
<i>felbamate (felbamate susp 600 mg/5ml, felbamate tab 400 mg, felbamate tab 600 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	3	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div>180 / 30 day(s)</div> </div>
<b>HYDANTOINS</b>		
<i>phenytoin (phenytoin chew tab 50 mg, phenytoin susp 125 mg/5ml)</i>	1	
<i>phenytoin sodium extended</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide (ethosuximide cap 250 mg, ethosuximide soln 250 mg/5ml)</i>	1	
<b>VALPROIC ACID</b>		
<i>divalproex sodium (divalproex sodium cap delayed release sprinkle 125 mg, divalproex sodium tab delayed release 125 mg, divalproex sodium tab delayed release 250 mg, divalproex sodium tab delayed release 500 mg, divalproex sodium tab er 24 hr 250 mg, divalproex sodium tab er 24 hr 500 mg)</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	1	
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl (bupropion hcl tab 75 mg, bupropion hcl tab 100 mg, bupropion hcl tab er 12hr 100 mg, bupropion hcl tab er 12hr 150 mg, bupropion hcl tab er 12hr 200 mg, bupropion hcl tab er 24hr 150 mg, bupropion hcl tab er 24hr 300 mg)</i>	1	
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> </div> <div>28 / 365 days</div> </div>
ZURZUVAE 30 MG CAP	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> </div> <div>14 / 365 days</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE 15 MG TAB	1	QL 180 / 30 day(s)
<i>tranylcypromine sulfate</i>	1	QL 180 / 30 day(s)
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide (citalopram hydrobromide tab 10 mg (base equiv), citalopram hydrobromide tab 20 mg (base equiv), citalopram hydrobromide tab 40 mg (base equiv))</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	QL 600 / 30 day(s)
<i>escitalopram oxalate (escitalopram oxalate tab 5 mg (base equiv), escitalopram oxalate tab 10 mg (base equiv), escitalopram oxalate tab 20 mg (base equiv))</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	QL 600 / 30 day(s)
<i>fluoxetine hcl (fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg)</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	QL 600 / 30 day(s)
<i>fluvoxamine maleate (fluvoxamine maleate tab 25 mg, fluvoxamine maleate tab 50 mg, fluvoxamine maleate tab 100 mg)</i>	1	
<i>paroxetine hcl (paroxetine hcl tab 10 mg, paroxetine hcl tab 20 mg, paroxetine hcl tab 30 mg, paroxetine hcl tab 40 mg, paroxetine hcl tab er 24hr 12.5 mg, paroxetine hcl tab er 24hr 25 mg, paroxetine hcl tab er 24hr 37.5 mg)</i>	1	
<i>sertraline hcl (sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg)</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	QL 300 / 30 day(s)
<b>SEROTONIN MODULATORS</b>		
<i>trazodone hcl (trazodone hcl tab 50 mg, trazodone hcl tab 100 mg, trazodone hcl tab 150 mg)</i>	1	
<i>vilazodone hcl</i>	1	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>duloxetine hcl (duloxetine hcl enteric coated pellets cap 20 mg (base eq), duloxetine hcl enteric coated pellets cap 30 mg (base eq), duloxetine hcl enteric coated pellets cap 60 mg (base eq))</i>	1	
<i>venlafaxine hcl (venlafaxine hcl cap er 24hr 150 mg (base equivalent), venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), venlafaxine hcl cap er 24hr 75 mg (base equivalent), venlafaxine hcl tab 25 mg (base equivalent), venlafaxine hcl tab 37.5 mg (base equivalent), venlafaxine hcl tab 50 mg (base equivalent), venlafaxine hcl tab 75 mg (base equivalent), venlafaxine hcl tab 100 mg (base equivalent))</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (doxepin hcl 10 mg/ml conc, doxepin hcl cap 10 mg, doxepin hcl cap 25 mg, doxepin hcl cap 50 mg, doxepin hcl cap 75 mg, doxepin hcl cap 100 mg, doxepin hcl cap 150 mg, doxepin hcl conc 10 mg/ml)</i>	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (nortriptyline hcl cap 10 mg, nortriptyline hcl cap 25 mg, nortriptyline hcl cap 50 mg, nortriptyline hcl cap 75 mg)</i>	1	
<i>trimipramine maleate</i>	2	
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tab 100 mg</i>	1	QL 90 / 30 day(s)
<i>acarbose tab 25 mg</i>	1	QL 360 / 30 day(s)
<i>acarbose tab 50 mg</i>	1	QL 180 / 30 day(s)
<b>MIGLITOL</b>	1	QL 90 / 30 day(s)
<b>BIGUANIDES</b>		
<i>metformin hcl (metformin hcl oral soln 500 mg/5ml, metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg)</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL 120 / 30 day(s)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIABETIC OTHER		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
CVS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
DEX4 QUICK DISSOLVE GLUCOSE	1	OTC Over the Counter
<i>dextrose (diabetic use) (glucose chew tab 4 gm (rounded), glucose gel 40%)</i>	1	OTC Over the Counter
<i>diazoxide</i>	2	
<i>glucagon</i>	1	
GLUCAGON EMERGENCY	1	
<i>glucagon emergency 1 mg kit</i>	1	
GNP QUICK DISSOLVE GLUCOSE	1	OTC Over the Counter
LEADER QUICK DISSOLVE GLUCOSE	1	OTC Over the Counter
SM GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
TRUEPLUS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
TRUEPLUS GLUCOSE ON THE GO	1	OTC Over the Counter
DIABETIC OTHER - COMBINATIONS		
CVS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4	1	OTC Over the Counter
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 NATURALS	1	OTC Over the Counter
DEX4 POUCH PACK	1	OTC Over the Counter
GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
GLUCOSE INSTANT ENERGY	1	OTC Over the Counter
<i>glucose-vitamin c</i>	1	OTC Over the Counter
GNP GLUCOSE	1	OTC Over the Counter
GOODSENSE GLUCOSE	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KROGER GLUCOSE	1	OTC Over the Counter
LEADER GLUCOSE	1	OTC Over the Counter
LONGS GLUCOSE	1	OTC Over the Counter
MEIJER GLUCOSE	1	OTC Over the Counter
PREFERRED PLUS GLUCOSE	1	OTC Over the Counter
PX GLUCOSE	1	OTC Over the Counter
RA GLUCOSE	1	OTC Over the Counter
RELION GLUCOSE	1	OTC Over the Counter
SM GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
SMART SENSE GLUCOSE	1	OTC Over the Counter
TGT GLUCOSE	1	OTC Over the Counter
UP & UP GLUCOSE	1	OTC Over the Counter
VALUE PLUS GLUCOSE	1	OTC Over the Counter
WALGREENS GLUCOSE	1	OTC Over the Counter
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	1	QL 30 / 30 day(s)
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
JANUMET	1	QL 60 / 30 day(s)
JANUMET XR (JANUMET XR 50-500 MG TAB ER 24H, JANUMET XR 100-1000 MG TAB ER 24H)	1	QL 30 / 30 day(s)
JANUMET XR 50-1000 MG TAB ER 24H	1	QL 60 / 30 day(s)
HUMAN INSULIN		
HUMULIN R U-500 (CONCENTRATED)	1	QL 100 / 30 day(s)
HUMULIN R U-500 KWIKPEN	1	QL 100 / 30 day(s)
INSULIN GLARGINE MAX SOLOSTAR	1	QL 100 / 30 days
INSULIN GLARGINE SOLOSTAR	1	QL 100 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN GLARGINE-YFGN	1	QL 100 / 30 day(s)
INSULIN LISPRO	1	QL 100 / 30 day(s)
LANTUS	1	QL 100 / 30 day(s)
LANTUS SOLOSTAR	1	QL 100 / 30 day(s)
NOVOLIN 70/30	1	QL 100 / 30 day(s) OTC Over the Counter
NOVOLIN 70/30 FLEXPEN	1	QL 100 / 30 day(s) OTC Over the Counter
NOVOLIN N	1	QL 100 / 30 day(s) OTC Over the Counter
NOVOLIN N FLEXPEN	1	QL 100 / 30 day(s) OTC Over the Counter
NOVOLIN R	1	QL 100 / 30 day(s) OTC Over the Counter
NOVOLIN R FLEXPEN	1	QL 100 / 30 day(s) OTC Over the Counter
NOVOLOG	1	QL 100 / 30 day(s)
NOVOLOG FLEXPEN	1	QL 100 / 30 day(s)
NOVOLOG MIX 70/30	1	QL 100 / 30 day(s)
NOVOLOG MIX 70/30 FLEXPEN	1	QL 100 / 30 day(s)
NOVOLOG PENFILL	1	QL 100 / 30 day(s)
TRESIBA	1	QL 100 / 30 day(s)
TRESIBA FLEXTOUCH	1	QL 100 / 30 day(s)
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO	1	QL 2 / 28 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
<i>liraglutide</i>	1	QL 9 / 30 days PA
OZEMPIC	1	QL 30 / 30 day(s) PA
OZEMPIC (0.25 OR 0.5 MG/DOSE)	1	QL 3 / 28 day(s) PA
OZEMPIC (1 MG/DOSE)	1	QL 3 / 28 days PA
OZEMPIC (2 MG/DOSE)	1	QL 3 / 28 day(s) PA
RYBELSUS	1	QL 30 / 30 days PA
TRULICITY	1	QL 2 / 28 day(s) PA
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	QL 90 / 30 day(s)
<i>repaglinide (repaglinide tab 0.5 mg, repaglinide tab 1 mg)</i>	1	QL 120 / 30 day(s)
<i>repaglinide tab 2 mg</i>	1	QL 240 / 30 day(s)
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
BRENZAVVY	1	QL 30 / 30 days
<i>dapagliflozin</i>	1	QL 30 / 30 days
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB</b>		
<i>dapagliflozin free base-metformin hcl (dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg, dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg, dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg)</i>	1	QL 30 / 30 days
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	1	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SULFONYLUREA-BIGUANIDE COMBINATIONS</b>		
<i>glipizide-metformin hcl (glipizide-metformin hcl tab 2.5-500 mg, glipizide-metformin hcl tab 5-500 mg)</i>	1	QL 120 / 30 day(s)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL 240 / 30 day(s)
<i>glyburide-metformin (glyburide-metformin tab 2.5-500 mg, glyburide-metformin tab 5-500 mg)</i>	1	QL 120 / 30 day(s)
<i>glyburide-metformin tab 1.25-250 mg</i>	1	QL 240 / 30 day(s)
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	1	
<i>glipizide (glipizide tab 5 mg, glipizide tab 10 mg, glipizide tab er 24hr 10 mg, glipizide tab er 24hr 2.5 mg, glipizide tab er 24hr 5 mg)</i>	1	
<i>glyburide</i>	1	
<b>GLYBURIDE MICRONIZED</b>		
	1	
<b>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</b>		
<i>pioglitazone hcl-metformin hcl</i>	1	QL 90 / 30 days
<b>THIAZOLIDINEDIONES</b>		
<i>pioglitazone hcl</i>	1	QL 30 / 30 day(s)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
<i>bismuth subsalicylate (bismuth subsalicylate chew tab 262 mg, bismuth subsalicylate susp 262 mg/15ml, bismuth subsalicylate tab 262 mg)</i>	1	OTC Over the Counter
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine</i>	1	
<i>loperamide hcl (loperamide hcl cap 2 mg, loperamide hcl tab 2 mg)</i>	1	OTC Over the Counter
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<b>CHEMET</b>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>deferasirox (deferasirox tab 180 mg, deferasirox tab for oral susp 125 mg, deferasirox tab for oral susp 250 mg, deferasirox tab for oral susp 500 mg)</i>	2	S
<i>deferasirox (deferasirox tab 90 mg, deferasirox tab 360 mg)</i>	1	S
<i>deferiprone tab 500 mg</i>	2	S
FERRIPROX (FERRIPROX 100 MG/ML SOLUTION, FERRIPROX 1000 MG TAB)	3	S
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl (naloxone hcl inj 0.4 mg/ml, naloxone hcl inj 4 mg/10ml, naloxone hcl soln prefilled syringe 2 mg/2ml)</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	QL 2 / rx OTC Over the Counter
<i>naltrexone hcl</i>	1	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl tab 1 mg</i>	2	QL 14 / 30 day(s)
<i>ondansetron</i>	1	QLC 21 / 30 day(s)
<i>ondansetron hcl (ondansetron hcl tab 4 mg, ondansetron hcl tab 8 mg)</i>	1	QLC 21 / 30 day(s)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QLC 100 / 30 day(s)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>dimenhydrinate</i>	1	OTC Over the Counter
<i>meclizine hcl (meclizine hcl chew tab 25 mg, meclizine hcl tab 12.5 mg, meclizine hcl tab 25 mg)</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>dronabinol</i>	2	QL 150 / 30 day(s)
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 125 mg</i>	2	QL 2 / Rx
<i>aprepitant capsule 40 mg</i>	2	QL 1 / Rx

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aprepitant capsule 80 mg</i>	2	QL 6 / Rx
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	QL 6 / day(s)
<b>ANTIFUNGALS</b>		
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>nystatin</i>	1	
<i>terbinafine hcl</i>	1	
<b>IMIDAZOLES</b>		
<i>ketoconazole</i>	1	
<b>TRIAZOLES</b>		
<i>fluconazole (fluconazole for susp 10 mg/ml, fluconazole for susp 40 mg/ml, fluconazole tab 50 mg, fluconazole tab 100 mg, fluconazole tab 200 mg)</i>	1	
<i>fluconazole tab 150 mg</i>	1	QL 30 / 30 day(s)
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	2	
<i>voriconazole (voriconazole tab 50 mg, voriconazole tab 200 mg)</i>	1	QL 120 / 30 day(s)
<i>voriconazole for susp 40 mg/ml</i>	1	QL 600 / 30 day(s)
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
<i>chlorpheniramine maleate tab 4 mg</i>	1	OTC Over the Counter
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate tab 4 mg</i>	1	AL1 At least 6 yrs old
DIPHENHYDRAMINE HCL (DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR, DIPHENHYDRAMINE HCL LIQUID 12.5 MG/5ML, DIPHENHYDRAMINE HCL TAB 25 MG)	1	
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	QL 300 / 30 day(s)
<i>cetirizine hcl tab 10 mg</i>	1	QL 120 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cetirizine hcl tab 5 mg</i>	1	<span>QL</span> 30 / 30 day(s) <span>OTC</span> Over the Counter
<i>desloratadine</i>	1	<span>QL</span> 120 / 30 days
<i>fexofenadine hcl (fexofenadine hcl tab 60 mg, fexofenadine hcl tab 180 mg)</i>	1	<span>OTC</span> Over the Counter
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	<span>QL</span> 900 / 30 day(s)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	<span>QL</span> 120 / 30 days
<i>loratadine (loratadine cap 10 mg, loratadine oral soln 5 mg/5ml, loratadine syrup 5 mg/5ml)</i>	1	<span>OTC</span> Over the Counter
<i>loratadine tab 10 mg</i>	1	<span>QL</span> 120 / 30 days <span>OTC</span> Over the Counter
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (promethazine hcl oral soln 6.25 mg/5ml, promethazine hcl tab 12.5 mg, promethazine hcl tab 25 mg, promethazine hcl tab 50 mg)</i>	1	<span>AL1</span> At least 2 yrs old
<i>promethazine hcl (promethazine hcl suppos 12.5 mg, promethazine hcl suppos 25 mg)</i>	2	<span>AL1</span> At least 2 yrs old
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (cyproheptadine hcl syrup 2 mg/5ml, cyproheptadine hcl tab 4 mg)</i>	1	<span>AL1</span> At least 2 yrs old
<b>ANTHYPERLIPIDEMICS</b>		
<b>ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</b>		
<b>NEXLIZET</b>	1	<span>QL</span> 30 / 30 days
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
<b>NEXLETOL</b>	1	<span>QL</span> 30 / 30 days
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl cap 0.5 gm</i>	1	<span>QL</span> 90 / 30 days
<i>icosapent ethyl cap 1 gm</i>	1	<span>QL</span> 120 / 30 day(s)
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	1	<span>QL</span> 1890 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cholestyramine light powder packets 4 gm</i>	2	QL 120 / 30 day(s)
<i>cholestyramine powder 4 gm/dose</i>	1	QL 1890 / 30 day(s)
<i>cholestyramine powder packets 4 gm</i>	2	QL 120 / 30 day(s)
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (fenofibrate tab 48 mg, fenofibrate tab 54 mg, fenofibrate tab 145 mg, fenofibrate tab 160 mg)</i>	1	QL 30 / 30 days
<i>fenofibrate micronized (fenofibrate micronized cap 67 mg, fenofibrate micronized cap 134 mg, fenofibrate micronized cap 200 mg)</i>	1	QL 30 / 30 day(s)
<i>gemfibrozil</i>	1	QL 60 / 30 day(s)
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (atorvastatin calcium tab 10 mg (base equivalent), atorvastatin calcium tab 20 mg (base equivalent), atorvastatin calcium tab 40 mg (base equivalent), atorvastatin calcium tab 80 mg (base equivalent))</i>	1	ACA Affordable Care Act
<i>lovastatin</i>	1	ACA Affordable Care Act
<i>pravastatin sodium</i>	1	ACA Affordable Care Act
<i>rosuvastatin calcium (rosuvastatin calcium tab 5 mg, rosuvastatin calcium tab 10 mg, rosuvastatin calcium tab 20 mg, rosuvastatin calcium tab 40 mg)</i>	1	ACA Affordable Care Act
<i>simvastatin (simvastatin tab 5 mg, simvastatin tab 10 mg, simvastatin tab 20 mg, simvastatin tab 40 mg, simvastatin tab 80 mg)</i>	1	ACA Affordable Care Act
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	QL 30 / 30 day(s)
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin (antihyperlipidemic) (niacin tab er 750 mg (antihyperlipidemic), niacin tab er 1000 mg (antihyperlipidemic))</i>	1	QL 60 / 30 day(s)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	QL 90 / 30 day(s)
<b>PCSK9 INHIBITORS</b>		
REPATHA	1	QL 2 / 28 day(s)
REPATHA PUSHTRONEX SYSTEM	1	QL 3.5 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPATHA SURECLICK	1	QL 2 / 28 day(s)
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (enalapril maleate oral soln 1 mg/ml, enalapril maleate tab 2.5 mg, enalapril maleate tab 5 mg, enalapril maleate tab 10 mg, enalapril maleate tab 20 mg)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl</i>	3	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	QL 30 / 30 day(s)
<i>amlodipine besylate-valsartan</i>	1	
TELMISARTAN-AMLODIPINE	1	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE</b>		
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil (candesartan cilexetil tab 4 mg, candesartan cilexetil tab 8 mg, candesartan cilexetil tab 16 mg)</i>	1	QL 60 / 30 day(s)
<i>candesartan cilexetil tab 32 mg</i>	1	QL 30 / 30 day(s)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (valsartan tab 40 mg, valsartan tab 80 mg, valsartan tab 160 mg, valsartan tab 320 mg)</i>	1	
<b>ANTIADRENERGICS - CENTRALLY ACTING</b>		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	
<b>ANTIADRENERGICS - PERIPHERALLY ACTING</b>		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTIHYPERTENSIVES - MISC.</b>		
<b>VECAMYL</b>	3	S
<b>BETA BLOCKER &amp; DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol &amp; hydrochlorothiazide (metoprolol &amp; hydrochlorothiazide tab 50-25 mg, metoprolol &amp; hydrochlorothiazide tab 100-25 mg)</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
VASODILATORS		
<i>hydralazine hcl (hydralazine hcl tab 10 mg, hydralazine hcl tab 25 mg, hydralazine hcl tab 50 mg, hydralazine hcl tab 100 mg)</i>	1	
<i>minoxidil</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	2	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate</i>	2	
<i>pyrimethamine</i>	3	S
<i>quinine sulfate</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>pyridostigmine bromide (pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab er 180 mg)</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl</i>	1	
<i>isoniazid (isoniazid tab 100 mg, isoniazid tab 300 mg)</i>	1	
PRIFTIN	1	QL 37.5 / 30 day(s)
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	2	
<i>rifampin (rifampin cap 150 mg, rifampin cap 300 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
MYLERAN	1	S
ANDROGEN BIOSYNTHESIS INHIBITORS		
<i>abiraterone acetate tab 250 mg</i>	1	QL 120 / 30 day(s) S
ANTIADRENALS		
LYSODREN	1	PA S
ANTIANDROGENS		
<i>bicalutamide</i>	1	S
NUBEQA	1	QL 120 / 30 day(s) PA S
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	1	QL 120 / 30 day(s) PA S
XTANDI 80 MG TAB	1	QL 60 / 30 day(s) PA S
ANTIESTROGENS		
<i>tamoxifen citrate</i>	1	ACA Affordable Care Act
ANTIMETABOLITES		
<i>capecitabine</i>	1	S
<i>mercaptopurine tab 50 mg</i>	1	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METHOTREXATE SODIUM (METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM FOR INJ 1 GM, METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML), METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML), METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML), METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV))	1	
ONUREG	3	<ul style="list-style-type: none"> <li>QL 14 / 28 day(s)</li> <li>PA</li> <li>S</li> </ul>
TABLOID	1	<ul style="list-style-type: none"> <li>S</li> </ul>
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP	3	<ul style="list-style-type: none"> <li>QL 64 / 28 days</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	1	<ul style="list-style-type: none"> <li>QL 240 / 30 day(s)</li> <li>PA</li> <li>AL1 At least 18 yrs old</li> <li>S</li> </ul>
LORBRENA 100 MG TAB	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
LORBRENA 25 MG TAB	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>PA</li> <li>S</li> </ul>
TUKYSA 150 MG TAB	1	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUKYSA 50 MG TAB	1	<ul style="list-style-type: none"> <li>QL 300 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	1	<ul style="list-style-type: none"> <li>QL 56 / 28 days</li> <li>PA</li> <li>S</li> </ul>
VENCLEXTA 100 MG TAB	1	<ul style="list-style-type: none"> <li>QL 180 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
VENCLEXTA 50 MG TAB	1	<ul style="list-style-type: none"> <li>QL 28 / 28 days</li> <li>PA</li> <li>S</li> </ul>
VENCLEXTA STARTING PACK	1	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> <li>QLC 42 / 180 day(s)</li> </ul>
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF (BOSULIF 100 MG CAP, BOSULIF 100 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>PA</li> <li>S</li> </ul>
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
BOSULIF 50 MG CAP	1	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>S</li> </ul>
DANZITEN	3	<ul style="list-style-type: none"> <li>QL 112 / 28 days</li> <li>PA</li> <li>S</li> </ul>
<i>dasatinib (dasatinib tab 50 mg, dasatinib tab 70 mg)</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>S</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dasatinib (dasatinib tab 80 mg, dasatinib tab 100 mg, dasatinib tab 140 mg)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 30 / 30 days
<i>dasatinib tab 20 mg</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 90 / 30 days
ICLUSIG	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 30 / 30 days
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 90 / 30 days
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 60 / 30 days
SCSEMBLIX 20 MG TAB	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 60 / 30 day(s)
SCSEMBLIX 40 MG TAB	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 300 / 30 day(s)
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
OJEMDA 100 MG TAB	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 24 / 28 days
OJEMDA 25 MG/ML RECON SUSP	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 96 / 28 days
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 120 / 30 day(s)
TAFINLAR 10 MG TAB SOL	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 840 / 28 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZELBORAF	1	<p>QL 240 / 30 day(s)</p> <p>PA</p> <p>S</p>
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA 160 MG TAB	1	<p>QL 60 / 30 days</p> <p>PA</p> <p>S</p>
BRUKINSA 80 MG CAP	1	<p>QL 120 / 30 day(s)</p> <p>PA</p> <p>S</p>
CALQUENCE	1	<p>QL 60 / 30 days</p> <p>PA</p> <p>S</p>
JAYPIRCA 100 MG TAB	3	<p>QL 60 / 30 days</p> <p>PA</p> <p>S</p>
JAYPIRCA 50 MG TAB	3	<p>QL 90 / 30 days</p> <p>PA</p> <p>S</p>
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (erlotinib hcl tab 100 mg (base equivalent), erlotinib hcl tab 150 mg (base equivalent))</i>	1	<p>QL 30 / 30 day(s)</p> <p>PA</p> <p>S</p>
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1	<p>QL 60 / 30 day(s)</p> <p>PA</p> <p>S</p>
<i>gefitinib</i>	1	<p>QL 30 / 30 day(s)</p> <p>PA</p> <p>S</p>
GILOTRIF	3	<p>QL 30 / 30 day(s)</p> <p>PA</p> <p>S</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAZCLUZE 240 MG TAB	3	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>S</li> </ul>
LAZCLUZE 80 MG TAB	3	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>S</li> </ul>
TAGRISSO	1	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA 3 MG TAB	3	<ul style="list-style-type: none"> <li>QL 84 / 28 days</li> <li>PA</li> <li>S</li> </ul>
BALVERSA 4 MG TAB	3	<ul style="list-style-type: none"> <li>QL 56 / 28 days</li> <li>PA</li> <li>S</li> </ul>
BALVERSA 5 MG TAB	3	<ul style="list-style-type: none"> <li>QL 28 / 28 days</li> <li>PA</li> <li>S</li> </ul>
PEMAZYRE	3	<ul style="list-style-type: none"> <li>QL 28 / 28 days</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	3	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
DAURISMO 25 MG TAB	3	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
ERIVEDGE	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODOMZO	3	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
WELIREG	3	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
ZOLINZA	3	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	1	<ul style="list-style-type: none"> <li>QL 21 / 28 day(s)</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	1	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>PA</li> <li>S</li> </ul>
LUMAKRAS 120 MG TAB	3	<ul style="list-style-type: none"> <li>QL 240 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
LUMAKRAS 240 MG TAB	3	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>PA</li> <li>S</li> </ul>
LUMAKRAS 320 MG TAB	3	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
ANTINEOPLASTIC - MEK INHIBITORS		

COTELLIC	1	<ul style="list-style-type: none"> <li>QL 63 / 28 day(s)</li> <li>PA</li> <li>AL1 At least 18 yrs old</li> <li>S</li> </ul>
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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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KOSELUGO 10 MG CAP	1	<ul style="list-style-type: none"> <li>QL 240 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
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KOSELUGO 25 MG CAP	1	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
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MEKINIST 0.05 MG/ML RECON SOLN	1	<ul style="list-style-type: none"> <li>QL 540 / 30 days</li> <li>PA</li> <li>S</li> </ul>
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MEKINIST 0.5 MG TAB	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
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MEKINIST 2 MG TAB	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
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ANTINEOPLASTIC - MENIN INHIBITORS

REVUFORJ (REVUFORJ 25 MG TAB, REVUFORJ 110 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>PA</li> <li>S</li> </ul>
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REVUFORJ 160 MG TAB	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>S</li> </ul>
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ANTINEOPLASTIC - MET INHIBITORS

TABRECTA	1	<ul style="list-style-type: none"> <li>QL 112 / 28 day(s)</li> <li>PA</li> <li>S</li> </ul>
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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS</b>		
TAZVERIK	3	QL 240 / 30 day(s) PA S
<b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>		
<i>everolimus (everolimus tab 2.5 mg, everolimus tab 5 mg, everolimus tab 7.5 mg, everolimus tab 10 mg)</i>	1	QL 30 / 30 day(s) PA S
<i>everolimus (everolimus tab for oral susp 2 mg, everolimus tab for oral susp 5 mg)</i>	1	QL 60 / 30 day(s) PA S
<i>everolimus tab for oral susp 3 mg</i>	1	QL 90 / 30 day(s) PA S
<b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>		
CABOMETYX	1	QL 30 / 30 days S
CAPRELSA 100 MG TAB	3	QL 60 / 30 day(s) PA S
CAPRELSA 300 MG TAB	3	QL 30 / 30 day(s) PA S
COMETRIQ (100 MG DAILY DOSE)	3	QL 56 / 28 day(s) PA S
COMETRIQ (140 MG DAILY DOSE)	3	QL 112 / 28 day(s) PA S
COMETRIQ (60 MG DAILY DOSE)	3	QL 84 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lapatinib ditosylate</i>	1	<ul style="list-style-type: none"> <li>QL 180 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
NEXAVAR	1	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
<i>pazopanib hcl</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>PA</li> <li>S</li> </ul>
PAZOPANIB HCL	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>S</li> </ul>
QINLOCK	3	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
RYDAPT	1	<ul style="list-style-type: none"> <li>QL 224 / 28 days</li> <li>PA</li> <li>AL1 At least 18 yrs old</li> <li>S</li> </ul>
STIVARGA	3	<ul style="list-style-type: none"> <li>QL 84 / 28 day(s)</li> <li>PA</li> <li>S</li> </ul>
<i>sunitinib malate (sunitinib malate cap 25 mg (base equivalent), sunitinib malate cap 37.5 mg (base equivalent), sunitinib malate cap 50 mg (base equivalent))</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
XOSPATA	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	3	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
<b>ANTINEOPLASTIC - PROTEASE ACTIVATORS</b>		
MODEYSO	1	<ul style="list-style-type: none"> <li>QL 20 / 28 days</li> <li>PA</li> <li>S</li> </ul>
<b>ANTINEOPLASTIC - PROTEASOME INHIBITORS</b>		
NINLARO	3	<ul style="list-style-type: none"> <li>QL 3 / 28 day(s)</li> <li>PA</li> <li>AL1 At least 18 yrs old</li> <li>S</li> </ul>
<b>ANTINEOPLASTIC - RET INHIBITORS</b>		
GAVRETO	1	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
<b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS</b>		
IBTROZI	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>PA</li> <li>S</li> </ul>
ROZLYTREK 100 MG CAP	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
ROZLYTREK 200 MG CAP	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
VITRAKVI 100 MG CAP	3	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITRAKVI 20 MG/ML SOLUTION	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">300 / 30 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
VITRAKVI 25 MG CAP	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">180 / 30 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">66 / 28 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
INQOVI	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">5 / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
KISQALI FEMARA (200 MG DOSE)	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">49 / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
KISQALI FEMARA (400 MG DOSE)	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">70 / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
KISQALI FEMARA (600 MG DOSE)	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">91 / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
LONSURF 15-6.14 MG TAB	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">100 / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
LONSURF 20-8.19 MG TAB	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">80 / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>
ANTINEOPLASTICS MISC.		
BESREMI	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">2 / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyurea</i>	1	S
MATULANE	1	PA S
AROMATASE INHIBITORS		
<i>anastrozole</i>	1	ACA Affordable Care Act
<i>exemestane</i>	1	
<i>letrozole</i>	1	ACA Affordable Care Act
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
KISQALI (200 MG DOSE)	1	QL 21 / 28 day(s) PA S
KISQALI (400 MG DOSE)	1	QL 42 / 28 day(s) PA S
KISQALI (600 MG DOSE)	1	QL 63 / 28 day(s) PA S
VERZENIO	1	QL 60 / 30 day(s) PA S
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
<i>leucovorin calcium (leucovorin calcium tab 5 mg, leucovorin calcium tab 10 mg, leucovorin calcium tab 15 mg, leucovorin calcium tab 25 mg)</i>	1	
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS		
FIRMAGON	1	PA S
FIRMAGON (240 MG DOSE)	1	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>IMIDAZOTETRAZINES</b>		
<i>temozolomide</i>	1	PA S
<b>ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS</b>		
TIBSOVO	3	QL 60 / 30 day(s) PA S
<b>ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS</b>		
IDHIFA	1	QL 30 / 30 day(s) PA AL1 At least 18 yrs old S
<b>JANUS ASSOCIATED KINASE (JAK) INHIBITORS</b>		
JAKAFI	1	QL 60 / 30 day(s) PA S
OJJAARA	1	QL 30 / 30 days PA S
<b>LHRH ANALOGS</b>		
ELIGARD (ELIGARD 7.5 MG KIT, ELIGARD 22.5 MG KIT, ELIGARD 30 MG KIT, ELIGARD 45 MG KIT)	1	PA S
<i>leuprolide acetate</i>	1	PA S
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	1	S
<b>NITROGEN MUSTARDS AND RELATED ANALOGUES</b>		
<i>cyclophosphamide (cyclophosphamide cap 25 mg, cyclophosphamide cap 50 mg)</i>	1	S
LEUKERAN	2	S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>NITROSOUREAS</b>		
<i>lomustine</i>	1	S
<b>PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>		
COPIKTRA	3	QL 56 / 28 day(s) PA S
ITOVEBI 3 MG TAB	1	QL 60 / 30 days PA S
ITOVEBI 9 MG TAB	1	QL 30 / 30 days PA S
ZYDELIG	3	QL 60 / 30 day(s) PA S
<b>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b>		
LYNPARZA	1	QL 120 / 30 day(s) PA AL1 At least 18 yrs old S
TALZENNA	1	QL 30 / 30 days PA S
<b>PROGESTINS-ANTINEOPLASTIC</b>		
<i>megestrol acetate (megestrol acetate susp 40 mg/ml, megestrol acetate tab 20 mg, megestrol acetate tab 40 mg)</i>	1	
<b>RETINOIDS</b>		
<i>tretinoin (chemotherapy)</i>	1	QL 90 / 365 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene</i>	3	PA S
URINARY TRACT PROTECTIVE AGENTS		
<i>mesna tab 400 mg</i>	1	
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
FRUZAQLA 1 MG CAP	1	QL 84 / 28 days PA S
FRUZAQLA 5 MG CAP	1	QL 21 / 28 days PA S
INLYTA 1 MG TAB	3	QL 180 / 30 day(s) PA S
INLYTA 5 MG TAB	3	QL 120 / 30 day(s) PA S
LENVIMA (10 MG DAILY DOSE)	1	QL 30 / 30 day(s) PA S
LENVIMA (12 MG DAILY DOSE)	1	QL 90 / 30 day(s) PA S
LENVIMA (14 MG DAILY DOSE)	1	QL 60 / 30 day(s) PA S
LENVIMA (18 MG DAILY DOSE)	1	QL 90 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (20 MG DAILY DOSE)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px;">QL</div> <div>60 / 30 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px;">S</div> </div>
LENVIMA (24 MG DAILY DOSE)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px;">QL</div> <div>90 / 30 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px;">S</div> </div>
LENVIMA (4 MG DAILY DOSE)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px;">QL</div> <div>30 / 30 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px;">S</div> </div>
LENVIMA (8 MG DAILY DOSE)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px;">QL</div> <div>60 / 30 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px;">S</div> </div>
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (benztropine mesylate tab 0.5 mg, benztropine mesylate tab 1 mg, benztropine mesylate tab 2 mg)</i>	1	
<i>trihexyphenidyl hcl</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (amantadine hcl cap 100 mg, amantadine hcl soln 50 mg/5ml, amantadine hcl tab 100 mg)</i>	1	
<i>bromocriptine mesylate</i>	1	
INBRIJA	1	S
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
<b>CENTRAL/PERIPHERAL COMT INHIBITORS</b>		
<i>tolcapone</i>	2	
<b>DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>LEVODOPA COMBINATIONS</b>		
<i>carbidopa-levodopa (carbidopa &amp; levodopa orally disintegrating tab 10-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-250 mg, carbidopa &amp; levodopa tab 10-100 mg, carbidopa &amp; levodopa tab 25-100 mg, carbidopa &amp; levodopa tab 25-250 mg, carbidopa &amp; levodopa tab er 25-100 mg, carbidopa &amp; levodopa tab er 50-200 mg)</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<b>RYTARY</b>	2	
<b>NONERGOLINE DOPAMINE RECEPTOR AGONISTS</b>		
<b>NEUPRO</b>	2	
<i>pramipexole dihydrochloride (pramipexole dihydrochloride tab 0.125 mg, pramipexole dihydrochloride tab 0.25 mg, pramipexole dihydrochloride tab 0.5 mg, pramipexole dihydrochloride tab 0.75 mg, pramipexole dihydrochloride tab 1 mg, pramipexole dihydrochloride tab 1.5 mg)</i>	1	
<i>pramipexole dihydrochloride (pramipexole dihydrochloride tab er 24hr 0.375 mg, pramipexole dihydrochloride tab er 24hr 0.75 mg, pramipexole dihydrochloride tab er 24hr 1.5 mg, pramipexole dihydrochloride tab er 24hr 2.25 mg, pramipexole dihydrochloride tab er 24hr 3 mg, pramipexole dihydrochloride tab er 24hr 3.75 mg, pramipexole dihydrochloride tab er 24hr 4.5 mg)</i>	2	
<i>ropinirole hydrochloride (ropinirole hydrochloride tab 0.25 mg, ropinirole hydrochloride tab 0.5 mg, ropinirole hydrochloride tab 1 mg, ropinirole hydrochloride tab 2 mg, ropinirole hydrochloride tab 3 mg, ropinirole hydrochloride tab 4 mg, ropinirole hydrochloride tab 5 mg)</i>	1	
<i>ropinirole hydrochloride (ropinirole hydrochloride tab er 24hr 12 mg (base equivalent), ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), ropinirole hydrochloride tab er 24hr 6 mg (base equivalent), ropinirole hydrochloride tab er 24hr 8 mg (base equivalent))</i>	2	
<b>PERIPHERAL COMT INHIBITORS</b>		
<i>entacapone</i>	1	
<b>ONGENTYS</b>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate (lithium carbonate 300 mg cap, lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg)</i>	1	
<b>ANTIPSYCHOTICS - MISC.</b>		
<i>lurasidone hcl (lurasidone hcl tab 20 mg, lurasidone hcl tab 40 mg, lurasidone hcl tab 60 mg, lurasidone hcl tab 120 mg)</i>	1	<p>QL 30 / 30 day(s)</p> <p>AL1 At least 10 yrs old</p>
<i>lurasidone hcl tab 80 mg</i>	1	<p>QL 60 / 30 day(s)</p> <p>AL1 At least 10 yrs old</p>
<i>ziprasidone hcl</i>	1	<p>QL 60 / 30 day(s)</p> <p>AL1 At least 7 yrs old</p>
<b>BENZISOXAZOLES</b>		
<i>paliperidone (paliperidone tab er 24hr 1.5 mg, paliperidone tab er 24hr 3 mg, paliperidone tab er 24hr 9 mg)</i>	1	<p>QL 30 / 30 day(s)</p> <p>AL1 At least 12 yrs old</p>
<i>paliperidone tab er 24hr 6 mg</i>	1	<p>QL 60 / 30 day(s)</p> <p>AL1 At least 12 yrs old</p>
<i>risperidone (risperidone orally disintegrating tab 0.5 mg, risperidone tab 0.25 mg, risperidone tab 0.5 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg)</i>	1	<p>QL 60 / 30 day(s)</p> <p>AL1 At least 5 yrs old</p>
<i>risperidone (risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg)</i>	1	<p>QL 60 / 30 days</p> <p>AL1 At least 5 yrs old</p>
<i>risperidone (risperidone orally disintegrating tab 4 mg, risperidone tab 4 mg)</i>	1	<p>QL 120 / 30 day(s)</p> <p>AL1 At least 5 yrs old</p>
<i>risperidone soln 1 mg/ml</i>	1	<p>QL 240 / 30 days</p> <p>AL1 At least 5 yrs old</p>
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DIBENZO-OXEPINO PYRROLES</b>		
<i>asenapine maleate</i>	1	<p>QL 60 / 30 day(s)</p> <p>AL1 At least 10 yrs old</p>
<b>DIBENZODIAZEPINES</b>		
<i>clozapine (clozapine tab 25 mg, clozapine tab 50 mg)</i>	1	<p>QL 90 / 30 day(s)</p> <p>AL1 At least 18 yrs old</p>
<i>clozapine tab 100 mg</i>	1	<p>QL 270 / 30 day(s)</p> <p>AL1 At least 18 yrs old</p>
<i>clozapine tab 200 mg</i>	1	<p>QL 120 / 30 day(s)</p> <p>AL1 At least 18 yrs old</p>
<b>DIBENZOTHIAZEPINES</b>		
<i>quetiapine fumarate (quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 100 mg, quetiapine fumarate tab 200 mg)</i>	1	<p>QL 90 / 30 day(s)</p> <p>AL1 At least 10 yrs old</p>
<i>quetiapine fumarate (quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg, quetiapine fumarate tab er 24hr 50 mg)</i>	1	<p>QL 60 / 30 day(s)</p> <p>AL1 At least 10 yrs old</p>
<i>quetiapine fumarate (quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg)</i>	1	<p>QL 30 / 30 day(s)</p> <p>AL1 At least 10 yrs old</p>
<b>DIBENZOXAZEPINES</b>		
<i>loxapine succinate</i>	1	<p>AL1 At least 18 yrs old</p>
<b>MUSCARINIC AGENT - COMBINATIONS</b>		
COBENFY	3	<p>QL 60 / 30 days</p> <p>PA</p>
COBENFY STARTER PACK	3	<p>QL 56 / 28 days</p> <p>PA</p> <p>QLC 56 / 180 days</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg)</i>	1	
<i>fluphenazine hcl</i>	1	AL1 At least 18 yrs old
<b>FLUPHENAZINE HCL 5 MG/ML CONC</b>	2	
<i>perphenazine</i>	1	AL1 At least 12 yrs old
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
<i>aripiprazole (aripiprazole orally disintegrating tab 10 mg, aripiprazole orally disintegrating tab 15 mg, aripiprazole tab 2 mg, aripiprazole tab 5 mg, aripiprazole tab 10 mg, aripiprazole tab 15 mg, aripiprazole tab 20 mg, aripiprazole tab 30 mg)</i>	1	QL 60 / 30 days AL1 At least 6 yrs old
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL 900 / 30 day(s) AL1 At least 6 yrs old
<b>THIENBENZODIAZEPINES</b>		
<i>olanzapine (olanzapine orally disintegrating tab 5 mg, olanzapine orally disintegrating tab 10 mg, olanzapine orally disintegrating tab 15 mg, olanzapine orally disintegrating tab 20 mg, olanzapine tab 2.5 mg, olanzapine tab 5 mg, olanzapine tab 7.5 mg, olanzapine tab 10 mg, olanzapine tab 15 mg, olanzapine tab 20 mg)</i>	1	QL 30 / 30 day(s) AL1 At least 7 yrs old
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate soln 4%</i>	1	OTC Over the Counter
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRAL COMBINATIONS</b>		
<i>abacavir sulfate-lamivudine</i>	1	QL 30 / 30 day(s)
<b>BIKTARVY</b>	1	QL 30 / 30 day(s)
<b>CIMDUO</b>	1	QL 30 / 30 day(s)
<b>DELSTRIGO</b>	1	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DESCOVY (DESCOVY 120-15 MG TAB, DESCOVY 200-25 MG TAB)	3	<p>QL 30 / 30 day(s)</p> <p>PA</p> <p>ACA Affordable Care Act</p>
DOVATO	1	QL 30 / 30 day(s)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL 30 / 30 day(s)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	1	QL 30 / 30 day(s)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL 30 / 30 day(s)
<i>emtricitabine-tenofovir disoproxil fumarate (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg, emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg, emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg)</i>	1	<p>QL 30 / 30 day(s)</p> <p>ACA Affordable Care Act</p>
JULUCA	1	QL 30 / 30 day(s)
<i>lamivudine-zidovudine</i>	1	QL 60 / 30 day(s)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL 480 / 30 day(s)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL 180 / 30 day(s)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL 120 / 30 day(s)
ODEFSEY	1	QL 30 / 30 day(s)
SYMTUZA	1	QL 30 / 30 day(s)
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 300 MG TAB)	1	<p>QL 4 / 365 days</p> <p>S</p>
SUNLENCA 463.5 MG/1.5ML SOLUTION	1	S
SUNLENCA 5 X 300 MG TAB THPK	1	<p>QL 5 / 365 days</p> <p>S</p>
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
<i>maraviroc tab 150 mg</i>	1	QL 60 / 30 day(s)
<i>maraviroc tab 300 mg</i>	1	QL 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIRETROVIRALS - INTEGRASE INHIBITORS</b>		
ISENTRESS (ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	1	QL 60 / 30 day(s)
ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB)	1	QL 180 / 30 day(s)
ISENTRESS HD	1	QL 60 / 30 day(s)
TIVICAY	1	QL 60 / 30 day(s)
TIVICAY PD	1	QL 180 / 30 days
<b>ANTIRETROVIRALS - PROTEASE INHIBITORS</b>		
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL 60 / 30 day(s)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL 30 / 30 day(s)
<i>darunavir tab 600 mg</i>	1	QL 60 / 30 day(s)
<i>darunavir tab 800 mg</i>	1	QL 30 / 30 day(s)
<i>fosamprenavir calcium</i>	1	QL 120 / 30 day(s)
PREZISTA 100 MG/ML SUSPENSION	1	QL 400 / 30 day(s)
PREZISTA 150 MG TAB	1	QL 180 / 30 day(s)
PREZISTA 75 MG TAB	1	QL 300 / 30 day(s)
<i>ritonavir</i>	1	QL 360 / 30 day(s)
<b>ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES</b>		
<i>efavirenz</i>	1	QL 30 / 30 day(s)
EFAVIRENZ 200 MG CAP	1	QL 60 / 30 day(s)
EFAVIRENZ 50 MG CAP	1	QL 90 / 30 day(s)
<i>etravirine</i>	1	QL 60 / 30 day(s)
INTELENCE 25 MG TAB	1	QL 120 / 30 day(s)
<i>nevirapine tab 200 mg</i>	1	QL 60 / 30 day(s)
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES</b>		
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES</b>		
<i>emtricitabine</i>	1	QL 30 / 30 day(s)
EMTRIVA 10 MG/ML SOLUTION	1	QL 680 / 28 day(s)
<i>lamivudine tab 150 mg</i>	1	QL 60 / 30 day(s)
<i>lamivudine tab 300 mg</i>	1	QL 30 / 30 day(s)
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES</b>		
<i>zidovudine cap 100 mg</i>	1	QL 180 / 30 day(s)
<i>zidovudine syrup 10 mg/ml</i>	1	QL 1920 / 30 day(s)
<i>zidovudine tab 300 mg</i>	1	QL 60 / 30 day(s)
<b>ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES</b>		
<i>tenofovir disoproxil fumarate</i>	1	QL 30 / 30 day(s)
VIREAD (VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	1	QL 30 / 30 day(s)
VIREAD 40 MG/GM POWDER	1	QL 240 / 30 day(s)
<b>ANTIRETROVIRALS ADJUVANTS</b>		
TYBOST	1	QL 30 / 30 days
<b>CMV AGENTS</b>		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL 120 / 30 day(s)
<b>HEPATITIS B AGENTS</b>		
<i>entecavir</i>	1	QL 30 / 30 day(s)
<i>lamivudine (hbv)</i>	1	
<b>HEPATITIS C AGENT - COMBINATIONS</b>		
MAVYRET 100-40 MG TAB	1	QL 84 / 28 days PA S
MAVYRET 50-20 MG PACKET	1	QL 140 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOFOSBUVIR-VELPATASVIR	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>28 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px; background-color: #8B4513; color: white; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px; background-color: #A52A2A; color: white; padding: 2px 5px;">S</div> </div>
HEPATITIS C AGENTS		
RIBAVIRIN 200 MG CAP	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>180 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px; background-color: #A52A2A; color: white; padding: 2px 5px;">S</div> </div>
RIBAVIRIN 200 MG TAB	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>180 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px; background-color: #A52A2A; color: white; padding: 2px 5px;">S</div> </div>
HERPES AGENTS - PURINE ANALOGUES		
<i>acyclovir (acyclovir cap 200 mg, acyclovir susp 200 mg/5ml, acyclovir tab 400 mg, acyclovir tab 800 mg)</i>	1	
<i>valacyclovir hcl</i>	1	
HERPES AGENTS - THYMIDINE ANALOGUES		
<i>famciclovir</i>	1	
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (oseltamivir phosphate cap 45 mg (base equiv), oseltamivir phosphate cap 75 mg (base equiv))</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6A329F; color: white; padding: 2px 5px;">QLC</div> <div>20 / 120 day(s)</div> </div>
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6A329F; color: white; padding: 2px 5px;">QLC</div> <div>40 / 120 day(s)</div> </div>
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6A329F; color: white; padding: 2px 5px;">QLC</div> <div>300 / 120 day(s)</div> </div>
RELENZA DISKHALER	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6A329F; color: white; padding: 2px 5px;">QLC</div> <div>40 / 120 day(s)</div> </div>
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6A329F; color: white; padding: 2px 5px;">QLC</div> <div>2 / 120 day(s)</div> </div>
XOFLUZA (80 MG DOSE)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6A329F; color: white; padding: 2px 5px;">QLC</div> <div>2 / 120 day(s)</div> </div>
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl tab 100 mg, labetalol hcl tab 200 mg, labetalol hcl tab 300 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (metoprolol tartrate tab 25 mg, metoprolol tartrate tab 37.5 mg, metoprolol tartrate tab 50 mg, metoprolol tartrate tab 75 mg, metoprolol tartrate tab 100 mg)</i>	1	
<i>nebivolol hcl</i>	1	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg/5ml solution, propranolol hcl cap er 24hr 120 mg, propranolol hcl cap er 24hr 160 mg, propranolol hcl cap er 24hr 60 mg, propranolol hcl cap er 24hr 80 mg, propranolol hcl tab 10 mg, propranolol hcl tab 20 mg, propranolol hcl tab 40 mg, propranolol hcl tab 60 mg, propranolol hcl tab 80 mg)</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afI)</i>	1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	1	
<i>diltiazem hcl (diltiazem hcl cap er 12hr 120 mg, diltiazem hcl cap er 12hr 60 mg, diltiazem hcl cap er 12hr 90 mg, diltiazem hcl cap er 24hr 120 mg, diltiazem hcl cap er 24hr 180 mg, diltiazem hcl cap er 24hr 240 mg, diltiazem hcl tab 30 mg, diltiazem hcl tab 60 mg, diltiazem hcl tab 90 mg, diltiazem hcl tab 120 mg)</i>	1	
<i>diltiazem hcl coated beads (diltiazem hcl coated beads cap er 24hr 120 mg, diltiazem hcl coated beads cap er 24hr 180 mg, diltiazem hcl coated beads cap er 24hr 240 mg, diltiazem hcl coated beads cap er 24hr 300 mg, diltiazem hcl coated beads cap er 24hr 360 mg)</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>felodipine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nifedipine (nifedipine cap 10 mg, nifedipine cap 20 mg, nifedipine tab er 24hr 30 mg, nifedipine tab er 24hr 60 mg, nifedipine tab er 24hr 90 mg, nifedipine tab er 24hr osmotic release 30 mg, nifedipine tab er 24hr osmotic release 60 mg, nifedipine tab er 24hr osmotic release 90 mg)</i>	1	
<i>nimodipine</i>	1	
<i>verapamil hcl (verapamil hcl cap er 24hr 120 mg, verapamil hcl cap er 24hr 180 mg, verapamil hcl cap er 24hr 240 mg, verapamil hcl tab 40 mg, verapamil hcl tab 80 mg, verapamil hcl tab 120 mg, verapamil hcl tab er 120 mg, verapamil hcl tab er 180 mg, verapamil hcl tab er 240 mg)</i>	1	
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin (digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))</i>	1	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</b>		
<i>sacubitril-valsartan</i>	1	
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>treprostinil</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>S</li> </ul>
TYVASO	1	<ul style="list-style-type: none"> <li>QL 81.2 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
TYVASO REFILL	1	<ul style="list-style-type: none"> <li>QL 81.2 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
TYVASO STARTER	1	<ul style="list-style-type: none"> <li>QL 81.2 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
<b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR</b>		
WINREVAIR	1	<ul style="list-style-type: none"> <li>QL 1 / 21 days</li> <li>PA</li> <li>S</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	1	QL 30 / 30 day(s) PA S
OPSUMIT	1	QL 30 / 30 day(s) PA S
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	QL 224 / 30 day(s) PA S
<i>sildenafil citrate tab 20 mg</i>	1	QL 90 / 30 day(s) PA S
<i>tadalafil (pulmonary hypertension)</i>	1	QL 60 / 30 day(s) PA S
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI (UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	1	QL 60 / 30 day(s) PA S
UPTRAVI 200 & 800 MCG TAB THPK	1	QL 200 / 30 day(s) PA AL1 At least 18 yrs old S
<b>SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>		
<i>sildenafil citrate</i>	1	QL 6 / 30 day(s) AL1 At least 18 yrs old
<i>tadalafil (tadalafil tab 10 mg, tadalafil tab 20 mg)</i>	1	QL 6 / 30 day(s)
<i>tadalafil (tadalafil tab 2.5 mg, tadalafil tab 5 mg)</i>	1	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SINUS NODE INHIBITORS</b>		
<i>ivabradine hcl</i>	1	QL 60 / 30 days
<b>TRANSTHYRETIN STABILIZERS</b>		
ATTRUBY	1	QL 112 / 28 days PA S
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil (cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml)</i>	1	
<i>cephalexin (cephalexin cap 250 mg, cephalexin cap 500 mg, cephalexin cap 750 mg, cephalexin for susp 125 mg/5ml, cephalexin for susp 250 mg/5ml, cephalexin tab 250 mg, cephalexin tab 500 mg)</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefprozil (cefprozil for susp 125 mg/5ml, cefprozil for susp 250 mg/5ml, cefprozil tab 250 mg, cefprozil tab 500 mg)</i>	1	
<i>cefuroxime axetil</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (cefdinir cap 300 mg, cefdinir for susp 125 mg/5ml, cefdinir for susp 250 mg/5ml)</i>	1	
CEFIXIME (CEFIXIME 100 MG/5ML RECON SUSP, CEFIXIME CAP 400 MG, CEFIXIME FOR SUSP 100 MG/5ML, CEFIXIME FOR SUSP 200 MG/5ML)	1	
CEFPODOXIME PROXETIL	1	
<b>CONTRACEPTIVES</b>		
<b>BIPHASIC CONTRACEPTIVES - ORAL</b>		
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	ACA Affordable Care Act
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>desogestrel &amp; ethinyl estradiol</i>	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol</i>	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethynodiol diacet &amp; eth estrad</i>	1	ACA Affordable Care Act
<i>levonorgestrel &amp; eth estradiol (levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg)</i>	1	ACA Affordable Care Act
<i>norethin acet &amp; estrad-fe (norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24), norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))</i>	1	ACA Affordable Care Act
<i>norethindrone &amp; eth estradiol (norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg, norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg)</i>	1	ACA Affordable Care Act
<i>norethindrone &amp; ethinyl estradiol-fe (norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg)</i>	1	ACA Affordable Care Act
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	QL 30 / 30 day(s) ACA Affordable Care Act
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	QL 30 / 30 day(s) ACA Affordable Care Act
<i>norgestimate-ethinyl estradiol</i>	1	ACA Affordable Care Act
<i>norgestrel &amp; ethinyl estradiol</i>	1	ACA Affordable Care Act
TYBLUME	1	ACA Affordable Care Act
VALTYA 1/50	1	ACA Affordable Care Act
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol</i>	1	QL 3 / 21 day(s) ACA Affordable Care Act
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>etonogestrel-ethinyl estradiol (etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr, etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr)</i>	1	ACA Affordable Care Act
CONTINUOUS CONTRACEPTIVES - ORAL		
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	QL 30 / 30 day(s) ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>COPPER CONTRACEPTIVES - IUD</b>		
MIUDELLA INTRAUTERINE COPPER	1	ACA Affordable Care Act
PARAGARD INTRAUTERINE COPPER	1	ACA Affordable Care Act
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	1	ACA Affordable Care Act
<i>levonorgestrel (emergency oc)</i>	1	ACA Affordable Care Act OTC Over the Counter
<b>EXTENDED-CYCLE CONTRACEPTIVES - ORAL</b>		
<i>levonorgestrel-ethinyl estradiol (91-day) (levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg, levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7), levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7), levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg)</i>	1	91 / 91 day(s) ACA Affordable Care Act
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SUBQ PROVERA 104	1	QLC 0.65 / 84 days ACA Affordable Care Act
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL 1.2 / 28 day(s) ACA Affordable Care Act
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QLC 1 / 84 days ACA Affordable Care Act
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA	1	ACA Affordable Care Act
LILETTA (52 MG)	1	ACA Affordable Care Act
MIRENA (52 MG)	1	ACA Affordable Care Act
SKYLA	1	ACA Affordable Care Act
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone (contraceptive)</i>	1	ACA Affordable Care Act
OPILL	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>TRIPHASIC CONTRACEPTIVES - ORAL</b>		
ARANELLE	1	ACA Affordable Care Act
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	ACA Affordable Care Act
<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	ACA Affordable Care Act
<i>norethindrone-eth estradiol (triphasic) (norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg)</i>	1	ACA Affordable Care Act
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	ACA Affordable Care Act
VELIVET	1	ACA Affordable Care Act
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	1	
DEXAMETHASONE (DEXAMETHASONE 0.5 MG/5ML SOLUTION, DEXAMETHASONE ELIXIR 0.5 MG/5ML, DEXAMETHASONE TAB 0.5 MG, DEXAMETHASONE TAB 0.75 MG, DEXAMETHASONE TAB 1 MG, DEXAMETHASONE TAB 1.5 MG, DEXAMETHASONE TAB 2 MG, DEXAMETHASONE TAB 4 MG, DEXAMETHASONE TAB 6 MG)	1	
DEXAMETHASONE INTENSOL	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone sod succinate</i>	1	QLC 1 / 30 days
<i>methylprednisolone</i>	1	
<i>prednisolone sodium phosphate (prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 5 mg/5ml (base equiv), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sodium phosphate oral soln 25 mg/5ml (base eq))</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisone</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
SOLU-CORTEF 100 MG RECON SOLN	1	QLC 1 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVE - NONNARCOTIC</b>		
<i>benzonatate (benzonatate cap 100 mg, benzonatate cap 200 mg)</i>	1	AL1 At least 10 yrs old
<b>ANTITUSSIVE - OPIOID</b>		
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL 900 / 30 day(s) AL1 At least 2 yrs old
<b>ANTITUSSIVE-EXPECTORANT</b>		
<i>dextromethorphan-guaifenesin (dextromethorphan-guaifenesin syrup 10-100 mg/5ml, dextromethorphan-guaifenesin tab 20-400 mg)</i>	1	OTC Over the Counter
<i>guaifenesin-codeine</i>	1	AL1 At least 18 yrs old OTC Over the Counter
<b>EXPECTORANTS</b>		
<i>guaifenesin (guaifenesin liquid 100 mg/5ml, guaifenesin tab 200 mg, guaifenesin tab 400 mg)</i>	1	OTC Over the Counter
<b>MISC. RESPIRATORY INHALANTS</b>		
NEBUSAL 3 % NEBU SOLN	1	
PULMOSAL	1	
SODIUM CHLORIDE (SODIUM CHLORIDE 3 % NEBU SOLN, SODIUM CHLORIDE 7 % NEBU SOLN)	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine</i>	1	
<b>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</b>		
<i>promethazine-dm</i>	1	AL1 At least 2 yrs old
<b>NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE</b>		
<i>pseudoephed-bromphen-dm</i>	1	AL1 At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>OPIOID ANTITUSSIVE-ANTIHISTAMINE</b>		
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	AL1 At least 18 yrs old
<b>DERMATOLOGICALS</b>		
<b>ACNE ANTIBIOTICS</b>		
<i>clindamycin phosphate (topical) (clindamycin phosphate lotion 1%, clindamycin phosphate soln 1%)</i>	1	
<i>clindamycin phosphate gel 1% (twice-daily)</i>	1	QL 120 / 30 days
<i>dapsone (topical)</i>	1	QL 90 / 30 day(s)
<b>ERYTHROMYCIN 2 % GEL</b>	1	QL 60 / 30 day(s)
<i>erythromycin gel 2%</i>	1	QL 60 / 30 day(s)
<i>erythromycin soln 2%</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	QL 120 / 30 day(s)
<b>ACNE COMBINATIONS</b>		
<i>adapalene-benzoyl peroxide</i>	1	QL 45 / 30 day(s) PA
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	QL 45 / 30 day(s)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL 50 / 30 day(s)
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	QL 170 / 30 days
<b>SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID</b>	1	QL 340 / 30 days
<b>ACNE PRODUCTS</b>		
<i>adapalene (adapalene gel 0.1%, adapalene gel 0.3%)</i>	1	QL 45 / 30 day(s) PA
<i>benzoyl peroxide (benzoyl peroxide 10 % lotion, benzoyl peroxide cream 10%, benzoyl peroxide foam 5.3%, benzoyl peroxide gel 2.5%, benzoyl peroxide gel 5%, benzoyl peroxide gel 10%, benzoyl peroxide liq 10%, benzoyl peroxide lotion 10%)</i>	1	OTC Over the Counter
<i>benzoyl peroxide liq 5%</i>	1	QL 296 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isotretinoin (isotretinoin cap 10 mg, isotretinoin cap 20 mg, isotretinoin cap 30 mg, isotretinoin cap 40 mg)</i>	1	
<i>tretinoin (tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%)</i>	1	<span>QL</span> 45 / 30 day(s) <span>PA</span>
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	<span>QL</span> 1000 / 30 day(s) <span>OTC</span> Over the Counter
<b>ANTIBIOTIC MIXTURES TOPICAL</b>		
<i>bacitracin-polymyxin b</i>	1	<span>OTC</span> Over the Counter
<i>neomycin-bacitracin-polymyxin</i>	1	<span>OTC</span> Over the Counter
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin (topical)</i>	1	<span>OTC</span> Over the Counter
<i>bacitracin zinc</i>	1	<span>OTC</span> Over the Counter
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i>	1	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox (ciclopirox gel 0.77%, ciclopirox shampoo 1%)</i>	1	
<i>ciclopirox olamine (ciclopirox olamine cream 0.77% (base equiv), ciclopirox olamine susp 0.77% (base equiv))</i>	1	
<i>ciclopirox solution 8%</i>	1	<span>QL</span> 6.6 / 30 day(s)
<i>nystatin (topical) (nystatin cream 100000 unit/gm, nystatin oint 100000 unit/gm, nystatin topical powder 100000 unit/gm)</i>	1	
<i>terbinafine hcl (topical)</i>	1	<span>OTC</span> Over the Counter
<i>tolnaftate (tolnaftate aerosol 1%, tolnaftate cream 1%)</i>	1	<span>OTC</span> Over the Counter
<b>ANTIFUNGALS - TOPICAL COMBINATIONS</b>		
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<b>ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL</b>		
VALCHLOR	3	<span>QL</span> 90 / 30 day(s) <span>S</span>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</b>		
<i>fluorouracil (topical) (fluorouracil cream 5%, fluorouracil soln 5%)</i>	1	
FLUOROURACIL 2 % SOLUTION	1	
<b>ANTIPSORIATICS</b>		
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE CREAM 0.005%, CALCIPOTRIENE SOLN 0.005% (50 MCG/ML))	1	QL 60 / 30 day(s)
<i>calcipotriene oint 0.005%</i>	1	QL 120 / 30 days
<i>tazarotene cream 0.1%</i>	1	QL 60 / 30 days PA
<b>ANTIPSORIATICS - SYSTEMIC</b>		
<i>acitretin (acitretin cap 17.5 mg, acitretin cap 25 mg)</i>	2	QL 60 / 30 day(s)
<i>acitretin cap 10 mg</i>	2	QL 120 / 30 day(s)
IMULDOSA 45 MG/0.5ML SOLN PRSYR	1	QL 0.5 / 56 days PA S
IMULDOSA 90 MG/ML SOLN PRSYR	1	QL 1 / 28 days PA S
YESINTEK (YESINTEK 45 MG/0.5ML SOLN PRSYR, YESINTEK 45 MG/0.5ML SOLUTION)	1	QL 0.5 / 56 day(s) PA S
YESINTEK 90 MG/ML SOLN PRSYR	1	QL 1 / 28 day(s) PA S
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>pyrithione zinc shampoo 2%</i>	1	OTC Over the Counter
<i>selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide lotion 2.5%)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir oint 5%</i>	1	<span>QL</span> 30 / 30 day(s) <span>AL1</span> At least 12 yrs old
<i>docosanol</i>	1	<span>OTC</span> Over the Counter
<b>ASTRINGENTS</b>		
AQUAPHOR 3 IN 1 DIAPER RASH	1	<span>OTC</span> Over the Counter
<i>zinc oxide (topical) (zinc oxide cream 13%, zinc oxide paste 40%)</i>	1	<span>OTC</span> Over the Counter
<b>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</b>		
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	1	<span>QL</span> 2.28 / 28 day(s) <span>PA</span> <span>S</span>
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	1	<span>QL</span> 4 / 28 day(s) <span>PA</span> <span>S</span>
EBGLYSS	1	<span>QL</span> 2 / 28 days <span>PA</span> <span>S</span>
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate (topical) (betamethasone dipropionate cream 0.05%, betamethasone dipropionate oint 0.05%)</i>	1	<span>QL</span> 135 / 30 day(s)
<i>betamethasone dipropionate augmented (betamethasone dipropionate augmented cream 0.05%, betamethasone dipropionate augmented oint 0.05%)</i>	1	<span>QL</span> 200 / 28 day(s)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	<span>QL</span> 210 / 30 day(s)
<i>betamethasone dipropionate lotion 0.05%</i>	1	<span>QL</span> 120 / 30 day(s)
<i>betamethasone valerate (betamethasone valerate 0.1 % lotion, betamethasone valerate lotion 0.1% (base equivalent))</i>	1	<span>QL</span> 120 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betamethasone valerate (betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate oint 0.1% (base equivalent))</i>	1	QL 135 / 30 day(s)
<i>clobetasol propionate (clobetasol propionate cream 0.05%, clobetasol propionate gel 0.05%, clobetasol propionate oint 0.05%)</i>	1	QL 210 / 28 day(s)
<i>clobetasol propionate (clobetasol propionate lotion 0.05%, clobetasol propionate shampoo 0.05%)</i>	1	QL 118 / 30 days
<i>clobetasol propionate emollient base</i>	1	QL 210 / 28 day(s)
<i>clobetasol propionate foam 0.05%</i>	1	QL 100 / 30 days
<i>clobetasol propionate soln 0.05%</i>	1	QL 200 / 28 day(s)
<i>clobetasol propionate spray 0.05%</i>	1	QL 125 / 30 days
<i>desonide (desonide cream 0.05%, desonide oint 0.05%)</i>	1	QL 120 / 30 day(s)
<i>desoximetasone oint 0.25%</i>	1	QL 120 / 30 days
<i>fluocinolone acetonide (fluocinolone acetonide oil 0.01% (body oil), fluocinolone acetonide oil 0.01% (scalp oil))</i>	1	QL 119 / 30 day(s)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL 120 / 30 day(s)
<i>fluocinonide (fluocinonide cream 0.05%, fluocinonide oint 0.05%, fluocinonide soln 0.05%)</i>	1	QL 120 / 30 day(s)
<i>fluocinonide (fluocinonide cream 0.1%, fluocinonide gel 0.05%)</i>	1	QL 120 / 30 days
<i>fluticasone propionate</i>	1	QL 120 / 30 day(s)
<i>halobetasol propionate cream 0.05%</i>	1	QL 200 / 28 day(s)
<i>halobetasol propionate oint 0.05%</i>	1	QL 120 / 30 days
<i>hydrocortisone (topical) (hydrocortisone cream 0.5%, hydrocortisone lotion 1%, hydrocortisone oint 0.5%)</i>	1	OTC Over the Counter
<i>hydrocortisone (topical) (hydrocortisone cream 1%, hydrocortisone cream 2.5%, hydrocortisone oint 1%, hydrocortisone oint 2.5%)</i>	1	QL 454 / 30 day(s) OTC Over the Counter
<b>HYDROCORTISONE 2.5 % LOTION</b>	1	QL 118 / 30 day(s)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL 120 / 30 days
<i>mometasone furoate cream 0.1%</i>	1	QL 135 / 30 day(s)
<i>mometasone furoate oint 0.1%</i>	1	QL 135 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL 120 / 30 day(s)
<i>triamcinolone acetonide (topical) (triamcinolone acetonide cream 0.025%, triamcinolone acetonide cream 0.1%, triamcinolone acetonide cream 0.5%, triamcinolone acetonide oint 0.025%, triamcinolone acetonide oint 0.1%)</i>	1	QL 454 / 30 day(s)
<i>triamcinolone acetonide (topical) (triamcinolone acetonide lotion 0.025%, triamcinolone acetonide lotion 0.1%, triamcinolone acetonide oint 0.5%)</i>	1	QL 120 / 30 day(s)
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	1	QL 120 / 30 day(s)
EMOLLIENTS		
<i>emollients</i>	1	OTC Over the Counter
<i>lactic acid (ammonium lactate) (lactic acid (ammonium lactate) cream 12%, lactic acid (ammonium lactate) lotion 12%)</i>	1	OTC Over the Counter
ENZYMES - TOPICAL		
SANTYL	2	QL 30 / 30 day(s)
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
<i>clotrimazole (topical) (clotrimazole cream 1%, clotrimazole soln 1%)</i>	1	OTC Over the Counter
<i>econazole nitrate</i>	1	
<i>ketoconazole (topical) (ketoconazole cream 2%, ketoconazole shampoo 2%)</i>	1	
<i>miconazole nitrate powder 2%</i>	1	OTC Over the Counter
NIZORAL	1	OTC Over the Counter
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
<i>imiquimod cream 5%</i>	1	QL 24 / 30 day(s) AL1 At least 12 yrs old
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
PODOFILOX 0.5 % SOLUTION	1	
<i>salicylic acid gel 2%</i>	1	OTC Over the Counter
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine (lidocaine cream 4%, lidocaine patch 4%)</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl cream 4%</i>	1	OTC Over the Counter
<i>lidocaine hcl soln 4%</i>	1	QL 150 / 30 days
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL 900 / 30 day(s) PA
<i>lidocaine oint 5%</i>	1	QL 600 / 30 days
<i>lidocaine patch 5%</i>	1	QL 90 / 30 days PA
PREMIUM LIDOCAINE	1	QL 600 / 30 days
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
<i>pimecrolimus</i>	1	QL 100 / 30 days AL1 At least 2 yrs old
<i>tacrolimus oint 0.03%</i>	1	QL 100 / 30 day(s) AL1 At least 2 yrs old
<i>tacrolimus oint 0.1%</i>	1	QL 100 / 30 day(s) AL1 At least 16 yrs old
MISC. TOPICAL		
<i>*witch hazel (hamamelis virginiana) cleansing pads**</i>	1	OTC Over the Counter
MISC. TOPICAL COMBINATIONS		
CALAMINE LOTION	1	OTC Over the Counter
NIT REMOVERS		
<i>*nit remover - kit***</i>	1	OTC Over the Counter
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	1	QL 60 / 30 days PA
ZORYVE	1	QL 60 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	1	QL 50 / 30 day(s)
<i>metronidazole (topical) (metronidazole cream 0.75%, metronidazole gel 0.75%)</i>	1	QL 90 / 30 days
<i>metronidazole gel 1%</i>	1	QL 120 / 30 days
<b>SCABICIDE COMBINATIONS</b>		
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	1	OTC Over the Counter
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>malathion</i>	1	QL 118 / 30 days ST ST1 Must try permethrin or pyrethrins
<i>permethrin cream 5%</i>	1	QL 120 / 30 days
<i>permethrin creme rinse 1%</i>	1	OTC Over the Counter
<b>SPINOSAD</b>	1	ST ST1 Must try permethrin or pyrethrins
<b>SOAPS</b>		
<i>soap &amp; cleansers</i>	1	OTC Over the Counter
<b>TAR PRODUCTS</b>		
<i>coal tar shampoo 0.5%</i>	1	OTC Over the Counter
<b>TOPICAL ANESTHETIC COMBINATIONS</b>		
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL 30 / 30 day(s) PA
<b>TOPICAL STEROID COMBINATIONS</b>		
<i>calcipotriene-betamethasone dipropionate</i>	1	QL 60 / 30 days
<b>WOUND CARE - GROWTH FACTOR AGENTS</b>		
<b>REGRANEX</b>	3	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
CHEMSTRIP K	1	<p>QL 200 / 30 day(s)</p> <p>OTC Over the Counter</p>
FREESTYLE INSULINX TEST	1	<p>QL 204 / 30 day(s)</p> <p>OTC Over the Counter</p>
FREESTYLE LITE TEST	1	<p>QL 204 / 30 day(s)</p> <p>OTC Over the Counter</p>
FREESTYLE PRECISION NEO TEST	1	<p>QL 204 / 30 day(s)</p> <p>OTC Over the Counter</p>
FREESTYLE TEST	1	<p>QL 204 / 30 day(s)</p> <p>OTC Over the Counter</p>
KETONE TEST	1	<p>QL 200 / 30 day(s)</p> <p>OTC Over the Counter</p>
KETOSTIX	1	<p>QL 200 / 30 day(s)</p> <p>OTC Over the Counter</p>
RELION KETONE TEST	1	<p>QL 200 / 30 day(s)</p> <p>OTC Over the Counter</p>
TRUE METRIX BLOOD GLUCOSE TEST	1	<p>QL 200 / 30 day(s)</p> <p>OTC Over the Counter</p>
<b>INFECTION TESTS</b>		
2SAN COVID-19 RAPID SELF TEST	1	<p>QLC 4 / 90 days</p> <p>OTC Over the Counter</p>
ADVIN COVID-19 ANTIGEN TEST	1	<p>QLC 4 / 90 days</p> <p>OTC Over the Counter</p>
CARESTART COVID-19 HOME TEST	1	<p>QLC 4 / 90 days</p> <p>OTC Over the Counter</p>
CLEARDETECT COVID-19 AG HOME	1	<p>QLC 4 / 90 days</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLINITEST RAPID COVID-19 TEST	1	QLC 4 / 90 days OTC Over the Counter
COVID-19 AT HOME ANTIGEN TEST	1	QLC 4 / 90 days OTC Over the Counter
COVID-19 AT-HOME TEST	1	QLC 4 / 90 days OTC Over the Counter
COVID-19 OTC ANTIGEN 1-PACK	1	QLC 4 / 90 days OTC Over the Counter
COVID-19 OTC ANTIGEN 2-PACK	1	QLC 4 / 90 days OTC Over the Counter
CVS COVID-19 AT HOME TEST KIT	1	QLC 4 / 90 days OTC Over the Counter
DIATRUST COVID-19 HOME TEST	1	QLC 4 / 90 days OTC Over the Counter
ELLUME COVID-19 HOME TEST	1	QLC 4 / 90 days OTC Over the Counter
FASTEP COVID-19 ANTIGEN TEST	1	QLC 4 / 90 days OTC Over the Counter
FLOWFLEX COVID-19 AG HOME TEST	1	QLC 4 / 90 days OTC Over the Counter
GENABIO COVID-19 RAPID TEST	1	QLC 4 / 90 days OTC Over the Counter
GOTOKNOW COVID-19 ANTIGEN RAPI	1	QLC 4 / 90 days OTC Over the Counter
ID NOW COVID-19 2.0 CONTROL	1	OTC Over the Counter
ID NOW COVID-19 2.0 TEST	1	
IHEALTH COVID-19 RAPID TEST	1	QLC 4 / 90 days OTC Over the Counter
INDICAID COVID-19 RAPID TEST	1	QLC 4 / 90 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INTELISWAB COVID-19 RAPID TEST	1	QLC 4 / 90 days OTC Over the Counter
OHC COVID-19 ANTIGEN SELF TEST	1	QLC 4 / 90 days OTC Over the Counter
ON/GO COVID-19 ANTIGEN TEST	1	QLC 4 / 90 days OTC Over the Counter
ON/GO ONE COVID-19 HOME TEST	1	QLC 4 / 90 days OTC Over the Counter
PILOT COVID-19 AT-HOME TEST	1	QLC 4 / 90 days OTC Over the Counter
QUICKVUE AT-HOME COVID-19 TEST	1	QLC 4 / 90 days OTC Over the Counter
SPEEDY SWAB COVID-19 ANTIGEN	1	QLC 4 / 90 days OTC Over the Counter
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCT COMBINATIONS		
ELFOLATE PLUS	1	
<i>folic acid-pyridoxine-cyanocobalamin</i>	1	OTC Over the Counter
FOLTANX	1	
PODIAPN	1	
INFANT FOODS		
PHENYL-FREE 1	1	OTC Over the Counter
NUTRITIONAL SUPPLEMENTS		
PHENYLADE ESSENTIAL DRINK MIX PACKET	1	OTC Over the Counter
PKU COOLER 10	1	OTC Over the Counter
PKU GEL	1	OTC Over the Counter
PKU PERIFLEX EARLY YEARS	1	OTC Over the Counter
PKU TRIO	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	1	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (acetazolamide tab 125 mg, acetazolamide tab 250 mg)</i>	1	
<i>acetazolamide cap er 12hr 500 mg</i>	2	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>triamterene &amp; hydrochlorothiazide</i>	1	
LOOP DIURETICS		
<i>bumetanide (bumetanide tab 0.5 mg, bumetanide tab 1 mg, bumetanide tab 2 mg)</i>	1	
FUROSEMIDE (FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE ORAL SOLN 10 MG/ML, FUROSEMIDE TAB 20 MG, FUROSEMIDE TAB 40 MG, FUROSEMIDE TAB 80 MG)	1	
<i>toremide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>spironolactone (spironolactone tab 25 mg, spironolactone tab 50 mg, spironolactone tab 100 mg)</i>	1	
<i>triamterene</i>	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
DIURIL	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BISPHOSPHONATES		
<i>alendronate sodium (alendronate sodium tab 35 mg, alendronate sodium tab 70 mg)</i>	1	QL 5 / 30 day(s)
<i>alendronate sodium tab 10 mg</i>	1	QL 120 / 30 days
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	QL 1 / 30 days
<i>risedronate sodium tab 150 mg</i>	1	QL 1 / 30 days
<i>risedronate sodium tab 35 mg</i>	1	QL 4 / 28 days
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	1	QL 60 / 30 day(s) S
CALCITONINS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	QLC 22.2 / 180 days
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine (metabolic modifiers) (levocarnitine oral soln 1 gm/10ml (10%), levocarnitine tab 330 mg)</i>	1	
DOPAMINE RECEPTOR AGONISTS		
<i>cabergoline</i>	1	
FABRY DISEASE - AGENTS		
GALAFOLD	1	QL 14 / 28 day(s) PA S
GNRH/LHRH ANTAGONISTS		
<i>ganirelix acetate</i>	1	QL 2.5 / 30 day(s) PA S F Covered under fertility rider
GROWTH HORMONES		
GENOTROPIN	1	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENOTROPIN MINIQUICK	1	PA S
HOMOCYSTINURIA TREATMENT - AGENTS		
<i>betaine</i>	1	S
HYPERAMMONEMIA TREATMENT - AGENTS		
CARBAGLU	1	PA S
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
<i>calcitriol (calcitriol cap 0.25 mcg, calcitriol cap 0.5 mcg, calcitriol oral soln 1 mcg/ml)</i>	1	
DOXERCALCIFEROL	2	
<i>paricalcitol (paricalcitol cap 1 mcg, paricalcitol cap 2 mcg, paricalcitol cap 4 mcg)</i>	1	
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ	1	PA S
OVULATION STIMULANTS-GONADOTROPINS		
GONAL-F	1	PA S F Covered under fertility rider
GONAL-F RFF	1	PA S F Covered under fertility rider
GONAL-F RFF REDIJECT	1	PA S F Covered under fertility rider
MENOPUR	1	QL 60 / 30 day(s) PA S F Covered under fertility rider

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OIDREL	1	<ul style="list-style-type: none"> <li>QL 1 / 30 days</li> <li>PA</li> <li>S</li> <li>F Covered under fertility rider</li> </ul>
PREGNYL	1	<ul style="list-style-type: none"> <li>QL 2 / 30 day(s)</li> <li>PA</li> <li>S</li> <li>F Covered under fertility rider</li> </ul>
OVULATION STIMULANTS-SYNTHETIC		
<i>clomiphene citrate</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>F Covered under fertility rider</li> </ul>
PARATHYROID HORMONE AND DERIVATIVES		
TERIPARATIDE	1	<ul style="list-style-type: none"> <li>QL 2.24 / 28 day(s)</li> <li>PA</li> <li>AL1 At least 18 yrs old</li> <li>S</li> </ul>
TYMLOS	1	<ul style="list-style-type: none"> <li>QL 1.56 / 30 days</li> <li>PA</li> <li>AL1 At least 18 yrs old</li> <li>S</li> </ul>
PHENYLKETONURIA TREATMENT - AGENTS		
<i>sapropterin dihydrochloride (sapropterin dihydrochloride powder packet 500 mg, sapropterin dihydrochloride tab 100 mg)</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
<i>sapropterin dihydrochloride powder packet 100 mg</i>	2	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
<i>raloxifene hcl</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>ACA Affordable Care Act</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan (hyponatremia)</i>	3	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
<i>tolvaptan (tolvaptan tab 15 mg, tolvaptan tab 30 mg)</i>	3	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>S</li> </ul>
<i>tolvaptan (tolvaptan tab therapy pack 15 mg, tolvaptan tab therapy pack 30 &amp; 15 mg, tolvaptan tab therapy pack 45 &amp; 15 mg, tolvaptan tab therapy pack 60 &amp; 30 mg, tolvaptan tab therapy pack 90 &amp; 30 mg)</i>	3	<ul style="list-style-type: none"> <li>QL 56 / 28 days</li> <li>PA</li> <li>S</li> </ul>
<b>SOMATOSTATIC AGENTS</b>		
<i>lanreotide acetate</i>	1	<ul style="list-style-type: none"> <li>QL 1 / 28 days</li> <li>PA</li> <li>S</li> </ul>
<i>octreotide acetate (octreotide acetate inj 500 mcg/ml (0.5 mg/ml), octreotide acetate inj 1000 mcg/ml (1 mg/ml))</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>S</li> </ul>
<i>octreotide acetate (octreotide acetate, octreotide acetate inj 50 mcg/ml (0.05 mg/ml), octreotide acetate inj 100 mcg/ml (0.1 mg/ml))</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>PA</li> <li>S</li> </ul>
<b>UREA CYCLE DISORDER - AGENTS</b>		
<i>sodium phenylbutyrate tab 500 mg</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>S</li> </ul>
<b>VASOPRESSIN</b>		
<i>desmopressin acetate (desmopressin acetate 1.5 mg/ml solution, desmopressin acetate tab 0.1 mg, desmopressin acetate tab 0.2 mg)</i>	1	
<i>desmopressin acetate spray</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desmopressin acetate spray refrigerated</i>	1	
<b>ESTROGENS</b>		
<b>ESTROGEN &amp; PROGESTIN</b>		
<i>estradiol &amp; norethindrone acetate (estradiol &amp; norethindrone acetate tab 0.5-0.1 mg, estradiol &amp; norethindrone acetate tab 1-0.5 mg)</i>	1	QL 30 / 30 day(s)
<i>norethindrone acetate-ethinyl estradiol</i>	1	
<b>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</b>		
ORIAHNN	2	QL 56 / 28 day(s) PA
<b>ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB</b>		
DUAVEE	2	QL 30 / 30 days
<i>estradiol (estradiol tab 0.5 mg, estradiol tab 1 mg, estradiol tab 2 mg)</i>	1	
<i>estradiol (estradiol td gel 0.25 mg/0.25gm (0.1%), estradiol td gel 0.5 mg/0.5gm (0.1%), estradiol td gel 0.75 mg/0.75gm (0.1%), estradiol td gel 1 mg/gm (0.1%))</i>	1	QL 30 / 30 days
<i>estradiol (estradiol td patch twice weekly 0.025 mg/24hr, estradiol td patch twice weekly 0.0375 mg/24hr, estradiol td patch twice weekly 0.05 mg/24hr, estradiol td patch twice weekly 0.075 mg/24hr, estradiol td patch twice weekly 0.1 mg/24hr)</i>	1	QL 8 / 28 day(s)
<i>estradiol (estradiol td patch weekly 0.025 mg/24hr, estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), estradiol td patch weekly 0.05 mg/24hr, estradiol td patch weekly 0.06 mg/24hr, estradiol td patch weekly 0.075 mg/24hr, estradiol td patch weekly 0.1 mg/24hr)</i>	1	QL 4 / 28 day(s)
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	QL 50 / 30 day(s)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	QL 37.5 / 30 day(s)
<i>estradiol valerate</i>	1	
<b>FLUOROQUINOLONES</b>		
CIPRO 250 MG/5ML (5%) RECON SUSP	1	QLC 210/30 day(s)
CIPRO 500 MG/5ML (10%) RECON SUSP	1	QLC 300/30 day(s)
<i>ciprofloxacin hcl</i>	1	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levofloxacin (levofloxacin tab 250 mg, levofloxacin tab 500 mg, levofloxacin tab 750 mg)</i>	1	QL 30 / Rx
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>moxifloxacin hcl</i>	2	QL 21 / Rx
GASTROINTESTINAL AGENTS - MISC.		
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	2	QL 30 / 30 day(s) PA AL1 At least 6 yrs old
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium (mastocytosis)</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 24 mcg</i>	1	QL 60 / 30 days AL1 At least 18 yrs old
<i>lubiprostone cap 8 mcg</i>	1	QL 60 / 30 day(s) AL1 At least 18 yrs old
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv), metoclopramide hcl tab 5 mg (base equivalent), metoclopramide hcl tab 10 mg (base equivalent))</i>	1	
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS	2	QL 30 / 30 day(s) PA AL1 At least 6 yrs old
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	1	
<i>mesalamine (mesalamine 400 mg cap dr, mesalamine cap dr 400 mg, mesalamine tab delayed release 800 mg)</i>	1	QL 180 / 30 days
<i>mesalamine cap er 24hr 0.375 gm</i>	1	QL 360 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mesalamine enema 4 gm</i>	1	QL 1680 / 28 days
<i>mesalamine suppos 1000 mg</i>	1	QL 30 / 30 days
<i>mesalamine tab delayed release 1.2 gm</i>	1	QL 120 / 30 days
<i>sulfasalazine</i>	1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy)</i>	1	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	QL 30 / 30 days PA
SYMPROIC	2	QL 30 / 30 days PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) (calcium acetate (phosphate binder) cap 667 mg (169 mg ca), calcium acetate (phosphate binder) tab 667 mg)</i>	1	OTC Over the Counter
<i>lanthanum carbonate</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO	2	
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride</i>	1	QL 30 / 30 days
<i>finasteride</i>	1	QL 30 / 30 days
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
<i>alfuzosin hcl</i>	1	QL 30 / 30 day(s)
<i>tamsulosin hcl</i>	1	
CITRATES		
<i>potassium citrate (alkalinizer)</i>	1	
SOD CITRATE-CITRIC ACID 500-334 MG/5ML SOLUTION	1	
SODIUM CITRATE-CITRIC ACID	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON 150 MG CAP	2	QL 390 / 30 day(s) S
CYSTAGON 50 MG CAP	2	QL 1200 / 30 day(s) S
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	2	QL 90 / 30 day(s) PA
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid</i>	1	QL 60 / 30 day(s)
<i>allopurinol (allopurinol tab 100 mg, allopurinol tab 300 mg)</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<b>URICOSURICS</b>		
<i>probenecid</i>	1	QL 120 / 30 day(s)
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
BENEFIX	1	PA S
COAGADDEX	1	PA S
CORIFACT	1	PA S
FIBRYGA	1	PA S
KOATE	1	PA S
KOATE-DVI	1	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OBIZUR	3	PA S
PROFILNINE	1	PA S
SEVENFACT	1	PA S
WILATE	3	PA S
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
ALHEMO (ALHEMO 60 MG/1.5ML SOLN PEN, ALHEMO 150 MG/1.5ML SOLN PEN)	1	QL 6 / 28 days PA S
ALHEMO 300 MG/3ML SOLN PEN	1	QL 9 / 28 days PA S
HEMLIBRA (HEMLIBRA 30 MG/ML SOLUTION, HEMLIBRA 150 MG/ML SOLUTION)	1	QL 4 / 28 day(s) PA S
HEMLIBRA 105 MG/0.7ML SOLUTION	1	QL 2.8 / 28 day(s) PA S
HEMLIBRA 12 MG/0.4ML SOLUTION	1	QL 1.6 / 28 days PA S
HEMLIBRA 300 MG/2ML SOLUTION	1	QL 4 / 28 days PA S
HEMLIBRA 60 MG/0.4ML SOLUTION	1	QL 1.6 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 18 / 30 day(s)</div> <div style="margin-bottom: 5px;"><span style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span></div> </div>
<b>C1 ESTERASE INHIBITORS</b>		
HAEGARDA 2000 UNIT RECON SOLN	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 24 / 30 day(s)</div> <div style="margin-bottom: 5px;"><span style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span></div> </div>
HAEGARDA 3000 UNIT RECON SOLN	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 16 / 30 day(s)</div> <div style="margin-bottom: 5px;"><span style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div><span style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</span></div> </div>
<b>DIRECT-ACTING P2Y12 INHIBITORS</b>		
<i>ticagrelor</i>	1	
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline</i>	1	
<b>PHOSPHODIESTERASE III INHIBITORS</b>		
<i>cilostazol</i>	1	
<b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>		
<i>aspirin-dipyridamole</i>	1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>dipyridamole</i>	1	
<b>QUINAZOLINE AGENTS</b>		
<i>anagrelide hcl</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 120 / 30 day(s)</div> </div>
<b>THIENOPYRIDINE DERIVATIVES</b>		
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>prasugrel hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
<i>miglustat</i>	1	QL 90 / 30 day(s) PA S
<b>AMINO ACIDS</b>		
<i>glutamine (sickle cell)</i>	1	QL 180 / 30 days PA S
<b>COBALAMINS</b>		
B-12 1000 MCG CHEW TAB	1	OTC Over the Counter
<i>cyanocobalamin (cyanocobalamin inj 1000 mcg/ml, cyanocobalamin sl tab 1000 mcg, cyanocobalamin tab 100 mcg, cyanocobalamin tab 1000 mcg)</i>	1	
<b>CYTOTOXIC AGENTS</b>		
DROXIA	2	S
<b>ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)</b>		
RETACRIT	1	PA S
<b>FOLIC ACID/FOLATE COMBINATIONS</b>		
FOLGARD RX	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	1	OTC Over the Counter
FOLPLEX 2.2	1	
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid (folic acid cap 0.8 mg, folic acid tab 1 mg, folic acid tab 400 mcg, folic acid tab 800 mcg)</i>	1	ACA Affordable Care Act OTC Over the Counter
<b>GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)</b>		
FULPHILA	1	PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIVESTYM	1	PA S
<b>IRON</b>		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	1	ACA Affordable Care Act OTC Over the Counter
FERRETTIS	1	OTC Over the Counter
FERRIMIN 150	1	OTC Over the Counter
FERROUS FUMARATE (FERROUS FUMARATE, FERROUS FUMARATE 29 MG TAB)	1	OTC Over the Counter
<i>ferrous gluconate (ferrous gluconate tab 240 mg (27 mg elemental fe), ferrous gluconate tab 324 mg (37.5 mg elemental iron), ferrous gluconate tab 324 mg (38 mg elemental iron))</i>	1	OTC Over the Counter
<i>ferrous sulfate (ferrous sulfate 27 mg tab, ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe), ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe), ferrous sulfate tab 27 mg (elemental fe), ferrous sulfate tab 325 mg (65 mg elemental fe), ferrous sulfate tab ec 324 mg (65 mg fe equivalent), ferrous sulfate tab ec 325 mg (65 mg fe equivalent), ferrous sulfate tab er 45 mg (elemental fe), ferrous sulfate tab er 50 mg (elemental fe))</i>	1	OTC Over the Counter
<i>ferrous sulfate dried (ferrous sulfate dried tab 200 mg (65 mg elemental fe), ferrous sulfate dried tab er 45 mg (fe equivalent), ferrous sulfate dried tab er 160 mg (50 mg fe equivalent))</i>	1	OTC Over the Counter
HIGH POTENCY IRON 86 (27 FE) MG CAP	1	OTC Over the Counter
IRON UP	1	ACA Affordable Care Act OTC Over the Counter
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	1	OTC Over the Counter
<b>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</b>		
DOPTELET	1	QL 60 / 30 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid (aminocaproic acid tab 500 mg, aminocaproic acid tab 1000 mg)</i>	1	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	2	
<i>tranexamic acid tab 650 mg</i>	1	QL 180 / 30 day(s)
<b>HEMOSTATICS - TOPICAL</b>		
<b>RECOTHROM</b>	3	S
<b>RECOTHROM SPRAY KIT</b>	3	S
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTIHISTAMINE HYPNOTICS</b>		
<i>diphenhydramine hcl (sleep) tab 25 mg</i>	1	OTC Over the Counter
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab, phenobarbital elixir 20 mg/5ml, phenobarbital tab 15 mg, phenobarbital tab 16.2 mg, phenobarbital tab 30 mg, phenobarbital tab 32.4 mg, phenobarbital tab 60 mg, phenobarbital tab 64.8 mg, phenobarbital tab 97.2 mg, phenobarbital tab 100 mg)</i>	1	
<b>BENZODIAZEPINE HYPNOTICS</b>		
<i>temazepam (temazepam cap 15 mg, temazepam cap 30 mg)</i>	1	QL 30 / 30 day(s)
<b>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</b>		
<i>eszopiclone</i>	1	QL 30 / 30 day(s)
<i>zaleplon</i>	1	QL 30 / 30 day(s)
<i>zolpidem tartrate (zolpidem tartrate tab 5 mg, zolpidem tartrate tab 10 mg, zolpidem tartrate tab er 6.25 mg, zolpidem tartrate tab er 12.5 mg)</i>	1	QL 30 / 30 day(s)
<b>OREXIN RECEPTOR ANTAGONISTS</b>		

DAYVIGO

2

QL 30 / 30 days

ST

ST1 Must try melatonin, eszopiclone, zaleplon, zolpidem.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>LAXATIVES</b>		
<b>BOWEL EVACUANT COMBINATIONS</b>		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	ACA Affordable Care Act
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	ACA Affordable Care Act
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	2	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>lactulose solution 10 gm/15ml</i>	1	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	ACA Affordable Care Act OTC Over the Counter
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl suppos 10 mg</i>	1	OTC Over the Counter
<i>sennosides (sennosides cap 8.6 mg, sennosides tab 8.6 mg)</i>	1	OTC Over the Counter
<b>SURFACTANT LAXATIVES</b>		
<i>docusate calcium</i>	1	OTC Over the Counter
<i>docusate sodium (docusate sodium cap 100 mg, docusate sodium cap 250 mg, docusate sodium tab 100 mg)</i>	1	OTC Over the Counter
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (azithromycin for susp 100 mg/5ml, azithromycin for susp 200 mg/5ml)</i>	1	
<i>azithromycin tab 250 mg</i>	1	QL 6 / 5 day(s)
<i>azithromycin tab 500 mg</i>	1	QL 5 / Rx
<i>azithromycin tab 600 mg</i>	1	QL 8.7 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CLARITHROMYCIN</b>		
<i>clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp, clarithromycin tab 250 mg, clarithromycin tab 500 mg)</i>	1	
<b>ERYTHROMYCINS</b>		
<i>erythromycin base (erythromycin tab 250 mg, erythromycin tab 500 mg, erythromycin tab delayed release 250 mg, erythromycin tab delayed release 333 mg, erythromycin tab delayed release 500 mg)</i>	2	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml)</i>	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>BLOOD PRESSURE DEVICES</b>		
ADULT BLOOD PRESSURE CUFF LG	1	PA QLC 1 / 365 Days OTC Over the Counter
BLOOD PRESSURE CUFF	1	PA QLC 1 / 365 Days OTC Over the Counter
BLOOD PRESSURE DIGITAL ADD-ON	1	PA QLC 1 / 365 Days OTC Over the Counter
BLOOD PRESSURE MONITORING DEVICE	1	PA QLC 1 / 365 Days OTC Over the Counter
CRITIKON CUFF	1	PA QLC 1 / 365 Days OTC Over the Counter
CRITIKON CUFF COMPLETE SYSTEM	1	PA QLC 1 / 365 Days OTC Over the Counter
CRITIKON CUFF NEO SOFT #2	1	PA QLC 1 / 365 Days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRITIKON CUFF NEO SOFT #3	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter
CRITIKON CUFF NEO SOFT #4	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter
CRITIKON CUFF NEO SOFT #5	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter
CRITIKON CUFF NEONATAL #1	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter
CRITIKON CUFF NEONATAL #2	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter
CRITIKON CUFF NEONATAL #3	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter
CRITIKON CUFF NEONATAL #4	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter
CRITIKON CUFF NEONATAL #5	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter
CVS BLOOD PRESSURE CUFF	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter
DURA-CUF	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> 1 / 365 Days Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DURA-CUF COMPLETE SYSTEM	1	PA QLC 1 / 365 Days OTC Over the Counter
FORA P20 BLOOD PRESSURE CUFF	1	PA QLC 1 / 365 Days OTC Over the Counter
HYPERTENSION CARE	1	PA QLC 1 / 365 Days OTC Over the Counter
IHEALTH EASE BP MONITOR	1	PA QLC 1 / 365 Days OTC Over the Counter
IHEALTH TRACK BP MONITOR	1	PA QLC 1 / 365 Days OTC Over the Counter
IHEALTH TRACK BP MONITOR XL	1	PA QLC 1 / 365 Days OTC Over the Counter
KENDALL SCD EXPRESS FOOT CUFF	1	PA QLC 1 / 365 Days
RELION BLOOD PRESSURE CUFF	1	PA QLC 1 / 365 Days OTC Over the Counter
CERVICAL CAPS		
FEMCAP	1	ACA Affordable Care Act
CONDOMS - FEMALE		
CONDOMS - FEMALE	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONDOMS - MALE		
CONDOMS - MALE	1	<span style="background-color: yellow;">ACA</span> Affordable Care Act <span style="background-color: blue;">OTC</span> Over the Counter
DIAPHRAGMS		
DIAPHRAGMS	1	<span style="background-color: yellow;">ACA</span> Affordable Care Act
GLUCOSE MONITORING TEST SUPPLIES		
DEXCOM G6 RECEIVER	1	<span style="background-color: olive;">ST</span> <span style="background-color: purple;">QLC</span> 1 / 365 day(s) <span style="background-color: gray;">ST1</span> Must be using insulin for CGM. Process insulin then CGM.
DEXCOM G6 SENSOR	1	<span style="background-color: purple;">QL</span> 3 / 30 day(s) <span style="background-color: olive;">ST</span> <span style="background-color: gray;">ST1</span> Must be using insulin for CGM. Process insulin then CGM.
DEXCOM G6 TRANSMITTER	1	<span style="background-color: purple;">QL</span> 1 / 90 day(s) <span style="background-color: olive;">ST</span> <span style="background-color: gray;">ST1</span> Must be using insulin for CGM. Process insulin then CGM.
DEXCOM G7 15 DAY SENSOR	1	<span style="background-color: purple;">QL</span> 2 / 30 days <span style="background-color: olive;">ST</span> <span style="background-color: gray;">ST1</span> Must be using insulin for CGM. Process insulin then CGM.
DEXCOM G7 RECEIVER	1	<span style="background-color: olive;">ST</span> <span style="background-color: purple;">QLC</span> 1 / 365 day(s) <span style="background-color: gray;">ST1</span> Must be using insulin for CGM. Process insulin then CGM.
DEXCOM G7 SENSOR	1	<span style="background-color: purple;">QL</span> 3 / 30 day(s) <span style="background-color: olive;">ST</span> <span style="background-color: gray;">ST1</span> Must be using insulin for CGM. Process insulin then CGM.
FREESTYLE FREEDOM LITE	1	<span style="background-color: purple;">QLC</span> 1 / 365 Days <span style="background-color: black;">G</span> Glucometer <span style="background-color: blue;">OTC</span> Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 14 DAY READER	1	<p>ST</p> <p>QLC 1 / 365 day(s)</p> <p>ST1 Must be using insulin for CGM. Process insulin then CGM.</p>
FREESTYLE LIBRE 14 DAY SENSOR	1	<p>QL 2 / 28 days</p> <p>ST</p> <p>ST1 Must be using insulin for CGM. Process insulin then CGM.</p>
FREESTYLE LIBRE 2 PLUS SENSOR	1	<p>QL 2 / 30 days</p> <p>ST</p> <p>ST1 Must be using insulin for CGM. Process insulin then CGM.</p>
FREESTYLE LIBRE 2 READER	1	<p>ST</p> <p>QLC 1 / 365 day(s)</p> <p>ST1 Must be using insulin for CGM. Process insulin then CGM.</p>
FREESTYLE LIBRE 2 SENSOR	1	<p>QL 2 / 28 days</p> <p>ST</p> <p>ST1 Must be using insulin for CGM. Process insulin then CGM.</p>
FREESTYLE LIBRE 3 PLUS SENSOR	1	<p>QL 2 / 30 days</p> <p>ST</p> <p>ST1 Must be using insulin for CGM. Process insulin then CGM.</p>
FREESTYLE LIBRE 3 READER	1	<p>ST</p> <p>QLC 1 / 365 day(s)</p> <p>ST1 Must be using insulin for CGM. Process insulin then CGM.</p>
FREESTYLE LIBRE 3 SENSOR	1	<p>QL 2 / 28 days</p> <p>ST</p> <p>ST1 Must be using insulin for CGM. Process insulin then CGM.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LITE	1	<p>QLC 1 / 365 Days</p> <p>G Glucometer</p> <p>OTC Over the Counter</p>
FREESTYLE PRECISION NEO SYSTEM	1	<p>QLC 1 / 365 Days</p> <p>G Glucometer</p> <p>OTC Over the Counter</p>
LANCETS	1	<p>OTC Over the Counter</p>
ONETOUCH ULTRA CONTROL	1	<p>OTC Over the Counter</p>
ONETOUCH VERIO (ONETOUCH VERIO LIQUID, ONETOUCH VERIO HIGH LIQUID)	1	<p>OTC Over the Counter</p>
RELION TRUE MET AIR GLUC METER	1	<p>QLC 1 / 365 days</p> <p>G Glucometer</p> <p>OTC Over the Counter</p>
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT	1	<p>QLC 1 / 365 days</p> <p>G Glucometer</p> <p>OTC Over the Counter</p>
TRUE METRIX METER W/DEVICE KIT	1	<p>QLC 1 / 365 days</p> <p>G Glucometer</p> <p>OTC Over the Counter</p>
INSULIN ADMINISTRATION SUPPLIES		
OMNIPOD 5 DEXG7G6 INTRO GEN 5	1	<p>PA</p> <p>QLC 1 / 365 Days</p>
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	<p>QL 15 / 30 days</p> <p>PA</p>
OMNIPOD 5 G7 INTRO (GEN 5)	1	<p>PA</p> <p>QLC 1 / 365 Days</p>
OMNIPOD 5 G7 PODS (GEN 5)	1	<p>QL 15 / 30 days</p> <p>PA</p>
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	1	<p>PA</p> <p>QLC 1 / 365 Days</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>15 / 30 days</div> </div> <div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #8B4513; color: white; padding: 2px 5px;">PA</div> </div>
OMNIPOD DASH INTRO (GEN 4)	1	<div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #8B4513; color: white; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QLC</div> <div>1 / 365 Days</div> </div>
OMNIPOD DASH PDM (GEN 4)	1	<div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #8B4513; color: white; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QLC</div> <div>1 / 365 Days</div> </div>
OMNIPOD DASH PODS (GEN 4)	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>15 / 30 days</div> </div> <div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #8B4513; color: white; padding: 2px 5px;">PA</div> </div>
PIVOT INSULIN PUMP STARTER KIT	1	<div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #8B4513; color: white; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QLC</div> <div>1 / 365 Days</div> </div>
<b>NEEDLES &amp; SYRINGES</b>		
INSULIN SYRINGE/NEEDLE	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QLC</div> <div>2 / 365 days</div> </div> <div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #0070C0; color: white; padding: 2px 5px;">OTC</div> Over the Counter         </div>
PEN NEEDLES	1	<div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #0070C0; color: white; padding: 2px 5px;">OTC</div> Over the Counter         </div>
<b>SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES</b>		
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS	1	
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	1	<div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #0070C0; color: white; padding: 2px 5px;">OTC</div> Over the Counter         </div>
SPACER/AEROSOL-HOLDING CHAMBERS	1	<div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #0070C0; color: white; padding: 2px 5px;">OTC</div> Over the Counter         </div>
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)</b>		
NURTEC	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>8 / 30 days</div> </div> <div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #8B4513; color: white; padding: 2px 5px;">PA</div> </div>
<b>CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES</b>		
AIMOVIG	1	<div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #8B4513; color: white; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">AL1</div> <div>At least 18 yrs old</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QLC</div> <div>1 / 30 days</div> </div> </div>
AJOVY	1	<div style="margin-top: 5px;"> <div style="display: inline-block; border: 1px solid black; background-color: #8B4513; color: white; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">AL1</div> <div>At least 6 yrs old</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QLC</div> <div>1.5 / 30 days</div> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMGALITY	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c9583d; color: white; padding: 2px;">PA</div> <div style="background-color: #2e8b57; color: white; padding: 2px;">AL1</div> <div style="background-color: #800080; color: white; padding: 2px;">QLC</div> </div> At least 18 yrs old 1 / 30 days
EMGALITY (300 MG DOSE)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px;">QL</div> <div style="background-color: #c9583d; color: white; padding: 2px;">PA</div> <div style="background-color: #2e8b57; color: white; padding: 2px;">AL1</div> </div> 1 / 30 days At least 18 yrs old
<b>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>		
<i>naratriptan hcl</i>	1	<div style="background-color: #800080; color: white; padding: 2px;">QLC</div> 18 / 30 day(s)
<i>rizatriptan benzoate (rizatriptan benzoate tab 5 mg (base equivalent), rizatriptan benzoate tab 10 mg (base equivalent))</i>	1	<div style="background-color: #800080; color: white; padding: 2px;">QLC</div> 18 / 30 day(s)
<i>sumatriptan</i>	1	<div style="background-color: #800080; color: white; padding: 2px;">QLC</div> 12 / 30 day(s)
<i>sumatriptan succinate (sumatriptan succinate solution auto-injector 4 mg/0.5ml, sumatriptan succinate solution auto-injector 6 mg/0.5ml)</i>	1	<div style="background-color: #800080; color: white; padding: 2px;">QL</div> 6 / 30 day(s)
<i>sumatriptan succinate (sumatriptan succinate tab 25 mg, sumatriptan succinate tab 50 mg, sumatriptan succinate tab 100 mg)</i>	1	<div style="background-color: #800080; color: white; padding: 2px;">QLC</div> 18 / 30 day(s)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	<div style="background-color: #800080; color: white; padding: 2px;">QL</div> 5 / 30 day(s)
<i>zolmitriptan (zolmitriptan tab 2.5 mg, zolmitriptan tab 5 mg)</i>	1	<div style="background-color: #800080; color: white; padding: 2px;">QLC</div> 12 / 30 day(s)
<b>SELECTIVE SEROTONIN AGONISTS 5-HT(1F)</b>		
REYVOW	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px;">QL</div> <div style="background-color: #c9583d; color: white; padding: 2px;">PA</div> <div style="background-color: #2e8b57; color: white; padding: 2px;">AL1</div> </div> 8 / 30 day(s) At least 18 yrs old
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>CALCIUM</b>		
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	1	<div style="background-color: #007bff; color: white; padding: 2px;">OTC</div> Over the Counter
<b>CALCIUM COMBINATIONS</b>		
<i>calcium carbonate-cholecalciferol (calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit), calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit))</i>	1	<div style="background-color: #007bff; color: white; padding: 2px;">OTC</div> Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>FLUORIDE</b>		
SODIUM FLUORIDE (SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION, SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB)	1	ACA Affordable Care Act
<b>PHOSPHATE</b>		
K-PHOS	1	
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHOROUS	1	
WES-PHOS 250 NEUTRAL	1	
<b>POTASSIUM</b>		
<i>potassium chloride (potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<b>ZINC</b>		
<i>zinc gluconate (zinc gluconate 15 mg tab, zinc gluconate tab 30 mg, zinc gluconate tab 50 mg (elemental zn), zinc gluconate tab 100 mg)</i>	1	PA OTC Over the Counter
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	1	PA OTC Over the Counter
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>ANTILEPROTICS</b>		
THALOMID	3	QL 30 / 30 day(s) PA S
<b>B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS</b>		
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	3	QL 4 / 28 day(s) PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CYCLOSPORINE ANALOGS</b>		
<i>cyclosporine modified (for microemulsion) (cyclosporine modified cap 25 mg, cyclosporine modified cap 50 mg, cyclosporine modified cap 100 mg, cyclosporine modified oral soln 100 mg/ml)</i>	1	
<b>IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES</b>		
<i>lenalidomide (lenalidomide cap 15 mg, lenalidomide cap 20 mg, lenalidomide cap 25 mg)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>21 / 28 day(s)</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> </div>
<i>lenalidomide (lenalidomide cap 5 mg, lenalidomide cap 10 mg, lenalidomide caps 2.5 mg)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>30 / 30 day(s)</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> </div>
<b>INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>		
<i>mycophenolate mofetil (mycophenolate mofetil cap 250 mg, mycophenolate mofetil for oral susp 200 mg/ml, mycophenolate mofetil tab 500 mg)</i>	1	
<i>mycophenolate sodium</i>	2	
<b>MACROLIDE IMMUNOSUPPRESSANTS</b>		
<i>everolimus (immunosuppressant)</i>	1	
<i>sirolimus (sirolimus oral soln 1 mg/ml, sirolimus tab 0.5 mg, sirolimus tab 1 mg, sirolimus tab 2 mg)</i>	2	
<i>tacrolimus (tacrolimus cap 0.5 mg, tacrolimus cap 1 mg)</i>	1	
<i>tacrolimus cap 5 mg</i>	2	
<b>POTASSIUM REMOVING AGENTS</b>		
<b>LOKELMA</b>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>30 / 30 day(s)</span> </div>
<i>sodium polystyrene sulfonate (*sodium polystyrene sulfonate powder**, sodium polystyrene sulfonate susp 15 gm/60ml)</i>	1	
<b>SPS (SODIUM POLYSTYRENE SULF)</b>	1	
<b>PURINE ANALOGS</b>		
<i>azathioprine tab 50 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat)</i>	1	QL 3600 / 30 days
ANTI-INFECTIVES - THROAT		
<i>nystatin (mouth-throat)</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
DENTAL PRODUCTS - COMBINATIONS		
SOD FLUORIDE-POTASSIUM NITRATE	1	ACA Affordable Care Act
SODIUM FLUORIDE 5000 ENAMEL	1	ACA Affordable Care Act
SODIUM FLUORIDE 5000 SENSITIVE	1	ACA Affordable Care Act
FLUORIDE DENTAL PRODUCTS		
DENTA 5000 PLUS	1	ACA Affordable Care Act
DENTAGEL	1	ACA Affordable Care Act
EASYGEL	1	ACA Affordable Care Act
FLUORIDEX	1	ACA Affordable Care Act
FLUORIDEX ENHANCED WHITENING	1	ACA Affordable Care Act
FLUORIMAX 5000	1	ACA Affordable Care Act
FRAICHE 5000 DENTAL	1	ACA Affordable Care Act
PERIOMED	1	ACA Affordable Care Act OTC Over the Counter
SF	1	ACA Affordable Care Act
SF 5000 PLUS	1	ACA Affordable Care Act
SODIUM FLUORIDE (SODIUM FLUORIDE 0.2 % SOLUTION, SODIUM FLUORIDE 1.1 % CREAM, SODIUM FLUORIDE 1.1 % GEL)	1	ACA Affordable Care Act
SODIUM FLUORIDE 5000 PLUS	1	ACA Affordable Care Act
SODIUM FLUORIDE 5000 PPM	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium fluoride cream 1.1%</i>	1	ACA Affordable Care Act
<i>stannous fluoride (stannous fluoride conc 0.63%, stannous fluoride gel 0.4%)</i>	1	ACA Affordable Care Act OTC Over the Counter
SALIVA STIMULANTS		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide (mouth)</i>	1	
MULTIVITAMINS		
B-COMPLEX W/ C & FOLIC ACID		
b-complex w/ c & folic acid (*b-complex w/ c & folic acid tab 0.8 mg***, *b-complex w/ c & folic acid tab 1 mg***, *b-complex w/ c & folic acid tab***)	1	OTC Over the Counter
DIALYVITE	1	
FOLBEE PLUS	1	OTC Over the Counter
TRIPHROCAPS	1	
IRON W/ VITAMINS		
GERITOL COMPLETE	1	OTC Over the Counter
GERITOL ENERGY SUPPORT	1	OTC Over the Counter
GERITOL TONIC	1	OTC Over the Counter
MULTIPLE VITAMINS W/ IRON		
MULTIPLE VITAMINS W/ IRON	1	OTC Over the Counter
MULTIPLE VITAMINS W/ MINERALS		
MULTIPLE VITAMINS W/ MINERALS	1	OTC Over the Counter
MULTIPLE VITAMIN	1	OTC Over the Counter
PED MULTI VITAMINS W/FL & FE		
MULTI-VITAMIN/FLUORIDE/IRON	1	
<i>ped multivitamins w/fl &amp; iron</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PED MULTIPLE VITAMINS W/ MINERALS		
ALIVE GUMMIES FOR CHILDREN	1	OTC Over the Counter
ALIVE MULTI-VITAMIN CHILDRENS	1	OTC Over the Counter
CHILDRENS GUMMIES	1	OTC Over the Counter
CVS GUMMY DINOS	1	OTC Over the Counter
CVS GUMMY MULTIVITAMIN KIDS	1	OTC Over the Counter
EQ MULTIVITAMIN GUMMIES	1	OTC Over the Counter
EQ MULTIVITAMINS GUMMY CHILD	1	OTC Over the Counter
EQL GUMMIES CHILDRENS	1	OTC Over the Counter
FLINTSTONES GUMMIES BONE BUILD	1	OTC Over the Counter
GUMMI BEAR MULTIVITAMIN/MIN	1	OTC Over the Counter
MULTIVIT-MIN GUMMIES CHILDRENS	1	OTC Over the Counter
MVW COMPLETE FORMULATION CHEW TAB	1	OTC Over the Counter
MVW COMPLETE FORMULATION D3000 CHEW TAB	1	OTC Over the Counter
MVW COMPLETE FORMULATION D5000 CHEW TAB	1	OTC Over the Counter
SMARTY PANTS KIDS COMPLETE	1	OTC Over the Counter
SPONGEBOB SQUAREPANTS GUMMIES	1	OTC Over the Counter
VITACHEW MULTIPLE VITAMIN	1	OTC Over the Counter
ZOO FRIENDS MULTI GUMMIES	1	OTC Over the Counter
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	OTC Over the Counter
PED VITAMINS ACD W/ FLUORIDE		
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	OTC Over the Counter
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA (FLORIVA 0.5 MG CHEW TAB, FLORIVA 1 MG CHEW TAB)	1	
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATAL VITAMINS	1	OTC Over the Counter
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen tab 10 mg</i>	1	QL 240 / 30 days
<i>baclofen tab 20 mg</i>	1	QL 120 / 30 day(s)
<i>cyclobenzaprine hcl (cyclobenzaprine hcl tab 5 mg, cyclobenzaprine hcl tab 10 mg)</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	QL 180 / 30 days
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	QL 60 / 30 day(s)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	QL 90 / 30 day(s)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	QL 180 / 30 day(s)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QL 60 / 30 day(s)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QL 45 / 30 day(s)
NASAL ANTIHISTAMINES		
<i>azelastine hcl</i>	1	QL 60 / 30 day(s)
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	1	QL 75 / 30 days
<i>fluticasone propionate (nasal)</i>	1	QL 16 / 30 day(s) AL1 At least 2 yrs old OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mometasone furoate (nasal)</i>	1	QL 34 / 30 day(s)
<i>triamcinolone acetonide (nasal)</i>	1	QL 16.9 / 30 day(s) OTC Over the Counter
NEUROMUSCULAR AGENTS		
BENZATHIAZOLES		
<i>riluzole</i>	1	QL 60 / 30 day(s) S
TEGLUTIK	1	QL 600 / 30 day(s) PA S
TIGLUTIK	1	QL 600 / 30 day(s) PA S
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI 0.75 MG/ML RECON SOLN	1	QL 240 / 30 day(s) PA S
NUTRIENTS		
AMINO ACID MIXTURES		
<i>amino acids (*amino acids bar***, *amino acids oral liquid***, *amino acids pack***, *amino acids tab***)</i>	1	OTC Over the Counter
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA	2	QL 8 / 28 days
ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS		
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	1	OTC Over the Counter
GENTEAL TEARS SEVERE DAY/NIGHT	1	OTC Over the Counter
<i>glycerin-hypromellose-polyethylene glycol 400</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>polyethylene glycol-propylene glycol (ophth) (polyethylene glycol-propylene glycol ophth soln 0.4-0.3%, polyethylene glycol-propylene glycol pf op soln 0.4-0.3%)</i>	1	OTC Over the Counter
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	1	OTC Over the Counter
<i>propylene glycol-glycerin</i>	1	OTC Over the Counter
SYSTANE	1	OTC Over the Counter
<i>white petrolatum-mineral oil</i>	1	OTC Over the Counter
ARTIFICIAL TEAR SOLUTIONS		
<i>artificial tear solution</i>	1	OTC Over the Counter
ARTIFICIAL TEARS AND LUBRICANTS		
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	1	OTC Over the Counter
COMPUTER EYE DROPS	1	OTC Over the Counter
<i>polyethylene glycol 400 (ophth)</i>	1	OTC Over the Counter
<i>polyvinyl alcohol</i>	1	OTC Over the Counter
<i>propylene glycol (ophth)</i>	1	OTC Over the Counter
BETA-BLOCKERS - OPHTHALMIC		
LEVOBUNOLOL HCL	1	QL 12 / 30 day(s)
<i>timolol maleate ophth soln 0.25%</i>	1	QL 10 / 30 days
<i>timolol maleate ophth soln 0.5%</i>	1	QL 10 / 30 day(s)
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
<i>brimonidine tartrate-timolol maleate</i>	1	QL 10 / 30 days
<i>dorzolamide hcl-timolol maleate (dorzolamide hcl-timolol maleate ophth soln 2-0.5%, dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml)</i>	1	QL 10 / 30 days
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate (ophthalmic)</i>	1	
<i>cyclopentolate hcl</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>MIOTICS - DIRECT ACTING</b>		
<i>pilocarpine hcl (pilocarpine hcl ophth soln 1%, pilocarpine hcl ophth soln 2%, pilocarpine hcl ophth soln 4%)</i>	1	QL 15 / Rx
<b>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</b>		
<b>BACITRACIN-POLYMYXIN B</b>	1	QL 3.5 / Rx
<i>bacitracin-polymyxin b (ophth)</i>	1	QL 3.5 / Rx
<b>NEOMYCIN-BACITRACIN ZN-POLYMYX</b>	1	QL 3.5 / Rx
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL 3.5 / Rx
<i>polymyxin b-trimethoprim</i>	1	QL 10 / Rx
<b>OPHTHALMIC ANTIALLERGIC</b>		
<i>azelastine hcl (ophth)</i>	1	QL 12 / Rx
<b>CROMOLYN SODIUM 4 % SOLUTION</b>	1	QL 10 / Rx
<i>ketotifen fumarate (ophth)</i>	1	QL 10 / Rx OTC Over the Counter
<b>LASTACAFT</b>	1	QL 10 / Rx OTC Over the Counter
<i>olopatadine hcl (olopatadine hcl ophth soln 0.1% (base equivalent), olopatadine hcl ophth soln 0.2% (base equivalent))</i>	1	QL 10 / Rx OTC Over the Counter
<i>olopatadine hcl ophth soln 0.7% (base equivalent)</i>	1	QL 10 / rx OTC Over the Counter
<b>OPHTHALMIC ANTIBIOTICS</b>		
<i>ciprofloxacin hcl (ophth)</i>	1	QL 10 / Rx
<i>erythromycin (ophth)</i>	1	QL 7 / Rx ACA Affordable Care Act
<i>gatifloxacin (ophth)</i>	1	QL 2.5 / Rx
<i>gentamicin sulfate (ophth)</i>	1	QL 10 / Rx
<i>moxifloxacin hcl (ophth)</i>	1	QL 6 / Rx
<i>ofloxacin (ophth)</i>	1	QL 10 / Rx

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tobramycin (ophth)</i>	1	QL 10 / Rx
OPHTHALMIC ANTIFUNGAL		
NATACYN	1	QL 15 / Rx
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	1	QL 7.5 / Rx
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
<i>dorzolamide hcl</i>	1	QL 12 / 30 day(s)
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth)</i>	1	QL 60 / 30 day(s)
OPHTHALMIC LOCAL ANESTHETICS		
ALTACAINE	1	QL 30 / Rx
<i>proparacaine hcl</i>	1	QL 15 / Rx
<i>tetracaine hcl (ophth)</i>	1	QL 5 / Rx
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac sodium (ophth) (bromfenac sodium ophth soln 0.07% (base equivalent), bromfenac sodium ophth soln 0.09% (base equiv) (once-daily))</i>	1	QL 5 / Rx
<i>diclofenac sodium (ophth)</i>	1	QL 5 / Rx
<i>ketorolac tromethamine (ophth)</i>	1	QL 10 / Rx
KETOROLAC TROMETHAMINE 0.4 % SOLUTION	1	QL 10 / Rx
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
<i>brimonidine tartrate ophth soln 0.2%</i>	1	QL 10 / 30 days
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	QL 4 / Rx
<i>bacitracin-poly-neomycin-hc</i>	1	QL 4 / Rx
<i>neomycin-polymy-dexameth</i>	1	QL 5 / Rx
SULFACETAMIDE-PREDNISOLONE	1	QL 5 / Rx

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tobramycin-dexamethasone</i>	1	QL 5 / Rx
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	QL 10 / Rx
<i>difluprednate</i>	1	QL 10 / Rx
<i>fluorometholone (ophth)</i>	1	QL 10 / Rx
LOTEMAX SM	2	QL 5 / Rx
<i>loteprednol etabonate (loteprednol etabonate ophth gel 0.5%, loteprednol etabonate ophth susp 0.5%)</i>	1	QL 10 / Rx
<i>loteprednol etabonate ophth susp 0.2%</i>	2	QL 10 / Rx
<i>prednisolone acetate (ophth)</i>	1	QL 10 / Rx
OPHTHALMIC SULFONAMIDES		
<i>sulfacetamide sodium (ophth)</i>	1	QL 15 / Rx
SULFACETAMIDE SODIUM 10 % SOLUTION	1	QL 15 / Rx
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost</i>	1	QL 5 / 30 days
<i>tafluprost</i>	1	QL 30 / 30 day(s)
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
OTIC ANTI-INFECTIVES		
<i>ofloxacin (otic)</i>	1	QL 10 / Rx
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	2	QL 8 / Rx
<i>neomycin-polymyxin-hc (otic) (neomycin-polymyxin-hc otic soln 1%, neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%)</i>	1	QL 10 / Rx
OTIC STEROIDS		
<i>fluocinolone acetonide (otic)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone w/acetic acid</i>	1	
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	2	QLC 28 / 180 days
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMUNEX-C	1	PA S
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg)</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin &amp; pot clavulanate (amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml, amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml, amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml, amoxicillin &amp; k clavulanate tab 250-125 mg, amoxicillin &amp; k clavulanate tab 500-125 mg, amoxicillin &amp; k clavulanate tab 875-125 mg)</i>	1	
AMOXICILLIN-POT CLAVULANATE	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
PARENTERAL VEHICLES		
SALINE BACTERIOSTATIC	1	
SODIUM CHLORIDE BACTERIOSTATIC	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone (progesterone cap 100 mg, progesterone cap 200 mg)</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<b>CHOLINOMIMETICS - ACHE INHIBITORS</b>		
<i>donepezil hydrochloride (donepezil hydrochloride orally disintegrating tab 5 mg, donepezil hydrochloride orally disintegrating tab 10 mg, donepezil hydrochloride tab 5 mg)</i>	1	AL1 At least 40 yrs old
<i>donepezil hydrochloride tab 10 mg</i>	1	AL1 At least 18 yrs old
<i>donepezil hydrochloride tab 23 mg</i>	2	AL1 At least 40 yrs old
<b>GALANTAMINE HYDROBROMIDE</b>		
<i>galantamine hydrobromide (galantamine hydrobromide cap er 24hr 16 mg, galantamine hydrobromide cap er 24hr 24 mg, galantamine hydrobromide cap er 24hr 8 mg, galantamine hydrobromide tab 4 mg, galantamine hydrobromide tab 8 mg, galantamine hydrobromide tab 12 mg)</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	1	QL 120 / 30 day(s) PA S
AUSTEDO 6 MG TAB	1	QL 60 / 30 day(s) PA S
AUSTEDO XR	1	QL 30 / 30 days PA S

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1	PA S QLC 28 / 180 days
<i>tetrabenazine tab 12.5 mg</i>	1	QL 240 / 30 day(s) PA S
<i>tetrabenazine tab 25 mg</i>	1	QL 120 / 30 day(s) PA S
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
<i>teriflunomide</i>	1	QL 30 / 30 day(s) S
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	QL 30 / 30 day(s) PA S
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	QL 12 / 28 day(s) PA S
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
MAVENCLAD (10 TABS)	1	PA S QLC 20 / 301 day(s)
MAVENCLAD (4 TABS)	1	PA S QLC 8 / 301 day(s)
MAVENCLAD (5 TABS)	1	PA S QLC 10 / 301 day(s)
MAVENCLAD (6 TABS)	1	PA S QLC 12 / 301 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVENCLAD (7 TABS)	1	PA S QLC 14 / 301 day(s)
MAVENCLAD (8 TABS)	1	PA S QLC 8 / 301 day(s)
MAVENCLAD (9 TABS)	1	PA S QLC 9 / 301 day(s)
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
BETASERON	1	QL 14 / 28 day(s) PA S
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	S QLC 56 / 180 days
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	QL 60 / 30 day(s) S
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	1	S QLC 60 / 180 days
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
<i>dalfampridine</i>	1	QL 60 / 30 day(s) S
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
MEMANTINE HCL	1	AL1 At least 40 yrs old QLC 49 / 180 days
<i>memantine hcl cap er 24hr 28 mg</i>	1	AL1 At least 18 yrs old
<i>memantine hcl oral solution 2 mg/ml</i>	1	QL 300 / 30 days AL1 At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>memantine hcl tab 10 mg</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>AL1 At least 18 yrs old</li> </ul>
<i>memantine hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>AL1 At least 18 yrs old</li> </ul>
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl er (sr)</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>ACA Affordable Care Act</li> </ul>
<b>NICOTINE</b>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>nicotine polacrilex (nicotine polacrilex gum 2 mg, nicotine polacrilex gum 4 mg, nicotine polacrilex lozenge 2 mg, nicotine polacrilex lozenge 4 mg)</i>	1	<ul style="list-style-type: none"> <li>QL 720 / 30 day(s)</li> <li>ACA Affordable Care Act</li> <li>OTC Over the Counter</li> </ul>
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>ACA Affordable Care Act</li> </ul>
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>ACA Affordable Care Act</li> </ul>
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	<ul style="list-style-type: none"> <li>QLC 53 / 180 days</li> <li>ACA Affordable Care Act</li> </ul>
<b>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</b>		
<i>fingolimod hcl</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CFTR POTENTIATORS</b>		
KALYDECO (KALYDECO 5.8 MG PACKET, KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET, KALYDECO 150 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> <li>S</li> </ul>
KALYDECO 13.4 MG PACKET	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>PA</li> <li>S</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CYSTIC FIBROSIS AGENT - COMBINATIONS</b>		
SYMDEKO	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 60 / 30 day(s)</div> <div style="margin-bottom: 5px;"><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></div> <div><span style="background-color: #c0392b; color: white; padding: 2px 5px;">S</span></div> </div>
TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 100-50-75 & 150 MG TAB THPK)	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 90 / 30 day(s)</div> <div style="margin-bottom: 5px;"><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></div> <div><span style="background-color: #c0392b; color: white; padding: 2px 5px;">S</span></div> </div>
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 56 / 28 days</div> <div style="margin-bottom: 5px;"><span style="background-color: #8b572d; color: white; padding: 2px 5px;">PA</span></div> <div><span style="background-color: #c0392b; color: white; padding: 2px 5px;">S</span></div> </div>
<b>HYDROLYTIC ENZYMES</b>		
PULMOZYME	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 150 / 30 day(s)</div> <div><span style="background-color: #c0392b; color: white; padding: 2px 5px;">S</span></div> </div>
<b>PULMONARY FIBROSIS AGENTS</b>		
<i>pirfenidone tab 267 mg</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 270 / 30 days</div> <div><span style="background-color: #c0392b; color: white; padding: 2px 5px;">S</span></div> </div>
<i>pirfenidone tab 801 mg</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 90 / 30 day(s)</div> <div><span style="background-color: #c0392b; color: white; padding: 2px 5px;">S</span></div> </div>
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	2	
<b>TETRACYCLINES</b>		
<i>doxycycline (monohydrate) (doxycycline monohydrate cap 50 mg, doxycycline monohydrate cap 100 mg, doxycycline monohydrate for susp 25 mg/5ml, doxycycline monohydrate tab 100 mg)</i>	1	
<i>doxycycline hyclate (doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 100 mg)</i>	1	
<i>minocycline hcl (minocycline hcl cap 50 mg, minocycline hcl cap 75 mg, minocycline hcl cap 100 mg)</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6a3d9a; color: white; padding: 2px 5px;">QL</span> 60 / 30 days</div> </div>
<i>tetracycline hcl cap 500 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
<i>levothyroxine sodium (levothyroxine sodium tab 25 mcg, levothyroxine sodium tab 50 mcg, levothyroxine sodium tab 75 mcg, levothyroxine sodium tab 88 mcg, levothyroxine sodium tab 100 mcg, levothyroxine sodium tab 112 mcg, levothyroxine sodium tab 125 mcg, levothyroxine sodium tab 137 mcg, levothyroxine sodium tab 150 mcg, levothyroxine sodium tab 175 mcg, levothyroxine sodium tab 200 mcg, levothyroxine sodium tab 300 mcg)</i>	1	
<i>liothyronine sodium</i>	2	ST
NP THYROID	2	
SYNTHROID	2	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	1	ACA Affordable Care Act
BOOSTRIX	1	ACA Affordable Care Act
DAPTACEL	1	ACA Affordable Care Act
INFANRIX	1	ACA Affordable Care Act
KINRIX	1	ACA Affordable Care Act
PEDIARIX	1	ACA Affordable Care Act
PENTACEL	1	ACA Affordable Care Act
QUADRACEL	1	ACA Affordable Care Act
TDVAX	1	ACA Affordable Care Act
TENIVAC	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl (dicyclomine hcl cap 10 mg, dicyclomine hcl tab 20 mg)</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	QL 560 / 14 days
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine</i>	1	
<i>famotidine (famotidine for susp 40 mg/5ml, famotidine tab 20 mg, famotidine tab 40 mg)</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate susp 1 gm/10ml</i>	1	QL 1200 / 30 days
<i>sucralfate tab 1 gm</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	2	QL 30 / 30 days
<i>esomeprazole magnesium (esomeprazole magnesium cap delayed release 20 mg (base eq), esomeprazole magnesium cap delayed release 40 mg (base eq), esomeprazole magnesium for delayed release susp packet 10 mg, esomeprazole magnesium for delayed release susp packet 20 mg, esomeprazole magnesium for delayed release susp packet 40 mg)</i>	1	QL 60 / 30 day(s)
<i>esomeprazole magnesium (esomeprazole magnesium for delayed release susp pack 2.5 mg, esomeprazole magnesium for delayed release susp packet 5 mg)</i>	1	QL 60 / 30 days
<i>lansoprazole (lansoprazole cap delayed release 15 mg, lansoprazole cap delayed release 30 mg)</i>	1	QL 60 / 30 day(s)
<i>omeprazole (omeprazole cap delayed release 10 mg, omeprazole cap delayed release 20 mg, omeprazole cap delayed release 40 mg)</i>	1	QL 60 / 30 day(s)
<i>pantoprazole sodium (pantoprazole sodium ec tab 20 mg (base equiv), pantoprazole sodium ec tab 40 mg (base equiv), pantoprazole sodium for delayed release susp packet 40 mg)</i>	1	QL 60 / 30 days
<i>rabeprazole sodium</i>	1	QL 60 / 30 day(s)
<b>QUATERNARY ANTICHOLINERGICS</b>		
<i>glycopyrrolate (glycopyrrolate oral soln 1 mg/5ml, glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	1	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)</b>		
<i>oxybutynin chloride (oxybutynin chloride tab er 24hr 10 mg, oxybutynin chloride tab er 24hr 15 mg, oxybutynin chloride tab er 24hr 5 mg)</i>	1	QL 60 / 30 day(s)
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	QL 600 / 30 day(s)
<i>oxybutynin chloride tab 5 mg</i>	1	QL 120 / 30 day(s)
<i>solifenacin succinate</i>	1	QL 30 / 30 day(s)
<i>tolterodine tartrate (tolterodine tartrate cap er 24hr 2 mg, tolterodine tartrate cap er 24hr 4 mg)</i>	1	QL 30 / 30 day(s)
<i>tolterodine tartrate (tolterodine tartrate tab 1 mg, tolterodine tartrate tab 2 mg)</i>	1	QL 60 / 30 day(s)
<i>tropium chloride cap er 24hr 60 mg</i>	1	QL 30 / 30 day(s)
<i>tropium chloride tab 20 mg</i>	1	QL 60 / 30 day(s)
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<i>mirabegron</i>	2	QL 30 / 30 day(s)
MYRBETRIQ 8 MG/ML SRER	2	QL 300 / 28 day(s)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	1	
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	1	ACA Affordable Care Act
BEXSERO	1	ACA Affordable Care Act
CAPVAXIVE	1	ACA Affordable Care Act
HIBERIX	1	ACA Affordable Care Act
MENQUADFI	1	ACA Affordable Care Act
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDVAX HIB	1	ACA Affordable Care Act
PENBRAYA	1	ACA Affordable Care Act
PENMENVY	1	ACA Affordable Care Act
PNEUMOVAX 23	1	ACA Affordable Care Act
PREVNAR 20	1	ACA Affordable Care Act
TRUMENBA	1	ACA Affordable Care Act
VAXNEUVANCE	1	ACA Affordable Care Act
VIRAL VACCINE COMBINATIONS		
M-M-R II	1	ACA Affordable Care Act
PRIORIX	1	ACA Affordable Care Act
PROQUAD	1	ACA Affordable Care Act
TWINRIX	1	ACA Affordable Care Act
VIRAL VACCINES		
ABRYSVO	1	AL1 At least 60 yrs old ACA Affordable Care Act
AFLURIA	1	ACA Affordable Care Act
AFLURIA PRESERVATIVE FREE	1	ACA Affordable Care Act
AFLURIA QUADRIVALENT	1	ACA Affordable Care Act
AREXVY	1	AL1 At least 60 yrs old ACA Affordable Care Act
COMIRNATY	1	AL1 At least 12 yrs old ACA Affordable Care Act
COMIRNATY 5-11 YEARS	1	AL1 5 to 11 yrs old ACA Affordable Care Act
ENGERIX-B	1	ACA Affordable Care Act
FLUAD	1	AL1 At least 65 yrs old ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUAD QUADRIVALENT	1	AL1 At least 65 yrs old ACA Affordable Care Act
FLUARIX	1	ACA Affordable Care Act
FLUARIX QUADRIVALENT	1	ACA Affordable Care Act
FLUBLOK	1	ACA Affordable Care Act
FLUBLOK QUADRIVALENT	1	AL1 At least 18 yrs old ACA Affordable Care Act
FLUCELVAX	1	ACA Affordable Care Act
FLUCELVAX QUADRIVALENT	1	AL1 At least 4 yrs old ACA Affordable Care Act
FLULAVAL	1	ACA Affordable Care Act
FLULAVAL QUADRIVALENT	1	ACA Affordable Care Act
FLUMIST	1	ACA Affordable Care Act
FLUMIST QUADRIVALENT	1	AL1 2 to 49 yrs old ACA Affordable Care Act
FLUZONE (FLUZONE SUSPENSION, FLUZONE 0.5 ML SUSP PRSYR)	1	ACA Affordable Care Act
FLUZONE HIGH-DOSE	1	AL1 At least 65 yrs old ACA Affordable Care Act
FLUZONE HIGH-DOSE QUADRIVALENT	1	AL1 At least 65 yrs old ACA Affordable Care Act
FLUZONE QUADRIVALENT	1	ACA Affordable Care Act
GARDASIL 9	1	ACA Affordable Care Act
HAVRIX	1	ACA Affordable Care Act
HEPLISAV-B	1	ACA Affordable Care Act
IPOL	1	ACA Affordable Care Act
MNEXSPIKE	1	AL1 At least 12 yrs old ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MODERNA COVID-19 VAC 6M-11Y	1	AL1 0.5 to 11 yrs old ACA Affordable Care Act
NOVAVAX COVID-19 VACCINE	1	AL1 At least 12 yrs old ACA Affordable Care Act
NUVAXOVID COVID-19 VACCINE	1	AL1 At least 12 yrs old ACA Affordable Care Act
PFIZER COVID-19 VAC-TRIS 5-11Y	1	AL1 5 to 11 yrs old ACA Affordable Care Act
PFIZER COVID-19 VAC-TRIS 6M-4Y	1	AL1 0.5 to 4 yrs old ACA Affordable Care Act
PREHEVBRIO	1	AL1 At least 18 yrs old ACA Affordable Care Act
RABAVERT	2	
RECOMBIVAX HB	1	ACA Affordable Care Act
ROTARIX	1	ACA Affordable Care Act
ROTATEQ	1	ACA Affordable Care Act
SHINGRIX (SHINGRIX 50 MCG/0.5ML RECON SUSP, SHINGRIX 50 MCG/0.5ML SUSP PRSYR)	1	ACA Affordable Care Act
SPIKEVAX	1	AL1 At least 12 yrs old ACA Affordable Care Act
SPIKEVAX 6M-11Y	1	AL1 0.5 to 11 yrs old ACA Affordable Care Act
VAQTA	1	ACA Affordable Care Act
VARIVAX	1	ACA Affordable Care Act
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>micronazole nitrate vaginal cream 2%</i>	1	OTC Over the Counter
<i>terconazole vaginal cream 0.4%</i>	1	QL 45 / Rx

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>terconazole vaginal cream 0.8%</i>	1	QL 20 / Rx
SPERMICIDES		
ENCARE	1	ACA Affordable Care Act OTC Over the Counter
OPTIONS GYNOL II CONTRACEPTIVE	1	ACA Affordable Care Act OTC Over the Counter
TODAY SPONGE	1	ACA Affordable Care Act OTC Over the Counter
VCF VAGINAL CONTRACEPTIVE (VCF VAGINAL CONTRACEPTIVE 4 % GEL, VCF VAGINAL CONTRACEPTIVE 28 % FILM)	1	ACA Affordable Care Act OTC Over the Counter
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
VANAZOLE	1	
VAGINAL CORTICOSTEROIDS		
<i>hydrocortisone vaginal</i>	1	QL 454 / 30 day(s) OTC Over the Counter
VAGINAL ESTROGENS		
<i>estradiol vaginal (estradiol vaginal cream 0.01%, estradiol vaginal tab 10 mcg)</i>	1	
ESTRING	1	QL 1 / 90 days
PREMARIN 0.625 MG/GM CREAM	1	QL 60 / 30 day(s)
VAGINAL PROGESTINS		
ENDOMETRIN	1	QL 84 / 28 day(s) PA F Covered under fertility rider

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q (AUVI-Q 0.1 MG/0.1ML SOLN A-INJ, AUVI-Q 0.15 MG/0.15ML SOLN A-INJ)	2	QLC 4 / 30 day(s)
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	2	QLC 4 / 30 days
<i>epinephrine (anaphylaxis)</i>	1	QLC 4 / 30 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QLC 4 / 30 days
EPINEPHRINE PF	1	
<i>epinephrine pf inj 1 mg/ml</i>	1	
<i>midodrine hcl</i>	1	
VITAMINS		
VITAMIN D		
<i>cholecalciferol (cholecalciferol cap 1.25 mg (50000 unit), cholecalciferol cap 25 mcg (1000 unit), cholecalciferol cap 50 mcg (2000 unit), cholecalciferol cap 125 mcg (5000 unit), cholecalciferol oral liquid 10 mcg/ml (400 unit/ml), cholecalciferol tab 25 mcg (1000 unit), cholecalciferol tab 50 mcg (2000 unit), cholecalciferol tab 125 mcg (5000 unit))</i>	1	OTC Over the Counter
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
VITAMIN D (ERGO-CALCIFEROL)	1	OTC Over the Counter
VITAMIN D2 50 MCG (2000 UT) TAB	1	OTC Over the Counter
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fosinopril sodium . . . . .	34	GERITOL ENERGY SUPPORT . . . . .	107
fosinopril sodium & hydrochlorothiazide . . . . .	34	GERITOL TONIC . . . . .	107
FRAICHE 5000 DENTAL . . . . .	106	GILOTRIF . . . . .	41
FREESTYLE FREEDOM LITE . . . . .	99	glatiramer acetate . . . . .	117
FREESTYLE INSULINX TEST . . . . .	78	glimepiride . . . . .	29
FREESTYLE LIBRE 14 DAY READER . . . . .	100	glipizide . . . . .	29
FREESTYLE LIBRE 14 DAY SENSOR . . . . .	100	glipizide-metformin hcl . . . . .	29
FREESTYLE LIBRE 2 PLUS SENSOR . . . . .	100	glucagon . . . . .	25
FREESTYLE LIBRE 2 READER . . . . .	100	GLUCAGON EMERGENCY . . . . .	25
FREESTYLE LIBRE 2 SENSOR . . . . .	100	glucagon emergency 1 mg kit . . . . .	25
FREESTYLE LIBRE 3 PLUS SENSOR . . . . .	100	GLUCOSE . . . . .	25
FREESTYLE LIBRE 3 READER . . . . .	100	GLUCOSE INSTANT ENERGY . . . . .	25
FREESTYLE LIBRE 3 SENSOR . . . . .	100	glucose-vitamin c . . . . .	25
FREESTYLE LITE . . . . .	101	glutamine (sickle cell) . . . . .	92
FREESTYLE LITE TEST . . . . .	78	glyburide . . . . .	29
FREESTYLE PRECISION NEO SYSTEM . . . . .	101	GLYBURIDE MICRONIZED . . . . .	29
FREESTYLE PRECISION NEO TEST . . . . .	78	glyburide-metformin . . . . .	29
FREESTYLE TEST . . . . .	78	glycerin-hypromellose-polyethylene glycol 400 . . . . .	110
FRUZAQLA . . . . .	52	glycopyrrolate . . . . .	122
FULPHILA . . . . .	92	GNP GLUCOSE . . . . .	25
FUROSEMIDE . . . . .	81	GNP QUICK DISSOLVE GLUCOSE . . . . .	25
 		GONAL-F . . . . .	83
<b>G</b>		GONAL-F RFF . . . . .	83
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GALAFOLD . . . . .	82	GOODSENSE GLUCOSE . . . . .	25
GALANTAMINE HYDROBROMIDE . . . . .	116	GOTOKNOW COVID-19 ANTIGEN RAPI . . . . .	79
galantamine hydrobromide . . . . .	116	granisetron hcl . . . . .	30
GAMUNEX-C . . . . .	115	griseofulvin microsize . . . . .	31
ganirelix acetate . . . . .	82	guaifenesin . . . . .	69
GARDASIL 9 . . . . .	125	guaifenesin-codeine . . . . .	69
gatifloxacin (ophth) . . . . .	112	guanfacine hcl . . . . .	35
GAVRETO . . . . .	47	guanfacine hcl (adhd) . . . . .	2
gefitinib . . . . .	41	GUMMI BEAR MULTIVITAMIN/MIN . . . . .	108
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GENOTROPIN . . . . .	82	HAEGARDA . . . . .	91
GENOTROPIN MINIQUICK . . . . .	83	halobetasol propionate . . . . .	74
gentamicin sulfate (ophth) . . . . .	112	haloperidol . . . . .	55
gentamicin sulfate (topical) . . . . .	71	haloperidol lactate . . . . .	55
GENTEAL TEARS SEVERE DAY/NIGHT . . . . .	110	HAVRIX . . . . .	125
GERITOL COMPLETE . . . . .	107	HEMLIBRA . . . . .	90



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<b>J</b>	
JAKAFI . . . . .	50
JANUMET . . . . .	26
JANUMET XR . . . . .	26
JANUVIA . . . . .	26
JAYPIRCA . . . . .	41
JULUCA . . . . .	58

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K-PHOS . . . . .	104
KALYDECO . . . . .	119
KENDALL SCD EXPRESS FOOT CUFF . . . . .	98
ketoconazole . . . . .	31
ketoconazole (topical) . . . . .	75
KETONE TEST . . . . .	78
KETOROLAC TROMETHAMINE . . . . .	113
ketorolac tromethamine (ophth) . . . . .	113
KETOSTIX . . . . .	78
ketotifen fumarate (ophth) . . . . .	112
KINRIX . . . . .	121
KISQALI (200 MG DOSE) . . . . .	49
KISQALI (400 MG DOSE) . . . . .	49
KISQALI (600 MG DOSE) . . . . .	49
KISQALI FEMARA (200 MG DOSE) . . . . .	48
KISQALI FEMARA (400 MG DOSE) . . . . .	48
KISQALI FEMARA (600 MG DOSE) . . . . .	48
KOATE . . . . .	89
KOATE-DVI . . . . .	89
KOSELUGO . . . . .	44
KRAZATI . . . . .	43
krill oil . . . . .	6
KROGER GLUCOSE . . . . .	26
KYLEENA . . . . .	67

<b>L</b>	
labetalol hcl . . . . .	61
lacosamide . . . . .	20
lactic acid (ammonium lactate) . . . . .	75
lactulose . . . . .	95

lactulose (encephalopathy) . . . . .	88
lamivudine . . . . .	60
lamivudine (hbv) . . . . .	60
lamivudine-zidovudine . . . . .	58
lamotrigine . . . . .	21
LANCETS . . . . .	101
lanreotide acetate . . . . .	85
lansoprazole . . . . .	122
lanthanum carbonate . . . . .	88
LANTUS . . . . .	27
LANTUS SOLOSTAR . . . . .	27
lapatinib ditosylate . . . . .	46
LASTACAPT . . . . .	112
latanoprost . . . . .	114
LAZCLUZE . . . . .	42
LEADER GLUCOSE . . . . .	26
LEADER QUICK DISSOLVE GLUCOSE . . . . .	25
leflunomide . . . . .	8
lenalidomide . . . . .	105
LENVIMA (10 MG DAILY DOSE) . . . . .	52
LENVIMA (12 MG DAILY DOSE) . . . . .	52
LENVIMA (14 MG DAILY DOSE) . . . . .	52
LENVIMA (18 MG DAILY DOSE) . . . . .	52
LENVIMA (20 MG DAILY DOSE) . . . . .	53
LENVIMA (24 MG DAILY DOSE) . . . . .	53
LENVIMA (4 MG DAILY DOSE) . . . . .	53
LENVIMA (8 MG DAILY DOSE) . . . . .	53
letrozole . . . . .	49
leucovorin calcium . . . . .	49
LEUKERAN . . . . .	50
leuprolide acetate . . . . .	50
levalbuterol hcl . . . . .	16
LEVALBUTEROL TARTRATE . . . . .	16
levetiracetam . . . . .	21
LEVOBUNOLOL HCL . . . . .	111
levocarnitine (metabolic modifiers) . . . . .	82
levocetirizine dihydrochloride . . . . .	32
levofloxacin . . . . .	87
levonorgestrel & eth estradiol . . . . .	66
levonorgestrel (emergency oc) . . . . .	67
levonorgestrel-eth estradiol (triphasic) . . . . .	68

levonorgestrel-ethinyl estradiol (91-day) . . . . .	67	maraviroc . . . . .	58
levonorgestrel-ethinyl estradiol (continuous) . . . . .	66	MATULANE . . . . .	49
levothyroxine sodium . . . . .	121	MAVENCLAD (10 TABS) . . . . .	117
lidocaine . . . . .	75,76	MAVENCLAD (4 TABS) . . . . .	117
lidocaine (anorectal) . . . . .	11	MAVENCLAD (5 TABS) . . . . .	117
lidocaine hcl . . . . .	76	MAVENCLAD (6 TABS) . . . . .	117
lidocaine hcl (mouth-throat) . . . . .	106	MAVENCLAD (7 TABS) . . . . .	118
lidocaine-prilocaine . . . . .	77	MAVENCLAD (8 TABS) . . . . .	118
LILETTA (52 MG) . . . . .	67	MAVENCLAD (9 TABS) . . . . .	118
linezolid . . . . .	13	MAVYRET . . . . .	60
LINZESS . . . . .	87	meclizine hcl . . . . .	30
liothyronine sodium . . . . .	121	medroxyprogesterone acetate . . . . .	116
liraglutide . . . . .	28	medroxyprogesterone acetate (contraceptive) . . . . .	67
lisdexamfetamine dimesylate . . . . .	3	mefloquine hcl . . . . .	36
lisinopril . . . . .	34	megestrol acetate . . . . .	51
lisinopril & hydrochlorothiazide . . . . .	34	MEIJER GLUCOSE . . . . .	26
lithium carbonate . . . . .	55	MEKINIST . . . . .	44
LOKELMA . . . . .	105	melatonin . . . . .	6
lomustine . . . . .	51	MELATONIN . . . . .	6
LONGS GLUCOSE . . . . .	26	meloxicam . . . . .	8
LONSURF . . . . .	48	MEMANTINE HCL . . . . .	118
loperamide hcl . . . . .	29	memantine hcl . . . . .	118,119
lopinavir-ritonavir . . . . .	58	MENOPUR . . . . .	83
loratadine . . . . .	32	MENQUADFI . . . . .	123
lorazepam . . . . .	15	MENVEO . . . . .	123
LORBRENA . . . . .	38	mercaptapurine . . . . .	37
losartan potassium . . . . .	35	mesalamine . . . . .	87,88
losartan potassium & hydrochlorothiazide . . . . .	35	mesna . . . . .	52
LOTEMAX SM . . . . .	114	metformin hcl . . . . .	24
loteprednol etabonate . . . . .	114	methadone hcl . . . . .	9
lovastatin . . . . .	33	methenamine hippurate . . . . .	13
loxapine succinate . . . . .	56	methenamine-sodium salicylate . . . . .	13
lubiprostone . . . . .	87	methimazole . . . . .	121
LUMAKRAS . . . . .	43	methocarbamol . . . . .	109
lurasidone hcl . . . . .	55	METHOTREXATE SODIUM . . . . .	38
LYNPARZA . . . . .	51	methylergonovine maleate . . . . .	115
LYSODREN . . . . .	37	methylphenidate hcl . . . . .	5,6
<b>M</b>		METHYLPHENIDATE HCL ER . . . . .	5
M-M-R II . . . . .	124	METHYLPHENIDATE HCL ER(DIFFUS) . . . . .	5
malathion . . . . .	77	methylprednisolone . . . . .	68
		metoclopramide hcl . . . . .	87

metolazone . . . . .	81	mupirocin . . . . .	71
metoprolol & hydrochlorothiazide . . . . .	36	MVW COMPLETE FORMULATION . . . . .	108
metoprolol succinate . . . . .	62	MVW COMPLETE FORMULATION D3000 . . . . .	108
metoprolol tartrate . . . . .	62	MVW COMPLETE FORMULATION D5000 . . . . .	108
metronidazole . . . . .	12	mycophenolate mofetil . . . . .	105
metronidazole (topical) . . . . .	77	mycophenolate sodium . . . . .	105
metronidazole vaginal . . . . .	127	MYLERAN . . . . .	37
mexiletine hcl . . . . .	15	MYRBETRIQ . . . . .	123
miconazole nitrate (topical) . . . . .	75		
miconazole nitrate vaginal . . . . .	126	<b>N</b>	
midodrine hcl . . . . .	128	nabumetone . . . . .	8
MIGLITOL . . . . .	24	nadolol . . . . .	62
miglustat . . . . .	92	naloxone hcl . . . . .	30
minocycline hcl . . . . .	120	naltrexone hcl . . . . .	30
minoxidil . . . . .	36	naproxen . . . . .	8
mirabegron . . . . .	123	naproxen sodium . . . . .	8
MIRENA (52 MG) . . . . .	67	naratriptan hcl . . . . .	103
mirtazapine . . . . .	22	NATACYN . . . . .	113
misoprostol . . . . .	123	nateglinide . . . . .	28
MIUDELLA INTRAUTERINE COPPER . . . . .	67	NAYZILAM . . . . .	20
MNEXSPIKE . . . . .	125	nebivolol hcl . . . . .	62
modafinil . . . . .	6	NEBUSAL . . . . .	69
MODERNA COVID-19 VAC 6M-11Y . . . . .	126	neomycin sulfate . . . . .	6
MODEYSO . . . . .	47	NEOMYCIN-BACITRACIN ZN-POLYMYX . . . . .	112
moexipril hcl . . . . .	34	neomycin-bacitracin zn-polymyxin . . . . .	112
mometasone furoate . . . . .	74,75	neomycin-bacitracin-polymyxin . . . . .	71
mometasone furoate (nasal) . . . . .	110	neomycin-polymy-dexameth . . . . .	113
montelukast sodium . . . . .	17	neomycin-polymyxin-hc (otic) . . . . .	114
morphine sulfate . . . . .	9,10	NEUPRO . . . . .	54
MOUNJARO . . . . .	27	nevirapine . . . . .	59
MOVANTIK . . . . .	88	NEXAVAR . . . . .	46
moxifloxacin hcl . . . . .	87	NEXLETOL . . . . .	32
moxifloxacin hcl (ophth) . . . . .	112	NEXLIZET . . . . .	32
MULTAQ . . . . .	15	niacin (antihyperlipidemic) . . . . .	33
MULTI-VITAMIN/FLUORIDE . . . . .	108	NICOTINE . . . . .	119
MULTI-VITAMIN/FLUORIDE/IRON . . . . .	107	nicotine polacrilex . . . . .	119
MULTIPLE VITAMIN . . . . .	107	nifedipine . . . . .	63
MULTIPLE VITAMINS W/ IRON . . . . .	107	nimodipine . . . . .	63
MULTIPLE VITAMINS W/ MINERALS . . . . .	107	NINLARO . . . . .	47
MULTIVIT-MIN GUMMIES CHILDRENS . . . . .	108	nit remover . . . . .	76
MULTIVITAMIN/FLUORIDE . . . . .	108	nitazoxanide . . . . .	13

nitrofurantoin	13
nitrofurantoin macrocrystal	13
nitrofurantoin monohyd macro	13
nitroglycerin	14
NIVESTYM	93
NIZORAL	75
norelgestromin-ethinyl estradiol	66
norethin acet & estrad-fe	66
norethindrone & eth estradiol	66
norethindrone & ethinyl estradiol-fe	66
norethindrone (contraceptive)	67
norethindrone acet & eth estra	66
norethindrone acetate	116
norethindrone acetate-ethinyl estradiol	86
norethindrone acetate-ethinyl estradiol-fe	68
norethindrone-eth estradiol (triphasic)	68
norgestimate-ethinyl estradiol	66
norgestimate-ethinyl estradiol (triphasic)	68
norgestrel & ethinyl estradiol	66
NORPACE CR	15
nortriptyline hcl	24
NOVAVAX COVID-19 VACCINE	126
NOVOLIN 70/30	27
NOVOLIN 70/30 FLEXPEN	27
NOVOLIN N	27
NOVOLIN N FLEXPEN	27
NOVOLIN R	27
NOVOLIN R FLEXPEN	27
NOVOLOG	27
NOVOLOG FLEXPEN	27
NOVOLOG MIX 70/30	27
NOVOLOG MIX 70/30 FLEXPEN	27
NOVOLOG PENFILL	27
NP THYROID	121
NUBEQA	37
NUCALA	17
NURTEC	102
NUVAXOVID COVID-19 VACCINE	126
nystatin	31
nystatin (mouth-throat)	106
nystatin (topical)	71

## O

OBIZUR	90
octreotide acetate	85
ODEFSEY	58
ODOMZO	43
ofloxacin (ophth)	112
ofloxacin (otic)	114
OHC COVID-19 ANTIGEN SELF TEST	80
OJEMDA	40
OJJAARA	50
olanzapine	57
olmesartan medoxomil	35
olmesartan medoxomil-hydrochlorothiazide	35
olopatadine hcl	112
omeprazole	122
OMNIPOD 5 DEXG7G6 INTRO GEN 5	101
OMNIPOD 5 DEXG7G6 PODS GEN 5	101
OMNIPOD 5 G7 INTRO (GEN 5)	101
OMNIPOD 5 G7 PODS (GEN 5)	101
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	101
OMNIPOD 5 LIBRE2 PLUS G6 PODS	102
OMNIPOD DASH INTRO (GEN 4)	102
OMNIPOD DASH PDM (GEN 4)	102
OMNIPOD DASH PODS (GEN 4)	102
ON/GO COVID-19 ANTIGEN TEST	80
ON/GO ONE COVID-19 HOME TEST	80
ondansetron	30
ondansetron hcl	30
ONETOUCH ULTRA CONTROL	101
ONETOUCH VERIO	101
ONGENTYS	54
ONUREG	38
OPILL	67
OPSUMIT	64
OPTIONS GYNOL II CONTRACEPTIVE	127
ORIAHNN	86
orphenadrine citrate	109
oseltamivir phosphate	61
OVIDREL	84
oxazepam	15

oxcarbazepine . . . . .	21
oxybutynin chloride . . . . .	123
oxycodone hcl . . . . .	10
oxycodone w/ acetaminophen . . . . .	10
OZEMPIC . . . . .	28
OZEMPIC (0.25 OR 0.5 MG/DOSE) . . . . .	28
OZEMPIC (1 MG/DOSE) . . . . .	28
OZEMPIC (2 MG/DOSE) . . . . .	28

## P

paliperidone . . . . .	55
pantoprazole sodium . . . . .	122
PARAGARD INTRAUTERINE COPPER . . . . .	67
paricalcitol . . . . .	83
paroxetine hcl . . . . .	23
pazopanib hcl . . . . .	46
PAZOPANIB HCL . . . . .	46
ped multivitamins w/fl & iron . . . . .	107
PEDIARIX . . . . .	121
PEDVAX HIB . . . . .	124
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate . . . . .	95
peg 3350-potassium chloride-sod bicarbonate-sod chloride . . . . .	95
PEMAZYRE . . . . .	42
PEN NEEDLES . . . . .	102
PENBRAYA . . . . .	124
penicillin v potassium . . . . .	115
PENMENVY . . . . .	124
PENTACEL . . . . .	121
pentamidine isethionate . . . . .	12
pentoxifylline . . . . .	91
perindopril erbumine . . . . .	34
PERIOMED . . . . .	106
permethrin . . . . .	77
perphenazine . . . . .	57
PFIZER COVID-19 VAC-TRIS 5-11Y . . . . .	126
PFIZER COVID-19 VAC-TRIS 6M-4Y . . . . .	126
PHENELZINE SULFATE . . . . .	23
phenobarbital . . . . .	94
phenoxybenzamine hcl . . . . .	34
phentermine hcl . . . . .	3
phentermine hcl-topiramate . . . . .	3
PHENYL-FREE 1 . . . . .	80
PHENYLADE ESSENTIAL DRINK MIX . . . . .	80
phenylephrine-cocoa butter . . . . .	11
phenylephrine-mineral oil-petrolatum . . . . .	11
phenylephrine-shark liver oil-cocoa butter . . . . .	11
phenylephrine-witch hazel . . . . .	11
phenytoin . . . . .	22
phenytoin sodium extended . . . . .	22
PHOSPHA 250 NEUTRAL . . . . .	104
PHOSPHO-TRIN 250 NEUTRAL . . . . .	104
PHOSPHOROUS . . . . .	104
phytonadione . . . . .	128
pilocarpine hcl . . . . .	112
pilocarpine hcl (oral) . . . . .	107
PILOT COVID-19 AT-HOME TEST . . . . .	80
pimecrolimus . . . . .	76
pindolol . . . . .	62
pioglitazone hcl . . . . .	29
pioglitazone hcl-metformin hcl . . . . .	29
pirfenidone . . . . .	120
piroxicam . . . . .	8
PIVOT INSULIN PUMP STARTER KIT . . . . .	102
PKU COOLER 10 . . . . .	80
PKU GEL . . . . .	80
PKU PERIFLEX EARLY YEARS . . . . .	80
PKU TRIO . . . . .	80
PNEUMOVAX 23 . . . . .	124
PODIAPN . . . . .	80
PODOFILOX . . . . .	75
polyethylene glycol 3350 . . . . .	95
polyethylene glycol 400 (ophth) . . . . .	111
polyethylene glycol-propylene glycol (ophth) . . . . .	111
polymyxin b-trimethoprim . . . . .	112
polysaccharide iron complex . . . . .	93
polyvinyl alcohol . . . . .	111
polyvinyl alcohol-povidone (ophth) . . . . .	111
POMALYST . . . . .	43
potassium chloride . . . . .	104
potassium chloride microencapsulated crystals er . . . . .	104
potassium citrate (alkalinizer) . . . . .	88

pramipexole dihydrochloride . . . . .	54	PULMOSAL . . . . .	69
prasugrel hcl . . . . .	91	PULMOZYME . . . . .	120
pravastatin sodium . . . . .	33	PX GLUCOSE . . . . .	26
praziquantel . . . . .	12	pyrantel pamoate . . . . .	12
prazosin hcl . . . . .	35	pyrazinamide . . . . .	36
prednisolone . . . . .	68	pyrethrins-piperonyl butoxide . . . . .	77
prednisolone acetate (ophth) . . . . .	114	pyridostigmine bromide . . . . .	36
prednisolone sodium phosphate . . . . .	68	pyrimethamine . . . . .	36
prednisone . . . . .	68	pyrithione zinc . . . . .	72
PREDNISON . . . . .	68		
PREFERRED PLUS GLUCOSE . . . . .	26	<b>Q</b>	
pregabalin . . . . .	21	QINLOCK . . . . .	46
PREGNYL . . . . .	84	QUADRACEL . . . . .	121
PREHEVBRIO . . . . .	126	quetiapine fumarate . . . . .	56
PREMARIN . . . . .	127	QUICKVUE AT-HOME COVID-19 TEST . . . . .	80
PREMIUM LIDOCAINE . . . . .	76	quinapril hcl . . . . .	34
PRENATAL VITAMINS . . . . .	109	quinidine gluconate . . . . .	15
PREPARATION H . . . . .	12	QUINIDINE SULFATE . . . . .	15
PREPARATION H SOOTHING RELIEF . . . . .	12	quinine sulfate . . . . .	36
PREVNAR 20 . . . . .	124		
PREZISTA . . . . .	59	<b>R</b>	
PRIFTIN . . . . .	36	RA GLUCOSE . . . . .	26
primaquine phosphate . . . . .	36	RABAVERT . . . . .	126
primidone . . . . .	21	rabeprazole sodium . . . . .	122
PRIORIX . . . . .	124	raloxifene hcl . . . . .	84
probenecid . . . . .	89	ramipril . . . . .	34
prochlorperazine . . . . .	57	ranolazine . . . . .	14
prochlorperazine maleate . . . . .	57	rasagiline mesylate . . . . .	53
PROFILNINE . . . . .	90	RECOMBIVAX HB . . . . .	126
progesterone . . . . .	116	RECOTHROM . . . . .	94
promethazine hcl . . . . .	32	RECOTHROM SPRAY KIT . . . . .	94
promethazine w/codeine . . . . .	70	REGRANEX . . . . .	77
promethazine-dm . . . . .	69	RELENZA DISKHALER . . . . .	61
propafenone hcl . . . . .	15	RELION BLOOD PRESSURE CUFF . . . . .	98
proparacaine hcl . . . . .	113	RELION GLUCOSE . . . . .	26
propranolol hcl . . . . .	62	RELION KETONE TEST . . . . .	78
propylene glycol (ophth) . . . . .	111	RELION TRUE MET AIR GLUC METER . . . . .	101
propylene glycol-glycerin . . . . .	111	repaglinide . . . . .	28
propylthiouracil . . . . .	121	REPATHA . . . . .	33
PROQUAD . . . . .	124	REPATHA PUSHTRONEX SYSTEM . . . . .	33
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riluzole . . . . .	110	sirolimus . . . . .	105
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SCSEMBLIX . . . . .	40	sotalol hcl (afib/afi) . . . . .	62
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triamcinolone acetonide (nasal) . . . . .	110	valproate sodium . . . . .	22
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triamterene . . . . .	81	valsartan . . . . .	35
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trihexyphenidyl hcl . . . . .	53	VALTOCO 15 MG DOSE . . . . .	20
TRIKAFTA . . . . .	120	VALTOCO 20 MG DOSE . . . . .	20
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