

At Capital Rx, your health is our top priority. We prepared the Liberty Formulary (drug list) to ensure that you have access to a robust offering that meets your needs. This list of drugs is covered by your pharmacy prescription benefit. Some drugs on this list that display as covered on the formulary, may not be covered if your plan does not include coverage of certain categories. If you have any questions regarding your specific coverage, please call the number on the back of your member ID card.

The Liberty formulary is:

- Based on the recommendations of a committee of highly skilled physicians and pharmacists that review drugs regulated by the United States Food and Drug Administration (FDA)
- Inclusive of drugs regulated by the United States Food and Drug Administration (FDA)
- Ensures clinical efficacy, safety, and cost considerations
- Evaluated for financial considerations based on the review of market trends and driving the lowest net cost products where applicable
- Subject to change throughout the year

Please note: drugs the FDA newly approves will not be covered until the committee has been able to fully evaluate them.

Your pharmacy prescription benefit covers many prescription drugs, but some exclusions may apply. An alternative covered drug will be available if a drug is not covered. Drugs that have not received FDA approval or over-the-counter (OTC) equivalents may not be covered.

Please use this list as a guide to talk to your doctor about prescribing covered medications that are appropriate for you, as this may lower your out-of-pocket costs. For the most up to date version of the Liberty Formulary, please visit www.cap-rx.com.

How to Navigate this List:

Each prescription drug product is placed in a Tier from 1 to 4 that determines your cost-share:

- Tier 1
- Tier 2
- Tier 3
- Tier 4
- The following have custom cost shares:
 - Oral Chemotherapy
 - Fertility Medication
 - Insulin Syringes and Pen Needles

Generic drugs are displayed in *lowercase italicized lettering*. Brand drugs are displayed in UPPERCASE LETTERING. Brand drugs may be removed from your drug list after a generic equivalent becomes available. Generic drugs generally have the lowest cost share.

Drugs that do not appear on this list are excluded under the Liberty Formulary. If your prescribed medication is not covered, please contact your doctor to see if a covered alternative is right for you. If your prescriber determines that you require a drug that is not covered on the Liberty Formulary, a drug exception request with clinical documentation may be submitted.

If your plan offers a prescription drug benefit for preventive drugs listed under the Affordable Care Act or a Health Savings Account, the drugs will be flagged below. These drugs may be available at \$0 or a lower cost share than regularly tiered drugs depending on your benefit.

Additional restrictions may apply and will be indicated next to the drug on the list below. Some drugs may only be covered for members within a certain age range or gender due to recommendations based on FDA-approved labeling and clinical practice guidelines. Some drugs are subject to prior authorization, step therapy, or quantity limits. Please reference the legend below for more information.

Formulary changes occur on a quarterly basis. Once a new generic is launched, the brand will be excluded from formulary two quarters following the date of the generic medication launch.

Medications with a Specialty Drug flag are used to treat complex medical conditions (e.g., hepatitis, multiple sclerosis, and hemophilia) and require special handling, administration, and member care management. Depending on your pharmacy benefit design, specialty drugs may be part of a benefit with specific coverage and copay requirements that differ from drugs in Tiers 1 – 4. If you do not have a defined specialty benefit, your copay may be based on whether the drug is generic or BRAND, therefore Tier 1 or Tier 4 copays may apply.

Note that some drug classes may be excluded by your plan or not covered on your pharmacy benefit. If you have questions about your coverage, please call the number on the back of your member ID card

For the most up-to-date Formulary Drug list visit our website at cap-rx.com.

| LEGEND | | |
|--------|----------------------------------|--|
| TIER | DESCRIPTION | |
| 1 | Tier 1 | |
| 2 | Tier 2 | |
| 3 | Tier 3 | |
| 4 | Tier 4 | |
| OC | Oral Chemotherapy | |
| F | Fertility Medication | |
| S&P | Insulin Syringes and Pen Needles | |
| 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. |
| GL | Gender Limit | This prescription drug may only be covered for a single gender. |
| 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. |
| C3 | C3 | Custom UM #3. |
| ACA | Affordable Care Act | Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS | | |
| <i>clonidine hcl (adhd)</i> | 1 | QL 120 / 30 day(s) |
| <i>guanfacine hcl (adhd) (guanfacine hcl tab er 24hr 1 mg (base equiv), guanfacine hcl tab er 24hr 2 mg (base equiv), guanfacine hcl tab er 24hr 3 mg (base equiv), guanfacine hcl tab er 24hr 4 mg (base equiv))</i> | 1 | QL 30 / 30 day(s) |
| ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR | | |
| <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 DAYS AL1 At least 6 yrs old |
| <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 DAYS AL1 At least 6 yrs old |
| AMPHETAMINE MIXTURES | | |
| <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 DAYS |
| <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 DAYS |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 1 | QL 90 / 30 DAYS |
| AMPHETAMINES | | |
| <i>dextroamphetamine sulfate (dextroamphetamine sulfate cap er 24hr 10 mg, dextroamphetamine sulfate cap er 24hr 15 mg)</i> | 1 | QL 120 / 30 DAYS |
| <i>dextroamphetamine sulfate (dextroamphetamine sulfate cap er 24hr 5 mg, dextroamphetamine sulfate tab 5 mg)</i> | 1 | QL 90 / 30 DAYS |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | 1 | QL 1800 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>dextroamphetamine sulfate tab 10 mg</i> | 1 | QL 180 / 30 DAYS |
| <i>lisdexamfetamine dimesylate</i> | 1 | QL 30 / 30 day(s) |
| <i>methamphetamine hcl</i> | 1 | QL 150 / 30 day(s) |
| ANALEPTICS | | |
| CAFFEINE POWDER | 3 | |
| CAFFEINE ANHYDROUS | 3 | |
| <i>caffeine citrate</i> | 1 | |
| CAFFEINE CITRATED | 3 | |
| ANOREXIANT COMBINATIONS | | |
| <i>phentermine hcl-topiramate</i> | 1 | QL 30 / 30 day(s) PA |
| ANOREXIANTS NON-AMPHETAMINE | | |
| <i>phentermine hcl (phentermine hcl cap 15 mg, phentermine hcl cap 30 mg)</i> | 1 | QL 30 / 30 DAYS PA |
| <i>phentermine hcl (phentermine hcl cap 37.5 mg, phentermine hcl tab 37.5 mg)</i> | 1 | QL 30 / 30 DAYS PA AL1 At least 17 yrs old |
| <i>phentermine hcl tab 8 mg</i> | 1 | QL 90 / 30 day(s) PA AL1 At least 17 yrs old |
| ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS | | |
| 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) | 2 | QL 2 / 28 day(s) PA |
| ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ | 2 | PA QLC 2 / 180 Days |
| ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS | | |
| <i>liraglutide (weight management)</i> | 1 | QL 15 / 30 day(s) PA |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| SAXENDA | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 15 / 30 day(s) </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div> |
| 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) | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 4 / 180 days </div> </div> |
| WEGOVY (WEGOVY 1.7 MG/0.75ML SOLN A-INJ, WEGOVY 2.4 MG/0.75ML SOLN A-INJ) | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3 / 28 day(s) </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div> |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 30 / 30 DAYS </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #006400; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> At least 18 yrs old </div> </div> |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 60 / 30 DAYS </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b0000; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> </div> |
| LIPASE INHIBITORS | | |
| ORLISTAT 120 MG CAP | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 90 / 30 DAYS </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div> |
| XENICAL | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 90 / 30 DAYS </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div> |
| STIMULANT COMBINATIONS | | |
| AZSTARYS | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 30 / 30 day(s) </div> </div> |
| STIMULANTS - MISC. | | |
| <i>armodafinil</i> | 1 | |

| 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 DAYS |
| <i>dexmethylphenidate hcl (dexmethylphenidate hcl tab 2.5 mg, dexmethylphenidate hcl tab 5 mg, dexmethylphenidate hcl tab 10 mg)</i> | 1 | QL 60 / 30 DAYS |
| JORNAY PM | 4 | QL 30 / 30 DAYS |
| <i>methylphenidate hcl (methylphenidate hcl cap er 10 mg (cd), methylphenidate hcl cap er 20 mg (cd), 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), methylphenidate hcl tab er osmotic release (osm) 18 mg, methylphenidate hcl tab er osmotic release (osm) 27 mg, methylphenidate hcl tab er osmotic release (osm) 54 mg)</i> | 1 | QL 30 / 30 DAYS |
| <i>methylphenidate hcl (methylphenidate hcl chew tab 2.5 mg, methylphenidate hcl chew tab 5 mg, methylphenidate hcl tab 5 mg, methylphenidate hcl tab 10 mg, methylphenidate hcl tab 20 mg, methylphenidate hcl tab er 10 mg, methylphenidate hcl tab er 20 mg)</i> | 1 | QL 90 / 30 DAYS |
| <i>methylphenidate hcl chew tab 10 mg</i> | 1 | QL 180 / 30 DAYS |
| METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 18 MG TAB ER 24H, METHYLPHENIDATE HCL ER 27 MG TAB ER 24H, METHYLPHENIDATE HCL ER 54 MG TAB ER 24H) | 3 | QL 30 / 30 DAYS |
| METHYLPHENIDATE HCL ER 36 MG TAB ER 24H | 3 | QL 60 / 30 DAYS |
| <i>methylphenidate hcl soln 10 mg/5ml</i> | 1 | QL 900 / 30 DAYS |
| <i>methylphenidate hcl soln 5 mg/5ml</i> | 1 | QL 450 / 30 DAYS |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | 1 | QL 60 / 30 DAYS |
| <i>modafinil (modafinil tab 100 mg, modafinil tab 200 mg)</i> | 1 | |
| QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 40 MG CHER) | 2 | QL 30 / 30 DAYS AL1 At least 6 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------|------|---|
| QUILLICHEW ER 30 MG CHER | 2 | QL 60 / 30 DAYS AL1 At least 6 yrs old |
| QUILLIVANT XR | 2 | QL 360 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|--|
| AMEBICIDES | | |
| IDOQUINOL | 3 | |
| SOLOSEC | 2 | QL 1 / 28 DAYS GL Female |
| AMINOGLYCOSIDES | | |
| AMIKACIN SULFATE POWDER | 3 | |
| ARIKAYCE | 3 | QL 235.2 / 28 DAYS PA S |
| HUMATIN | 2 | |
| KITABIS PAK | 3 | S |
| <i>neomycin sulfate tab 500 mg</i> | 1 | |
| STREPTOMYCIN SULFATE POWDER | 3 | |
| TOBI PODHALER | 3 | S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <i>tobramycin (tobramycin nebu soln 300 mg/4ml, tobramycin nebu soln 300 mg/5ml)</i> | 1 | S |
| TOBRAMYCIN 300 MG/5ML NEBU SOLN | 3 | S |
| TOBRAMYCIN SULFATE POWDER | 3 | |
| ANALGESICS - ANTI-INFLAMMATORY | | |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| ADALIMUMAB-AATY (1 PEN) | 2 | QL 2 / 28 day(s) PA S |
| ADALIMUMAB-AATY (2 PEN) | 2 | QL 1 / 28 day(s) PA S |
| ADALIMUMAB-AATY (2 SYRINGE) | 2 | QL 1 / 28 day(s) PA S |
| ADALIMUMAB-AATY CD/UC/HS START | 2 | PA S QLC 3 / 180 days |
| ADALIMUMAB-ADAZ (ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ, ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR) | 2 | QL 0.8 / 28 day(s) PA S |
| ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR | 2 | QL 0.2 / 28 day(s) PA S |
| ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR | 2 | QL 0.4 / 28 day(s) PA S |
| ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ | 2 | QL 2 / 28 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| HADLIMA 40 MG/0.4ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 0.8 / 28 day(s) PA S |
| HADLIMA 40 MG/0.8ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 1.6 / 28 day(s) PA S |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ | 2 | <ul style="list-style-type: none"> QL 0.8 / 28 day(s) PA S |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ | 2 | <ul style="list-style-type: none"> QL 1.6 / 28 day(s) PA S |
| SIMLANDI (1 PEN) | 2 | <ul style="list-style-type: none"> QL 2 / 28 day(s) PA S |
| SIMLANDI (1 SYRINGE) | 2 | <ul style="list-style-type: none"> QL 2 / 28 day(s) PA S |
| SIMLANDI (2 PEN) | 2 | <ul style="list-style-type: none"> QL 2 / 28 day(s) PA S |
| SIMLANDI (2 SYRINGE) | 2 | <ul style="list-style-type: none"> QL 2 / 28 day(s) PA S |
| SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR) | 2 | <ul style="list-style-type: none"> QL 1 / 28 DAYS PA S |
| ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS | | |
| OLUMIANT (OLUMIANT 1 MG TAB, OLUMIANT 2 MG TAB) | 3 | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|-----------------------------|------|---|
| OLUMIANT 4 MG TAB | 3 | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| RINVOQ 15 MG TAB ER 24H | 2 | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| RINVOQ 30 MG TAB ER 24H | 2 | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| RINVOQ 45 MG TAB ER 24H | 2 | <ul style="list-style-type: none"> PA S QLC 84 / 365 DAYS |
| RINVOQ LQ | 2 | <ul style="list-style-type: none"> QL 360 / 30 day(s) PA S |
| XELJANZ 1 MG/ML SOLUTION | 2 | <ul style="list-style-type: none"> QL 240 / 30 day(s) PA S |
| XELJANZ 10 MG TAB | 2 | <ul style="list-style-type: none"> PA S QLC 240 / 365 days |
| XELJANZ 5 MG TAB | 2 | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| XELJANZ XR 11 MG TAB ER 24H | 2 | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| XELJANZ XR 22 MG TAB ER 24H | 2 | <ul style="list-style-type: none"> PA S QLC 120 / 365 days |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| ANTIRHEUMATIC ANTIMETABOLITES | | |
| OTREXUP | 2 | |
| CYCLOOXYGENASE 2 (COX-2) INHIBITORS | | |
| <i>celecoxib (celecoxib cap 100 mg, celecoxib cap 200 mg)</i> | 1 | |
| <i>celecoxib cap 400 mg</i> | 1 | QL 30 / 30 DAYS |
| <i>celecoxib cap 50 mg</i> | 1 | QL 60 / 30 DAYS |
| GOLD COMPOUNDS | | |
| AURANOFIN | 3 | |
| RIDAURA | 3 | |
| INTERLEUKIN-1 BLOCKERS | | |
| ARCALYST | 3 | QL 8 / 28 DAYS PA S |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| KEVZARA | 3 | QL 2.28 / 28 DAYS PA AL1 At least 18 yrs old S |
| TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR) | 2 | QL 3.6 / 28 day(s) PA S |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS | | |
| <i>diclofenac w/ misoprostol</i> | 1 | |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| COXANTO | 3 | |
| <i>diclofenac potassium</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 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>etodolac (etodolac cap 200 mg, etodolac cap 300 mg, etodolac tab 400 mg, etodolac tab 500 mg, etodolac tab er 24hr 400 mg, etodolac tab er 24hr 500 mg, etodolac tab er 24hr 600 mg)</i> | 1 | |
| FENOPROFEN CALCIUM (FENOPROFEN CALCIUM POWDER, FENOPROFEN CALCIUM 200 MG CAP, FENOPROFEN CALCIUM 400 MG CAP, FENOPROFEN CALCIUM 600 MG TAB) | 3 | |
| <i>fenoprofen calcium cap 400 mg</i> | 1 | |
| FENOPRON | 3 | |
| FLURBIPROFEN (FLURBIPROFEN POWDER, FLURBIPROFEN 50 MG TAB, FLURBIPROFEN 100 MG TAB) | 3 | |
| <i>flurbiprofen tab 100 mg</i> | 1 | |
| IBUPROFEN (IBUPROFEN POWDER, IBUPROFEN 300 MG TAB) | 3 | |
| <i>ibuprofen (ibuprofen susp 100 mg/5ml, ibuprofen tab 400 mg, ibuprofen tab 600 mg, ibuprofen tab 800 mg)</i> | 1 | |
| INDOMETHACIN POWDER | 3 | |
| <i>indomethacin (indomethacin cap 25 mg, indomethacin cap 50 mg, indomethacin cap er 75 mg, indomethacin susp 25 mg/5ml)</i> | 1 | |
| <i>indomethacin suppos 50 mg</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> 120 / 30 day(s) </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> |
| KETOPROFEN (KETOPROFEN 25 MG CAP, KETOPROFEN 50 MG CAP) | 3 | |
| KETOPROFEN ER | 3 | |
| <i>ketorolac tromethamine tab 10 mg</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> 20 / 5 DAYS </div> |
| KIPROFEN | 3 | |
| LURBIPR | 3 | |
| LURBIRO | 3 | |
| MECLOFENAMATE SODIUM (MECLOFENAMATE SODIUM POWDER, MECLOFENAMATE SODIUM 50 MG CAP, MECLOFENAMATE SODIUM 100 MG CAP) | 3 | |
| MEFENAMIC ACID POWDER | 3 | |
| <i>mefenamic acid cap 250 mg</i> | 1 | |
| <i>meloxicam (meloxicam cap 10 mg, meloxicam tab 7.5 mg)</i> | 1 | |
| MELOXICAM 7.5 MG/5ML SUSPENSION | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| <i>meloxicam cap 5 mg</i> | 1 | AL1 At least 18 yrs old |
| <i>meloxicam tab 15 mg</i> | 1 | QL 30 / 30 DAYS |
| <i>nabumetone (nabumetone tab 500 mg, nabumetone tab 750 mg)</i> | 1 | |
| NALFON 600 MG TAB | 3 | |
| NAPROXEN POWDER | 3 | |
| <i>naproxen (naproxen susp 125 mg/5ml, naproxen tab 250 mg, naproxen tab 375 mg, naproxen tab 500 mg, naproxen tab ec 375 mg, naproxen tab ec 500 mg)</i> | 1 | |
| NAPROXEN SODIUM POWDER | 3 | |
| <i>naproxen sodium (naproxen sodium tab 275 mg, naproxen sodium tab 550 mg, naproxen sodium tab er 24hr 375 mg (base equiv), naproxen sodium tab er 24hr 500 mg (base equiv), naproxen sodium tab er 24hr 750 mg (base equiv))</i> | 1 | |
| OXAPROZIN 300 MG CAP | 3 | |
| <i>oxaprozin tab 600 mg</i> | 1 | |
| PIROXICAM POWDER | 3 | |
| <i>piroxicam cap 10 mg</i> | 1 | AL1 Up to 75 yrs old |
| <i>piroxicam cap 20 mg</i> | 1 | |
| RELAFEN DS | 3 | |
| SPRIX | 3 | QL 5 / 5 DAYS |
| SULINDAC POWDER | 3 | |
| <i>sulindac (sulindac tab 150 mg, sulindac tab 200 mg)</i> | 1 | |
| TOLECTIN 600 | 3 | |
| TOLMETIN SODIUM | 3 | |
| ZORVOLEX | 3 | |
| PHENYLBUTAZONES | | |
| PHENYLBUTAZONE | 3 | |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 10 & 20 & 30 MG TAB THPK) | 2 | PA S QLC 55 / 180 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| OTEZLA 20 MG TAB | 2 | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| OTEZLA 30 MG TAB | 2 | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| <i>leflunomide (leflunomide tab 10 mg, leflunomide tab 20 mg)</i> | 1 | |
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA 125 MG/ML SOLN PRSYR | 3 | <ul style="list-style-type: none"> QL 4 / 28 DAYS PA S |
| ORENCIA 50 MG/0.4ML SOLN PRSYR | 3 | <ul style="list-style-type: none"> QL 1.6 / 28 DAYS PA S |
| ORENCIA 87.5 MG/0.7ML SOLN PRSYR | 3 | <ul style="list-style-type: none"> QL 2.8 / 28 DAYS PA S |
| ORENCIA CLICKJECT | 3 | <ul style="list-style-type: none"> QL 4 / 28 DAYS PA S |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL 25 MG/0.5ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 2.04 / 28 day(s) PA S |
| ENBREL 25 MG/0.5ML SOLUTION | 2 | <ul style="list-style-type: none"> QL 4 / 28 day(s) PA S |
| ENBREL 50 MG/ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 4 / 28 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| ENBREL MINI | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>4 / 28 DAYS</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| ENBREL SURECLICK | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>4 / 28 DAYS</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| ANALGESICS - NONNARCOTIC | | |
| ANALGESICS - SELECTIVE NAV1.8 SODIUM CHANNEL INHIBITORS | | |
| JOURNAVX | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div>29 / 90 days</div> </div> |
| ANALGESICS OTHER | | |
| CLONIDINE HCL (BULK) | 3 | |
| ANALGESICS-SEDATIVES | | |
| ALLZITAL | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>360 / 30 day(s)</div> </div> |
| <i>butalbital-acetaminophen (butalbital-acetaminophen tab 50-300 mg, butalbital-acetaminophen tab 50-325 mg)</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>180 / 30 DAYS</div> </div> |
| <i>butalbital-acetaminophen cap 50-300 mg</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div>180 / 180 DAYS</div> </div> |
| <i>butalbital-acetaminophen-caffeine (butalbital-acetaminophen-caffeine cap 50-300-40 mg, butalbital-acetaminophen-caffeine cap 50-325-40 mg, butalbital-acetaminophen-caffeine tab 50-325-40 mg)</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>180 / 30 DAYS</div> </div> |
| BUTALBITAL-APAP-CAFFEINE | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2700 / 30 day(s)</div> </div> |
| <i>butalbital-aspirin-caffeine</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>180 / 30 DAYS</div> </div> |
| TENCON | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>180 / 30 DAYS</div> </div> |
| SALICYLATES | | |
| ACETYL SALICYLIC ACID | 3 | |
| ASPIRIN POWDER | 3 | |
| <i>aspirin (aspirin chew tab 81 mg, aspirin tab delayed release 81 mg)</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> <div>Affordable Care Act</div> </div> |
| DIFLUNISAL POWDER | 3 | |
| <i>diflunisal tab 500 mg</i> | 1 | |
| DOLOBID | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| SODIUM SALICYLATE | 3 | |
| ANALGESICS - OPIOID | | |
| CODEINE COMBINATIONS | | |
| <i>acetaminophen w/ codeine (acetaminophen w/ codeine tab 300-15 mg, acetaminophen w/ codeine tab 300-30 mg)</i> | 1 | QL 360 / 30 DAYS AL1 At least 12 yrs old |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 1 | QL 180 / 30 DAYS AL1 At least 12 yrs old |
| ACETAMINOPHEN-CODEINE | 3 | QL 2700 / 30 day(s) AL1 At least 12 yrs old |
| <i>butalbital-acetaminophen-caffeine w/ codeine</i> | 1 | QL 180 / 30 DAYS AL1 At least 12 yrs old |
| <i>butalbital-aspirin-caffeine w/cod</i> | 1 | QL 180 / 30 DAYS AL1 At least 12 yrs old |
| DIHYDROCODEINE COMBINATIONS | | |
| APAP-CAFF-DIHYDROCODEINE | 3 | QL 300 / 30 DAYS AL1 At least 18 yrs old |
| TREZIX | 3 | QL 300 / 30 DAYS AL1 At least 18 yrs old |
| HYDROCODONE COMBINATIONS | | |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen tab 5-300 mg, hydrocodone-acetaminophen tab 5-325 mg)</i> | 1 | QL 240 / 30 days |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen tab 7.5-300 mg, hydrocodone-acetaminophen tab 10-300 mg)</i> | 1 | QL 180 / 30 DAYS AL1 At least 18 yrs old |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen tab 7.5-325 mg, hydrocodone-acetaminophen tab 10-325 mg)</i> | 1 | QL 180 / 30 DAYS |
| HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION | 3 | QL 2025 / 30 DAYS AL1 At least 2 yrs old |
| HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION | 3 | QL 2700 / 30 DAYS AL1 At least 2 yrs old |
| HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB | 2 | QL 240 / 30 day(s) AL1 At least 18 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 1 | QL 2700 / 30 days |
| HYDROCODONE-IBUPROFEN (HYDROCODONE-IBUPROFEN 5-200 MG TAB, HYDROCODONE-IBUPROFEN 10-200 MG TAB) | 3 | QL 150 / 30 DAYS AL1 At least 16 yrs old |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 1 | QL 150 / 30 DAYS AL1 At least 16 yrs old |
| OPIOID AGONISTS | | |
| CODEINE PHOSPHATE | 3 | |
| CODEINE SULFATE (CODEINE SULFATE 15 MG TAB, CODEINE SULFATE 60 MG TAB) | 3 | QL 180 / 30 DAYS AL1 At least 18 yrs old |
| <i>codeine sulfate tab 30 mg</i> | 1 | QL 180 / 30 DAYS AL1 At least 18 yrs old |
| CONZIP | 3 | QL 30 / 30 DAYS PA AL1 At least 18 yrs old |
| <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 37.5 mcg/hr, fentanyl td patch 72hr 50 mcg/hr, fentanyl td patch 72hr 62.5 mcg/hr, fentanyl td patch 72hr 75 mcg/hr, fentanyl td patch 72hr 87.5 mcg/hr)</i> | 1 | QL 15 / 30 DAYS PA |
| FENTANYL CITRATE POWDER | 3 | |
| FENTANYL CITRATE (BULK) | 3 | |
| FENTANYL CITRATE (FENTANYL CITRATE 100 MCG TAB, FENTANYL CITRATE 200 MCG TAB, FENTANYL CITRATE 400 MCG TAB, FENTANYL CITRATE 600 MCG TAB, FENTANYL CITRATE 800 MCG TAB) | 3 | QL 120 / 30 DAYS PA AL1 At least 18 yrs old |
| FENTANYL CITRATE (FENTANYL CITRATE 200 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE) | 3 | QL 120 / 30 DAYS PA AL1 At least 16 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>fentanyl citrate (fentanyl citrate lozenge on a handle 200 mcg, fentanyl citrate lozenge on a handle 400 mcg, fentanyl citrate lozenge on a handle 600 mcg, fentanyl citrate lozenge on a handle 800 mcg, fentanyl citrate lozenge on a handle 1200 mcg, fentanyl citrate lozenge on a handle 1600 mcg)</i> | 1 | <p>QL 120 / 30 DAYS</p> <p>PA</p> <p>AL1 At least 16 yrs old</p> |
| FENTORA (FENTORA 100 MCG TAB, FENTORA 200 MCG TAB, FENTORA 400 MCG TAB, FENTORA 600 MCG TAB, FENTORA 800 MCG TAB) | 3 | <p>QL 120 / 30 DAYS</p> <p>PA</p> <p>AL1 At least 18 yrs old</p> |
| <i>hydrocodone bitartrate (hydrocodone bitartrate tab er 24hr deter 100 mg, hydrocodone bitartrate tab er 24hr deter 20 mg, hydrocodone bitartrate tab er 24hr deter 30 mg, hydrocodone bitartrate tab er 24hr deter 40 mg, hydrocodone bitartrate tab er 24hr deter 60 mg, hydrocodone bitartrate tab er 24hr deter 80 mg)</i> | 1 | <p>QL 30 / 30 day(s)</p> <p>PA</p> |
| HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H) | 3 | <p>QL 60 / 30 DAYS</p> <p>PA</p> |
| HYDROCODONE BITARTRATE ER 120 MG TB24 DETER | 3 | <p>QL 30 / 30 day(s)</p> <p>PA</p> |
| HYDROMORPHONE HCL POWDER | 3 | |
| HYDROMORPHONE HCL (BULK) | 3 | |
| <i>hydromorphone hcl (hydromorphone hcl tab 4 mg, hydromorphone hcl tab 8 mg)</i> | 1 | <p>QL 180 / 30 DAYS</p> <p>AL1 At least 18 yrs old</p> |
| <i>hydromorphone hcl (hydromorphone hcl tab er 24hr 12 mg, hydromorphone hcl tab er 24hr 16 mg, hydromorphone hcl tab er 24hr 32 mg, hydromorphone hcl tab er 24hr 8 mg)</i> | 1 | <p>QL 30 / 30 DAYS</p> <p>PA</p> |
| <i>hydromorphone hcl liqd 1 mg/ml</i> | 1 | <p>QL 1440 / 30 DAYS</p> <p>AL1 At least 18 yrs old</p> |
| <i>hydromorphone hcl tab 2 mg</i> | 1 | <p>QL 180 / 30 DAYS</p> |
| <i>levorphanol tartrate tab 2 mg</i> | 1 | <p>QL 120 / 30 DAYS</p> |
| <i>levorphanol tartrate tab 3 mg</i> | 1 | <p>QL 120 / 30 day(s)</p> |
| MEPERIDINE HCL POWDER | 3 | <p>AL1 At least 18 yrs old</p> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| METHADONE HCL POWDER | 3 | |
| <i>methadone hcl (methadone hcl conc 10 mg/ml, methadone hcl tab 5 mg, methadone hcl tab 10 mg, methadone hcl tab for oral susp 40 mg)</i> | 1 | QL 90 / 30 DAYS |
| <i>methadone hcl soln 10 mg/5ml</i> | 1 | QL 450 / 30 DAYS |
| <i>methadone hcl soln 5 mg/5ml</i> | 1 | QL 900 / 30 DAYS |
| MORPHINE SULFATE POWDER | 3 | |
| MORPHINE SULFATE (BULK) | 3 | |
| <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 DAYS PA |
| MORPHINE SULFATE 15 MG TAB | 2 | QL 360 / 30 days |
| MORPHINE SULFATE 30 MG TAB | 2 | QL 180 / 30 DAYS AL1 At least 18 yrs old |
| MORPHINE SULFATE ER | 3 | QL 60 / 30 DAYS PA |
| MORPHINE SULFATE ER BEADS | 3 | QL 30 / 30 DAYS PA |
| <i>morphine sulfate oral soln 10 mg/5ml</i> | 1 | QL 2700 / 30 DAYS |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 1 | QL 270 / 30 DAYS |
| <i>morphine sulfate oral soln 20 mg/5ml</i> | 1 | QL 1350 / 30 day(s) |
| <i>morphine sulfate tab 15 mg</i> | 1 | QL 360 / 30 days |
| <i>morphine sulfate tab 30 mg</i> | 1 | QL 180 / 30 DAYS AL1 At least 18 yrs old |
| NUCYNTA | 3 | QL 180 / 30 DAYS |
| NUCYNTA ER (NUCYNTA ER 100 MG TAB ER 12H, NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H) | 2 | QL 60 / 30 DAYS PA |
| NUCYNTA ER 50 MG TAB ER 12H | 2 | QL 60 / 30 DAYS PA AL1 At least 18 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| OXAYDO 5 MG TAB | 3 | QL 360 / 30 days |
| OXAYDO 7.5 MG TAB | 3 | QL 180 / 30 DAYS AL1 At least 18 yrs old |
| OXYCODONE HCL POWDER | 3 | |
| OXYCODONE HCL (OXYCODONE HCL 10 MG TAB DETER, OXYCODONE HCL 15 MG TAB DETER, OXYCODONE HCL 30 MG TAB DETER) | 3 | QL 180 / 30 day(s) |
| <i>oxycodone hcl (oxycodone hcl cap 5 mg, oxycodone hcl tab 5 mg)</i> | 1 | QL 360 / 30 DAYS |
| <i>oxycodone hcl (oxycodone hcl tab 15 mg, oxycodone hcl tab 20 mg, oxycodone hcl tab 30 mg)</i> | 1 | QL 180 / 30 DAYS AL1 At least 18 yrs old |
| OXYCODONE HCL 5 MG TAB DETER | 3 | QL 360 / 30 day(s) |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | 1 | QL 270 / 30 DAYS |
| <i>oxycodone hcl soln 5 mg/5ml</i> | 1 | QL 5400 / 30 DAYS |
| <i>oxycodone hcl tab 10 mg</i> | 1 | QL 180 / 30 DAYS |
| <i>oxymorphone hcl</i> | 1 | QL 180 / 30 DAYS AL1 At least 18 yrs old |
| OXYMORPHONE HCL ER | 3 | QL 60 / 30 DAYS PA AL1 At least 18 yrs old |
| QDOLO | 3 | QL 2400 / 30 day(s) AL1 At least 18 yrs old |
| ROXYBOND (ROXYBOND 10 MG TAB DETER, ROXYBOND 15 MG TAB DETER, ROXYBOND 30 MG TAB DETER) | 3 | QL 180 / 30 day(s) |
| ROXYBOND 5 MG TAB DETER | 3 | QL 360 / 30 day(s) |
| SUBSYS | 3 | QL 120 / 30 DAYS PA |
| SUFENTANIL CITRATE (BULK) | 3 | |
| TRAMADOL HCL (ER BIPHASIC) | 3 | QL 30 / 30 DAYS PA AL1 At least 18 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <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 | <p>QL 30 / 30 DAYS</p> <p>PA</p> <p>AL1 At least 18 yrs old</p> |
| TRAMADOL HCL 25 MG TAB | 3 | <p>QL 240 / 30 day(s)</p> |
| TRAMADOL HCL 5 MG/ML SOLUTION | 3 | <p>QL 2400 / 30 day(s)</p> <p>AL1 At least 18 yrs old</p> |
| TRAMADOL HCL 75 MG TAB | 3 | <p>QL 150 / 30 day(s)</p> |
| TRAMADOL HCL ER | 3 | <p>QL 30 / 30 DAYS</p> <p>PA</p> <p>AL1 At least 18 yrs old</p> |
| <i>tramadol hcl tab 100 mg</i> | 1 | <p>QL 120 / 30 days</p> <p>AL1 At least 18 yrs old</p> |
| <i>tramadol hcl tab 50 mg</i> | 1 | <p>QL 240 / 30 DAYS</p> <p>AL1 At least 18 yrs old</p> |
| XTAMPZA ER (XTAMPZA ER 9 MG CP12 DETER, XTAMPZA ER 13.5 MG CP12 DETER, XTAMPZA ER 18 MG CP12 DETER, XTAMPZA ER 27 MG CP12 DETER) | 2 | <p>QL 60 / 30 DAYS</p> <p>PA</p> |
| XTAMPZA ER 36 MG CP12 DETER | 2 | <p>QL 240 / 30 days</p> <p>PA</p> |
| OPIOID COMBINATIONS | | |
| APADAZ | 3 | <p>QL 360 / 30 DAYS</p> |
| BENZHYDROCODONE-ACETAMINOPHEN | 3 | <p>QL 360 / 30 DAYS</p> |
| NALOCET | 3 | <p>QL 360 / 30 DAYS</p> <p>AL1 At least 18 yrs old</p> |
| <i>oxycodone w/ acetaminophen (oxycodone w/ acetaminophen tab 2.5-325 mg, oxycodone w/ acetaminophen tab 5-325 mg)</i> | 1 | <p>QL 360 / 30 DAYS</p> |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 1 | <p>QL 180 / 30 DAYS</p> |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 1 | <p>QL 240 / 30 DAYS</p> |
| OXYCODONE-ACETAMINOPHEN (OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 5-300 MG TAB) | 3 | <p>QL 360 / 30 DAYS</p> <p>AL1 At least 18 yrs old</p> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| OXYCODONE-ACETAMINOPHEN 10-300 MG TAB | 3 | <p>QL 180 / 30 DAYS</p> <p>AL1 At least 18 yrs old</p> |
| OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION | 3 | <p>QL 900 / 30 day(s)</p> |
| OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION | 3 | <p>QL 1800 / 30 DAYS</p> |
| OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB | 3 | <p>QL 240 / 30 day(s)</p> <p>AL1 At least 18 yrs old</p> |
| PROLATE 10-300 MG TAB | 3 | <p>QL 180 / 30 DAYS</p> <p>AL1 At least 18 yrs old</p> |
| PROLATE 10-300 MG/5ML SOLUTION | 3 | <p>QL 900 / 30 day(s)</p> |
| PROLATE 5-300 MG TAB | 3 | <p>QL 360 / 30 DAYS</p> <p>AL1 At least 18 yrs old</p> |
| PROLATE 7.5-300 MG TAB | 3 | <p>QL 240 / 30 day(s)</p> <p>AL1 At least 18 yrs old</p> |
| OPIOID PARTIAL AGONISTS | | |
| BELBUCA | 2 | <p>QL 60 / 30 day(s)</p> <p>PA</p> <p>AL1 At least 18 yrs old</p> |
| <i>buprenorphine hcl (buprenorphine hcl sl tab 2 mg (base equiv), buprenorphine hcl sl tab 8 mg (base equiv))</i> | 1 | <p>QLC 6/90 days</p> |
| <i>buprenorphine hcl-naloxone hcl dihydrate (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv))</i> | 1 | <p>QL 120 / 30 days</p> |
| <i>buprenorphine hcl-naloxone hcl dihydrate (buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv))</i> | 1 | <p>QL 60 / 30 days</p> |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 1 | <p>QL 90 / 30 DAYS</p> |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i> | 1 | <p>QL 7.5 / 30 days</p> <p>AL1 At least 18 yrs old</p> |
| ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 2.9-0.71 MG SL TAB, ZUBSOLV 5.7-1.4 MG SL TAB) | 3 | <p>QL 30 / 30 days</p> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| ZUBSOLV 1.4-0.36 MG SL TAB | 3 | QL 90 / 30 DAYS |
| ZUBSOLV 11.4-2.9 MG SL TAB | 3 | QL 30 / 30 day(s) |
| ZUBSOLV 8.6-2.1 MG SL TAB | 3 | QL 60 / 30 days |
| TRAMADOL COMBINATIONS | | |
| SEGLENTIS | 3 | QL 120 / 30 day(s) AL1 At least 18 yrs old |
| <i>tramadol-acetaminophen</i> | 1 | QL 240 / 30 DAYS AL1 At least 18 yrs old |
| ANDROGENS-ANABOLIC | | |
| ANDROGENS | | |
| DANAZOL POWDER | 3 | |
| <i>danazol (danazol cap 50 mg, danazol cap 100 mg, danazol cap 200 mg)</i> | 1 | PA |
| METHITEST | 3 | QL 600 / 30 DAYS PA GL Male |
| METHYLTESTOSTERONE POWDER | 3 | GL Male |
| <i>methyltestosterone cap 10 mg</i> | 1 | QL 600 / 30 day(s) PA |
| <i>testosterone (testosterone td gel 20.25 mg/act (1.62%), testosterone td gel 25 mg/2.5gm (1%), testosterone td gel 40.5 mg/2.5gm (1.62%))</i> | 1 | QL 150 / 30 DAYS PA GL Male |
| TESTOSTERONE 10 MG/ACT (2%) GEL | 3 | QL 120 / 30 DAYS PA |
| TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL | 3 | QL 37.5 / 30 day(s) PA GL Male |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>testosterone cypionate (testosterone cypionate im inj in oil 100 mg/ml, testosterone cypionate im inj in oil 200 mg/ml)</i> | 1 | <ul style="list-style-type: none"> QL 10 / 28 DAYS PA GL Male |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION | 3 | <ul style="list-style-type: none"> QL 5 / 28 DAYS PA GL Male |
| <i>testosterone td gel 10mg/act (2%)</i> | 1 | <ul style="list-style-type: none"> QL 120 / 30 DAYS PA |
| <i>testosterone td gel 12.5 mg/act (1%)</i> | 1 | <ul style="list-style-type: none"> QL 300 / 30 DAYS PA |
| <i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i> | 1 | <ul style="list-style-type: none"> QL 37.5 / 30 DAYS PA GL Male |
| <i>testosterone td gel 50 mg/5gm (1%)</i> | 1 | <ul style="list-style-type: none"> QL 300 / 30 DAYS PA GL Male |
| <i>testosterone td soln 30 mg/act</i> | 1 | <ul style="list-style-type: none"> QL 180 / 30 DAYS PA |
| XYOSTED | 3 | <ul style="list-style-type: none"> QL 2 / 28 DAYS PA |
| ANORECTAL AND RELATED PRODUCTS | | |
| INTRARECTAL STEROIDS | | |
| <i>budesonide rectal foam 2 mg/act</i> | 1 | |
| CORTIFOAM | 2 | |
| <i>hydrocortisone (intrarectal)</i> | 1 | |
| NITRATE VASODILATING AGENTS | | |
| <i>nitroglycerin (intra-anal)</i> | 1 | |
| RECTAL ANESTHETIC/STEROIDS | | |
| ANALPRAM HC (ANALPRAM HC 1-1 % CREAM, ANALPRAM HC 2.5-1 % LOTION) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ANALPRAM-HC (ANALPRAM-HC 1-1 % CREAM, ANALPRAM-HC 2.5-1 % LOTION) | 3 | |
| HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM | 3 | |
| PROCTOFOAM HC | 3 | |
| RECTAL STEROIDS | | |
| HYDROCORTISONE (PERIANAL) | 3 | QL 454 / 30 day(s) |
| <i>hydrocortisone (rectal)</i> | 1 | |
| <i>hydrocortisone acetate suppos 25 mg</i> | 1 | |
| PROCTOCORT 1 % CREAM | 3 | QL 454 / 30 day(s) |
| ANTACIDS | | |
| ANTACIDS - MAGNESIUM SALTS | | |
| MAGNESIUM CARBONATE GRANULES | 3 | |
| MAGNESIUM OXIDE POWDER | 3 | |
| MAGNESIUM TRISILICATE | 3 | |
| ANTHELMINTICS | | |
| <i>albendazole tab 200 mg</i> | 1 | |
| BENZNIDAZOLE | 2 | AL1 2 to 12 yrs old |
| EMVERM | 3 | |
| IVERMECTIN 6 MG TAB | 3 | |
| <i>ivermectin tab 3 mg</i> | 1 | |
| MEBENDAZOLE | 3 | |
| PIPERAZINE CITRATE | 3 | |
| <i>praziquantel tab 600 mg</i> | 1 | |
| THIABENDAZOLE | 3 | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| AEMCOLO | 3 | |
| FIRST-METRONIDAZOLE | 3 | |
| IMPAVIDO | 2 | |
| <i>metronidazole (metronidazole cap 375 mg, metronidazole tab 250 mg, metronidazole tab 500 mg)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| METRONIDAZOLE BENZO+SYRSPEND | 3 | |
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | 1 | |
| <i>tinidazole</i> | 1 | |
| TRIMETHOPRIM POWDER | 3 | |
| <i>trimethoprim tab 100 mg</i> | 1 | |
| XIFAXAN 200 MG TAB | 3 | |
| XIFAXAN 550 MG TAB | 2 | |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| <i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim susp 200-40 mg/5ml, sulfamethoxazole-trimethoprim tab 400-80 mg, sulfamethoxazole-trimethoprim tab 800-160 mg)</i> | 1 | |
| ANTIPROTOZOAL AGENTS | | |
| ALINIA 100 MG/5ML RECON SUSP | 2 | QLC 300 / 90 days |
| <i>atovaquone</i> | 1 | |
| LAMPIT | 3 | |
| <i>nitazoxanide tab 500 mg</i> | 1 | QLC 12 / 90 DAYS |
| GLYCOPEPTIDES | | |
| <i>vancomycin hcl (vancomycin hcl cap 125 mg (base equivalent), vancomycin hcl cap 250 mg (base equivalent), vancomycin hcl for oral soln 25 mg/ml (base equivalent), vancomycin hcl for oral soln 50 mg/ml (base equivalent))</i> | 1 | |
| LEPROSTATICS | | |
| <i>dapsone (dapsone tab 25 mg, dapsone tab 100 mg)</i> | 1 | |
| LINCOSAMIDES | | |
| <i>clindamycin hcl (clindamycin hcl cap 75 mg, clindamycin hcl cap 150 mg)</i> | 1 | |
| <i>clindamycin hcl cap 300 mg</i> | 1 | QL 120 / 30 DAYS |
| <i>clindamycin palmitate hydrochloride</i> | 1 | QL 2100 / 30 DAYS |
| MONOBACTAMS | | |
| CAYSTON | 3 | S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------|
| OXAZOLIDINONES | | |
| <i>linezolid for susp 100 mg/5ml</i> | 1 | PA |
| <i>linezolid tab 600 mg</i> | 1 | |
| SIVEXTRO 200 MG TAB | 3 | |
| PLEUROMUTILINS | | |
| XENLETA 600 MG TAB | 3 | S |
| POLYMYXINS | | |
| POLYMYXIN B SULFATE POWDER | 3 | |
| URINARY ANTI-INFECTIVES | | |
| <i>fosfomycin tromethamine</i> | 1 | |
| <i>methenamine hippurate</i> | 1 | |
| NALIDIXIC ACID | 3 | |
| <i>nitrofurantoin</i> | 1 | PA |
| NITROFURANTOIN 50 MG/5ML SUSPENSION | 3 | PA |
| <i>nitrofurantoin macrocrystal</i> | 1 | |
| <i>nitrofurantoin monohyd macro</i> | 1 | |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| ASPRUZYO SPRINKLE | 3 | QL 60 / 30 day(s) PA |
| <i>ranolazine</i> | 1 | QL 60 / 30 DAYS |
| NITRATES | | |
| <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 dinitrate tab 40 mg</i> | 1 | PA |
| ISOSORBIDE MONONITRATE (ISOSORBIDE MONONITRATE 10 MG TAB, ISOSORBIDE MONONITRATE 20 MG TAB) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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 | |
| NITRO-BID | 3 | |
| NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR) | 3 | |
| NITRO-TIME (NITRO-TIME 2.5 MG CAP ER, NITRO-TIME 6.5 MG CAP ER, NITRO-TIME 9 MG CAP ER) | 3 | |
| <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, nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray))</i> | 1 | |
| ANTIANXIETY AGENTS | | |
| ANTIANXIETY AGENTS - MISC. | | |
| BUCAPSOL | 3 | |
| <i>bupirone hcl (bupirone hcl tab 5 mg, bupirone hcl tab 7.5 mg, bupirone hcl tab 10 mg, bupirone hcl tab 15 mg, bupirone hcl tab 30 mg)</i> | 1 | |
| DROPERIDOL POWDER | 3 | |
| <i>hydroxyzine hcl (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 hcl syrup 10 mg/5ml</i> | 1 | |
| HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE POWDER, HYDROXYZINE PAMOATE 100 MG CAP) | 3 | AL1 At least 2 yrs old |
| <i>hydroxyzine pamoate (hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg)</i> | 1 | AL1 At least 2 yrs old |
| BENZODIAZEPINES | | |
| <i>alprazolam (alprazolam orally disintegrating tab 0.25 mg, alprazolam orally disintegrating tab 1 mg, alprazolam orally disintegrating tab 2 mg, alprazolam tab 0.25 mg, alprazolam tab 1 mg, alprazolam tab 2 mg, alprazolam tab er 24hr 0.5 mg, alprazolam tab er 24hr 2 mg, alprazolam tab er 24hr 3 mg)</i> | 1 | |
| <i>alprazolam (alprazolam orally disintegrating tab 0.5 mg, alprazolam tab 0.5 mg)</i> | 1 | QL 120 / 30 DAYS |
| ALPRAZOLAM INTENSOL | 3 | |
| <i>alprazolam tab er 24hr 1 mg</i> | 1 | QL 30 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>chlordiazepoxide hcl (chlordiazepoxide hcl cap 10 mg, chlordiazepoxide hcl cap 25 mg)</i> | 1 | |
| <i>chlordiazepoxide hcl cap 5 mg</i> | 1 | QL 120 / 30 DAYS |
| <i>clorazepate dipotassium tab 15 mg</i> | 1 | QL 180 / 30 DAYS |
| <i>clorazepate dipotassium tab 3.75 mg</i> | 1 | QL 720 / 30 DAYS |
| <i>clorazepate dipotassium tab 7.5 mg</i> | 1 | QL 360 / 30 DAYS |
| <i>diazepam (diazepam conc 5 mg/ml, diazepam oral soln 1 mg/ml, diazepam tab 2 mg, diazepam tab 5 mg, diazepam tab 10 mg)</i> | 1 | |
| <i>lorazepam (lorazepam conc 2 mg/ml, lorazepam tab 1 mg)</i> | 1 | |
| <i>lorazepam tab 0.5 mg</i> | 1 | QL 90 / 30 DAYS |
| <i>lorazepam tab 2 mg</i> | 1 | QL 150 / 30 DAYS |
| LOREEV XR | 3 | |
| <i>oxazepam</i> | 1 | QL 120 / 30 DAYS |
| ANTIARRHYTHMICS | | |
| ANTIARRHYTHMICS TYPE I-A | | |
| <i>disopyramide phosphate</i> | 1 | |
| NORPACE | 3 | |
| NORPACE CR | 3 | |
| PROCAINAMIDE HCL POWDER | 3 | |
| <i>quinidine gluconate</i> | 1 | |
| QUINIDINE SULFATE | 3 | |
| ANTIARRHYTHMICS TYPE I-B | | |
| <i>mexiletine hcl (mexiletine hcl cap 150 mg, mexiletine hcl cap 200 mg, mexiletine hcl cap 250 mg)</i> | 1 | |
| ANTIARRHYTHMICS TYPE I-C | | |
| <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 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| ANTIARRHYTHMICS TYPE III | | |
| <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 | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| 5-LIPOXYGENASE INHIBITORS | | |
| <i>zileuton</i> | 1 | PA |
| ZYFLO | 3 | |
| ADRENERGIC COMBINATIONS | | |
| ADVAIR HFA | 2 | QL 12 / 30 day(s) |
| AIRSUPRA | 2 | QL 32.1 / 30 day(s) |
| ANORO ELLIPTA | 2 | QL 60 / 30 day(s) |
| BREO ELLIPTA (BREO ELLIPTA 50-25 MCG/INH AER POW BA, BREO ELLIPTA 100-25 MCG/ACT AER POW BA) | 2 | QL 60 / 30 day(s) |
| BREO ELLIPTA 200-25 MCG/ACT AER POW BA | 2 | QL 60 / 30 DAYS |
| BREZTRI AEROSPHERE | 2 | QL 10.7 / 30 day(s) |
| <i>budesonide-formoterol fumarate dihydrate</i> | 1 | QL 30.9 / 30 day(s) |
| COMBIVENT RESPIMAT | 2 | QL 8 / 30 DAYS |
| DULERA (DULERA 50-5 MCG/ACT AEROSOL, DULERA 200-5 MCG/ACT AEROSOL) | 2 | QL 39 / 30 day(s) |
| DULERA 100-5 MCG/ACT AEROSOL | 2 | QL 26.4 / 30 day(s) |
| FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA) | 1 | QL 1 / 30 DAYS AL1 At least 12 yrs old |
| <i>fluticasone-salmeterol (fluticasone-salmeterol aer powder ba 100-50 mcg/act, fluticasone-salmeterol aer powder ba 250-50 mcg/act, fluticasone-salmeterol aer powder ba 500-50 mcg/act)</i> | 1 | QL 60 / 30 DAYS |
| FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA | 1 | QL 1 / 30 day(s) AL1 At least 12 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <i>ipratropium-albuterol</i> | 1 | |
| STIOLTO RESPIMAT | 2 | QL 4 / 30 DAYS |
| TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA | 2 | QL 60 / 30 DAYS |
| TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA | 2 | QL 60 / 30 day(s) |
| ANTI-IGE MONOCLONAL ANTIBODIES | | |
| XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR) | 2 | PA AL1 At least 1 yrs old S |
| XOLAIR 150 MG/ML SOLN PRSYR | 2 | QL 5 / 30 DAYS PA AL1 At least 1 yrs old S |
| XOLAIR 75 MG/0.5ML SOLN PRSYR | 2 | QL 1.2 / 30 DAYS PA AL1 At least 1 yrs old S |
| ANTI-INFLAMMATORY AGENTS | | |
| CROMOLYN SODIUM POWDER | 3 | |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | 1 | |
| BETA ADRENERGICS | | |
| ALBUTEROL SULFATE POWDER | 3 | |
| <i>albuterol sulfate (albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.5% (5 mg/ml), 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 DAYS |
| <i>albuterol sulfate (albuterol sulfate syrup 2 mg/5ml, albuterol sulfate tab 2 mg, albuterol sulfate tab 4 mg)</i> | 1 | |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | 1 | QL 36 / 30 day(s) |
| <i>arformoterol tartrate</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <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 | |
| METAPROTERENOL SULFATE | 3 | |
| SEREVENT DISKUS | 2 | QL 60 / 30 DAYS |
| STRIVERDI RESPIMAT | 2 | QL 4 / 30 DAYS |
| TERBUTALINE SULFATE POWDER | 3 | |
| <i>terbutaline sulfate (terbutaline sulfate tab 2.5 mg, terbutaline sulfate tab 5 mg)</i> | 1 | |
| VENTOLIN HFA | 1 | QL 36 / 30 DAYS |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ATROVENT HFA | 3 | QL 25.8 / 30 days |
| INCRUSE ELLIPTA | 2 | QL 30 / 30 DAYS |
| IPRATROPIUM BROMIDE POWDER | 3 | |
| <i>ipratropium bromide inhal soln 0.02%</i> | 1 | QL 375 / 30 DAYS |
| SPIRIVA RESPIMAT | 2 | QL 4 / 30 DAYS |
| <i>tiotropium bromide</i> | 1 | QL 30 / 30 day(s) |
| INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA) | | |
| FASENRA PEN | 2 | QL 1 / 28 day(s) PA AL1 At least 6 yrs old S |
| NUCALA (NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR) | 2 | QL 3 / 28 DAYS PA AL1 At least 12 yrs old S |
| NUCALA 40 MG/0.4ML SOLN PRSYR | 2 | QL 0.4 / 28 day(s) PA AL1 At least 6 yrs old S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------------|
| LEUKOTRIENE RECEPTOR ANTAGONISTS | | |
| <i>montelukast sodium (montelukast sodium chew tab 4 mg (base equiv), montelukast sodium chew tab 5 mg (base equiv), montelukast sodium oral granules packet 4 mg (base equiv), montelukast sodium tab 10 mg (base equiv))</i> | 1 | |
| <i>zafirlukast (zafirlukast tab 10 mg, zafirlukast tab 20 mg)</i> | 1 | |
| MIXED ADRENERGICS | | |
| EPHEDRINE HCL POWDER | 3 | |
| EPHEDRINE SULFATE POWDER | 3 | |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| <i>roflumilast tab 250 mcg</i> | 1 | QL 30 / 30 day(s) |
| <i>roflumilast tab 500 mcg</i> | 1 | |
| STEROID INHALANTS | | |
| ARNUIITY ELLIPTA | 2 | QL 30 / 30 day(s) |
| ASMANEX (120 METERED DOSES) | 2 | QL 1 / 30 day(s) |
| ASMANEX (30 METERED DOSES) | 2 | QL 1 / 30 day(s) |
| ASMANEX (60 METERED DOSES) | 2 | QL 1 / 30 day(s) |
| ASMANEX HFA | 2 | QL 13 / 30 day(s) |
| <i>budesonide (inhalation) (budesonide inhalation susp 0.25 mg/2ml, budesonide inhalation susp 0.5 mg/2ml)</i> | 1 | QL 120 / 30 DAYS |
| <i>budesonide inhalation susp 1 mg/2ml</i> | 1 | |
| FLUNISOLIDE | 3 | |
| QVAR REDIHALER 40 MCG/ACT AERO BA | 2 | QL 10.6 / 30 day(s) |
| QVAR REDIHALER 80 MCG/ACT AERO BA | 2 | QL 21.2 / 30 day(s) |
| THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS | | |
| TEZSPIRE 210 MG/1.91ML SOLN A-INJ | 2 | QL 1.91 / 28 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| XANTHINES | | |
| AMINOPHYLLINE ANHYDROUS | 3 | |
| THEO-24 | 3 | |
| <i>theophylline (theophylline elixir 80 mg/15ml, theophylline soln 80 mg/15ml, theophylline tab er 12hr 300 mg, theophylline tab er 12hr 450 mg, theophylline tab er 24hr 400 mg, theophylline tab er 24hr 600 mg)</i> | 1 | |
| THEOPHYLLINE ER | 3 | |
| THEOPHYLLINE-ETHYLENEDIAMINE | 3 | |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| WARFARIN SODIUM POWDER | 3 | |
| <i>warfarin sodium (warfarin sodium tab 1 mg, warfarin sodium tab 2 mg, warfarin sodium tab 2.5 mg, warfarin sodium tab 3 mg, warfarin sodium tab 4 mg, warfarin sodium tab 5 mg, warfarin sodium tab 6 mg, warfarin sodium tab 7.5 mg, warfarin sodium tab 10 mg)</i> | 1 | |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS 2.5 MG TAB | 2 | QL 60 / 30 DAYS |
| ELIQUIS 5 MG TAB | 2 | QL 74 / 30 DAYS |
| ELIQUIS DVT/PE STARTER PACK | 2 | QLC 74 / 180 days |
| <i>rivaroxaban for susp 1 mg/ml</i> | 1 | QL 620 / 30 day(s) |
| <i>rivaroxaban tab 2.5 mg</i> | 1 | QL 60 / 30 day(s) |
| XARELTO (XARELTO 10 MG TAB, XARELTO 20 MG TAB) | 2 | QL 30 / 30 DAYS |
| XARELTO 1 MG/ML RECON SUSP | 2 | QL 620 / 30 day(s) |
| XARELTO 15 MG TAB | 2 | QL 60 / 30 DAYS |
| XARELTO 2.5 MG TAB | 2 | QL 60 / 30 day(s) |
| XARELTO STARTER PACK | 2 | QL 51 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| <i>heparin sodium (porcine) (heparin sodium (porcine) inj 1000 unit/ml, 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 1000 unit/ml, heparin sodium (porcine) pf inj 5000 unit/0.5ml)</i> | 1 | |
| HEPARIN SODIUM (PORCINE) PF | 3 | |
| LOW MOLECULAR WEIGHT HEPARINS | | |
| <i>enoxaparin sodium (enoxaparin sodium inj 300 mg/3ml, enoxaparin sodium inj soln pref syr 150 mg/ml)</i> | 1 | QLC 30 / 90 DAYS |
| <i>enoxaparin sodium (enoxaparin sodium inj soln pref syr 80 mg/0.8ml, enoxaparin sodium inj soln pref syr 120 mg/0.8ml)</i> | 1 | QLC 24 / 90 DAYS |
| <i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> | 1 | QLC 30 / 90 DAYS |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> | 1 | QLC 9 / 90 DAYS |
| <i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> | 1 | QLC 12 / 90 DAYS |
| <i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> | 1 | QLC 18 / 90 DAYS |
| FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR) | 3 | QLC 36 / 90 DAYS |
| FRAGMIN 10000 UNIT/4ML SOLUTION | 3 | QLC 720 / 90 days |
| FRAGMIN 10000 UNIT/ML SOLN PRSYR | 3 | QLC 180 / 90 DAYS |
| FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR | 3 | QLC 90 / 90 DAYS |
| FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR | 3 | QLC 108 / 90 DAYS |
| FRAGMIN 18000 UNT/0.72ML SOLN PRSYR | 3 | QLC 129.6 / 90 days |
| FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR | 3 | QLC 54 / 90 DAYS |
| FRAGMIN 95000 UNIT/3.8ML SOLUTION | 3 | QLC 38 / 90 DAYS |
| SYNTHETIC HEPARINOID-LIKE AGENTS | | |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> | 1 | QLC 72 / 90 DAYS |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | 1 | QLC 45 / 90 days |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> | 1 | QLC 36 / 90 DAYS |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> | 1 | QLC 54 / 90 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE | | |
| <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) |
| <i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i> | 1 | QL 120 / 30 day(s) |
| PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 150 MG PACKET) | 3 | QL 60 / 30 day(s) |
| PRADAXA (PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG PACKET) | 3 | QL 120 / 30 day(s) |
| ANTICONSULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB) | 3 | |
| <i>perampanel</i> | 1 | |
| ANTICONSULSANTS - BENZODIAZEPINES | | |
| <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 1 mg, clonazepam orally disintegrating tab 2 mg)</i> | 1 | |
| <i>clonazepam (clonazepam orally disintegrating tab 0.5 mg, clonazepam tab 0.5 mg, clonazepam tab 1 mg)</i> | 1 | QL 90 / 30 DAYS |
| <i>clonazepam tab 2 mg</i> | 1 | QL 300 / 30 DAYS |
| DIASTAT PEDIATRIC | 2 | |
| <i>diazepam (anticonvulsant) (diazepam rectal gel delivery system 10 mg, diazepam rectal gel delivery system 20 mg)</i> | 1 | |
| DIAZEPAM 2.5 MG GEL | 3 | |
| NAYZILAM | 3 | |
| SYMPAZAN | 3 | |
| VALTOCO 10 MG DOSE | 3 | |
| VALTOCO 15 MG DOSE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| VALTOCO 20 MG DOSE | 3 | |
| VALTOCO 5 MG DOSE | 3 | |
| ANTICONVULSANTS - MISC. | | |
| BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB) | 3 | |
| CARBAMAZEPINE (CARBAMAZEPINE POWDER, CARBAMAZEPINE 200 MG CHEW TAB) | 3 | |
| <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 | |
| CARBATROL | 3 | |
| DIACOMIT | 3 | S |
| EPIDIOLEX | 2 | PA S |
| <i>eslicarbazepine acetate</i> | 1 | |
| FANATREX FUSEPAQ | 3 | |
| FINTEPLA 2.2 MG/ML SOLUTION | 3 | QL 360 / 30 day(s) PA S |
| <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 DAYS |
| <i>gabapentin tab 600 mg</i> | 1 | QL 180 / 30 DAYS |
| <i>gabapentin tab 800 mg</i> | 1 | QL 150 / 30 DAYS |
| GABARONE | 3 | |
| <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 | |
| LAMICTAL XR (LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT, LAMICTAL XR 25 & 50 & 100 MG KIT, LAMICTAL XR 50 & 100 & 200 MG KIT) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>lamotrigine (lamotrigine orally disintegrating tab 25 mg, lamotrigine orally disintegrating tab 50 mg, lamotrigine orally disintegrating tab 100 mg, lamotrigine orally disintegrating tab 200 mg, lamotrigine tab 25 mg, lamotrigine tab 25 mg (42) & 100 mg (7) starter kit, lamotrigine tab 35 x 25 mg starter kit, lamotrigine tab 84 x 25 mg & 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 disint 21 x 25 mg & 7 x 50 mg titration kit, lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit, lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit, 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 oral soln 100 mg/ml, 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 | |
| MYSOLINE | 3 | |
| <i>oxcarbazepine (oxcarbazepine susp 300 mg/5ml (60 mg/ml), oxcarbazepine tab 150 mg, oxcarbazepine tab 300 mg, oxcarbazepine tab 600 mg, oxcarbazepine tab er 24hr 150 mg, oxcarbazepine tab er 24hr 300 mg, oxcarbazepine tab er 24hr 600 mg)</i> | 1 | |
| <i>pregabalin (pregabalin cap 150 mg, pregabalin cap 200 mg)</i> | 1 | QL 90 / 30 DAYS |
| <i>pregabalin (pregabalin cap 225 mg, pregabalin cap 300 mg)</i> | 1 | QL 60 / 30 DAYS |
| <i>pregabalin (pregabalin cap 75 mg, pregabalin cap 100 mg)</i> | 1 | QL 180 / 30 days |
| <i>pregabalin cap 25 mg</i> | 1 | QL 360 / 30 days |
| <i>pregabalin cap 50 mg</i> | 1 | QL 270 / 30 days |
| <i>pregabalin soln 20 mg/ml</i> | 1 | QL 900 / 30 DAYS |
| <i>primidone (primidone tab 50 mg, primidone tab 250 mg)</i> | 1 | |
| PRIMIDONE 125 MG TAB | 3 | |
| <i>rufinamide (rufinamide susp 40 mg/ml, rufinamide tab 200 mg, rufinamide tab 400 mg)</i> | 1 | |
| SPRITAM (SPRITAM 250 MG TAB, SPRITAM 500 MG TAB, SPRITAM 750 MG TAB) | 3 | AL1 At least 4 yrs old |
| SPRITAM 1000 MG TAB | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB) | 3 | |
| TEGRETOL-XR | 3 | |
| <i>topiramate (topiramate cap er 24hr 100 mg, topiramate cap er 24hr 25 mg, topiramate cap er 24hr 50 mg, 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 cap er 24hr 200 mg, topiramate cap er 24hr sprinkle 200 mg)</i> | 1 | QL 60 / 30 day(s) PA |
| <i>topiramate (topiramate sprinkle cap 15 mg, topiramate sprinkle cap 25 mg, topiramate sprinkle cap 50 mg, topiramate tab 25 mg, topiramate tab 50 mg, topiramate tab 100 mg, topiramate tab 200 mg)</i> | 1 | |
| <i>zonisamide (zonisamide cap 25 mg, zonisamide cap 50 mg, zonisamide cap 100 mg)</i> | 1 | |
| ZTALMY | 3 | S |
| CARBAMATES | | |
| <i>felbamate (felbamate susp 600 mg/5ml, felbamate tab 400 mg, felbamate tab 600 mg)</i> | 1 | |
| XCOPRI | 3 | |
| XCOPRI (250 MG DAILY DOSE) | 3 | |
| XCOPRI (350 MG DAILY DOSE) | 3 | |
| GABA MODULATORS | | |
| <i>tiagabine hcl (tiagabine hcl tab 2 mg, tiagabine hcl tab 4 mg, tiagabine hcl tab 12 mg, tiagabine hcl tab 16 mg)</i> | 1 | |
| <i>vigabatrin</i> | 1 | S |
| VIGAFYDE | 3 | S |
| HYDANTOINS | | |
| DILANTIN (DILANTIN 100 MG CAP, DILANTIN 125 MG/5ML SUSPENSION) | 3 | |
| DILANTIN 30 MG CAP | 2 | |
| DILANTIN INFATABS | 3 | |
| DILANTIN-125 | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------|
| <i>phenytoin (phenytoin chew tab 50 mg, phenytoin susp 125 mg/5ml)</i> | 1 | |
| PHENYTOIN SODIUM POWDER | 3 | |
| <i>phenytoin sodium extended (phenytoin sodium extended cap 100 mg, phenytoin sodium extended cap 200 mg, phenytoin sodium extended cap 300 mg)</i> | 1 | |
| SUCCINIMIDES | | |
| <i>ethosuximide (ethosuximide cap 250 mg, ethosuximide soln 250 mg/5ml)</i> | 1 | |
| <i>methsuximide</i> | 1 | |
| ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION) | 3 | |
| VALPROIC ACID | | |
| <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 oral soln 250 mg/5ml (base equiv)</i> | 1 | |
| <i>valproic acid cap 250 mg</i> | 1 | |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| <i>mirtazapine (mirtazapine orally disintegrating tab 15 mg, mirtazapine tab 15 mg)</i> | 1 | QL 90 / 30 days |
| <i>mirtazapine (mirtazapine orally disintegrating tab 30 mg, mirtazapine orally disintegrating tab 45 mg, mirtazapine tab 7.5 mg, mirtazapine tab 30 mg, mirtazapine tab 45 mg)</i> | 1 | QL 30 / 30 day(s) |
| ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS | | |
| AUVELITY | 3 | QL 60 / 30 day(s) ST |
| ANTIDEPRESSANTS - MISC. | | |
| <i>bupropion hcl (bupropion hcl tab er 12hr 150 mg, bupropion hcl tab er 12hr 200 mg)</i> | 1 | QL 60 / 30 day(s) |
| <i>bupropion hcl tab 100 mg</i> | 1 | QL 120 / 30 day(s) |
| <i>bupropion hcl tab 75 mg</i> | 1 | QL 180 / 30 days |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>bupropion hcl tab er 12hr 100 mg</i> | 1 | QL 120 / 30 days |
| <i>bupropion hcl tab er 24hr 150 mg</i> | 1 | QL 90 / 30 days |
| <i>bupropion hcl tab er 24hr 300 mg</i> | 1 | QL 30 / 30 day(s) |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID | | |
| ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP) | 2 | S QLC 28 / 365 Days |
| ZURZUVAE 30 MG CAP | 2 | S QLC 14 / 365 Days |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| EMSAM | 3 | |
| MARPLAN | 3 | |
| NARDIL | 3 | |
| PHENELZINE SULFATE 15 MG TAB | 3 | |
| <i>tranylcypromine sulfate</i> | 1 | |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| | | QL 30 / 30 day(s) |
| CITALOPRAM HYDROBROMIDE 30 MG CAP | 3 | ST C3 Step Therapy: Must first try ONE generic antidepressant |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i> | 1 | QL 600 / 30 DAYS |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i> | 1 | QL 120 / 30 days |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i> | 1 | QL 60 / 30 days |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i> | 1 | QL 30 / 30 day(s) |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | 1 | QL 600 / 30 DAYS |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i> | 1 | QL 60 / 30 days |
| <i>escitalopram oxalate tab 20 mg (base equiv)</i> | 1 | QL 30 / 30 day(s) |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i> | 1 | QL 120 / 30 days |
| <i>fluoxetine hcl (fluoxetine hcl cap 10 mg, fluoxetine hcl tab 10 mg)</i> | 1 | QL 240 / 30 days |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>fluoxetine hcl (fluoxetine hcl cap 20 mg, fluoxetine hcl tab 20 mg)</i> | 1 | QL 120 / 30 day(s) |
| FLUOXETINE HCL 90 MG CAP DR | 3 | QL 4 / 28 day(s) ST C3 Step Therapy: Must first try ONE generic antidepressant |
| <i>fluoxetine hcl cap 40 mg</i> | 1 | QL 60 / 30 day(s) |
| <i>fluoxetine hcl solution 20 mg/5ml</i> | 1 | QL 600 / 30 day(s) |
| <i>fluoxetine hcl tab 60 mg</i> | 1 | QL 30 / 30 day(s) |
| <i>fluvoxamine maleate (fluvoxamine maleate cap er 24hr 100 mg, fluvoxamine maleate cap er 24hr 150 mg)</i> | 1 | QL 60 / 30 day(s) |
| <i>fluvoxamine maleate (fluvoxamine maleate tab 25 mg, fluvoxamine maleate tab 50 mg)</i> | 1 | QL 30 / 30 day(s) |
| <i>fluvoxamine maleate tab 100 mg</i> | 1 | QL 90 / 30 day(s) |
| <i>paroxetine hcl (paroxetine hcl tab 20 mg, paroxetine hcl tab er 24hr 25 mg)</i> | 1 | QL 90 / 30 days |
| <i>paroxetine hcl (paroxetine hcl tab 30 mg, paroxetine hcl tab er 24hr 37.5 mg)</i> | 1 | QL 60 / 30 day(s) |
| <i>paroxetine hcl (paroxetine hcl tab 40 mg, paroxetine hcl tab er 24hr 12.5 mg)</i> | 1 | QL 30 / 30 day(s) |
| PAROXETINE HCL 10 MG/5ML SUSPENSION | 3 | QL 900 / 30 day(s) ST |
| <i>paroxetine hcl tab 10 mg</i> | 1 | QL 180 / 30 days |
| <i>sertraline hcl (sertraline hcl cap 150 mg, sertraline hcl cap 200 mg)</i> | 1 | QL 30 / 30 day(s) |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | 1 | QL 300 / 30 day(s) |
| <i>sertraline hcl tab 100 mg</i> | 1 | QL 60 / 30 day(s) |
| <i>sertraline hcl tab 25 mg</i> | 1 | QL 240 / 30 days |
| <i>sertraline hcl tab 50 mg</i> | 1 | QL 120 / 30 days |
| SEROTONIN MODULATORS | | |
| <i>trazodone hcl</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| TRAZODONE HCL POWDER | 3 | QL 30 / 30 day(s) |
| TRINTELLIX | 3 | ST C3 Step Therapy: Must first try ONE generic antidepressant |
| VIIBRYD STARTER PACK | 3 | ST QLC 30 / 180 DAYS C3 Step Therapy: Must first try ONE generic antidepressant |
| <i>vilazodone hcl</i> | 1 | QL 30 / 30 day(s) |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| DESVENLAFAXINE ER 100 MG TAB ER 24H | 3 | QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic antidepressant |
| DESVENLAFAXINE ER 50 MG TAB ER 24H | 3 | QL 30 / 30 DAYS ST C3 Step Therapy: Must first try ONE generic antidepressant |
| <i>desvenlafaxine succinate (desvenlafaxine succinate tab er 24hr 25 mg (base equiv), desvenlafaxine succinate tab er 24hr 50 mg (base equiv))</i> | 1 | QL 30 / 30 day(s) |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> | 1 | QL 120 / 30 days |
| <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> | 1 | QL 180 / 30 days |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> | 1 | QL 120 / 30 days |
| <i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i> | 1 | QL 90 / 30 day(s) |
| <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | 1 | QL 60 / 30 day(s) |
| FETZIMA | 3 | QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic antidepressant |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| FETZIMA TITRATION | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #808000; color: white; padding: 2px; margin-bottom: 5px;">ST</div> <div style="background-color: #6600FF; color: white; padding: 2px; margin-bottom: 5px;">QLC</div> <div style="background-color: #A9A9A9; color: white; padding: 2px;">C3</div> </div> 28 / 180 DAYS Step Therapy: Must first try ONE generic antidepressant |
| <i>venlafaxine hcl (venlafaxine hcl cap er 24hr 150 mg (base equivalent), venlafaxine hcl tab er 24hr 150 mg (base equivalent))</i> | 1 | QL 60 / 30 days |
| <i>venlafaxine hcl (venlafaxine hcl cap er 24hr 75 mg (base equivalent), venlafaxine hcl tab 75 mg (base equivalent), venlafaxine hcl tab 100 mg (base equivalent), venlafaxine hcl tab er 24hr 75 mg (base equivalent))</i> | 1 | QL 90 / 30 day(s) |
| <i>venlafaxine hcl (venlafaxine hcl tab er 24hr 225 mg (base equivalent), venlafaxine hcl tab er 24hr 37.5 mg (base equivalent))</i> | 1 | QL 30 / 30 day(s) |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | 1 | QL 180 / 30 days |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i> | 1 | QL 450 / 30 days |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> | 1 | QL 300 / 30 days |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i> | 1 | QL 210 / 30 days |
| TRICYCLIC AGENTS | | |
| <i>amitriptyline hcl (amitriptyline hcl tab 10 mg, amitriptyline hcl tab 25 mg, amitriptyline hcl tab 50 mg, amitriptyline hcl tab 75 mg, amitriptyline hcl tab 100 mg, amitriptyline hcl tab 150 mg)</i> | 1 | |
| <i>clomipramine hcl (clomipramine hcl cap 25 mg, clomipramine hcl cap 50 mg, clomipramine hcl cap 75 mg)</i> | 1 | |
| DESIPRAMINE HCL POWDER | 3 | |
| <i>desipramine hcl (desipramine hcl tab 10 mg, desipramine hcl tab 25 mg, desipramine hcl tab 50 mg, desipramine hcl tab 75 mg, desipramine hcl tab 100 mg, desipramine hcl tab 150 mg)</i> | 1 | |
| <i>doxepin hcl (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 | |
| IMIPRAMINE HCL POWDER | 3 | |
| <i>imipramine hcl (imipramine hcl tab 10 mg, imipramine hcl tab 25 mg, imipramine hcl tab 50 mg)</i> | 1 | |
| <i>imipramine pamoate</i> | 1 | |
| NORTRIPTYLINE HCL POWDER | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>nortriptyline hcl (nortriptyline hcl cap 10 mg, nortriptyline hcl cap 25 mg, nortriptyline hcl cap 50 mg, nortriptyline hcl cap 75 mg, nortriptyline hcl soln 10 mg/5ml)</i> | 1 | |
| <i>protriptyline hcl</i> | 1 | |
| TRIMIPRAMINE MALEATE POWDER | 3 | |
| <i>trimipramine maleate (trimipramine maleate cap 25 mg, trimipramine maleate cap 50 mg, trimipramine maleate cap 100 mg)</i> | 1 | |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| <i>acarbose (acarbose tab 25 mg, acarbose tab 50 mg, acarbose tab 100 mg)</i> | 1 | |
| MIGLITOL | 3 | |
| BIGUANIDES | | |
| METFORMIN HCL (METFORMIN HCL 625 MG TAB, METFORMIN HCL 750 MG TAB) | 3 | |
| <i>metformin hcl (metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg)</i> | 1 | |
| <i>metformin hcl (metformin hcl tab er 24hr modified release 1000 mg, metformin hcl tab er 24hr osmotic 1000 mg)</i> | 1 | <ul style="list-style-type: none"> QL 60 / 30 DAYS ST C3 Step Therapy: Must first try metformin ER 500 mg or 750 mg tab |
| <i>metformin hcl (metformin hcl tab er 24hr modified release 500 mg, metformin hcl tab er 24hr osmotic 500 mg)</i> | 1 | <ul style="list-style-type: none"> QL 90 / 30 days ST C3 Step Therapy: Must first try metformin ER 500 mg or 750 mg tab |
| <i>metformin hcl oral soln 500 mg/5ml</i> | 1 | <ul style="list-style-type: none"> QL 780 / 30 day(s) PA |
| <i>metformin hcl tab er 24hr 500 mg</i> | 1 | QL 120 / 30 DAYS |
| <i>metformin hcl tab er 24hr 750 mg</i> | 1 | QL 60 / 30 DAYS |
| DIABETIC OTHER | | |
| BAQSIMI ONE PACK | 2 | |
| BAQSIMI TWO PACK | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>diazoxide susp 50 mg/ml</i> | 1 | |
| GLUCAGON EMERGENCY 1 MG/ML RECON SOLN | 2 | |
| <i>glucagon for inj 1 mg</i> | 1 | |
| GVOKE HYPOPEN 1-PACK | 2 | |
| GVOKE HYPOPEN 2-PACK | 2 | |
| GVOKE KIT | 2 | |
| GVOKE PFS | 2 | |
| ZEGALOGUE | 2 | |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA | 2 | QL 30 / 30 DAYS |
| DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS | | |
| JANUMET | 2 | QL 60 / 30 DAYS |
| JANUMET XR (JANUMET XR 50-500 MG TAB ER 24H, JANUMET XR 100-1000 MG TAB ER 24H) | 2 | QL 30 / 30 DAYS |
| JANUMET XR 50-1000 MG TAB ER 24H | 2 | QL 60 / 30 DAYS |
| DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES | | |
| CYCLOSET | 3 | QL 180 / 30 DAYS |
| HUMAN INSULIN | | |
| FIASP | 2 | QL 100 / 30 DAYS |
| FIASP FLEXTOUCH | 2 | QL 100 / 30 DAYS |
| FIASP PENFILL | 2 | QL 100 / 30 DAYS |
| HUMALOG 100 UNIT/ML SOLN CART | 2 | QL 100 / 30 DAYS |
| HUMALOG 100 UNIT/ML SOLUTION | 2 | QL 100 / 30 day(s) |
| HUMALOG JUNIOR KWIKPEN | 2 | QL 100 / 30 DAYS |
| HUMALOG KWIKPEN | 2 | QL 100 / 30 DAYS |
| HUMALOG MIX 50/50 | 2 | QL 100 / 30 DAYS |
| HUMALOG MIX 50/50 KWIKPEN | 2 | QL 100 / 30 DAYS |
| HUMALOG MIX 75/25 | 2 | QL 100 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| HUMALOG MIX 75/25 KWIKPEN | 2 | QL 100 / 30 DAYS |
| HUMALOG TEMPO PEN | 2 | QL 100 / 30 day(s) |
| HUMULIN 70/30 | 2 | QL 100 / 30 DAYS |
| HUMULIN 70/30 KWIKPEN | 2 | QL 100 / 30 DAYS |
| HUMULIN N | 2 | QL 100 / 30 DAYS |
| HUMULIN N KWIKPEN | 2 | QL 100 / 30 DAYS |
| HUMULIN R | 2 | QL 100 / 30 DAYS |
| HUMULIN R U-500 (CONCENTRATED) | 2 | QL 100 / 30 DAYS |
| HUMULIN R U-500 KWIKPEN | 2 | QL 100 / 30 DAYS |
| INSULIN GLARGINE-YFGN | 2 | QL 100 / 30 day(s) |
| LEVEMIR | 2 | QL 100 / 30 DAYS |
| LYUMJEV | 2 | QL 100 / 30 day(s) |
| LYUMJEV KWIKPEN | 2 | QL 100 / 30 day(s) |
| LYUMJEV TEMPO PEN | 2 | QL 100 / 30 day(s) |
| NOVOLIN 70/30 | 2 | QL 100 / 30 DAYS |
| NOVOLIN 70/30 FLEXPEN | 2 | QL 100 / 30 DAYS |
| NOVOLIN 70/30 FLEXPEN RELION | 2 | QL 100 / 30 DAYS |
| NOVOLIN 70/30 RELION | 2 | QL 100 / 30 DAYS |
| NOVOLIN N | 2 | QL 100 / 30 DAYS |
| NOVOLIN N FLEXPEN | 2 | QL 100 / 30 DAYS |
| NOVOLIN N FLEXPEN RELION | 2 | QL 100 / 30 DAYS |
| NOVOLIN N RELION | 2 | QL 100 / 30 DAYS |
| NOVOLIN R | 2 | QL 100 / 30 DAYS |
| NOVOLIN R FLEXPEN | 2 | QL 100 / 30 DAYS |
| NOVOLIN R FLEXPEN RELION | 2 | QL 100 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| NOVOLIN R RELION | 2 | QL 100 / 30 DAYS |
| NOVOLOG | 2 | QL 100 / 30 DAYS |
| NOVOLOG 70/30 FLEXPEN RELION | 2 | QL 100 / 30 DAYS |
| NOVOLOG FLEXPEN | 2 | QL 100 / 30 DAYS |
| NOVOLOG FLEXPEN RELION | 2 | QL 100 / 30 DAYS |
| NOVOLOG MIX 70/30 | 2 | QL 100 / 30 DAYS |
| NOVOLOG MIX 70/30 FLEXPEN | 2 | QL 100 / 30 DAYS |
| NOVOLOG MIX 70/30 RELION | 2 | QL 100 / 30 DAYS |
| NOVOLOG PENFILL | 2 | QL 100 / 30 DAYS |
| NOVOLOG RELION | 2 | QL 100 / 30 DAYS |
| SEMGLEE (YFGN) | 2 | QL 100 / 30 day(s) |
| TOUJEO MAX SOLOSTAR | 2 | QL 100 / 30 DAYS |
| TOUJEO SOLOSTAR | 2 | QL 100 / 30 DAYS |
| TRESIBA | 2 | QL 100 / 30 DAYS |
| TRESIBA FLEXTOUCH | 2 | QL 100 / 30 DAYS |
| INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS) | | |
| MOUNJARO (MOUNJARO 5 MG/0.5ML SOLN A-INJ, MOUNJARO 7.5 MG/0.5ML SOLN A-INJ, MOUNJARO 10 MG/0.5ML SOLN A-INJ, MOUNJARO 12.5 MG/0.5ML SOLN A-INJ, MOUNJARO 15 MG/0.5ML SOLN A-INJ) | 2 | QL 2 / 28 day(s) PA |
| MOUNJARO 2.5 MG/0.5ML SOLN A-INJ | 2 | PA QLC 2 / 180 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON BCISE | 3 | QL 3.4 / 28 days PA |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) | 2 | QL 3 / 28 day(s) PA |
| OZEMPIC (1 MG/DOSE) | 2 | QL 3 / 28 day(s) PA |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| OZEMPIC (2 MG/DOSE) | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| RYBELSUS (RYBELSUS 7 MG TAB, RYBELSUS 14 MG TAB) | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| RYBELSUS 3 MG TAB | 2 | <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="margin-left: 5px;">30 / 180 DAYS</div> </div> |
| TRULICITY | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| INSULIN-INCRETIN MIMETIC COMBINATIONS | | |
| SOLIQUA | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 / 30 day(s)</div> </div> |
| XULTOPHY | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 / 30 DAYS</div> </div> |
| MEGLITINIDE ANALOGUES | | |
| <i>nateglinide</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 DAYS</div> </div> |
| <i>repaglinide (repaglinide tab 0.5 mg, repaglinide tab 1 mg)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 / 30 DAYS</div> </div> |
| <i>repaglinide tab 2 mg</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">240 / 30 DAYS</div> </div> |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| <i>mifepristone (hyperglycemia)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB | | |
| TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H) | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 day(s)</div> </div> |
| TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H) | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 / 30 day(s)</div> </div> |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS | | |
| GLYXAMBI | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 DAYS</div> </div> |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| FARXIGA | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 day(s)</div> </div> |
| JARDIANCE | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 DAYS</div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB | | |
| SYNJARDY | 2 | QL 60 / 30 DAYS |
| SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H) | 2 | QL 60 / 30 DAYS |
| SYNJARDY XR 25-1000 MG TAB ER 24H | 2 | QL 30 / 30 DAYS |
| XIGDUO XR (XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H) | 2 | QL 30 / 30 DAYS |
| XIGDUO XR 10-1000 MG TAB ER 24H | 2 | QL 30 / 30 day(s) |
| XIGDUO XR 2.5-1000 MG TAB ER 24H | 2 | QL 60 / 30 days |
| XIGDUO XR 5-1000 MG TAB ER 24H | 2 | QL 60 / 30 day(s) |
| SULFONYLUREA-BIGUANIDE COMBINATIONS | | |
| <i>glipizide-metformin hcl</i> | 1 | |
| <i>glyburide-metformin (glyburide-metformin tab 1.25-250 mg, glyburide-metformin tab 2.5-500 mg)</i> | 1 | |
| <i>glyburide-metformin tab 5-500 mg</i> | 1 | QL 120 / 30 DAYS |
| SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS | | |
| <i>pioglitazone hcl-glimepiride</i> | 1 | |
| SULFONYLUREAS | | |
| <i>glimepiride (glimepiride tab 1 mg, glimepiride tab 2 mg, glimepiride tab 4 mg)</i> | 1 | |
| GLIMEPIRIDE 3 MG TAB | 3 | |
| GLIPIZIDE (GLIPIZIDE POWDER, GLIPIZIDE 2.5 MG TAB) | 3 | |
| <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 | |
| GLYBURIDE POWDER | 3 | |
| <i>glyburide (glyburide tab 1.25 mg, glyburide tab 2.5 mg, glyburide tab 5 mg)</i> | 1 | |
| GLYBURIDE MICRONIZED | 3 | |
| THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS | | |
| <i>pioglitazone hcl-metformin hcl</i> | 1 | QL 90 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| THIAZOLIDINEDIONES | | |
| <i>pioglitazone hcl</i> | 1 | |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
| MYTESI | 3 | S |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC. | | |
| BISMUTH SUBGALLATE | 3 | |
| ANTIPERISTALTIC AGENTS | | |
| <i>diphenoxylate w/ atropine</i> | 1 | |
| DIPHENOXYLATE-ATROPINE | 3 | |
| LOPERAMIDE HCL POWDER | 3 | |
| <i>loperamide hcl cap 2 mg</i> | 1 | |
| MOTOFEN | 3 | |
| GASTROINTESTINAL ADSORBENTS | | |
| KAOLIN | 3 | |
| PECTIN | 3 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET | 2 | |
| <i>deferasirox</i> | 1 | S |
| <i>deferiprone</i> | 1 | S |
| FERRIPROX 100 MG/ML SOLUTION | 3 | S |
| FERRIPROX TWICE-A-DAY | 3 | S |
| CHARCOAL POWDER | 3 | |
| CHARCOAL ACTIVATED POWDER | 3 | |
| EDETATE CALCIUM DISODIUM POWDER | 3 | |
| VISTOGARD | 3 | S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| OPIOID ANTAGONISTS | | |
| KLOXXADO | 2 | |
| <i>naloxone hcl (naloxone hcl inj 0.4 mg/ml, naloxone hcl inj 4 mg/10ml, naloxone hcl nasal spray 4 mg/0.1ml, naloxone hcl soln prefilled syringe 0.4 mg/ml, naloxone hcl soln prefilled syringe 2 mg/2ml)</i> | 1 | |
| NALOXONE HCL 0.4 MG/ML SOLN CART | 3 | |
| <i>naltrexone hcl tab 50 mg</i> | 1 | |
| OPVEE | 2 | |
| REXTOVY | 2 | |
| ZIMHI | 3 | |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| ANZEMET | 3 | QL 7 / 30 DAYS |
| <i>granisetron hcl tab 1 mg</i> | 1 | QL 14 / 30 DAYS |
| <i>ondansetron (ondansetron orally disintegrating tab 4 mg, ondansetron orally disintegrating tab 8 mg)</i> | 1 | QLC 21 / 30 DAYS |
| ONDANSETRON 16 MG TAB DISP | 3 | QLC 1 / 30 DAYS |
| <i>ondansetron hcl (ondansetron hcl tab 4 mg, ondansetron hcl tab 8 mg)</i> | 1 | QLC 21 / 30 DAYS |
| ONDANSETRON HCL 24 MG TAB | 3 | QLC 1 / 30 DAYS |
| <i>ondansetron hcl oral soln 4 mg/5ml</i> | 1 | QLC 100 / 30 DAYS |
| SANCUSO | 3 | QL 2 / 30 DAYS |
| ANTIEMETIC COMBINATIONS | | |
| BONJESTA | 3 | QL 60 / 30 DAYS |
| <i>doxylamine-pyridoxine</i> | 1 | QL 120 / 30 DAYS |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| ANTIVERT 50 MG TAB | 3 | |
| MECLIZINE HCL POWDER | 3 | |
| <i>meclizine hcl (meclizine hcl tab 12.5 mg, meclizine hcl tab 25 mg, meclizine hcl tab 50 mg)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| <i>scopolamine</i> | 1 | |
| <i>trimethobenzamide hcl cap 300 mg</i> | 1 | |
| ANTIEMETICS - MISCELLANEOUS | | |
| <i>dronabinol</i> | 1 | |
| SYNDROS | 3 | PA AL1 At least 18 yrs old |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| <i>aprepitant capsule 125 mg</i> | 1 | QL 2 / 30 day(s) |
| <i>aprepitant capsule 40 mg</i> | 1 | QL 2.4 / rx |
| <i>aprepitant capsule 80 mg</i> | 1 | QL 4 / 30 days |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 1 | QL 6 / 30 days |
| EMEND 125 MG/5ML RECON SUSP | 2 | QL 6 / 30 days |
| VARUBI (180 MG DOSE) | 2 | QL 4 / 30 DAYS |
| ANTIFUNGALS | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS) | | |
| BREXAFEMME | 3 | PA QLC 4 / 90 days |
| <i>flucytosine (flucytosine cap 250 mg, flucytosine cap 500 mg)</i> | 1 | |
| FULVICIN P/G 165 | 3 | |
| <i>griseofulvin microsize (griseofulvin microsize susp 125 mg/5ml, griseofulvin microsize tab 500 mg)</i> | 1 | |
| <i>griseofulvin ultramicrosize (griseofulvin ultramicrosize tab 125 mg, griseofulvin ultramicrosize tab 250 mg)</i> | 1 | |
| GRISEOFULVIN ULTRAMICROSIZED 165 MG TAB | 3 | |
| <i>nystatin tab 500000 unit</i> | 1 | |
| <i>terbinafine hcl tab 250 mg</i> | 1 | |
| IMIDAZOLES | | |
| <i>ketoconazole tab 200 mg</i> | 1 | |
| MICONAZOLE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| TETRAZOLES | | |
| VIVJOA | 3 | PA QLC 18 / 180 DAYS |
| TRIAZOLES | | |
| CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP) | 3 | PA |
| <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 DAYS |
| <i>itraconazole (itraconazole cap 100 mg, itraconazole oral soln 10 mg/ml)</i> | 1 | |
| NOXAFIL 300 MG PACKET | 2 | PA AL1 At least 2 yrs old |
| <i>posaconazole (posaconazole susp 40 mg/ml, posaconazole tab delayed release 100 mg)</i> | 1 | PA |
| TOLSURA | 3 | |
| <i>voriconazole (voriconazole for susp 40 mg/ml, voriconazole tab 50 mg)</i> | 1 | PA |
| <i>voriconazole tab 200 mg</i> | 1 | QL 120 / 30 DAYS PA |
| ANTIHISTAMINES | | |
| ANTIHISTAMINES - ALKYLAMINES | | |
| BROMPHENIRAMINE MALEATE POWDER | 3 | |
| CHLORPHENIRAMINE MALEATE POWDER | 3 | |
| RYCLORA | 3 | AL1 At least 2 yrs old |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION | 3 | PA AL1 At least 2 yrs old |
| CARBINOXAMINE MALEATE 6 MG TAB | 3 | PA AL1 At least 6 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| CARBINOXAMINE MALEATE ER | 3 | |
| <i>carbinoxamine maleate tab 4 mg</i> | 1 | AL1 At least 6 yrs old |
| <i>carbinoxamine maleate tab 6 mg</i> | 1 | PA AL1 At least 6 yrs old |
| CARBZAH | 3 | PA AL1 At least 2 yrs old |
| CLEMASTINE FUMARATE (CLEMASTINE FUMARATE POWDER, CLEMASTINE FUMARATE 2.68 MG TAB) | 3 | AL1 At least 6 yrs old |
| CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP | 3 | PA |
| <i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i> | 1 | PA |
| CLEMASZ | 3 | |
| CLEMSZA | 3 | |
| DIPHENHYDRAMINE HCL (DIPHENHYDRAMINE HCL POWDER, DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR) | 3 | |
| <i>diphenhydramine hcl elixir 12.5 mg/5ml</i> | 1 | |
| DOXYLAMINE SUCCINATE | 3 | |
| KARBINAL ER | 3 | AL1 At least 2 yrs old |
| ANTIHISTAMINES - ETHYLENEDIAMINES | | |
| PYRILAMINE MALEATE | 3 | |
| TRIPLENNAMINE HCL | 3 | |
| ANTIHISTAMINES - NON-SEDATING | | |
| <i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> | 1 | |
| DESLORATADINE (DESLORATADINE 2.5 MG TAB DISP, DESLORATADINE 5 MG TAB DISP) | 3 | |
| <i>desloratadine tab 5 mg</i> | 1 | QL 30 / 30 DAYS |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | 1 | |
| <i>levocetirizine dihydrochloride tab 5 mg</i> | 1 | QL 30 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------|
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| <i>promethazine hcl (promethazine hcl oral soln 6.25 mg/5ml, promethazine hcl suppos 12.5 mg, promethazine hcl suppos 25 mg, promethazine hcl tab 12.5 mg, promethazine hcl tab 25 mg, promethazine hcl tab 50 mg)</i> | 1 | AL1 At least 2 yrs old |
| PROMETHEGAN | 3 | AL1 At least 2 yrs old |
| ANTIHISTAMINES - PIPERIDINES | | |
| <i>cyproheptadine hcl (cyproheptadine hcl syrup 2 mg/5ml, cyproheptadine hcl tab 4 mg)</i> | 1 | AL1 At least 2 yrs old |
| ANTHYPERLIPIDEMICS | | |
| ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB | | |
| NEXLIZET | 2 | QL 30 / 30 day(s) PA |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL | 2 | QL 30 / 30 day(s) PA |
| ANTHYPERLIPIDEMICS - MISC. | | |
| <i>icosapent ethyl cap 0.5 gm</i> | 1 | QL 240 / 30 day(s) |
| <i>icosapent ethyl cap 1 gm</i> | 1 | QL 120 / 30 day(s) |
| BILE ACID SEQUESTRANTS | | |
| <i>cholestyramine (cholestyramine powder 4 gm/dose, cholestyramine powder packets 4 gm)</i> | 1 | |
| <i>cholestyramine light (cholestyramine light powder 4 gm/dose, cholestyramine light powder packets 4 gm)</i> | 1 | |
| <i>colesevelam hcl packet for susp 3.75 gm</i> | 1 | |
| <i>colesevelam hcl tab 625 mg</i> | 1 | QL 180 / 30 DAYS |
| <i>colestipol hcl (colestipol hcl granule packets 5 gm, colestipol hcl granules 5 gm)</i> | 1 | |
| <i>colestipol hcl tab 1 gm</i> | 1 | QL 480 / 30 day(s) |
| FIBRIC ACID DERIVATIVES | | |
| ANTARA | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | 1 | QL 30 / 30 DAYS |
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> | 1 | |
| FENOFIBRATE (FENOFIBRATE 50 MG CAP, FENOFIBRATE 150 MG CAP) | 3 | |
| <i>fenofibrate (fenofibrate tab 54 mg, fenofibrate tab 160 mg)</i> | 1 | |
| <i>fenofibrate micronized (fenofibrate micronized cap 43 mg, fenofibrate micronized cap 130 mg)</i> | 1 | |
| <i>fenofibrate micronized (fenofibrate micronized cap 67 mg, fenofibrate micronized cap 134 mg, fenofibrate micronized cap 200 mg)</i> | 1 | QL 30 / 30 DAYS |
| FENOFIBRATE MICRONIZED 90 MG CAP | 3 | |
| <i>fenofibrate tab 120 mg</i> | 1 | QL 30 / 30 DAYS PA |
| <i>fenofibrate tab 145 mg</i> | 1 | QL 30 / 30 DAYS |
| <i>fenofibrate tab 40 mg</i> | 1 | QL 60 / 30 DAYS PA |
| <i>fenofibrate tab 48 mg</i> | 1 | QL 60 / 30 DAYS |
| FENOFIBRIC ACID | 3 | |
| FIBRICOR | 3 | |
| GEMFIBROZIL POWDER | 3 | |
| <i>gemfibrozil tab 600 mg</i> | 1 | |
| LIPOFEN | 3 | |
| HMG COA REDUCTASE INHIBITORS | | |
| ALTOPREV | 3 | QL 30 / 30 day(s) |
| ATORVALIQ | 3 | QL 600 / 30 day(s) AL1 At least 10 yrs old |
| <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 |
| EZALLOR SPRINKLE | 3 | QL 30 / 30 day(s) |
| FLOLIPID 20 MG/5ML SUSPENSION | 3 | QL 150 / 30 day(s) |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| FLOLIPID 40 MG/5ML SUSPENSION | 3 | QL 300 / 30 day(s) |
| <i>fluvastatin sodium (fluvastatin sodium cap 20 mg (base equivalent), fluvastatin sodium cap 40 mg (base equivalent))</i> | 1 | QL 60 / 30 day(s) |
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> | 1 | QL 30 / 30 day(s) |
| <i>lovastatin (lovastatin tab 10 mg, lovastatin tab 20 mg)</i> | 1 | ACA Affordable Care Act |
| <i>lovastatin tab 40 mg</i> | 1 | QL 60 / 30 day(s) 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)</i> | 1 | ACA Affordable Care Act |
| <i>simvastatin tab 80 mg</i> | 1 | QL 30 / 30 day(s) |
| ZYPITAMAG 2 MG TAB | 3 | QL 45 / 30 day(s) |
| ZYPITAMAG 4 MG TAB | 3 | QL 30 / 30 day(s) |
| INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB | | |
| EZETIMIBE-ROSUVASTATIN | 3 | QL 30 / 30 day(s) |
| <i>ezetimibe-simvastatin</i> | 1 | QL 30 / 30 DAYS |
| ROSZET | 3 | QL 30 / 30 day(s) |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| <i>ezetimibe</i> | 1 | |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS | | |
| JUXTAPID (JUXTAPID 20 MG CAP, JUXTAPID 30 MG CAP) | 3 | QL 60 / 30 DAYS S |
| JUXTAPID (JUXTAPID 5 MG CAP, JUXTAPID 10 MG CAP) | 3 | QL 30 / 30 DAYS S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| NICOTINIC ACID DERIVATIVES | | |
| <i>niacin (antihyperlipidemic) (niacin tab er 500 mg (antihyperlipidemic), niacin tab er 750 mg (antihyperlipidemic), niacin tab er 1000 mg (antihyperlipidemic))</i> | 1 | |
| NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB | 3 | |
| NIACOR | 3 | |
| PCSK9 INHIBITORS | | |
| REPATHA | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 / 28 day(s)</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| REPATHA PUSHTRONEX SYSTEM | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">7 / 28 day(s)</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| REPATHA SURECLICK | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 / 28 day(s)</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| ANTIHYPERTENSIVES | | |
| ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS | | |
| <i>amlodipine besylate-benazepril hcl</i> | 1 | |
| PRESTALIA | 3 | |
| TRANDOLAPRIL-VERAPAMIL HCL ER | 3 | |
| ACE INHIBITORS | | |
| <i>benazepril hcl (benazepril hcl tab 5 mg, benazepril hcl tab 10 mg, benazepril hcl tab 20 mg, benazepril hcl tab 40 mg)</i> | 1 | |
| <i>captopril (captopril tab 12.5 mg, captopril tab 25 mg, captopril tab 50 mg, captopril tab 100 mg)</i> | 1 | |
| <i>enalapril maleate (enalapril maleate tab 2.5 mg, enalapril maleate tab 5 mg, enalapril maleate tab 10 mg, enalapril maleate tab 20 mg)</i> | 1 | |
| <i>enalapril maleate oral soln 1 mg/ml</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1200 / 30 day(s)</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>fosinopril sodium</i> | 1 | |
| <i>lisinopril (lisinopril tab 2.5 mg, lisinopril tab 5 mg, lisinopril tab 10 mg, lisinopril tab 20 mg, lisinopril tab 30 mg, lisinopril tab 40 mg)</i> | 1 | |
| <i>moexipril hcl</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---------------------------|
| PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB) | 3 | |
| <i>perindopril erbumine (perindopril erbumine tab 2 mg, perindopril erbumine tab 4 mg)</i> | 1 | |
| QBRELIS | 3 | QL 1200 / 30 day(s) PA |
| <i>quinapril hcl</i> | 1 | |
| <i>ramipril</i> | 1 | |
| <i>trandolapril</i> | 1 | |
| ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE | | |
| <i>benazepril & hydrochlorothiazide (benazepril & hydrochlorothiazide tab 5-6.25 mg, benazepril & hydrochlorothiazide tab 10-12.5 mg, benazepril & hydrochlorothiazide tab 20-12.5 mg, benazepril & hydrochlorothiazide tab 20-25 mg)</i> | 1 | |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE | 3 | |
| <i>enalapril maleate & hydrochlorothiazide</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide</i> | 1 | |
| <i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide tab 10-12.5 mg, quinapril-hydrochlorothiazide tab 20-12.5 mg, quinapril-hydrochlorothiazide tab 20-25 mg)</i> | 1 | |
| QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB | 3 | |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| <i>metyrosine</i> | 1 | S |
| <i>phenoxybenzamine hcl cap 10 mg</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--------------------------|
| ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES | | |
| <i>amlodipine-valsartan-hydrochlorothiazide (amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg, amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg, amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg, amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg)</i> | 1 | |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB | | |
| <i>amlodipine besylate-olmesartan medoxomil (amlodipine besylate-olmesartan medoxomil tab 5-20 mg, amlodipine besylate-olmesartan medoxomil tab 5-40 mg, amlodipine besylate-olmesartan medoxomil tab 10-20 mg, amlodipine besylate-olmesartan medoxomil tab 10-40 mg)</i> | 1 | QL 30 / 30 day(s) |
| <i>amlodipine besylate-valsartan (amlodipine besylate-valsartan tab 5-160 mg, amlodipine besylate-valsartan tab 5-320 mg, amlodipine besylate-valsartan tab 10-160 mg, amlodipine besylate-valsartan tab 10-320 mg)</i> | 1 | |
| TELMISARTAN-AMLODIPINE | 3 | |
| ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE | | |
| <i>candesartan cilexetil-hydrochlorothiazide</i> | 1 | |
| EDARBYCLOR | 3 | |
| <i>irbesartan-hydrochlorothiazide</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide (losartan potassium & hydrochlorothiazide tab 50-12.5 mg, losartan potassium & hydrochlorothiazide tab 100-12.5 mg, losartan potassium & hydrochlorothiazide tab 100-25 mg)</i> | 1 | |
| <i>olmesartan medoxomil-hydrochlorothiazide</i> | 1 | |
| <i>telmisartan-hydrochlorothiazide</i> | 1 | |
| <i>valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide tab 80-12.5 mg, valsartan-hydrochlorothiazide tab 160-12.5 mg, valsartan-hydrochlorothiazide tab 160-25 mg, valsartan-hydrochlorothiazide tab 320-12.5 mg, valsartan-hydrochlorothiazide tab 320-25 mg)</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| ARBLI | 3 | QL 330 / 30 day(s) PA |
| <i>candesartan cilexetil (candesartan cilexetil tab 4 mg, candesartan cilexetil tab 8 mg)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>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) |
| EDARBI | 3 | |
| <i>irbesartan</i> | 1 | |
| <i>losartan potassium (losartan potassium tab 25 mg, losartan potassium tab 50 mg, losartan potassium tab 100 mg)</i> | 1 | |
| <i>olmesartan medoxomil (olmesartan medoxomil tab 5 mg, olmesartan medoxomil tab 20 mg, olmesartan medoxomil tab 40 mg)</i> | 1 | |
| <i>telmisartan</i> | 1 | |
| <i>valsartan (valsartan oral soln 4 mg/ml, valsartan tab 40 mg, valsartan tab 80 mg, valsartan tab 160 mg, valsartan tab 320 mg)</i> | 1 | |
| ANTIADRENERGICS - CENTRALLY ACTING | | |
| <i>clonidine (clonidine td patch weekly 0.1 mg/24hr, clonidine td patch weekly 0.2 mg/24hr, clonidine td patch weekly 0.3 mg/24hr)</i> | 1 | |
| CLONIDINE ER | 3 | |
| CLONIDINE HCL POWDER | 3 | |
| <i>clonidine hcl (clonidine hcl tab 0.1 mg, clonidine hcl tab 0.2 mg, clonidine hcl tab 0.3 mg)</i> | 1 | |
| <i>guanfacine hcl</i> | 1 | |
| METHYLDOPA 500 MG TAB | 3 | |
| <i>methyldopa tab 250 mg</i> | 1 | |
| NEXICLON XR | 3 | |
| ANTIADRENERGICS - PERIPHERALLY ACTING | | |
| <i>doxazosin mesylate (doxazosin mesylate tab 1 mg, doxazosin mesylate tab 2 mg, doxazosin mesylate tab 4 mg)</i> | 1 | |
| <i>doxazosin mesylate tab 8 mg</i> | 1 | QL 60 / 30 day(s) |
| PRAZOSIN HCL POWDER | 3 | |
| <i>prazosin hcl (prazosin hcl cap 1 mg, prazosin hcl cap 2 mg, prazosin hcl cap 5 mg)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|----------------------------|
| <i>terazosin hcl (terazosin hcl cap 1 mg (base equivalent), terazosin hcl cap 2 mg (base equivalent), terazosin hcl cap 5 mg (base equivalent))</i> | 1 | |
| <i>terazosin hcl cap 10 mg (base equivalent)</i> | 1 | QL 60 / 30 day(s) |
| TEZRULY | 3 | QL 600 / 30 day(s) PA |
| ANTIHYPERTENSIVES - MISC. | | |
| VECAMYL | 3 | S |
| BETA BLOCKER & DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide</i> | 1 | |
| DIRECT RENIN INHIBITORS | | |
| <i>aliskiren fumarate</i> | 1 | |
| DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB | | |
| TEKTRUNA HCT | 3 | |
| ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| TRYVIO | 3 | QL 30 / 30 days PA S |
| RESERPINE | | |
| RESERPINE | 3 | |
| 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 (minoxidil tab 2.5 mg, minoxidil tab 10 mg)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| <i>atovaquone-proguanil hcl</i> | 1 | |
| COARTEM | 3 | |
| ARAKODA | 3 | |
| CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE POWDER, CHLOROQUINE PHOSPHATE 250 MG TAB) | 3 | |
| <i>chloroquine phosphate (chloroquine phosphate tab 250 mg, chloroquine phosphate tab 500 mg)</i> | 1 | |
| <i>hydroxychloroquine sulfate (hydroxychloroquine sulfate tab 100 mg, hydroxychloroquine sulfate tab 200 mg, hydroxychloroquine sulfate tab 300 mg, hydroxychloroquine sulfate tab 400 mg)</i> | 1 | |
| KRINTAFEL | 3 | |
| <i>mefloquine hcl</i> | 1 | |
| MEPACRINE | 3 | |
| <i>primaquine phosphate tab 26.3 mg (15 mg base)</i> | 1 | |
| <i>pyrimethamine tab 25 mg</i> | 1 | S |
| QUINACRINE HCL POWDER | 3 | |
| <i>quinine sulfate</i> | 1 | |
| QUININE SULFATE DIHYDRATE | 3 | |
| SOVUNA | 3 | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| FIRDAPSE | 3 | QL 300 / 30 day(s) PA S |
| <i>pyridostigmine bromide (pyridostigmine bromide oral soln 60 mg/5ml, pyridostigmine bromide tab 60 mg, pyridostigmine bromide tab er 180 mg)</i> | 1 | |
| PYRIDOSTIGMINE BROMIDE 30 MG TAB | 3 | |
| ANTIMYCOBACTERIAL AGENTS | | |
| AMINOSALICYLIC ACID-4 | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| CYCLOSERINE 250 MG CAP | 3 | |
| ETHAMBUTOL HCL POWDER | 3 | |
| <i>ethambutol hcl (ethambutol hcl tab 100 mg, ethambutol hcl tab 400 mg)</i> | 1 | |
| ISONIAZID POWDER | 3 | |
| <i>isoniazid (isoniazid syrup 50 mg/5ml, isoniazid tab 100 mg, isoniazid tab 300 mg)</i> | 1 | |
| PRETOMANID | 2 | AL1 At least 18 yrs old |
| PRIFTIN | 2 | QL 37.5 / 30 DAYS |
| <i>pyrazinamide tab 500 mg</i> | 1 | |
| <i>rifabutin</i> | 1 | |
| <i>rifampin (rifampin cap 150 mg, rifampin cap 300 mg)</i> | 1 | |
| SIRTURO | 2 | S |
| TRECATOR | 3 | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| MYLERAN | 2 | S |
| ANDROGEN BIOSYNTHESIS INHIBITORS | | |
| <i>abiraterone acetate tab 250 mg</i> | OC | QL 120 / 30 DAYS PA S |
| <i>abiraterone acetate tab 500 mg</i> | OC | QL 60 / 30 day(s) PA S |
| YONSA | OC | QL 120 / 30 day(s) PA S |
| ANTIADRENALS | | |
| LYSODREN | OC | PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---------------------------|------|-------------------------------|
| ANTIANDROGENS | | |
| <i>bicalutamide</i> | OC | S |
| ERLEADA 240 MG TAB | OC | QL 30 / 30 day(s) PA S |
| ERLEADA 60 MG TAB | OC | QL 120 / 30 DAYS PA S |
| EULEXIN | OC | S |
| <i>nilutamide</i> | OC | S |
| NUBEQA | OC | QL 120 / 30 DAYS PA S |
| XTANDI 40 MG CAP | OC | QL 120 / 30 DAYS PA S |
| XTANDI 40 MG TAB | OC | QL 120 / 30 day(s) PA S |
| XTANDI 80 MG TAB | OC | QL 60 / 30 day(s) PA S |
| ANTIESTROGENS | | |
| SOLTAMOX | OC | ACA Affordable Care Act |
| <i>tamoxifen citrate</i> | OC | ACA Affordable Care Act |
| <i>toremifene citrate</i> | OC | S |
| ANTIMETABOLITES | | |
| <i>capecitabine</i> | OC | QL 120 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| JYLAMVO | OC | <ul style="list-style-type: none"> QL 180 / 28 day(s) PA |
| <i>mercaptopurine (mercaptopurine susp 2000 mg/100ml (20 mg/ml), mercaptopurine tab 50 mg)</i> | OC | S |
| METHOTREXATE POWDER | 3 | |
| METHOTREXATE SODIUM (METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION) | 3 | |
| <i>methotrexate sodium (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))</i> | OC | - applies to oral methotrexate tabs |
| ONUREG | OC | <ul style="list-style-type: none"> QL 14 / 28 day(s) PA S |
| TABLOID | OC | S |
| TREXALL | OC | |
| XATMEP | OC | <ul style="list-style-type: none"> PA AL1 Up to 18 yrs old |
| ANTINEOPLASTIC - AKT INHIBITORS | | |
| TRUQAP | OC | <ul style="list-style-type: none"> QL 64 / 28 day(s) PA S |
| ANTINEOPLASTIC - ALK INHIBITORS | | |
| ALECENSA | OC | <ul style="list-style-type: none"> QL 240 / 30 DAYS PA AL1 At least 18 yrs old S |
| ALUNBRIG (ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB) | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA AL1 At least 18 yrs old S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| ALUNBRIG 30 MG TAB | OC | <ul style="list-style-type: none"> QL 120 / 30 days PA AL1 At least 18 yrs old S |
| ALUNBRIG 90 & 180 MG TAB THPK | OC | <ul style="list-style-type: none"> PA AL1 At least 18 yrs old S QLC 30 / 180 DAYS |
| LORBRENA 100 MG TAB | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| LORBRENA 25 MG TAB | OC | <ul style="list-style-type: none"> QL 120 / 30 days PA S |
| XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK) | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| XALKORI (XALKORI 200 MG CAP, XALKORI 250 MG CAP) | OC | <ul style="list-style-type: none"> QL 120 / 30 days PA S |
| XALKORI 150 MG CAP SPRINK | OC | <ul style="list-style-type: none"> QL 180 / 30 day(s) PA S |
| ZYKADIA | OC | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA AL1 At least 18 yrs old S |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| TUKYSA 150 MG TAB | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| TUKYSA 50 MG TAB | OC | <ul style="list-style-type: none"> QL 300 / 30 day(s) PA S |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA 10 MG TAB | OC | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| VENCLEXTA 100 MG TAB | OC | <ul style="list-style-type: none"> QL 180 / 30 DAYS PA S |
| VENCLEXTA 50 MG TAB | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| VENCLEXTA STARTING PACK | OC | <ul style="list-style-type: none"> PA S QLC 42 / 180 DAYS |
| ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS | | |
| BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB) | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| BOSULIF 100 MG CAP | OC | <ul style="list-style-type: none"> QL 150 / 30 day(s) PA S |
| BOSULIF 100 MG TAB | OC | <ul style="list-style-type: none"> QL 90 / 30 days PA S |
| BOSULIF 50 MG CAP | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <i>dasatinib (dasatinib tab 50 mg, dasatinib tab 70 mg, dasatinib tab 80 mg, dasatinib tab 100 mg, dasatinib tab 140 mg)</i> | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| <i>dasatinib tab 20 mg</i> | OC | <ul style="list-style-type: none"> QL 90 / 30 day(s) PA S |
| ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 30 MG TAB, ICLUSIG 45 MG TAB) | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| ICLUSIG 15 MG TAB | OC | <ul style="list-style-type: none"> QL 30 / 30 days PA S |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | OC | <ul style="list-style-type: none"> QL 90 / 30 day(s) PA S |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| <i>nilotinib hcl</i> | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| SCSEMBLIX 100 MG TAB | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| SCSEMBLIX 20 MG TAB | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| SCSEMBLIX 40 MG TAB | OC | <ul style="list-style-type: none"> QL 240 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| ANTINEOPLASTIC - BRAF KINASE INHIBITORS | | |
| BRAFTOVI | OC | <ul style="list-style-type: none"> QL 180 / 30 DAYS PA S |
| OJEMDA 100 MG TAB | OC | <ul style="list-style-type: none"> QL 24 / 28 day(s) PA S |
| OJEMDA 25 MG/ML RECON SUSP | OC | <ul style="list-style-type: none"> QL 96 / 28 day(s) PA S |
| TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP) | OC | <ul style="list-style-type: none"> QL 120 / 30 DAYS PA S |
| TAFINLAR 10 MG TAB SOL | OC | <ul style="list-style-type: none"> QL 840 / 28 day(s) PA S |
| ZELBORAF | OC | <ul style="list-style-type: none"> QL 240 / 30 DAYS PA S |
| ANTINEOPLASTIC - BTK INHIBITORS | | |
| BRUKINSA 160 MG TAB | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| BRUKINSA 80 MG CAP | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| CALQUENCE | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA AL1 At least 18 yrs old S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB) | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| IMBRUVICA 140 MG CAP | OC | <ul style="list-style-type: none"> QL 90 / 30 days PA S |
| IMBRUVICA 70 MG/ML SUSPENSION | OC | <ul style="list-style-type: none"> QL 216 / 30 day(s) PA S |
| JAYPIRCA 100 MG TAB | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| JAYPIRCA 50 MG TAB | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| ANTINEOPLASTIC - CSF1R KINASE INHIBITORS | | |
| ROMVIMZA | OC | <ul style="list-style-type: none"> QL 8 / 28 day(s) PA S |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| <i>erlotinib hcl (erlotinib hcl tab 100 mg (base equivalent), erlotinib hcl tab 150 mg (base equivalent))</i> | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i> | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| <i>gefitinib</i> | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| GILOTRIF | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| LAZCLUZE 240 MG TAB | 3 | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| LAZCLUZE 80 MG TAB | 3 | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| TAGRISSO | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA AL1 At least 18 yrs old S |
| VIZIMPRO | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| ANTINEOPLASTIC - FGFR KINASE INHIBITORS | | |
| BALVERSA 3 MG TAB | OC | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |
| BALVERSA 4 MG TAB | OC | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| BALVERSA 5 MG TAB | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| LYTGOBI (12 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 84 / 28 day(s) PA S |
| LYTGOBI (16 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 112 / 28 day(s) PA S |
| LYTGOBI (20 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 140 / 28 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| PEMAZYRE | OC | <ul style="list-style-type: none"> QL 14 / 21 day(s) PA S |
| ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS | | |
| OGSIVEO (OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB) | OC | <ul style="list-style-type: none"> QL 56 / 28 day(s) PA S |
| OGSIVEO 50 MG TAB | OC | <ul style="list-style-type: none"> QL 180 / 30 day(s) PA S |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| DAURISMO 100 MG TAB | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| DAURISMO 25 MG TAB | OC | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| ERIVEDGE | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| ODOMZO | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS | | |
| WELIREG | OC | <ul style="list-style-type: none"> QL 90 / 30 day(s) PA S |
| ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS | | |
| ZOLINZA | OC | <ul style="list-style-type: none"> QL 120 / 30 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS | | |
| AKEEGA | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| LEVAMISOLE HCL | 3 | |
| POMALYST | OC | <ul style="list-style-type: none"> QL 21 / 28 DAYS PA S |
| ANTINEOPLASTIC - KRAS INHIBITORS | | |
| KRAZATI | OC | <ul style="list-style-type: none"> QL 180 / 30 day(s) PA S |
| LUMAKRAS 120 MG TAB | OC | <ul style="list-style-type: none"> QL 240 / 30 day(s) PA S |
| LUMAKRAS 240 MG TAB | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| LUMAKRAS 320 MG TAB | OC | <ul style="list-style-type: none"> QL 90 / 30 day(s) PA S |
| ANTINEOPLASTIC - MEK INHIBITORS | | |
| COTELLIC | OC | <ul style="list-style-type: none"> QL 63 / 28 DAYS PA AL1 At least 18 yrs old S |
| GOMEKLI (GOMEKLI 1 MG CAP, GOMEKLI 1 MG TAB SOL) | OC | <ul style="list-style-type: none"> QL 168 / 28 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------|------|--|
| GOMEKLI 2 MG CAP | OC | <ul style="list-style-type: none"> QL 84 / 28 day(s) PA S |
| KOSELUGO 10 MG CAP | OC | <ul style="list-style-type: none"> QL 240 / 30 day(s) PA S |
| KOSELUGO 25 MG CAP | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| MEKINIST 0.05 MG/ML RECON SOLN | OC | <ul style="list-style-type: none"> QL 1170 / 28 day(s) PA S |
| MEKINIST 0.5 MG TAB | OC | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |
| MEKINIST 2 MG TAB | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| MEKTOVI | OC | <ul style="list-style-type: none"> QL 180 / 30 DAYS PA S |
| ANTINEOPLASTIC - MENIN INHIBITORS | | |
| REVUFORJ 110 MG TAB | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| REVUFORJ 160 MG TAB | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| REVUFORJ 25 MG TAB | OC | <ul style="list-style-type: none"> QL 240 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| ANTINEOPLASTIC - MET INHIBITORS | | |
| TABRECTA | OC | QL 112 / 28 day(s) PA S |
| TEPMETKO | OC | QL 60 / 30 day(s) PA S |
| ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS | | |
| TAZVERIK | OC | QL 240 / 30 DAYS PA S |
| ANTINEOPLASTIC - MTOR KINASE INHIBITORS | | |
| <i>everolimus (everolimus tab 2.5 mg, everolimus tab 5 mg, everolimus tab 7.5 mg)</i> | OC | QL 30 / 30 DAYS PA S |
| <i>everolimus (everolimus tab for oral susp 2 mg, everolimus tab for oral susp 5 mg)</i> | OC | QL 60 / 30 day(s) PA S |
| <i>everolimus tab 10 mg</i> | OC | QL 30 / 30 day(s) PA S |
| <i>everolimus tab for oral susp 3 mg</i> | OC | QL 90 / 30 day(s) PA S |
| ANTINEOPLASTIC - MULTIKINASE INHIBITORS | | |
| CABOMETYX | OC | QL 30 / 30 day(s) PA S |
| CAPRELSA 100 MG TAB | OC | QL 60 / 30 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| CAPRELSA 300 MG TAB | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| COMETRIQ (100 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 56 / 28 DAYS PA S |
| COMETRIQ (140 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 112 / 28 DAYS PA S |
| COMETRIQ (60 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 84 / 28 DAYS PA S |
| ENSACOVE 100 MG CAP | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| ENSACOVE 25 MG CAP | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| FOTIVDA | OC | <ul style="list-style-type: none"> QL 21 / 28 day(s) PA S |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i> | OC | <ul style="list-style-type: none"> QL 180 / 30 day(s) PA S |
| NERLYNX | OC | <ul style="list-style-type: none"> QL 180 / 30 day(s) PA AL1 At least 18 yrs old S |
| <i>pazopanib hcl</i> | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| QINLOCK | OC | <ul style="list-style-type: none"> QL 90 / 30 day(s) PA S |
| RYDAPT | OC | <ul style="list-style-type: none"> QL 240 / 30 DAYS PA AL1 At least 18 yrs old S |
| <i>sorafenib tosylate</i> | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| STIVARGA | OC | <ul style="list-style-type: none"> QL 84 / 28 DAYS PA S |
| <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> | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i> | OC | <ul style="list-style-type: none"> QL 90 / 30 day(s) PA S |
| TURALIO | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| VANFLYTA 17.7 MG TAB | OC | <ul style="list-style-type: none"> PA S QLC 28 / 28 Days |
| VANFLYTA 26.5 MG TAB | OC | <ul style="list-style-type: none"> QL 56 / 28 day(s) PA S |
| XOSPATA | OC | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| ANTINEOPLASTIC - PROTEASOME INHIBITORS | | |
| NINLARO | OC | <ul style="list-style-type: none"> QL 3 / 28 DAYS PA AL1 At least 18 yrs old S |
| ANTINEOPLASTIC - RET INHIBITORS | | |
| GAVRETO | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB) | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| RETEVMO 40 MG CAP | OC | <ul style="list-style-type: none"> QL 180 / 30 day(s) PA S |
| RETEVMO 40 MG TAB | OC | <ul style="list-style-type: none"> QL 90 / 30 day(s) PA S |
| RETEVMO 80 MG CAP | OC | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS | | |
| AUGTYRO 160 MG CAP | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| AUGTYRO 40 MG CAP | OC | <ul style="list-style-type: none"> QL 240 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| IBTROZI | OC | <ul style="list-style-type: none"> QL 90 / 30 day(s) PA S |
| ROZLYTREK 100 MG CAP | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| ROZLYTREK 200 MG CAP | OC | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |
| ROZLYTREK 50 MG PACKET | OC | <ul style="list-style-type: none"> QL 336 / 28 day(s) PA S |
| VITRAKVI 100 MG CAP | OC | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| VITRAKVI 20 MG/ML SOLUTION | OC | <ul style="list-style-type: none"> QL 300 / 30 DAYS PA S |
| VITRAKVI 25 MG CAP | OC | <ul style="list-style-type: none"> QL 180 / 30 DAYS PA S |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO (100 MG ONCE WEEKLY) | OC | <ul style="list-style-type: none"> QL 8 / 28 day(s) PA S |
| XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK | OC | <ul style="list-style-type: none"> QL 16 / 28 day(s) PA S |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK | OC | <ul style="list-style-type: none"> QL 4 / 28 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|------------------------------|------|---|
| XPOVIO (40 MG TWICE WEEKLY) | OC | <ul style="list-style-type: none"> QL 8 / 28 day(s) PA S |
| XPOVIO (60 MG ONCE WEEKLY) | OC | <ul style="list-style-type: none"> QL 4 / 28 day(s) PA S |
| XPOVIO (60 MG TWICE WEEKLY) | OC | <ul style="list-style-type: none"> QL 24 / 28 DAYS PA S |
| XPOVIO (80 MG ONCE WEEKLY) | OC | <ul style="list-style-type: none"> QL 8 / 28 day(s) PA S |
| XPOVIO (80 MG TWICE WEEKLY) | OC | <ul style="list-style-type: none"> QL 32 / 28 DAYS PA S |
| ANTINEOPLASTIC COMBINATIONS | | |
| AVMAPKI FAKZYNJA CO-PACK | OC | <ul style="list-style-type: none"> QL 66 / 28 day(s) PA S |
| INQOVI | OC | <ul style="list-style-type: none"> QL 5 / 28 day(s) PA S |
| KISQALI FEMARA (200 MG DOSE) | OC | <ul style="list-style-type: none"> QL 49 / 28 DAYS PA AL1 At least 18 yrs old S |
| KISQALI FEMARA (400 MG DOSE) | OC | <ul style="list-style-type: none"> QL 70 / 28 DAYS PA AL1 At least 18 yrs old S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| LONSURF 15-6.14 MG TAB | OC | <ul style="list-style-type: none"> QL 60 / 28 day(s) PA S |
| LONSURF 20-8.19 MG TAB | OC | <ul style="list-style-type: none"> QL 80 / 28 DAYS PA S |
| ANTINEOPLASTICS MISC. | | |
| ACTIMMUNE | 2 | <ul style="list-style-type: none"> S |
| BESREMI | 2 | <ul style="list-style-type: none"> QL 2 / 28 day(s) PA S |
| <i>hydroxyurea cap 500 mg</i> | OC | <ul style="list-style-type: none"> S |
| MATULANE | OC | <ul style="list-style-type: none"> PA S |
| SYNRIBO | 2 | <ul style="list-style-type: none"> S |
| AROMATASE INHIBITORS | | |
| <i>anastrozole</i> | OC | <ul style="list-style-type: none"> ACA Affordable Care Act |
| <i>exemestane</i> | OC | |
| <i>letrozole tab 2.5 mg</i> | OC | <ul style="list-style-type: none"> ACA Affordable Care Act |
| CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS | | |
| IBRANCE | OC | <ul style="list-style-type: none"> QL 21 / 28 DAYS PA S |
| KISQALI (200 MG DOSE) | OC | <ul style="list-style-type: none"> QL 21 / 28 DAYS PA AL1 At least 18 yrs old S |
| KISQALI (400 MG DOSE) | OC | <ul style="list-style-type: none"> QL 42 / 28 DAYS PA AL1 At least 18 yrs old S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| KISQALI (600 MG DOSE) | OC | <ul style="list-style-type: none"> QL 63 / 28 DAYS PA AL1 At least 18 yrs old S |
| VERZENIO | OC | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA AL1 At least 18 yrs old S |
| ESTROGENS-ANTINEOPLASTIC | | |
| EMCYT | OC | 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 | | |
| ORGOVYX | OC | <ul style="list-style-type: none"> QL 30 / 28 days PA S |
| IMIDAZOTETRAZINES | | |
| <i>temozolomide</i> | OC | <ul style="list-style-type: none"> PA S |
| ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS | | |
| VORANIGO 10 MG TAB | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |
| VORANIGO 40 MG TAB | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS | | |
| REZLIDHIA | OC | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| TIBSOVO | OC | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 60 / 30 DAYS </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS | | |
| IDHIFA | OC | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 30 / 30 DAYS </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> AL1 At least 18 yrs old </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| JANUS ASSOCIATED KINASE (JAK) INHIBITORS | | |
| INREBIC | OC | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 120 / 30 DAYS </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| JAKAFI | OC | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 60 / 30 DAYS </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| OJJAARA | OC | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 30 / 30 day(s) </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| VONJO | OC | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 120 / 30 day(s) </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| LHRH ANALOGS | | |
| ELIGARD (ELIGARD 7.5 MG KIT, ELIGARD 22.5 MG KIT, ELIGARD 30 MG KIT, ELIGARD 45 MG KIT) | 3 | <div style="display: flex; align-items: center;"> S </div> |
| LEUPROLIDE ACETATE (3 MONTH) | 3 | <div style="display: flex; align-items: center;"> S </div> |
| <i>leuprolide acetate (leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml), leuprolide acetate inj kit 5 mg/ml)</i> | 1 | <div style="display: flex; align-items: center;"> S </div> |
| LUPRON DEPOT (1-MONTH) | 2 | <div style="display: flex; align-items: center;"> S </div> |
| LUPRON DEPOT (3-MONTH) | 2 | <div style="display: flex; align-items: center;"> S </div> |
| LUPRON DEPOT (4-MONTH) | 2 | <div style="display: flex; align-items: center;"> S </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| LUPRON DEPOT (6-MONTH) | 2 | S |
| MITOTIC INHIBITORS | | |
| ETOPOSIDE 50 MG CAP | OC | S |
| NITROGEN MUSTARDS AND RELATED ANALOGUES | | |
| CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB) | OC | S |
| <i>cyclophosphamide (cyclophosphamide cap 25 mg, cyclophosphamide cap 50 mg)</i> | OC | S |
| LEUKERAN | OC | S |
| MELPHALAN | OC | S |
| NITROSOUREAS | | |
| GLEOSTINE | OC | S |
| ORNITHINE DECARBOXYLASE (ODC) INHIBITORS | | |
| IWILFIN | OC | QL 240 / 30 day(s) PA S |
| PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS | | |
| COPIKTRA | OC | QL 56 / 28 DAYS PA S |
| ITOVEBI 3 MG TAB | OC | QL 56 / 28 day(s) PA S |
| ITOVEBI 9 MG TAB | OC | QL 28 / 28 day(s) PA S |
| PIQRAY (200 MG DAILY DOSE) | OC | QL 28 / 28 DAYS PA S |
| PIQRAY (250 MG DAILY DOSE) | OC | QL 56 / 28 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| PIQRAY (300 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 56 / 28 DAYS PA S |
| ZYDELIG | OC | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS | | |
| LYNPARZA | OC | <ul style="list-style-type: none"> QL 120 / 30 DAYS PA AL1 At least 18 yrs old S |
| RUBRACA | OC | <ul style="list-style-type: none"> QL 120 / 30 DAYS PA AL1 At least 18 yrs old S |
| TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP, TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP) | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| TALZENNA 0.25 MG CAP | OC | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |
| TALZENNA 1 MG CAP | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| ZEJULA | OC | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA AL1 At least 18 yrs old S |
| PROGESTINS-ANTINEOPLASTIC | | |
| MEGESTROL ACETATE POWDER | OC | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| <i>megestrol acetate (megestrol acetate susp 40 mg/ml, megestrol acetate tab 20 mg, megestrol acetate tab 40 mg)</i> | OC | |
| RETINOIDS | | |
| <i>tretinoin (chemotherapy)</i> | 1 | PA S |
| SELECTIVE ESTROGEN RECEPTOR DEGRADERS | | |
| ORSERDU 345 MG TAB | OC | QL 30 / 30 day(s) PA S |
| ORSERDU 86 MG TAB | OC | QL 90 / 30 day(s) PA S |
| SELECTIVE RETINOID X RECEPTOR AGONISTS | | |
| <i>bexarotene</i> | OC | PA S |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN (HYCAMTIN 0.25 MG CAP, HYCAMTIN 1 MG CAP) | OC | PA S |
| URINARY TRACT PROTECTIVE AGENTS | | |
| <i>mesna tab 400 mg</i> | 1 | |
| VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS | | |
| FRUZAQLA 1 MG CAP | OC | QL 84 / 28 day(s) PA S |
| FRUZAQLA 5 MG CAP | OC | QL 21 / 28 day(s) PA S |
| INLYTA 1 MG TAB | OC | QL 180 / 30 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|----------------------------|------|---|
| INLYTA 5 MG TAB | OC | <ul style="list-style-type: none"> QL 120 / 30 DAYS PA S |
| LENVIMA (10 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| LENVIMA (12 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |
| LENVIMA (14 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| LENVIMA (18 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |
| LENVIMA (20 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| LENVIMA (24 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |
| LENVIMA (4 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| LENVIMA (8 MG DAILY DOSE) | OC | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------|
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ADENOSINE RECEPTOR ANTAGONIST | | |
| NOURIANZ | 3 | S |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| <i>benztropine mesylate (benztropine mesylate tab 0.5 mg, benztropine mesylate tab 1 mg, benztropine mesylate tab 2 mg)</i> | 1 | |
| <i>trihexyphenidyl hcl (trihexyphenidyl hcl tab 2 mg, trihexyphenidyl hcl tab 5 mg)</i> | 1 | |
| TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION | 3 | |
| ANTIPARKINSON DOPAMINERGICS | | |
| <i>amantadine hcl (amantadine hcl cap 100 mg, amantadine hcl soln 50 mg/5ml, amantadine hcl tab 100 mg)</i> | 1 | |
| BROMOCRIPTINE MESYLATE POWDER | 3 | |
| <i>bromocriptine mesylate (bromocriptine mesylate cap 5 mg (base equivalent), bromocriptine mesylate tab 2.5 mg (base equivalent))</i> | 1 | |
| GOCOVRI | 3 | PA S |
| INBRIJA | 2 | S |
| LEVODOPA | 3 | |
| OSMOLEX ER | 3 | |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| <i>rasagiline mesylate (rasagiline mesylate tab 0.5 mg (base equiv), rasagiline mesylate tab 1 mg (base equiv))</i> | 1 | |
| SELEGILINE HCL POWDER | 3 | |
| <i>selegiline hcl (selegiline hcl cap 5 mg, selegiline hcl tab 5 mg)</i> | 1 | |
| XADAGO | 3 | AL1 At least 18 yrs old |
| ZELAPAR | 3 | |
| CENTRAL/PERIPHERAL COMT INHIBITORS | | |
| <i>tolcapone</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| DECARBOXYLASE INHIBITORS | | |
| <i>carbidopa tab 25 mg</i> | 1 | |
| LEVODOPA COMBINATIONS | | |
| <i>carbidopa-levodopa (carbidopa & levodopa tab 10-100 mg, carbidopa & levodopa tab 25-100 mg, carbidopa & levodopa tab 25-250 mg, carbidopa & levodopa tab er 25-100 mg, carbidopa & levodopa tab er 50-200 mg)</i> | 1 | |
| CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP) | 3 | |
| <i>carbidopa-levodopa-entacapone</i> | 1 | |
| DUOPA | 3 | S |
| RYTARY | 3 | |
| VYALEV | 3 | S |
| NONERGOLINE DOPAMINE RECEPTOR AGONISTS | | |
| APOKYN | 3 | S |
| <i>apomorphine hydrochloride</i> | 1 | S |
| NEUPRO | 3 | |
| ONAPGO | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <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, pramipexole dihydrochloride tab er 24hr 0.375 mg, pramipexole dihydrochloride tab er 24hr 0.75 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> | 1 | |
| <i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> | 1 | PA |
| <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, 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> | 1 | |
| PERIPHERAL COMT INHIBITORS | | |
| <i>entacapone</i> | 1 | |
| ONGENTYS 25 MG CAP | 3 | |
| ONGENTYS 50 MG CAP | 3 | PA |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| <i>lithium</i> | 1 | |
| LITHIUM CARBONATE (LITHIUM CARBONATE POWDER, LITHIUM CARBONATE 150 MG CAP, LITHIUM CARBONATE 300 MG CAP, LITHIUM CARBONATE 600 MG CAP) | 3 | |
| <i>lithium carbonate (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 | |
| LITHOBID | 3 | |
| ANTIPSYCHOTICS - MISC. | | |
| CAPLYTA (CAPLYTA 10.5 MG CAP, CAPLYTA 21 MG CAP) | 3 | QL 30 / 30 day(s) AL1 At least 18 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| CAPLYTA 42 MG CAP | 3 | <ul style="list-style-type: none"> QL 30 / 30 DAYS AL1 At least 18 yrs old |
| EQUETRO | 3 | |
| <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 | <ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 At least 10 yrs old |
| <i>lurasidone hcl tab 80 mg</i> | 1 | <ul style="list-style-type: none"> QL 60 / 30 day(s) AL1 At least 10 yrs old |
| NUPLAZID | 3 | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP) | 2 | <ul style="list-style-type: none"> QL 30 / 30 DAYS AL1 At least 18 yrs old |
| VRAYLAR 1.5 & 3 MG CAP THPK | 2 | <ul style="list-style-type: none"> AL1 At least 18 yrs old QLC 7 / 180 DAYS |
| <i>ziprasidone hcl</i> | 1 | <ul style="list-style-type: none"> QL 60 / 30 DAYS AL1 At least 7 yrs old |
| BENZISOXAZOLES | | |
| FANAPT | 3 | <ul style="list-style-type: none"> QL 60 / 30 DAYS ST AL1 At least 18 yrs old C3 Step Therapy: Must first try ONE generic atypical antipsychotic |
| FANAPT TITRATION PACK A | 3 | <ul style="list-style-type: none"> ST AL1 At least 18 yrs old QLC 8 / 180 DAYS C3 Step Therapy: Must first try ONE generic atypical antipsychotic |
| FANAPT TITRATION PACK B | 3 | <ul style="list-style-type: none"> ST QLC 12 / 180 days |
| FANAPT TITRATION PACK C | 3 | <ul style="list-style-type: none"> ST QLC 8 / 180 days |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <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 DAYS</p> <p>AL1 At least 12 yrs old</p> |
| <i>paliperidone tab er 24hr 6 mg</i> | 1 | <p>QL 60 / 30 DAYS</p> <p>AL1 At least 12 yrs old</p> |
| <i>risperidone (risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 3 mg)</i> | 1 | <p>QL 60 / 30 day(s)</p> |
| <i>risperidone (risperidone orally disintegrating tab 2 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 DAYS</p> |
| RISPERIDONE 0.25 MG TAB DISP | 3 | <p>QL 60 / 30 DAYS</p> <p>ST</p> <p>C3 Step Therapy: Must first try ONE generic atypical antipsychotic</p> |
| <i>risperidone orally disintegrating tab 4 mg</i> | 1 | <p>QL 120 / 30 day(s)</p> |
| <i>risperidone soln 1 mg/ml</i> | 1 | <p>QL 480 / 30 DAYS</p> |
| <i>risperidone tab 4 mg</i> | 1 | <p>QL 120 / 30 DAYS</p> |
| BUTYROPHENONES | | |
| <i>haloperidol (haloperidol tab 0.5 mg, haloperidol tab 1 mg, haloperidol tab 2 mg, haloperidol tab 5 mg, haloperidol tab 10 mg, haloperidol tab 20 mg)</i> | 1 | |
| <i>haloperidol lactate oral conc 2 mg/ml</i> | 1 | |
| DIBENZO-OXEPINO PYRROLES | | |
| <i>asenapine maleate</i> | 1 | <p>QL 60 / 30 day(s)</p> <p>AL1 At least 10 yrs old</p> |
| SECUADO | 3 | <p>QL 30 / 30 DAYS</p> <p>ST</p> <p>C3 Step Therapy: Must first try ONE generic atypical antipsychotic</p> |
| DIBENZODIAZEPINES | | |
| <i>clozapine (clozapine orally disintegrating tab 100 mg, clozapine tab 25 mg, clozapine tab 50 mg)</i> | 1 | <p>QL 90 / 30 DAYS</p> <p>AL1 At least 18 yrs old</p> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>clozapine (clozapine orally disintegrating tab 25 mg, clozapine tab 100 mg)</i> | 1 | <ul style="list-style-type: none"> QL 270 / 30 DAYS AL1 At least 18 yrs old |
| CLOZAPINE 12.5 MG TAB DISP | 3 | <ul style="list-style-type: none"> QL 90 / 30 day(s) ST AL1 At least 18 yrs old C3 Step Therapy: Must first try ONE generic atypical antipsychotic |
| <i>clozapine orally disintegrating tab 150 mg</i> | 1 | <ul style="list-style-type: none"> QL 180 / 30 day(s) AL1 At least 18 yrs old |
| <i>clozapine orally disintegrating tab 200 mg</i> | 1 | <ul style="list-style-type: none"> QL 120 / 30 day(s) AL1 At least 18 yrs old |
| <i>clozapine tab 200 mg</i> | 1 | <ul style="list-style-type: none"> QL 120 / 30 DAYS AL1 At least 18 yrs old |
| VERSACLOZ | 3 | <ul style="list-style-type: none"> QL 540 / 30 DAYS ST AL1 At least 18 yrs old C3 Step Therapy: Must first try ONE generic atypical antipsychotic |
| DIBENZOTHIAZEPINES | | |
| <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 | <ul style="list-style-type: none"> QL 90 / 30 DAYS AL1 At least 10 yrs old |
| <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 | <ul style="list-style-type: none"> QL 60 / 30 DAYS AL1 At least 10 yrs old |
| <i>quetiapine fumarate (quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg)</i> | 1 | <ul style="list-style-type: none"> QL 30 / 30 DAYS AL1 At least 10 yrs old |
| QUETIAPINE FUMARATE 150 MG TAB | 3 | <ul style="list-style-type: none"> QL 30 / 30 day(s) ST AL1 At least 10 yrs old C3 Step Therapy: Must first try ONE generic atypical antipsychotic |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| DIBENZOXAZEPINES | | |
| <i>loxapine succinate</i> | 1 | AL1 At least 18 yrs old |
| DIHYDROINDOLONES | | |
| MOLINDONE HCL | 3 | |
| PHENOTHIAZINES | | |
| CHLORPROMAZINE HCL (CHLORPROMAZINE HCL 30 MG/ML CONC, CHLORPROMAZINE HCL 100 MG/ML CONC) | 3 | |
| <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 | |
| FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 5 MG/ML CONC) | 3 | |
| <i>fluphenazine hcl (fluphenazine hcl tab 1 mg, fluphenazine hcl tab 2.5 mg, fluphenazine hcl tab 5 mg, fluphenazine hcl tab 10 mg)</i> | 1 | |
| <i>perphenazine (perphenazine tab 2 mg, perphenazine tab 4 mg, perphenazine tab 8 mg, perphenazine tab 16 mg)</i> | 1 | AL1 At least 12 yrs old |
| <i>prochlorperazine</i> | 1 | |
| PROCHLORPERAZINE MALEATE POWDER | 3 | |
| <i>prochlorperazine maleate (prochlorperazine maleate tab 5 mg (base equivalent), prochlorperazine maleate tab 10 mg (base equivalent))</i> | 1 | |
| <i>trifluoperazine hcl</i> | 1 | |
| QUINOLINONE DERIVATIVES | | |
| <i>aripiprazole (aripiprazole orally disintegrating tab 10 mg, aripiprazole orally disintegrating tab 15 mg)</i> | 1 | QL 60 / 30 DAYS AL1 At least 6 yrs old |
| <i>aripiprazole (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 30 / 30 day(s) AL1 At least 6 yrs old |
| <i>aripiprazole oral solution 1 mg/ml</i> | 1 | QL 900 / 30 DAYS AL1 At least 6 yrs old |
| REXULTI | 2 | QL 30 / 30 DAYS AL1 At least 13 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| THIENBENZODIAZEPINES | | |
| <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 DAYS AL1 At least 7 yrs old |
| THIOXANTHENES | | |
| <i>thiothixene</i> | 1 | |
| ANTISEPTICS & DISINFECTANTS | | |
| CETYLCIDE-G | 3 | |
| PHENOL (PHENOL CRYSTALS, PHENOL LIQUID, PHENOL 89 % LIQUID) | 3 | |
| CHLORINE ANTISEPTICS | | |
| CLORPACTIN | 3 | |
| MERCURY ANTISEPTICS | | |
| THIMEROSAL | 3 | |
| SILVER ANTISEPTICS | | |
| SILVER PROTEIN MILD | 3 | |
| ANTIVIRALS | | |
| ANTIRETROVIRAL COMBINATIONS | | |
| <i>abacavir sulfate-lamivudine</i> | 1 | QL 30 / 30 DAYS |
| BIKTARVY 30-120-15 MG TAB | 2 | QL 30 / 30 day(s) |
| BIKTARVY 50-200-25 MG TAB | 2 | QL 30 / 30 DAYS |
| CIMDUO | 2 | QL 30 / 30 DAYS |
| DELSTRIGO | 2 | QL 30 / 30 DAYS |
| DESCOVY 120-15 MG TAB | 2 | QL 30 / 30 day(s) AL1 At least 2 yrs old |
| DESCOVY 200-25 MG TAB | 2 | QL 30 / 30 DAYS ACA Affordable Care Act |
| DOVATO | 2 | QL 30 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | 1 | QL 30 / 30 day(s) |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR | 3 | QL 30 / 30 day(s) |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | 1 | QL 30 / 30 day(s) |
| <i>emtricitabine-rilpivirine-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 | QL 30 / 30 day(s) |
| EVOTAZ | 2 | QL 30 / 30 DAYS |
| GENVOYA | 2 | QL 30 / 30 DAYS |
| JULUCA | 2 | QL 30 / 30 DAYS |
| KALETRA 400-100 MG/5ML SOLUTION | 2 | QL 480 / 30 day(s) |
| <i>lamivudine-zidovudine</i> | 1 | QL 60 / 30 DAYS |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 1 | QL 480 / 30 DAYS |
| <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 | 2 | QL 30 / 30 DAYS |
| PREZCOBIX 675-150 MG TAB | 2 | QL 30 / 30 day(s) |
| PREZCOBIX 800-150 MG TAB | 2 | QL 30 / 30 DAYS |
| STRIBILD | 3 | QL 30 / 30 DAYS |
| SYMTUZA | 2 | QL 30 / 30 DAYS |
| TRIUMEQ | 2 | QL 30 / 30 DAYS |
| TRIUMEQ PD | 2 | QL 180 / 30 day(s) |
| TRIZIVIR | 3 | QL 60 / 30 DAYS |
| ANTIRETROVIRALS - CAPSID INHIBITORS | | |
| SUNLENCA 300 MG TAB | 3 | S QLC 4 / 365 days |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------|
| SUNLENCA 4 X 300 MG TAB THPK | 3 | S QLC 4 / 365 Days |
| SUNLENCA 5 X 300 MG TAB THPK | 3 | S QLC 5 / 365 Days |
| 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) |
| SELZENTRY 20 MG/ML SOLUTION | 3 | QL 1840 / 30 DAYS |
| SELZENTRY 25 MG TAB | 3 | QL 240 / 30 DAYS |
| SELZENTRY 75 MG TAB | 3 | QL 60 / 30 DAYS |
| ANTIRETROVIRALS - FUSION INHIBITORS | | |
| FUZEON | 3 | QL 60 / 30 DAYS S |
| ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR | | |
| RUKOBIA | 3 | QL 60 / 30 day(s) |
| ANTIRETROVIRALS - INTEGRASE INHIBITORS | | |
| APRETUDE | 2 | ACA Affordable Care Act |
| ISENTRESS (ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB) | 2 | QL 60 / 30 DAYS |
| ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB) | 2 | QL 180 / 30 DAYS |
| ISENTRESS HD | 2 | QL 60 / 30 DAYS |
| TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB) | 2 | QL 60 / 30 DAYS |
| TIVICAY 10 MG TAB | 2 | QL 240 / 30 days |
| TIVICAY PD | 2 | QL 360 / 30 day(s) |
| ANTIRETROVIRALS - PROTEASE INHIBITORS | | |
| APTIVUS | 3 | QL 120 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>atazanavir sulfate (atazanavir sulfate cap 150 mg (base equiv), atazanavir sulfate cap 300 mg (base equiv))</i> | 1 | QL 30 / 30 DAYS |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i> | 1 | QL 60 / 30 DAYS |
| <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 DAYS |
| LEXIVA 50 MG/ML SUSPENSION | 3 | QL 1800 / 30 DAYS |
| NORVIR (NORVIR 100 MG CAP, NORVIR 100 MG PACKET) | 3 | QL 360 / 30 DAYS |
| PREZISTA 100 MG/ML SUSPENSION | 2 | QL 400 / 30 DAYS |
| PREZISTA 150 MG TAB | 2 | QL 180 / 30 DAYS |
| PREZISTA 75 MG TAB | 2 | QL 300 / 30 DAYS |
| REYATAZ 50 MG PACKET | 3 | QL 240 / 30 DAYS |
| <i>ritonavir</i> | 1 | QL 360 / 30 DAYS |
| VIRACEPT 250 MG TAB | 3 | QL 270 / 30 DAYS |
| VIRACEPT 625 MG TAB | 3 | QL 120 / 30 DAYS |
| ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES | | |
| EDURANT | 3 | QL 30 / 30 DAYS |
| EDURANT PED | 3 | QL 180 / 30 day(s) |
| EFAVIRENZ 200 MG CAP | 3 | QL 60 / 30 day(s) |
| EFAVIRENZ 50 MG CAP | 3 | QL 90 / 30 DAYS |
| <i>efavirenz tab 600 mg</i> | 1 | QL 30 / 30 DAYS |
| <i>etravirine</i> | 1 | QL 60 / 30 day(s) |
| INTELENCE 25 MG TAB | 2 | QL 120 / 30 DAYS |
| NEVIRAPINE 50 MG/5ML SUSPENSION | 3 | QL 1200 / 30 day(s) |
| <i>nevirapine tab 200 mg</i> | 1 | QL 60 / 30 DAYS |
| <i>nevirapine tab er 24hr 400 mg</i> | 1 | QL 30 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| PIFELTRO | 3 | QL 30 / 30 DAYS |
| ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES | | |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> | 1 | QL 960 / 30 DAYS |
| <i>abacavir sulfate tab 300 mg (base equiv)</i> | 1 | QL 60 / 30 DAYS |
| ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES | | |
| <i>emtricitabine</i> | 1 | QL 30 / 30 day(s) |
| EMTRIVA 10 MG/ML SOLUTION | 3 | QL 680 / 28 DAYS |
| <i>lamivudine oral soln 10 mg/ml</i> | 1 | QL 960 / 30 DAYS |
| <i>lamivudine tab 150 mg</i> | 1 | QL 60 / 30 DAYS |
| <i>lamivudine tab 300 mg</i> | 1 | QL 30 / 30 DAYS |
| ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES | | |
| <i>zidovudine cap 100 mg</i> | 1 | QL 180 / 30 DAYS |
| <i>zidovudine syrup 10 mg/ml</i> | 1 | QL 1920 / 30 DAYS |
| <i>zidovudine tab 300 mg</i> | 1 | QL 60 / 30 DAYS |
| ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES | | |
| <i>tenofovir disoproxil fumarate</i> | 1 | QL 30 / 30 DAYS |
| VIREAD (VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB) | 2 | QL 30 / 30 DAYS |
| VIREAD 40 MG/GM POWDER | 2 | QL 240 / 30 DAYS |
| ANTIRETROVIRALS ADJUVANTS | | |
| TYBOST | 3 | QL 30 / 30 DAYS |
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID | 2 | QLC 11 / 30 days |
| PAXLOVID (150/100) | 2 | AL1 At least 12 yrs old QLC 20 / 30 DAYS |
| PAXLOVID (300/100) | 2 | AL1 At least 12 yrs old QLC 30 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| CMV AGENTS | | |
| LIVTENCITY | 3 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>120 / 30 day(s)</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">S</div> </div> </div> |
| PREVMIS (PREVMIS 20 MG PACKET, PREVMIS 120 MG PACKET) | 3 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QLC</div> <div>800 / 365 days</div> </div> |
| PREVMIS (PREVMIS 240 MG TAB, PREVMIS 480 MG TAB) | 3 | <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>200 / 365 day(s)</div> </div> </div> |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> | 1 | |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>120 / 30 DAYS</div> </div> |
| HEPATITIS B AGENTS | | |
| <i>adefovir dipivoxil</i> | 1 | |
| BARACLUDE 0.05 MG/ML SOLUTION | 2 | |
| <i>entecavir tab 0.5 mg</i> | 1 | |
| <i>entecavir tab 1 mg</i> | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>30 / 30 DAYS</div> </div> |
| <i>lamivudine (hbv)</i> | 1 | |
| VEMLIDY | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">AL1</div> <div>At least 12 yrs old</div> </div> |
| HEPATITIS C AGENT - COMBINATIONS | | |
| EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG PACKET) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>28 / 28 day(s)</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">AL1</div> <div>At least 3 yrs old</div> </div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">S</div> </div> </div> |
| EPCLUSA (EPCLUSA 200-50 MG TAB, EPCLUSA 400-100 MG TAB) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>28 / 28 day(s)</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">S</div> </div> </div> |
| HARVONI | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>28 / 28 days</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">S</div> </div> </div> |
| MAVYRET 100-40 MG TAB | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>84 / 28 days</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">AL1</div> <div>At least 18 yrs old</div> </div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">S</div> </div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| MAVYRET 50-20 MG PACKET | 2 | <ul style="list-style-type: none"> QL 140 / 28 day(s) PA AL1 At least 3 yrs old S |
| VOSEVI | 2 | <ul style="list-style-type: none"> QL 28 / 28 days PA AL1 At least 18 yrs old S |
| HEPATITIS C AGENTS | | |
| PEGASYS | 2 | <ul style="list-style-type: none"> PA S |
| RIBAVIRIN (RIBAVIRIN 200 MG CAP, RIBAVIRIN 200 MG TAB) | 2 | <ul style="list-style-type: none"> S |
| SOVALDI | 2 | <ul style="list-style-type: none"> QL 28 / 28 days PA S |
| 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 | |
| SITAVIG | 3 | <ul style="list-style-type: none"> AL1 At least 18 yrs old |
| <i>valacyclovir hcl (valacyclovir hcl tab 1 gm, valacyclovir hcl tab 500 mg)</i> | 1 | |
| HERPES AGENTS - THYMIDINE ANALOGUES | | |
| <i>famciclovir (famciclovir tab 125 mg, famciclovir tab 250 mg, famciclovir tab 500 mg)</i> | 1 | |
| MISC. ANTIVIRALS | | |
| LAGEVRIO | 2 | <ul style="list-style-type: none"> AL1 At least 18 yrs old QLC 40 / 30 DAYS |
| NEURAMINIDASE INHIBITORS | | |
| <i>oseltamivir phosphate (oseltamivir phosphate cap 45 mg (base equiv), oseltamivir phosphate cap 75 mg (base equiv))</i> | 1 | <ul style="list-style-type: none"> QLC 20 / 120 DAYS |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i> | 1 | <ul style="list-style-type: none"> QLC 40 / 120 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---------------------------|
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | 1 | QLC 300 / 120 DAYS |
| RELENZA DISKHALER | 3 | QLC 40 / 120 DAYS |
| PA ENDONUCLEASE INHIBITORS | | |
| XOFLUZA (40 MG DOSE) | 3 | QLC 2 / 120 DAYS |
| XOFLUZA (80 MG DOSE) | 3 | QLC 2 / 120 DAYS |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| <i>carvedilol</i> | 1 | |
| <i>carvedilol phosphate</i> | 1 | PA |
| <i>labetalol hcl (labetalol hcl tab 100 mg, labetalol hcl tab 200 mg, labetalol hcl tab 300 mg)</i> | 1 | |
| LABETALOL HCL 400 MG TAB | 3 | |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| ACEBUTOLOL HCL POWDER | 3 | |
| <i>acebutolol hcl (acebutolol hcl cap 200 mg, acebutolol hcl cap 400 mg)</i> | 1 | |
| ATENOLOL POWDER | 3 | |
| <i>atenolol (atenolol tab 25 mg, atenolol tab 50 mg, atenolol tab 100 mg)</i> | 1 | |
| ATENOLOL+SYRSPEND SF | 3 | |
| <i>betaxolol hcl (betaxolol hcl tab 10 mg, betaxolol hcl tab 20 mg)</i> | 1 | |
| <i>bisoprolol fumarate (bisoprolol fumarate tab 5 mg, bisoprolol fumarate tab 10 mg)</i> | 1 | |
| BISOPROLOL FUMARATE 2.5 MG TAB | 3 | |
| KAPSPARGO SPRINKLE | 3 | |
| LOPRESSOR 10 MG/ML SOLUTION | 3 | QL 1350 / 30 day(s) PA |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------|
| <i>metoprolol succinate (metoprolol succinate tab er 24hr 100 mg (tartrate equiv), metoprolol succinate tab er 24hr 200 mg (tartrate equiv), metoprolol succinate tab er 24hr 25 mg (tartrate equiv), metoprolol succinate tab er 24hr 50 mg (tartrate equiv))</i> | 1 | |
| METOPROLOL TARTRATE POWDER | 3 | |
| <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 | |
| BETA BLOCKERS NON-SELECTIVE | | |
| HEMANGEOL | 2 | |
| INDERAL XL 120 MG CAP ER 24H | 3 | |
| INDERAL XL 80 MG CAP ER 24H | 3 | PA |
| INNOPRAN XL 120 MG CAP ER 24H | 3 | |
| INNOPRAN XL 80 MG CAP ER 24H | 3 | PA |
| NADOLOL POWDER | 3 | |
| <i>nadolol (nadolol tab 20 mg, nadolol tab 40 mg, nadolol tab 80 mg)</i> | 1 | |
| <i>pindolol</i> | 1 | |
| PROPRANOLOL HCL POWDER | 3 | |
| <i>propranolol hcl (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 | |
| PROPRANOLOL HCL 20 MG/5ML SOLUTION | 1 | QL 4800 / 30 day(s) PA |
| PROPRANOLOL HCL 40 MG/5ML SOLUTION | 2 | QL 2400 / 30 day(s) PA |
| <i>sotalol hcl (afib/afI)</i> | 1 | |
| <i>sotalol hcl (sotalol hcl tab 80 mg, sotalol hcl tab 120 mg, sotalol hcl tab 160 mg, sotalol hcl tab 240 mg)</i> | 1 | |
| SOTYLIZE | 3 | QL 1920 / 30 day(s) PA |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------|
| TIMOLOL MALEATE POWDER | 3 | |
| <i>timolol maleate (timolol maleate tab 5 mg, timolol maleate tab 10 mg, timolol maleate tab 20 mg)</i> | 1 | |
| CALCIUM CHANNEL BLOCKERS | | |
| AMLODIPINE BES+SYRSPEND SF | 3 | |
| <i>amlodipine besylate (amlodipine besylate tab 2.5 mg (base equivalent), amlodipine besylate tab 5 mg (base equivalent), amlodipine besylate tab 10 mg (base equivalent))</i> | 1 | |
| CONJUPRI | 3 | |
| <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, diltiazem hcl tab er 24hr 120 mg, diltiazem hcl tab er 24hr 180 mg, diltiazem hcl tab er 24hr 240 mg, diltiazem hcl tab er 24hr 300 mg, diltiazem hcl tab er 24hr 360 mg, diltiazem hcl tab er 24hr 420 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)</i> | 1 | |
| <i>diltiazem hcl coated beads cap er 24hr 360 mg</i> | 1 | PA |
| <i>diltiazem hcl extended release beads</i> | 1 | |
| <i>felodipine</i> | 1 | |
| <i>isradipine</i> | 1 | |
| KATERZIA | 3 | QL 300 / 30 day(s) PA |
| LEVAMLODIPINE MALEATE | 3 | |
| <i>nicardipine hcl (nicardipine hcl cap 20 mg, nicardipine hcl cap 30 mg)</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 | |
| NIMODIPINE 60 MG/20ML SOLUTION | 3 | QL 2520 / 21 day(s) PA |
| <i>nimodipine cap 30 mg</i> | 1 | |
| <i>nisoldipine</i> | 1 | |
| NISOLDIPINE ER | 3 | |
| NORLIQVA | 3 | QL 30 / 30 day(s) PA |
| NYMALIZE | 3 | QL 1260 / 21 day(s) PA |
| VERAPAMIL HCL POWDER | 3 | |
| <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 | |
| VERAPAMIL HCL ER | 3 | |
| VERELAN PM | 3 | |
| CARDIOTONICS | | |
| CARDIAC GLYCOSIDES | | |
| <i>digoxin (digoxin tab 62.5 mcg (0.0625 mg), digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))</i> | 1 | |
| DIGOXIN 0.05 MG/ML SOLUTION | 3 | PA |
| <i>digoxin oral soln 0.05 mg/ml</i> | 1 | PA |
| LANOXIN (LANOXIN 62.5 MCG TAB, LANOXIN 125 MCG TAB, LANOXIN 250 MCG TAB) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| CARDIOVASCULAR AGENTS - MISC. | | |
| CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB | | |
| <i>amlodipine besylate-atorvastatin calcium (amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, amlodipine besylate-atorvastatin calcium tab 2.5-20 mg, amlodipine besylate-atorvastatin calcium tab 2.5-40 mg, amlodipine besylate-atorvastatin calcium tab 5-10 mg, amlodipine besylate-atorvastatin calcium tab 5-20 mg, amlodipine besylate-atorvastatin calcium tab 5-40 mg, amlodipine besylate-atorvastatin calcium tab 5-80 mg, amlodipine besylate-atorvastatin calcium tab 10-10 mg, amlodipine besylate-atorvastatin calcium tab 10-20 mg, amlodipine besylate-atorvastatin calcium tab 10-40 mg, amlodipine besylate-atorvastatin calcium tab 10-80 mg)</i> | 1 | |
| CARDIAC MYOSIN INHIBITORS | | |
| CAMZYOS | 3 | QL 30 / 30 day(s) PA S |
| CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS | | |
| LODOCO | 3 | |
| NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB | | |
| ENTRESTO (ENTRESTO 6-6 MG CAP SPRINK, ENTRESTO 15-16 MG CAP SPRINK) | 2 | QL 240 / 30 day(s) PA |
| <i>sacubitril-valsartan</i> | 1 | |
| NITRATE & VASODILATOR COMBINATIONS | | |
| <i>isosorbide dinitrate-hydralazine hcl</i> | 1 | |
| PERIPHERAL VASODILATORS | | |
| NYLIDRIN HCL | 3 | |
| PAPAVERINE HCL POWDER | 3 | |
| PROSTAGLANDIN - IMPOTENCE AGENTS | | |
| CAVERJECT | 3 | GL Male |
| CAVERJECT IMPULSE | 3 | GL Male |
| EDEX | 3 | GL Male |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------------|
| MUSE | 3 | GL Male |
| PROSTAGLANDIN VASODILATORS | | |
| ORENITRAM | 3 | PA S |
| ORENITRAM MONTH 1 | 3 | PA S QLC 168 / 180 Days |
| ORENITRAM MONTH 2 | 3 | PA S QLC 336 / 180 Days |
| ORENITRAM MONTH 3 | 3 | PA S QLC 252 / 180 Days |
| TYVASO | 3 | QL 81.2 / 28 day(s) PA S |
| TYVASO DPI MAINTENANCE KIT | 3 | QL 112 / 28 day(s) PA S |
| TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER | 3 | PA S QLC 196 / 180 DAYS |
| TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER | 3 | PA S QLC 252 / 180 DAYS |
| TYVASO REFILL | 3 | QL 81.2 / 28 day(s) PA S |
| TYVASO STARTER | 3 | PA S QLC 81.2 / 180 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| VENTAVIS | 3 | <ul style="list-style-type: none"> QL 270 / 30 DAYS PA S |
| YUTREPIA | 3 | <ul style="list-style-type: none"> QL 112 / 28 day(s) PA S |
| PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| ADEMPAS | 3 | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |
| PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR | | |
| WINREVAIR | 3 | <ul style="list-style-type: none"> QL 1 / 21 day(s) PA S |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| <i>ambrisentan</i> | 1 | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| <i>bosentan (bosentan tab 62.5 mg, bosentan tab 125 mg)</i> | 1 | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| <i>bosentan tab for oral susp 32 mg</i> | 1 | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA S |
| OPSUMIT | 2 | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| <i>sildenafil citrate for suspension 10 mg/ml</i> | 1 | <ul style="list-style-type: none"> QL 224 / 30 DAYS PA AL1 At least 1 yrs old S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>sildenafil citrate tab 20 mg</i> | 1 | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA AL1 At least 1 yrs old S |
| <i>tadalafil (pulmonary hypertension)</i> | 1 | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI (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) | 2 | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA AL1 At least 18 yrs old S |
| UPTRAVI 200 & 800 MCG TAB THPK | 2 | <ul style="list-style-type: none"> PA AL1 At least 18 yrs old S QLC 200 / 180 days |
| UPTRAVI 200 MCG TAB | 2 | <ul style="list-style-type: none"> QL 60 / 30 days PA AL1 At least 18 yrs old S |
| SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS | | |
| <i>avanafil</i> | 1 | <ul style="list-style-type: none"> GL Male QLC 6 / 30 days |
| <i>sildenafil citrate (sildenafil citrate tab 25 mg, sildenafil citrate tab 50 mg, sildenafil citrate tab 100 mg)</i> | 1 | <ul style="list-style-type: none"> GL Male AL1 At least 18 yrs old QLC 6 / 30 days |
| <i>tadalafil (tadalafil tab 10 mg, tadalafil tab 20 mg)</i> | 1 | <ul style="list-style-type: none"> GL Male QLC 6 / 30 days |
| <i>tadalafil (tadalafil tab 2.5 mg, tadalafil tab 5 mg)</i> | 1 | <ul style="list-style-type: none"> QL 30 / 30 DAYS GL Male |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>vardeafil hcl (vardeafil hcl tab 2.5 mg, vardeafil hcl tab 5 mg, vardeafil hcl tab 10 mg, vardeafil hcl tab 20 mg)</i> | 1 | <ul style="list-style-type: none"> GL Male AL1 At least 18 yrs old QLC 6 / 30 days |
| <i>vardeafil hcl orally disintegrating tab 10 mg</i> | 1 | <ul style="list-style-type: none"> QL 6 / 30 DAYS GL Male AL1 At least 18 yrs old |
| SINUS NODE INHIBITORS | | |
| CORLANOR 5 MG/5ML SOLUTION | 2 | <ul style="list-style-type: none"> QL 600 / 30 DAYS PA |
| <i>ivabradine hcl</i> | 1 | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA |
| TRANSTHYRETIN STABILIZERS | | |
| ATTRUBY | 2 | <ul style="list-style-type: none"> QL 112 / 28 day(s) PA S |
| VYNDAMAX | 2 | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA S |
| VYNDAQEL | 2 | <ul style="list-style-type: none"> QL 120 / 30 DAYS PA S |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO | 2 | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| <i>cefadroxil (cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml)</i> | 1 | |
| CEFADROXIL 1 GM TAB | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| CEPHALOSPORINS - 2ND GENERATION | | |
| CEFACLOR (CEFACLOR 125 MG/5ML RECON SUSP, CEFACLOR 250 MG CAP, CEFACLOR 250 MG/5ML RECON SUSP, CEFACLOR 375 MG/5ML RECON SUSP, CEFACLOR 500 MG CAP) | 3 | |
| CEFACLOR ER | 3 | |
| <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 | |
| CEPHALOSPORINS - 3RD GENERATION | | |
| <i>cefdinir (cefdinir cap 300 mg, cefdinir for susp 125 mg/5ml, cefdinir for susp 250 mg/5ml)</i> | 1 | |
| <i>cefixime (cefixime cap 400 mg, cefixime for susp 100 mg/5ml, cefixime for susp 200 mg/5ml)</i> | 1 | |
| CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP) | 3 | |
| <i>cefpodoxime proxetil (cefpodoxime proxetil tab 100 mg, cefpodoxime proxetil tab 200 mg)</i> | 1 | |
| SUPRAX (SUPRAX 100 MG CHEW TAB, SUPRAX 200 MG CHEW TAB, SUPRAX 500 MG/5ML RECON SUSP) | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| CONTRACEPTIVES | | |
| BIPHASIC CONTRACEPTIVES - ORAL | | |
| <i>desogestrel-ethinyl estradiol (biphasic)</i> | 1 | GL Female ACA Affordable Care Act |
| LO LOESTRIN FE | 2 | GL Female ACA Affordable Care Act |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| <i>desogestrel & ethinyl estradiol</i> | 1 | GL Female ACA Affordable Care Act |
| <i>drospirenone-ethinyl estradiol</i> | 1 | GL Female ACA Affordable Care Act |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | 1 | GL Female ACA Affordable Care Act |
| <i>ethynodiol diacet & eth estrad</i> | 1 | GL Female ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>levonorgestrel & eth estradiol (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg)</i> | 1 | GL Female ACA Affordable Care Act |
| <i>norethin acet & estrad-fe (norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg, norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24), norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24), norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))</i> | 1 | GL Female ACA Affordable Care Act |
| <i>norethindrone & eth estradiol (norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, norethindrone & ethinyl estradiol tab 1 mg-35 mcg)</i> | 1 | GL Female ACA Affordable Care Act |
| <i>norethindrone & ethinyl estradiol-fe (norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg)</i> | 1 | GL Female ACA Affordable Care Act |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 1 | QL 30 / 30 DAYS GL Female ACA Affordable Care Act |
| <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | 1 | GL Female ACA Affordable Care Act |
| <i>norgestimate-ethinyl estradiol</i> | 1 | GL Female ACA Affordable Care Act |
| <i>norgestrel & ethinyl estradiol</i> | 1 | GL Female ACA Affordable Care Act |
| TYBLUME | 3 | GL Female ACA Affordable Care Act |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| <i>norelgestromin-ethinyl estradiol</i> | 1 | GL Female 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 | QL 1 / 21 day(s) GL Female ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| CONTINUOUS CONTRACEPTIVES - ORAL | | |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i> | 1 | GL Female ACA Affordable Care Act |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD INTRAUTERINE COPPER | 3 | GL Female ACA Affordable Care Act |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA | 2 | GL Female ACA Affordable Care Act |
| <i>levonorgestrel (emergency oc)</i> | 1 | GL Female ACA Affordable Care Act |
| EXTENDED-CYCLE CONTRACEPTIVES - ORAL | | |
| <i>levonorgestrel-ethinyl estradiol (91-day) (levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg, levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7), levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7), levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg)</i> | 1 | QL 91 / 91 DAYS GL Female ACA Affordable Care Act |
| FOUR PHASE CONTRACEPTIVES - ORAL | | |
| NATAZIA | 3 | GL Female ACA Affordable Care Act |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-SUBQ PROVERA 104 | 3 | GL Female ACA Affordable Care Act |
| <i>medroxyprogesterone acetate (contraceptive)</i> | 1 | GL Female ACA Affordable Care Act |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| KYLEENA | 3 | GL Female ACA Affordable Care Act |
| LILETTA (52 MG) | 3 | GL Female ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------------------|
| MIRENA (52 MG) | 3 | GL Female ACA Affordable Care Act |
| SKYLA | 3 | GL Female ACA Affordable Care Act |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| <i>norethindrone (contraceptive)</i> | 1 | GL Female ACA Affordable Care Act |
| TRIPHASIC CONTRACEPTIVES - ORAL | | |
| <i>levonorgestrel-eth estradiol (triphasic)</i> | 1 | GL Female ACA Affordable Care Act |
| <i>norethindrone acetate-ethinyl estradiol-fe</i> | 1 | GL Female 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 | GL Female ACA Affordable Care Act |
| <i>norgestimate-ethinyl estradiol (triphasic)</i> | 1 | GL Female ACA Affordable Care Act |
| VELIVET | 3 | GL Female ACA Affordable Care Act |
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| AGAMREE | 3 | QL 300 / 30 day(s) PA S |
| ALKINDI SPRINKLE (ALKINDI SPRINKLE 0.5 MG CAP SPRINK, ALKINDI SPRINKLE 2 MG CAP SPRINK) | 3 | S |
| ALKINDI SPRINKLE (ALKINDI SPRINKLE 1 MG CAP SPRINK, ALKINDI SPRINKLE 5 MG CAP SPRINK) | 3 | PA S |
| BETAMETHASONE SODIUM PHOSPHATE POWDER | 3 | |
| <i>budesonide delayed release particles cap 3 mg</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>budesonide tab er 24hr 9 mg</i> | 1 | PA |
| CORTISONE ACETATE (CORTISONE ACETATE POWDER, CORTISONE ACETATE 25 MG TAB) | 3 | |
| <i>deflazacort (deflazacort susp 22.75 mg/ml, deflazacort tab 30 mg, deflazacort tab 36 mg)</i> | 1 | PA AL1 At least 2 yrs old S |
| <i>deflazacort tab 18 mg</i> | 1 | QL 30 / 30 day(s) PA AL1 At least 2 yrs old S |
| <i>deflazacort tab 6 mg</i> | 1 | QL 60 / 30 day(s) PA AL1 At least 2 yrs old S |
| DEXABLISS | 3 | |
| DEXAMETHASONE (DEXAMETHASONE 0.5 MG/5ML SOLUTION, DEXAMETHASONE 1.5 MG (35) TAB THPK, DEXAMETHASONE 1.5 MG (51) TAB THPK) | 3 | |
| <i>dexamethasone (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, dexamethasone tab therapy pack 1.5 mg (21))</i> | 1 | |
| DEXAMETHASONE INTENSOL | 3 | |
| EOHILIA | 3 | PA QLC 1800 / 90 days |
| HEMADY | 3 | |
| <i>hydrocortisone (hydrocortisone tab 5 mg, hydrocortisone tab 10 mg, hydrocortisone tab 20 mg)</i> | 1 | |
| KHINDIVI | 3 | PA S |
| MEDROL 2 MG TAB | 3 | |
| METHYLPREDNISOLONE POWDER | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>methylprednisolone (methylprednisolone tab 4 mg, methylprednisolone tab 8 mg, methylprednisolone tab 16 mg, methylprednisolone tab 32 mg, methylprednisolone tab therapy pack 4 mg (21))</i> | 1 | |
| METHYLPREDNISOLONE ACETATE POWDER | 3 | |
| ORAPRED ODT | 3 | |
| ORTIKOS | 3 | |
| PREDNISOLONE POWDER | 3 | |
| <i>prednisolone (prednisolone soln 15 mg/5ml, prednisolone tab 5 mg)</i> | 1 | |
| PREDNISOLONE ACETATE | 3 | |
| PREDNISOLONE ANHYDROUS | 3 | |
| <i>prednisolone sodium phosphate (prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 10 mg/5ml (base equiv), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sod phosphate oral soln 20 mg/5ml (base equiv), prednisolone sodium phosphate oral soln 25 mg/5ml (base eq))</i> | 1 | |
| PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE POWDER, PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP, PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP, PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP) | 3 | |
| PREDNISONONE POWDER | 3 | |
| <i>prednisone (prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21), prednisone tab therapy pack 10 mg (48))</i> | 1 | |
| PREDNISONONE 5 MG/5ML SOLUTION | 2 | |
| PREDNISONONE INTENSOL | 3 | |
| TAPERDEX 12-DAY | 3 | |
| TAPERDEX 7-DAY | 3 | |
| TRIAMCINOLONE DIACET MICRONIZE | 3 | |
| TRIAMCINOLONE DIACETATE POWDER | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------|
| MINERALOCORTICIDS | | |
| FLUDROCORTISONE ACETATE POWDER | 3 | |
| <i>fludrocortisone acetate tab 0.1 mg</i> | 1 | |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVE - NONNARCOTIC | | |
| <i>benzonatate (benzonatate cap 100 mg, benzonatate cap 150 mg, benzonatate cap 200 mg)</i> | 1 | AL1 At least 10 yrs old |
| BENZONATATE 150 MG CAP | 3 | AL1 At least 10 yrs old |
| DEXTROMETHORPHAN HBR POWDER | 3 | |
| DEXTROMETHORPHAN HBR MONOHYD | 3 | |
| ANTITUSSIVE - OPIOID | | |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | 1 | AL1 At least 2 yrs old |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> | 1 | AL1 At least 6 yrs old |
| ANTITUSSIVE-EXPECTORANT | | |
| <i>guaifenesin-codeine</i> | 1 | AL1 At least 6 yrs old |
| DECONGESTANT & ANTIHISTAMINE | | |
| CLARINEX-D 12 HOUR | 3 | |
| EXPECTORANTS | | |
| BROMHEXINE HCL | 3 | |
| GUAIFENESIN POWDER | 3 | |
| TERPIN HYDRATE | 3 | |
| TERPIN HYDRATE MONOHYDRATE | 3 | |
| MISC. RESPIRATORY INHALANTS | | |
| <i>sodium chloride (inhalant) (sodium chloride soln nebu 3%, sodium chloride soln nebu 7%)</i> | 1 | |
| MUCOLYTICS | | |
| ACETYLCYSTEINE POWDER | 3 | |
| <i>acetylcysteine (acetylcysteine inhal soln 10%, acetylcysteine inhal soln 20%)</i> | 1 | |
| N-ACETYL-L-CYSTEINE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------|
| NON-NARC ANTITUSSIVE-ANTIHISTAMINE | | |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | 1 | AL1 At least 2 yrs old |
| NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE | | |
| <i>pseudoephed-bromphen-dm</i> | 1 | AL1 At least 2 yrs old |
| OPIOID ANTITUSSIVE-ANTIHISTAMINE | | |
| HYDROCOD POLI-CHLORPHE POLI ER | 3 | AL1 At least 6 yrs old |
| <i>hydrocodone polistirex-chlorpheniramine polistirex</i> | 1 | AL1 At least 6 yrs old |
| <i>promethazine w/codeine</i> | 1 | AL1 At least 12 yrs old |
| TUXARIN ER | 3 | AL1 At least 18 yrs old |
| DERMATOLOGICALS | | |
| ACNE ANTIBIOTICS | | |
| AMZEEQ | 3 | |
| <i>clindamycin phosphate (topical) (clindamycin phosphate gel 1% (twice-daily), clindamycin phosphate lotion 1%, clindamycin phosphate soln 1%, clindamycin phosphate swab 1%)</i> | 1 | |
| <i>clindamycin phosphate foam 1%</i> | 1 | QL 50 / 30 DAYS |
| <i>dapsone gel 5%</i> | 1 | QL 90 / 30 DAYS |
| <i>dapsone gel 7.5%</i> | 1 | QL 90 / 30 day(s) |
| ERY | 3 | |
| <i>erythromycin (acne aid) (erythromycin gel 2%, erythromycin soln 2%)</i> | 1 | |
| <i>sulfacetamide sodium (acne)</i> | 1 | |
| ACNE COMBINATIONS | | |
| <i>adapalene-benzoyl peroxide (adapalene-benzoyl peroxide gel 0.1-2.5%, adapalene-benzoyl peroxide gel 0.3-2.5%)</i> | 1 | PA |
| <i>benzoyl peroxide-erythromycin</i> | 1 | |
| CABTREO | 3 | |
| <i>clindamycin phosphate-benzoyl peroxide (clindamycin phosphate-benzoyl peroxide gel 1-5%, clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------|
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1 | QL 45 / 30 DAYS |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> | 1 | QL 60 / 30 day(s) |
| <i>clindamycin phosphate-tretinoin</i> | 1 | |
| CLINOIN | 3 | |
| ACNE PRODUCTS | | |
| ABSORICA LD | 2 | |
| ADAPALENE (ADAPALENE 0.1 % PAD, ADAPALENE 0.1 % SOLUTION) | 3 | PA |
| <i>adapalene (adapalene cream 0.1%, adapalene gel 0.1%, adapalene gel 0.3%)</i> | 1 | PA |
| AKLIEF | 3 | PA |
| AZELEX | 3 | |
| BENZOYL PEROXIDE 70 % POWDER | 3 | AL1 At least 7 yrs old |
| BENZOYL PEROXIDE HYDROUS | 3 | |
| DIFFERIN 0.1 % LOTION | 3 | PA |
| <i>isotretinoin (isotretinoin cap 10 mg, isotretinoin cap 20 mg, isotretinoin cap 25 mg, isotretinoin cap 30 mg, isotretinoin cap 35 mg, isotretinoin cap 40 mg)</i> | 1 | |
| RETIN-A MICRO | 3 | PA |
| RETIN-A MICRO PUMP (RETIN-A MICRO PUMP 0.04 % GEL, RETIN-A MICRO PUMP 0.1 % GEL) | 3 | PA |
| RETINOIC ACID | 3 | |
| TRETINOIN POWDER | 3 | |
| <i>tretinoin (tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%, tretinoin gel 0.025%, tretinoin gel 0.05%)</i> | 1 | PA |
| TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL) | 3 | PA |
| <i>tretinoin microsphere (tretinoin microsphere gel 0.04%, tretinoin microsphere gel 0.1%)</i> | 1 | PA |
| TRETINOIN MICROSPHERE PUMP | 3 | PA |
| WINLEVI | 3 | AL1 At least 12 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS | | |
| VEREGEN | 3 | |
| ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS | | |
| LITFULO | 3 | QL 28 / 28 day(s) PA S |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| DICLOFENAC EPOLAMINE | 3 | QL 60 / 30 day(s) |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | QL 1000 / 30 day(s) |
| <i>diclofenac sodium soln 1.5%</i> | 1 | QL 300 / 30 day(s) |
| FLECTOR | 3 | QL 60 / 30 day(s) |
| LICART | 3 | QL 30 / 30 day(s) |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ANTIBIOTIC STEROID COMBINATIONS - TOPICAL | | |
| NEO-SYNALAR 0.5-0.025 % CREAM | 3 | |
| ANTIBIOTICS - TOPICAL | | |
| ALTABAX | 3 | |
| BACITRACIN POWDER | 3 | |
| BACITRACIN ZINC POWDER | 3 | |
| GENTAMICIN SULFATE POWDER | 3 | |
| <i>gentamicin sulfate (topical)</i> | 1 | |
| <i>mupirocin calcium (topical)</i> | 1 | |
| <i>mupirocin oint 2%</i> | 1 | |
| NEOMYCIN SULFATE POWDER | 3 | |
| TETRACYCLINE HCL POWDER | 3 | |
| XEPI | 3 | |
| ANTIFUNGALS - TOPICAL | | |
| BENZOIC ACID | 3 | |
| <i>ciclopirox (ciclopirox gel 0.77%, ciclopirox shampoo 1%, ciclopirox solution 8%)</i> | 1 | |
| CICLOPIROX OLAMINE POWDER | 3 | |
| <i>ciclopirox olamine (ciclopirox olamine cream 0.77% (base equiv), ciclopirox olamine susp 0.77% (base equiv))</i> | 1 | |
| CLIOQUINOL | 3 | |
| GENTIAN VIOLET POWDER | 3 | |
| <i>naftifine hcl (naftifine hcl cream 2%, naftifine hcl gel 2%)</i> | 1 | |
| NAFTIFINE HCL 1 % CREAM | 3 | |
| NAFTIN 1 % GEL | 3 | |
| <i>nystatin (topical) (nystatin cream 100000 unit/gm, nystatin oint 100000 unit/gm, nystatin topical powder 100000 unit/gm)</i> | 1 | |
| TOLNAFTATE POWDER | 3 | |
| ANTIFUNGALS - TOPICAL COMBINATIONS | | |
| <i>clotrimazole w/ betamethasone (clotrimazole w/ betamethasone cream 1-0.05%, clotrimazole w/ betamethasone lotion 1-0.05%)</i> | 1 | |
| CLOTRIMAZOLE-BETAMETHASONE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------|
| MICONAZOLE-ZINC OXIDE-PETROLAT | 3 | |
| <i>nystatin-triamcinolone</i> | 1 | |
| VUSION | 3 | |
| ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL | | |
| VALCHLOR | 2 | S |
| ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL | | |
| CARAC | 2 | |
| FLUOROURACIL 2 % SOLUTION | 3 | |
| <i>fluorouracil cream 5%</i> | 1 | QL 240 / 90 day(s) |
| <i>fluorouracil soln 5%</i> | 1 | |
| ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S | | |
| <i>diclofenac sodium (actinic keratoses)</i> | 1 | QL 100 / 30 DAYS |
| ANTINEOPLASTIC RETINOIDS - TOPICAL | | |
| PANRETIN | 3 | |
| ANTIPRURITICS - TOPICAL | | |
| CAMPHOR | 3 | |
| <i>doxepin hcl (antipruritic)</i> | 1 | QL 45 / 30 day(s) PA |
| ANTIPSORIATICS | | |
| ANTHRALIN | 3 | |
| CALCIPOTRIENE (CALCIPOTRIENE 0.005 % FOAM, CALCIPOTRIENE 0.005 % SOLUTION) | 3 | |
| <i>calcipotriene (calcipotriene cream 0.005%, calcipotriene oint 0.005%, calcipotriene soln 0.005% (50 mcg/ml))</i> | 1 | |
| CALCITRIOL 3 MCG/GM OINTMENT | 3 | |
| SORILUX | 3 | |
| <i>tazarotene (tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%)</i> | 1 | PA |
| <i>tazarotene cream 0.05%</i> | 1 | |
| VECTICAL | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| VTAMA | 3 | |
| ANTIPSORIATICS - SYSTEMIC | | |
| <i>acitretin (acitretin cap 17.5 mg, acitretin cap 25 mg)</i> | 1 | QL 60 / 30 DAYS |
| <i>acitretin cap 10 mg</i> | 1 | QL 120 / 30 DAYS |
| COSENTYX (300 MG DOSE) | 2 | QL 2 / 28 DAYS PA S |
| COSENTYX 150 MG/ML SOLN PRSYR | 2 | QL 1 / 28 DAYS PA S |
| COSENTYX 75 MG/0.5ML SOLN PRSYR | 2 | QL 0.5 / 28 day(s) PA S |
| COSENTYX SENSOREADY (300 MG) | 2 | QL 2 / 28 DAYS PA S |
| COSENTYX SENSOREADY PEN | 2 | QL 1 / 28 DAYS PA S |
| COSENTYX UNOREADY | 2 | QL 2 / 28 day(s) PA S |
| METHOXSALEN RAPID | 3 | |
| SELARSDI 45 MG/0.5ML SOLN PRSYR | 2 | PA S QLC 0.5 / 84 days |
| SELARSDI 90 MG/ML SOLN PRSYR | 2 | PA S QLC 1 / 56 days |
| SKYRIZI 150 MG/ML SOLN PRSYR | 2 | PA S QLC 1 / 84 days |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| SKYRIZI PEN | 2 | PA S QLC 1 / 84 days |
| SOTYKTU | 2 | QL 30 / 30 day(s) PA S |
| SPEVIGO (SPEVIGO 150 MG/ML SOLN PRSYR, SPEVIGO 300 MG/2ML SOLN PRSYR) | 3 | QL 2 / 28 day(s) PA S |
| STEQEYMA 45 MG/0.5ML SOLN PRSYR | 2 | PA S QLC 0.5 / 84 days |
| STEQEYMA 90 MG/ML SOLN PRSYR | 2 | PA S QLC 1 / 56 days |
| TREMFYA 100 MG/ML SOLN PRSYR | 2 | PA AL1 At least 18 yrs old S QLC 1 / 56 days |
| TREMFYA ONE-PRESS | 2 | PA AL1 At least 18 yrs old S QLC 1 / 56 days |
| TREMFYA PEN 100 MG/ML SOLN A-INJ | 2 | PA AL1 At least 18 yrs old S QLC 1 / 56 days |
| YESINTEK (YESINTEK 45 MG/0.5ML SOLN PRSYR, YESINTEK 45 MG/0.5ML SOLUTION) | 2 | PA S QLC 0.5 / 84 days |
| YESINTEK 90 MG/ML SOLN PRSYR | 2 | PA S QLC 1 / 56 days |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| ANTISEBORRHEIC PRODUCTS | | |
| GLYCOLIC ACID 70 % SOLUTION | 3 | |
| <i>selenium sulfide lotion 2.5%</i> | 1 | |
| SULFACETAMIDE SODIUM POWDER | 3 | |
| ANTIVIRAL TOPICAL COMBINATIONS | | |
| XERESE | 3 | AL1 At least 6 yrs old |
| ANTIVIRALS - TOPICAL | | |
| <i>acyclovir cream 5%</i> | 1 | QL 5 / 30 DAYS AL1 At least 12 yrs old |
| <i>acyclovir oint 5%</i> | 1 | AL1 At least 12 yrs old |
| <i>penciclovir</i> | 1 | QL 5 / 30 day(s) AL1 At least 12 yrs old |
| ZELSUVMI | 3 | PA QLC 62 / 84 days |
| ASTRINGENTS | | |
| CALAMINE POWDER | 3 | |
| TANNIC ACID | 3 | |
| ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS | | |
| CIBINQO | 2 | QL 30 / 30 day(s) PA S |
| OPZELURA | 3 | QL 60 / 30 day(s) PA AL1 At least 12 yrs old |
| ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES | | |
| ADBRY | 2 | QL 4 / 28 day(s) PA S |
| DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR) | 2 | QL 8 / 28 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| DUPIXENT 100 MG/0.67ML SOLN PRSYR | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <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> 1.34 / 28 day(s) |
| DUPIXENT 200 MG/1.14ML SOLN A-INJ | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <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> 2.28 / 28 day(s) |
| DUPIXENT 200 MG/1.14ML SOLN PRSYR | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <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> 2.28 / 28 DAYS |
| EBGLYSS | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <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> 2 / 28 day(s) |
| BURN PRODUCTS | | |
| MAFENIDE ACETATE 5 % PACKET | 3 | |
| <i>mafenide acetate packet for topical soln 5% (50 gm)</i> | 1 | |
| NITROFURAZONE | 3 | |
| <i>silver sulfadiazine cream 1%</i> | 1 | |
| SULFAMYLON 85 MG/GM CREAM | 3 | |
| CAUTERIZING AGENTS | | |
| CHLOROACETIC ACID | 3 | |
| SILVER NITRATE CRYSTALS | 3 | |
| CORTICOSTEROIDS - TOPICAL | | |
| ALA SCALP | 3 | <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 118.4 / 30 days |
| <i>alclometasone dipropionate (alclometasone dipropionate cream 0.05%, alclometasone dipropionate oint 0.05%)</i> | 1 | <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 / 30 day(s) |
| ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT | 3 | <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 / 30 day(s) |
| AMCINONIDE (AMCINONIDE 0.1 % CREAM, AMCINONIDE 0.1 % LOTION, AMCINONIDE 0.1 % OINTMENT) | 3 | <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 / 30 day(s) |
| <i>amcinonide oint 0.1%</i> | 1 | |
| APEXICON E | 3 | <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 / 30 day(s) |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| BETAMETHASONE DIPROPIONATE | 3 | |
| <i>betamethasone dipropionate (topical) (betamethasone dipropionate cream 0.05%, betamethasone dipropionate oint 0.05%)</i> | 1 | QL 135 / 30 day(s) |
| BETAMETHASONE DIPROPIONATE AUG | 3 | QL 200 / 28 day(s) |
| <i>betamethasone dipropionate augmented (betamethasone dipropionate augmented cream 0.05%, betamethasone dipropionate augmented oint 0.05%)</i> | 1 | QL 200 / 28 day(s) |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | 1 | QL 210 / 30 day(s) |
| <i>betamethasone dipropionate lotion 0.05%</i> | 1 | QL 120 / 30 day(s) |
| BETAMETHASONE VALERATE POWDER | 3 | |
| <i>betamethasone valerate (betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate oint 0.1% (base equivalent))</i> | 1 | QL 135 / 30 day(s) |
| BETAMETHASONE VALERATE 0.1 % LOTION | 3 | QL 120 / 30 day(s) |
| <i>betamethasone valerate aerosol foam 0.12%</i> | 1 | QL 150 / 30 day(s) |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | 1 | QL 120 / 30 day(s) |
| BRYHALI | 3 | QL 200 / 28 day(s) |
| CAPEX | 3 | QL 840 / 28 day(s) |
| CLOBETASOL 17 PROPIONATE | 3 | |
| CLOBETASOL PROPIONATE POWDER | 3 | |
| <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 foam 0.05%, clobetasol propionate soln 0.05%)</i> | 1 | QL 200 / 28 day(s) |
| CLOBETASOL PROPIONATE 0.025 % CREAM | 3 | QL 200 / 28 day(s) |
| <i>clobetasol propionate emollient base</i> | 1 | QL 210 / 28 day(s) |
| <i>clobetasol propionate emulsion</i> | 1 | QL 200 / 28 day(s) |
| <i>clobetasol propionate lotion 0.05%</i> | 1 | QL 177 / 28 day(s) |
| <i>clobetasol propionate shampoo 0.05%</i> | 1 | QL 236 / 30 day(s) |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>clobetasol propionate spray 0.05%</i> | 1 | QL 236 / 28 day(s) |
| <i>clocortolone pivalate</i> | 1 | QL 135 / 30 day(s) |
| CORDRAN 4 MCG/SQCM TAPE | 3 | QL 1 / 30 day(s) |
| DESONIDE POWDER | 3 | |
| <i>desonide (desonide cream 0.05%, desonide oint 0.05%)</i> | 1 | QL 120 / 30 day(s) |
| DESONIDE 0.05 % GEL | 3 | QL 120 / 30 day(s) |
| <i>desonide lotion 0.05%</i> | 1 | QL 118 / 30 day(s) |
| <i>desoximetasone (desoximetasone cream 0.05%, desoximetasone cream 0.25%, desoximetasone oint 0.05%, desoximetasone oint 0.25%)</i> | 1 | QL 120 / 30 day(s) |
| DESOXIMETASONE 0.05 % GEL | 3 | QL 120 / 30 day(s) |
| <i>desoximetasone spray 0.25%</i> | 1 | QL 100 / 30 day(s) |
| DIFLORASONE DIACETATE 0.05 % CREAM | 3 | QL 120 / 30 day(s) |
| <i>diflorasone diacetate oint 0.05%</i> | 1 | QL 120 / 30 day(s) |
| FLUOCINOLONE ACETONIDE POWDER | 3 | |
| <i>fluocinolone acetonide (fluocinolone acetonide cream 0.01%, fluocinolone acetonide cream 0.025%, fluocinolone acetonide oint 0.025%, fluocinolone acetonide soln 0.01%)</i> | 1 | QL 120 / 30 day(s) |
| <i>fluocinolone acetonide (fluocinolone acetonide oil 0.01% (body oil), fluocinolone acetonide oil 0.01% (scalp oil))</i> | 1 | QL 118.28 / 30 days |
| FLUOCINONIDE POWDER | 3 | |
| <i>fluocinonide (fluocinonide cream 0.05%, fluocinonide gel 0.05%, fluocinonide oint 0.05%, fluocinonide soln 0.05%)</i> | 1 | QL 120 / 30 day(s) |
| <i>fluocinonide cream 0.1%</i> | 1 | QL 240 / 28 day(s) |
| <i>fluocinonide emulsified base</i> | 1 | QL 120 / 30 day(s) |
| FLURANDRENOLIDE (FLURANDRENOLIDE 0.05 % CREAM, FLURANDRENOLIDE 0.05 % LOTION) | 3 | QL 120 / 30 day(s) |
| <i>fluticasone propionate (fluticasone propionate cream 0.05%, fluticasone propionate lotion 0.05%, fluticasone propionate oint 0.005%)</i> | 1 | QL 120 / 30 day(s) |
| FLUTICASONE PROPIONATE 0.05 % LOTION | 3 | QL 120 / 30 day(s) |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| HALCINONIDE 0.1 % SOLUTION | 3 | QL 120 / 30 day(s) |
| <i>halcinonide cream 0.1%</i> | 1 | QL 120 / 30 day(s) |
| <i>halobetasol propionate</i> | 1 | QL 200 / 28 day(s) |
| HALOG (HALOG 0.1 % OINTMENT, HALOG 0.1 % SOLUTION) | 3 | QL 120 / 30 day(s) |
| <i>hydrocortisone (topical) (hydrocortisone cream 1%, hydrocortisone cream 2.5%, hydrocortisone oint 2.5%)</i> | 1 | QL 454 / 30 day(s) |
| HYDROCORTISONE 2 % LOTION | 3 | QL 118.4 / 30 days |
| HYDROCORTISONE 2.5 % LOTION | 3 | QL 118 / 30 day(s) |
| HYDROCORTISONE 2.5 % SOLUTION | 3 | QL 120 / 30 day(s) |
| HYDROCORTISONE ACETATE 2.5 % CREAM | 3 | QL 454 / 30 day(s) |
| HYDROCORTISONE BUTYR LIPO BASE | 3 | QL 120 / 30 day(s) |
| HYDROCORTISONE BUTYRATE (HYDROCORTISONE BUTYRATE 0.1 % CREAM, HYDROCORTISONE BUTYRATE 0.1 % OINTMENT) | 3 | QL 135 / 30 day(s) |
| HYDROCORTISONE BUTYRATE 0.1 % SOLUTION | 3 | QL 120 / 30 day(s) |
| <i>hydrocortisone butyrate hydrophilic lipo base</i> | 1 | QL 120 / 30 day(s) |
| <i>hydrocortisone butyrate lotion 0.1%</i> | 1 | QL 118 / 30 day(s) |
| <i>hydrocortisone butyrate oint 0.1%</i> | 1 | QL 135 / 30 day(s) |
| <i>hydrocortisone lotion 2.5%</i> | 1 | QL 118 / 30 day(s) |
| <i>hydrocortisone oint 1%</i> | 1 | QL 453.6 / 30 days |
| <i>hydrocortisone valerate</i> | 1 | QL 120 / 30 day(s) |
| IMPOYZ | 3 | QL 200 / 28 day(s) |
| LOCOID LIPOCREAM | 3 | QL 120 / 30 day(s) |
| MICORT HC | 3 | QL 454 / 30 day(s) |
| <i>mometasone furoate (mometasone furoate cream 0.1%, mometasone furoate oint 0.1%)</i> | 1 | QL 135 / 30 day(s) |
| <i>mometasone furoate solution 0.1% (lotion)</i> | 1 | QL 120 / 30 day(s) |
| PANDEL | 3 | QL 160 / 30 day(s) |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| SERNIVO | 3 | QL 120 / 30 day(s) |
| TEXACORT | 3 | QL 120 / 30 day(s) |
| TRIAMCINOLONE ACETONIDE POWDER | 3 | |
| <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 0.147 MG/GM AERO SOLN | 3 | QL 126 / 30 day(s) |
| <i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i> | 1 | QL 126 / 30 day(s) |
| <i>triamcinolone acetonide oint 0.05%</i> | 1 | QL 430 / 30 day(s) |
| ULTRAVATE | 3 | QL 240 / 30 day(s) |
| VERDESO | 3 | QL 100 / 30 day(s) |
| DEPIGMENTING AGENTS | | |
| HYDROQUINONE POWDER | 3 | |
| ENZYMES - TOPICAL | | |
| COLLAGENASE | 3 | |
| SANTYL | 3 | |
| IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL | | |
| CLOTRIMAZOLE | 3 | |
| <i>clotrimazole (topical) (clotrimazole cream 1%, clotrimazole soln 1%)</i> | 1 | |
| <i>econazole nitrate cream 1%</i> | 1 | |
| ECOZA | 3 | |
| ERTACZO | 3 | |
| EXELDERM (EXELDERM 1 % CREAM, EXELDERM 1 % SOLUTION) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>ketoconazole (topical) (ketoconazole cream 2%, ketoconazole foam 2%, ketoconazole shampoo 2%)</i> | 1 | |
| LULICONAZOLE | 3 | |
| LUZU | 3 | |
| MICONAZOLE NITRATE (MICONAZOLE NITRATE POWDER, MICONAZOLE NITRATE 2 % POWDER) | 3 | |
| <i>oxiconazole nitrate</i> | 1 | |
| OXISTAT 1 % LOTION | 3 | |
| SULCONAZOLE NITRATE (SULCONAZOLE NITRATE 1 % CREAM, SULCONAZOLE NITRATE 1 % SOLUTION) | 3 | |
| IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL | | |
| <i>imiquimod cream 3.75%</i> | 1 | AL1 At least 12 yrs old |
| <i>imiquimod cream 5%</i> | 1 | AL1 At least 12 yrs old QLC 48 / 112 DAYS |
| ZYCLARA PUMP 2.5 % CREAM | 3 | AL1 At least 12 yrs old |
| INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC | | |
| NEMLUVIO | 2 | QL 1 / 28 days PA S |
| KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS | | |
| CANTHARIDIN POWDER | 3 | |
| PODOFILOX 0.5 % SOLUTION | 3 | |
| <i>podofilox gel 0.5%</i> | 1 | PA |
| PODOPHYLLUM RESIN | 3 | |
| LINIMENTS | | |
| WINTERGREEN OIL | 3 | |
| LOCAL ANESTHETICS - TOPICAL | | |
| CAPSAICIN (CAPSAICIN POWDER, CAPSAICIN 95 % POWDER, CAPSAICIN 98.3 % POWDER) | 3 | |
| COCAINE HCL POWDER | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <i>lidocaine hcl soln 4%</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>lidocaine oint 5%</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">100 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>lidocaine patch 5%</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| PRAMOXINE HCL POWDER | 3 | |
| ZTLIDO | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL | | |
| HYFTOR | 3 | <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="margin-left: 5px;">70 / 84 DAYS</div> </div> |
| <i>pimecrolimus</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">75 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div style="margin-left: 5px;">At least 2 yrs old</div> </div> |
| <i>tacrolimus oint 0.03%</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div style="margin-left: 5px;">At least 2 yrs old</div> </div> |
| <i>tacrolimus oint 0.1%</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div style="margin-left: 5px;">At least 16 yrs old</div> </div> |
| MICROTUBULE INHIBITORS - TOPICAL | | |
| KLISYRI (250 MG) | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="margin-left: 5px;">5 / 90 DAYS</div> </div> |
| KLISYRI (350 MG) | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="margin-left: 5px;">5 / 90 DAYS</div> </div> |
| MISC. TOPICAL | | |
| ALUMINUM CHLORIDE | 3 | |
| ALUMINUM CHLORIDE ANHYDROUS | 3 | |
| ALUMINUM CHLORIDE HEXAHYDRATE | 3 | |
| ICHTHAMMOL | 3 | |
| QBREXZA | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| SOFDRA | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">40.2 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| EUCRISA | 2 | |
| PIGMENTING AGENTS | | |
| METHOXSALEN | 3 | |
| ROSACEA AGENTS | | |
| <i>azelaic acid gel 15%</i> | 1 | |
| <i>brimonidine tartrate (topical)</i> | 1 | |
| <i>doxycycline (rosacea)</i> | 1 | |
| EMROSI | 3 | |
| <i>ivermectin (rosacea)</i> | 1 | |
| <i>metronidazole (topical) (metronidazole cream 0.75%, metronidazole gel 0.75%, metronidazole gel 1%, metronidazole lotion 0.75%)</i> | 1 | |
| ZILXI | 2 | |
| SCABICIDES & PEDICULICIDES | | |
| CROTAN | 3 | PA |
| <i>malathion</i> | 1 | |
| NATROBA | 3 | |
| <i>permethrin cream 5%</i> | 1 | |
| PRURADIK | 3 | PA |
| SPINOSAD | 3 | |
| TOPICAL ANESTHETIC COMBINATIONS | | |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | 1 | QL 60 / 30 days |
| PLIAGLIS 7-7 % CREAM | 3 | QL 120 / 30 DAYS PA |
| SYNERA | 3 | QL 4 / 30 DAYS |
| TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS | | |
| <i>bexarotene (topical)</i> | 1 | PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------|------|-----------------------|
| TOPICAL STEROID COMBINATIONS | | |
| DUOBRII | 3 | |
| ENSTILAR | 2 | |
| WOUND CARE - GROWTH FACTOR AGENTS | | |
| REGRANEX | 3 | |
| WOUND DRESSINGS | | |
| FILSUVEZ | 3 | PA S |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC TESTS | | |
| CHEMSTRIP K | 3 | |
| CONTOUR NEXT TEST | 2 | QL 204 / 30 DAYS |
| CONTOUR PLUS TEST | 2 | QL 204 / 30 DAYS |
| CONTOUR TEST | 2 | QL 204 / 30 DAYS |
| FREESTYLE INSULINX TEST | 2 | QL 204 / 30 DAYS |
| FREESTYLE LITE TEST | 2 | QL 204 / 30 DAYS |
| FREESTYLE PRECISION NEO TEST | 2 | QL 204 / 30 DAYS |
| FREESTYLE TEST | 2 | QL 204 / 30 DAYS |
| KETONE TEST | 3 | |
| KETOSTIX | 3 | |
| OPTIUMEZ TEST | 2 | QL 204 / 30 DAYS |
| PRECISION XTRA BLOOD GLUCOSE | 2 | QL 204 / 30 DAYS |
| RELION KETONE TEST | 3 | |
| INFECTION TESTS | | |
| ADVIN COVID-19 ANTIGEN TEST | 3 | QLC 8 / 30 DAYS |
| BINAXNOW COVID-19 AG HOME TEST | 3 | QLC 8 / 30 DAYS |
| CARESTART COVID-19 HOME TEST | 3 | QLC 8 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| CLEARDETECT COVID-19 AG HOME | 3 | QLC 8 / 30 DAYS |
| CLINITEST RAPID COVID-19 TEST KIT | 3 | QLC 8 / 30 DAYS |
| COVID-19 AT HOME ANTIGEN TEST KIT | 3 | QLC 8 / 30 DAYS |
| COVID-19 AT-HOME TEST | 3 | QLC 8 / 30 DAYS |
| COVID-19 OTC ANTIGEN 1-PACK | 3 | QLC 8 / 30 DAYS |
| COVID-19 OTC ANTIGEN 2-PACK | 3 | QLC 8 / 30 DAYS |
| CVS COVID-19 AT HOME TEST KIT | 3 | QLC 8 / 30 DAYS |
| DIATRUST COVID-19 HOME TEST KIT | 3 | QLC 8 / 30 DAYS |
| ELLUME COVID-19 HOME TEST | 3 | QLC 8 / 30 DAYS |
| FASTEP COVID-19 ANTIGEN TEST KIT | 3 | QLC 8 / 30 DAYS |
| FLOWFLEX COVID-19 AG HOME TEST KIT | 3 | QLC 8 / 30 DAYS |
| GENABIO COVID-19 RAPID TEST | 3 | QLC 8 / 30 DAYS |
| GOTOKNOW COVID-19 ANTIGEN RAPI | 3 | QLC 8 / 30 DAYS |
| IHEALTH COVID-19 RAPID TEST KIT | 3 | QLC 8 / 30 DAYS |
| INDICAID COVID-19 RAPID TEST KIT | 3 | QLC 8 / 30 DAYS |
| INTELISWAB COVID-19 RAPID TEST | 3 | QLC 8 / 30 DAYS |
| OHC COVID-19 ANTIGEN SELF TEST | 3 | QLC 8 / 30 DAYS |
| ON/GO COVID-19 ANTIGEN TEST | 3 | QLC 8 / 30 DAYS |
| ON/GO ONE COVID-19 HOME TEST | 3 | QLC 8 / 30 DAYS |
| PILOT COVID-19 AT-HOME TEST | 3 | QLC 8 / 30 DAYS |
| QUICKVUE AT-HOME COVID-19 TEST KIT | 3 | QLC 8 / 30 DAYS |
| SPEEDY SWAB COVID-19 ANTIGEN | 3 | QLC 8 / 30 DAYS |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---------------------|------|-----------------------|
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON | 2 | |
| PEPSIN | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| SUCRAID | 3 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>300 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">S</div> </div> |
| ZENPEP | 2 | |
| GASTRIC ACIDIFIERS | | |
| L-GLUTAMIC ACID HCL | 3 | |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| <i>acetazolamide (acetazolamide cap er 12hr 500 mg, acetazolamide tab 125 mg, acetazolamide tab 250 mg)</i> | 1 | |
| <i>dichlorphenamide</i> | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">S</div> </div> |
| METHAZOLAMIDE POWDER | 3 | |
| <i>methazolamide (methazolamide tab 25 mg, methazolamide tab 50 mg)</i> | 1 | |
| DIURETIC COMBINATIONS | | |
| AMILORIDE-HYDROCHLOROTHIAZIDE | 3 | |
| <i>spironolactone & hydrochlorothiazide</i> | 1 | |
| <i>triamterene & hydrochlorothiazide</i> | 1 | |
| LOOP DIURETICS | | |
| <i>bumetanide (bumetanide tab 0.5 mg, bumetanide tab 1 mg, bumetanide tab 2 mg)</i> | 1 | |
| <i>ethacrynic acid</i> | 1 | |
| FUROSCIX | 3 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">S</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">QLC</div> <div>8 / 180 DAYS</div> </div> |
| FUROSEMIDE POWDER | 3 | |
| <i>furosemide (furosemide oral soln 10 mg/ml, furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg)</i> | 1 | |
| FUROSEMIDE 8 MG/ML SOLUTION | 3 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>2250 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">PA</div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| SOAANZ | 3 | |
| <i>torse mide</i> | 1 | |
| POTASSIUM SPARING DIURETICS | | |
| AMILORIDE HCL POWDER | 3 | |
| <i>amiloride hcl tab 5 mg</i> | 1 | |
| SPIRONOLACTONE POWDER | 3 | |
| <i>spironolactone (spironolactone tab 25 mg, spironolactone tab 50 mg, spironolactone tab 100 mg)</i> | 1 | |
| <i>spironolactone susp 25 mg/5ml</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 450 / 30 day(s) </div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-left: 10px; margin-top: 2px;">PA</div> |
| TRIAMTERENE POWDER | 3 | |
| <i>triamterene (triamterene cap 50 mg, triamterene cap 100 mg)</i> | 1 | |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| <i>chlorthalidone</i> | 1 | |
| DIURIL | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1200 / 30 day(s) </div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-left: 10px; margin-top: 2px;">PA</div> |
| HEMICLOR | 3 | |
| HYDROCHLOROTHIAZIDE POWDER | 3 | |
| <i>hydrochlorothiazide (hydrochlorothiazide cap 12.5 mg, hydrochlorothiazide tab 12.5 mg, hydrochlorothiazide tab 25 mg, hydrochlorothiazide tab 50 mg)</i> | 1 | |
| <i>indapamide</i> | 1 | |
| INZIRQO | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 300 / 30 day(s) </div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px; margin-left: 10px; margin-top: 2px;">PA</div> |
| <i>metolazone (metolazone tab 2.5 mg, metolazone tab 5 mg, metolazone tab 10 mg)</i> | 1 | |
| THALITONE | 3 | |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS | | |
| MIFEPREX | 3 | |
| <i>mifepristone</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| ADENOSINE DEAMINASE SCID TREATMENT - AGENTS | | |
| REVCovi | 2 | S |
| ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS | | |
| VYKAT XR 150 MG TAB ER 24H | 3 | QL 90 / 30 day(s) PA S |
| VYKAT XR 25 MG TAB ER 24H | 3 | QL 120 / 30 day(s) PA S |
| VYKAT XR 75 MG TAB ER 24H | 3 | QL 210 / 30 day(s) PA S |
| BISPHOSPHONATES | | |
| <i>alendronate sodium (alendronate sodium oral soln 70 mg/75ml, alendronate sodium tab 10 mg, alendronate sodium tab 35 mg, alendronate sodium tab 70 mg)</i> | 1 | |
| ALENDRONATE SODIUM 5 MG TAB | 3 | |
| BINOSTO | 3 | |
| FOSAMAX PLUS D | 3 | |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | 1 | |
| <i>risedronate sodium</i> | 1 | |
| CALCIMIMETIC AGENTS | | |
| <i>cinacalcet hcl (cinacalcet hcl tab 60 mg (base equiv), cinacalcet hcl tab 90 mg (base equiv))</i> | 1 | QL 60 / 30 DAYS PA S |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i> | 1 | PA S |
| CALCITONINS | | |
| <i>calcitonin (salmon)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| CARNITINE REPLENISHER - AGENTS | | |
| <i>levocarnitine (metabolic modifiers) (levocarnitine oral soln 1 gm/10ml (10%), levocarnitine tab 330 mg)</i> | 1 | |
| CORTICOTROPIN | | |
| ACTHAR | 3 | PA S |
| CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG | | |
| CRENESSITY (CRENESSITY 25 MG CAP, CRENESSITY 50 MG CAP, CRENESSITY 100 MG CAP) | 3 | QL 60 / 30 day(s) PA S |
| CRENESSITY 50 MG/ML SOLUTION | 3 | QL 120 / 30 day(s) PA S |
| CORTISOL SYNTHESIS INHIBITORS | | |
| ISTURISA 1 MG TAB | 3 | QL 240 / 30 day(s) PA S |
| ISTURISA 5 MG TAB | 3 | QL 360 / 30 days PA S |
| RECORLEV | 3 | QL 240 / 30 day(s) PA S |
| DOPAMINE RECEPTOR AGONISTS | | |
| <i>cabergoline</i> | 1 | |
| FABRY DISEASE - AGENTS | | |
| GALAFOLD | 3 | QL 14 / 28 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| GAA DEFICIENCY TREATMENT - AGENTS | | |
| OPFOLDA | 3 | <ul style="list-style-type: none"> QL 8 / 28 day(s) PA S |
| GNRH/LHRH ANTAGONISTS | | |
| <i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i> | F | <ul style="list-style-type: none"> PA GL Female S QLC 2.5 / 30 Days |
| ORILISSA 150 MG TAB | 2 | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA AL1 At least 18 yrs old |
| ORILISSA 200 MG TAB | 2 | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA AL1 At least 18 yrs old |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT | 3 | <ul style="list-style-type: none"> QL 30 / 30 day(s) S |
| GROWTH HORMONES | | |
| GENOTROPIN | 2 | <ul style="list-style-type: none"> PA S |
| GENOTROPIN MINIQUICK | 2 | <ul style="list-style-type: none"> PA S |
| OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART) | 2 | <ul style="list-style-type: none"> PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------------|
| SKYTROFA (SKYTROFA 3 MG CARTRIDGE, SKYTROFA 3.6 MG CARTRIDGE, SKYTROFA 4.3 MG CARTRIDGE, SKYTROFA 5.2 MG CARTRIDGE, SKYTROFA 6.3 MG CARTRIDGE, SKYTROFA 7.6 MG CARTRIDGE, SKYTROFA 9.1 MG CARTRIDGE, SKYTROFA 11 MG CARTRIDGE, SKYTROFA 13.3 MG CARTRIDGE) | 3 | PA S |
| HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS | | |
| XURIDEN | 3 | S |
| HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS | | |
| <i>nitisinone</i> | 1 | S |
| NITYR | 2 | S |
| ORFADIN 4 MG/ML SUSPENSION | 2 | S |
| HOMOCYSTINURIA TREATMENT - AGENTS | | |
| <i>betaine</i> | 1 | S |
| HYPERAMMONEMIA TREATMENT - AGENTS | | |
| <i>carglumic acid</i> | 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 (DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP) | 3 | |
| <i>paricalcitol (paricalcitol cap 1 mcg, paricalcitol cap 2 mcg, paricalcitol cap 4 mcg)</i> | 1 | |
| RAYALDEE | 3 | |
| HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS | | |
| YORVIPATH 168 MCG/0.56ML SOLN PEN | 3 | QL 1.12 / 28 day(s) PA S |
| YORVIPATH 294 MCG/0.98ML SOLN PEN | 3 | QL 1.96 / 28 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| YORVIPATH 420 MCG/1.4ML SOLN PEN | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 2.8 / 28 day(s) </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| HYPOPHOSPHATASIA (HPP) AGENTS | | |
| STRENSIQ | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center;"> S </div> </div> |
| LEPTIN ANALOGUES | | |
| MYALEPT | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| LUPRON DEPOT-PED (1-MONTH) | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center;"> S </div> </div> |
| LUPRON DEPOT-PED (3-MONTH) | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center;"> S </div> </div> |
| LUPRON DEPOT-PED (6-MONTH) | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center;"> S </div> </div> |
| SYNAREL | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center;"> S </div> </div> |
| LIPOPROTEIN LIPASE DEFICIENCY (LPLD) DEFICIENCY - AGENTS | | |
| TRYNGOLZA | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 0.8 / 28 day(s) </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS | | |
| IMCIVREE | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 10 / 30 day(s) </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |
| MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS | | |
| NULIBRY | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center;"> S </div> </div> |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> QL 30 / 30 day(s) </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> PA </div> <div style="display: flex; align-items: center;"> S </div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA (KERENDIA 10 MG TAB, KERENDIA 20 MG TAB) | 2 | <ul style="list-style-type: none"> QL 30 / 30 day(s) ST |
| OVULATION STIMULANTS-GONADOTROPINS | | |
| FOLLISTIM AQ 300 UNT/0.36ML SOLUTION | F | <ul style="list-style-type: none"> PA GL Female S QLC 6.3 / 30 Days |
| FOLLISTIM AQ 600 UNT/0.72ML SOLUTION | F | <ul style="list-style-type: none"> PA GL Female S QLC 6.24 / 30 Days |
| FOLLISTIM AQ 900 UNT/1.08ML SOLUTION | F | <ul style="list-style-type: none"> PA GL Female S QLC 5.4 / 30 Days |
| MENOPUR | F | <ul style="list-style-type: none"> PA GL Female S QLC 60 / 30 Days |
| OVIDREL | F | <ul style="list-style-type: none"> PA GL Female S QLC 1 / 30 Days |
| PREGNYL | F | <ul style="list-style-type: none"> PA S QLC 2 / 30 Days |
| OVULATION STIMULANTS-SYNTHETIC | | |
| CLOMIPHENE CITRATE POWDER | F | |
| <i>clomiphene citrate tab 50 mg</i> | F | GL Female |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| PARATHYROID HORMONE AND DERIVATIVES | | |
| <i>teriparatide soln pen-inj 560 mcg/2.24ml</i> | 1 | QL 2.48 / 28 day(s) PA S |
| TYMLOS | 2 | QL 1.56 / 30 day(s) PA AL1 At least 18 yrs old S |
| PHENYLKETONURIA TREATMENT - AGENTS | | |
| PALYNZIQ | 3 | PA S |
| <i>sapropterin dihydrochloride</i> | 1 | PA S |
| SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) | | |
| OSPHENA | 3 | GL Female |
| <i>raloxifene hcl</i> | 1 | ACA Affordable Care Act |
| SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS | | |
| <i>tolvaptan (tolvaptan tab therapy pack 15 mg, tolvaptan tab therapy pack 30 & 15 mg, tolvaptan tab therapy pack 45 & 15 mg, tolvaptan tab therapy pack 60 & 30 mg, tolvaptan tab therapy pack 90 & 30 mg)</i> | 1 | QL 56 / 28 day(s) PA S |
| <i>tolvaptan tab 15 mg</i> | 1 | S QLC 30 / 365 DAYS |
| <i>tolvaptan tab 30 mg</i> | 1 | S QLC 60 / 365 DAYS |
| SOMATOSTATIC AGENTS | | |
| MYCAPSSA | 3 | QL 120 / 30 day(s) S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| OCTREOTIDE ACETATE (OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR) | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| <i>octreotide acetate (octreotide acetate inj 50 mcg/ml (0.05 mg/ml), octreotide acetate inj 100 mcg/ml (0.1 mg/ml))</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| <i>octreotide acetate (octreotide acetate inj 500 mcg/ml (0.5 mg/ml), octreotide acetate inj 1000 mcg/ml (1 mg/ml))</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| SIGNIFOR | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| UREA CYCLE DISORDER - AGENTS | | |
| PHEBURANE | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #8e6c3e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| RAVICTI | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #8e6c3e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| <i>sodium phenylbutyrate (sodium phenylbutyrate oral powder 3 gm/teaspoonful, sodium phenylbutyrate tab 500 mg)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #8e6c3e; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| VASOPRESSIN | | |
| <i>desmopressin acetate (desmopressin acetate inj 4 mcg/ml, desmopressin acetate preservative free (pf) inj 4 mcg/ml, desmopressin acetate tab 0.1 mg, desmopressin acetate tab 0.2 mg)</i> | 1 | |
| <i>desmopressin acetate nasal spray soln 0.01%</i> | 1 | |
| DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION | 3 | |
| <i>desmopressin acetate spray refrigerated</i> | 1 | |
| NOCDURNA | 3 | |
| ESTROGENS | | |
| ESTROGEN & PROGESTIN | | |
| ANGELIQ | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">GL</div> <div style="margin-left: 5px;">Female</div> </div> |
| CLIMARA PRO | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">4 / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">GL</div> <div style="margin-left: 5px;">Female</div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| COMBIPATCH | 3 | <ul style="list-style-type: none"> QL 8 / 28 DAYS GL Female |
| <i>estradiol & norethindrone acetate (estradiol & norethindrone acetate tab 0.5-0.1 mg, estradiol & norethindrone acetate tab 1-0.5 mg)</i> | 1 | <ul style="list-style-type: none"> QL 30 / 30 DAYS GL Female |
| <i>norethindrone acetate-ethinyl estradiol</i> | 1 | <ul style="list-style-type: none"> GL Female ACA Affordable Care Act |
| PREMPHASE | 2 | <ul style="list-style-type: none"> GL Female |
| PREMPRO | 2 | <ul style="list-style-type: none"> GL Female |
| ESTROGEN-PROGESTIN-GNRH ANTAGONIST | | |
| MYFEMBREE | 2 | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA GL Female |
| ORIAHNN | 2 | <ul style="list-style-type: none"> QL 56 / 28 day(s) PA |
| ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB | | |
| DUAVEE | 2 | <ul style="list-style-type: none"> GL Female |
| ALORA (ALORA 0.025 MG/24HR PATCH TW, ALORA 0.075 MG/24HR PATCH TW) | 3 | <ul style="list-style-type: none"> QL 8 / 28 DAYS GL Female |
| DEPO-ESTRADIOL | 3 | <ul style="list-style-type: none"> GL Female |
| ELESTRIN | 3 | <ul style="list-style-type: none"> QL 26 / 30 day(s) GL Female |
| <i>estradiol (estradiol tab 0.5 mg, estradiol tab 1 mg, estradiol tab 2 mg)</i> | 1 | <ul style="list-style-type: none"> GL Female |
| <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 | <ul style="list-style-type: none"> QL 30 / 30 day(s) GL Female |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <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 | <p>QL 8 / 28 DAYS</p> <p>GL Female</p> |
| <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 | <p>QL 4 / 28 DAYS</p> <p>GL Female</p> |
| <i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i> | 1 | <p>QL 37 / 30 days</p> <p>GL Female</p> |
| <i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i> | 1 | <p>QL 37.5 / 30 day(s)</p> <p>GL Female</p> |
| <i>estradiol valerate (estradiol valerate im in oil 10 mg/ml, estradiol valerate im in oil 20 mg/ml, estradiol valerate im in oil 40 mg/ml)</i> | 1 | <p>GL Female</p> |
| ETHINYL ESTRADIOL | 3 | |
| EVAMIST | 3 | <p>GL Female</p> <p>QLC 40.5 / 93 days</p> |
| MENEST (MENEST 0.3 MG TAB, MENEST 0.625 MG TAB, MENEST 1.25 MG TAB) | 3 | <p>GL Female</p> |
| MENEST 2.5 MG TAB | 3 | |
| MENOSTAR | 3 | <p>QL 4 / 28 DAYS</p> <p>GL Female</p> |
| PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB, PREMARIN 1.25 MG TAB) | 2 | <p>GL Female</p> |
| FLUOROQUINOLONES | | |
| BAXDELA 450 MG TAB | 3 | |
| CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP) | 3 | |
| <i>ciprofloxacin hcl (ciprofloxacin hcl tab 250 mg (base equiv), ciprofloxacin hcl tab 500 mg (base equiv), ciprofloxacin hcl tab 750 mg (base equiv))</i> | 1 | |
| CIPROFLOXACIN HCL 100 MG TAB | 3 | |
| <i>levofloxacin (levofloxacin oral soln 25 mg/ml, levofloxacin tab 500 mg, levofloxacin tab 750 mg)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| <i>levofloxacin tab 250 mg</i> | 1 | QL 30 / Rx |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i> | 1 | |
| OFLOXACIN 300 MG TAB | 2 | |
| OFLOXACIN 400 MG TAB | 1 | |
| GASTROINTESTINAL AGENTS - MISC. | | |
| ANTIFLATULENTS | | |
| SIMETHICONE LIQUID | 3 | |
| BILE ACID SYNTHESIS DISORDER AGENTS | | |
| CHOLBAM 250 MG CAP | 3 | QL 210 / 30 DAYS S |
| CHOLBAM 50 MG CAP | 3 | QL 120 / 30 DAYS S |
| CTEXLI | 2 | QL 90 / 30 day(s) PA S |
| CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS | | |
| TRULANCE | 2 | QL 30 / 30 day(s) |
| GALLSTONE SOLUBILIZING AGENTS | | |
| CHENODAL | 2 | QL 90 / 30 day(s) S |
| RELTONE | 3 | |
| URSODIOL (URSODIOL 200 MG CAP, URSODIOL 400 MG CAP) | 3 | |
| <i>ursodiol (ursodiol cap 300 mg, ursodiol tab 250 mg, ursodiol tab 500 mg)</i> | 1 | |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| <i>cromolyn sodium (mastocytosis)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--------------------------------------|
| GASTROINTESTINAL STIMULANTS | | |
| GIMOTI | 3 | |
| METOCLOPRAMIDE HCL (METOCLOPRAMIDE HCL POWDER, METOCLOPRAMIDE HCL 5 MG TAB DISP) | 3 | |
| <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 | |
| METOCLOPRAMIDE HCL MONOHYDRATE | 3 | |
| GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS | | |
| GATTEX | 3 | PA S |
| IBS AGENT - MU-OPIOID RECEPTOR AGONISTS | | |
| VIBERZI | 2 | |
| IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS | | |
| <i>alose tron hcl</i> | 1 | GL Female AL1 At least 18 yrs old |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | | |
| BYLVAY | 3 | PA S |
| BYLVAY (PELLETS) | 3 | PA S |
| LIVMARLI (LIVMARLI 9.5 MG/ML SOLUTION, LIVMARLI 10 MG TAB, LIVMARLI 15 MG TAB, LIVMARLI 19 MG/ML SOLUTION, LIVMARLI 20 MG TAB, LIVMARLI 30 MG TAB) | 3 | PA S |
| INFLAMMATORY BOWEL AGENTS | | |
| AMINOSALICYLIC ACID-5 | 3 | |
| <i>balsalazide disodium</i> | 1 | |
| DIPENTUM | 3 | |
| MESALAMINE POWDER | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>mesalamine (mesalamine cap dr 400 mg, mesalamine cap er 24hr 0.375 gm, mesalamine cap er 500 mg, mesalamine enema 4 gm, mesalamine suppos 1000 mg, mesalamine tab delayed release 1.2 gm, mesalamine tab delayed release 800 mg)</i> | 1 | |
| PENTASA | 3 | |
| SFROWASA | 3 | |
| SULFASALAZINE POWDER | 3 | |
| <i>sulfasalazine (sulfasalazine tab 500 mg, sulfasalazine tab delayed release 500 mg)</i> | 1 | |
| INTEGRIN RECEPTOR ANTAGONISTS | | |
| ENTYVIO PEN | 2 | <ul style="list-style-type: none"> QL 1.36 / 28 day(s) PA S |
| INTERLEUKIN ANTAGONISTS | | |
| OMVOH (300 MG DOSE) | 2 | <ul style="list-style-type: none"> QL 3 / 28 day(s) PA S |
| OMVOH (OMVOH 100 MG/ML SOLN A-INJ, OMVOH 100 MG/ML SOLN PRSYR) | 2 | <ul style="list-style-type: none"> QL 2 / 28 day(s) PA S |
| SKYRIZI 180 MG/1.2ML SOLN CART | 2 | <ul style="list-style-type: none"> PA S QLC 1.2 / 56 Days |
| SKYRIZI 360 MG/2.4ML SOLN CART | 2 | <ul style="list-style-type: none"> PA S QLC 2.4 / 56 days |
| TREMFYA 200 MG/2ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 2 / 28 day(s) PA AL1 At least 18 yrs old S |
| TREMFYA PEN 200 MG/2ML SOLN A-INJ | 2 | <ul style="list-style-type: none"> QL 2 / 28 day(s) PA AL1 At least 18 yrs old S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| TREMFYA-CD/UC INDUCTION | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">AL1 At least 18 yrs old</div> <div style="margin-bottom: 5px;">S</div> <div>QLC 12 / 180 days</div> </div> |
| INTESTINAL ACIDIFIERS | | |
| <i>lactulose (encephalopathy)</i> | 1 | |
| LIVE FECAL MICROBIOTA (HUMAN) | | |
| VOWST | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">S</div> <div>QLC 12 / 365 Days</div> </div> |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK | 2 | QL 30 / 30 day(s) |
| SYMPROIC | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 30 / 30 DAYS</div> <div>AL1 At least 18 yrs old</div> </div> |
| PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS | | |
| IQIRVO | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 30 / 30 day(s)</div> <div style="margin-bottom: 5px;">PA</div> <div>S</div> </div> |
| LIVDELZI | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 30 / 30 day(s)</div> <div style="margin-bottom: 5px;">PA</div> <div>S</div> </div> |
| PHOSPHATE BINDER AGENTS | | |
| AURYXIA | 3 | QLC 1080 / 365 days |
| <i>calcium acetate (phosphate binder)</i> | 1 | |
| FERRIC CITRATE | 3 | QLC 1080 / 365 days |
| FOSRENOL 1000 MG PACKET | 3 | QLC 360 / 365 days |
| FOSRENOL 750 MG PACKET | 3 | QLC 540 / 365 days |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i> | 1 | QLC 360 / 365 days |
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i> | 1 | QLC 810 / 365 days |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i> | 1 | QLC 540 / 365 days |
| <i>sevelamer carbonate (sevelamer carbonate packet 0.8 gm, sevelamer carbonate tab 800 mg)</i> | 1 | QLC 1530 / 365 days |
| <i>sevelamer carbonate packet 2.4 gm</i> | 1 | QLC 450 / 365 days |
| <i>sevelamer hcl tab 400 mg</i> | 1 | QLC 2880 / 365 days |
| <i>sevelamer hcl tab 800 mg</i> | 1 | QLC 1440 / 365 days |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |
| XERMELO | 3 | AL1 At least 18 yrs old S |
| TUMOR NECROSIS FACTOR ALPHA BLOCKERS | | |
| CIMZIA (2 SYRINGE) | 3 | QL 2 / 28 day(s) PA S |
| CIMZIA-STARTER | 3 | PA S QLC 3 / 180 Days |
| ZYMFENTRA (1 PEN) | 3 | QL 2 / 28 day(s) PA S |
| ZYMFENTRA (2 PEN) | 3 | QL 1 / 28 day(s) PA S |
| ZYMFENTRA (2 SYRINGE) | 3 | QL 1 / 28 day(s) PA S |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| 5-ALPHA REDUCTASE INHIBITORS | | |
| <i>dutasteride cap 0.5 mg</i> | 1 | QL 30 / 30 day(s) GL Male |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>finasteride tab 5 mg</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 day(s)</div> <div>GL Male</div> </div> |
| ALPHA 1-ADRENOCEPTOR ANTAGONISTS | | |
| <i>alfuzosin hcl</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 day(s)</div> <div>GL Male</div> </div> |
| CARDURA XL | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 DAYS</div> </div> |
| <i>silodosin</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 day(s)</div> <div>GL Male</div> </div> |
| <i>tamsulosin hcl</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 day(s)</div> </div> |
| CITRATES | | |
| POTASSIUM CITRATE | 3 | |
| <i>potassium citrate (alkalinizer)</i> | 1 | |
| POTASSIUM CITRATE MONOHYDRATE | 3 | |
| <i>sodium citrate & citric acid</i> | 1 | |
| SODIUM CITRATE (SODIUM CITRATE CRYSTALS, SODIUM CITRATE GRANULES) | 3 | |
| SODIUM CITRATE ANHYDROUS | 3 | |
| CYSTINOSIS AGENTS | | |
| CYSTAGON | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>S</div> </div> |
| PROCYSBI | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>S</div> </div> |
| GENITOURINARY IRRIGANTS | | |
| GLYCINE POWDER | 3 | |
| IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG | | |
| FILSPARI | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 day(s)</div> <div>PA</div> <div>S</div> </div> |
| IGAN AGENTS - ENDOTHELIN RECEPTOR ANTAGONIST | | |
| VANRAFIA | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 days</div> <div>PA</div> <div>S</div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON | 3 | QL 90 / 30 day(s) PA |
| PHOSPHATES | | |
| K-PHOS NO 2 | 2 | |
| PROSTATIC HYPERTROPHY AGENT COMBINATIONS | | |
| <i>dutasteride-tamsulosin hcl</i> | 1 | QL 30 / 30 day(s) PA GL Male |
| ENTADFI | 3 | QL 30 / 30 day(s) |
| URINARY ANALGESICS | | |
| PHENAZOPYRIDINE HCL POWDER | 3 | |
| URINARY STONE AGENTS | | |
| LITHOSTAT | 3 | |
| THIOLA EC | 3 | S |
| <i>tiopronin</i> | 1 | S |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| <i>colchicine w/ probenecid</i> | 1 | |
| <i>allopurinol (allopurinol tab 100 mg, allopurinol tab 300 mg)</i> | 1 | |
| <i>allopurinol tab 200 mg</i> | 1 | PA |
| COLCHICINE POWDER | 3 | |
| <i>colchicine cap 0.6 mg</i> | 1 | PA |
| <i>colchicine tab 0.6 mg</i> | 1 | |
| <i>febuxostat</i> | 1 | |
| GLOPERBA | 3 | |
| URICOSURICS | | |
| <i>probenecid</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTI-VON WILLEBRAND FACTOR AGENTS | | |
| CABLIVI | 3 | S QLC 58 / 365 DAYS |
| ANTIHEMOPHILIC PRODUCTS | | |
| ADVATE | 2 | PA S |
| ADYNOVATE | 2 | PA S |
| AFSTYLA | 2 | PA S |
| ALPHANATE | 2 | PA S |
| ALPHANINE SD | 2 | PA S |
| ALPROLIX | 2 | PA S |
| ALTUVIIIIO (ALTUVIIIIO 250 UNIT RECON SOLN, ALTUVIIIIO 500 UNIT RECON SOLN, ALTUVIIIIO 1000 UNIT RECON SOLN, ALTUVIIIIO 2000 UNIT RECON SOLN, ALTUVIIIIO 3000 UNIT RECON SOLN, ALTUVIIIIO 4000 UNIT RECON SOLN) | 2 | PA S |
| BENEFIX | 2 | PA S |
| COAGADEX | 2 | S |
| CORIFACT | 2 | S |
| ELOCTATE | 2 | PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ESPEROCT (ESPEROCT 500 UNIT RECON SOLN, ESPEROCT 1000 UNIT RECON SOLN, ESPEROCT 1500 UNIT RECON SOLN, ESPEROCT 2000 UNIT RECON SOLN, ESPEROCT 3000 UNIT RECON SOLN, ESPEROCT 4000 UNIT RECON SOLN) | 2 | PA S |
| FEIBA | 2 | S |
| HEMOFIL M | 2 | PA S |
| HUMATE-P | 2 | PA S |
| IDELVION | 2 | PA S |
| IXINITY (IXINITY 250 UNIT RECON SOLN, IXINITY 500 UNIT RECON SOLN, IXINITY 1000 UNIT RECON SOLN, IXINITY 1500 UNIT RECON SOLN, IXINITY 2000 UNIT RECON SOLN, IXINITY 3000 UNIT RECON SOLN) | 2 | PA S |
| JIVI (JIVI 500 UNIT RECON SOLN, JIVI 1000 UNIT RECON SOLN, JIVI 2000 UNIT RECON SOLN, JIVI 3000 UNIT RECON SOLN, JIVI 4000 UNIT RECON SOLN) | 2 | PA S |
| KOATE | 2 | PA S |
| KOATE-DVI | 2 | PA S |
| KOGENATE FS | 2 | PA S |
| KOVALTRY | 2 | PA S |
| NOVOEIGHT | 2 | PA S |
| NOVOSEVEN RT | 2 | PA S |
| NUWIQ | 2 | PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------------|
| OBIZUR | 2 | S |
| PROFILNINE | 2 | PA S |
| REBINYN | 2 | PA S |
| RECOMBINATE | 2 | PA S |
| RIXUBIS | 2 | PA S |
| SEVENFACT (SEVENFACT 1 MG RECON SOLN, SEVENFACT 2 MG RECON SOLN, SEVENFACT 5 MG RECON SOLN) | 3 | PA S |
| TRETTEN | 2 | S |
| VONVENDI | 2 | PA S |
| WILATE | 2 | PA S |
| XYNTHA | 2 | PA S |
| XYNTHA SOLOFUSE | 2 | PA S |
| ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES | | |
| HEMLIBRA (HEMLIBRA 30 MG/ML SOLUTION, HEMLIBRA 150 MG/ML SOLUTION) | 2 | QL 4 / 28 DAYS PA S |
| HEMLIBRA (HEMLIBRA 60 MG/0.4ML SOLUTION, HEMLIBRA 105 MG/0.7ML SOLUTION) | 2 | QL 4 / 28 day(s) PA S |
| HEMLIBRA 12 MG/0.4ML SOLUTION | 2 | PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-------------------------------|
| HEMLIBRA 300 MG/2ML SOLUTION | 2 | QL 8 / 28 day(s) PA S |
| HYMPAVZI | 3 | QL 4 / 28 day(s) PA S |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| <i>icatibant acetate</i> | 1 | QL 18 / 30 day(s) PA S |
| COMPLEMENT C3 INHIBITORS | | |
| EMPAVELI | 2 | QL 160 / 28 day(s) PA S |
| COMPLEMENT FACTOR B INHIBITORS | | |
| FABHALTA | 2 | QL 60 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| DIRECT-ACTING P2Y12 INHIBITORS | | |
| <i>ticagrelor</i> | 1 | |
| HEMATORHEOLOGIC AGENTS | | |
| <i>pentoxifylline tab er 400 mg</i> | 1 | |
| PHOSPHODIESTERASE III INHIBITORS | | |
| <i>cilostazol</i> | 1 | |
| PLASMA KALLIKREIN INHIBITORS | | |
| ORLADEYO | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 30 / 30 day(s) |
| PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES | | |
| TAKHZYRO (TAKHZYRO 300 MG/2ML SOLN PRSYR, TAKHZYRO 300 MG/2ML SOLUTION) | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 4 / 28 day(s) |
| TAKHZYRO 150 MG/ML SOLN PRSYR | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 2 / 28 day(s) |
| PLATELET AGGREGATION INHIBITOR COMBINATIONS | | |
| <i>aspirin-dipyridamole</i> | 1 | |
| YOSPRALA | 3 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 30 / 30 day(s) |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>dipyridamole (dipyridamole tab 25 mg, dipyridamole tab 50 mg, dipyridamole tab 75 mg)</i> | 1 | |
| PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS | | |
| ZONTIVITY | 3 | |
| PYRUVATE KINASE ACTIVATORS | | |
| PYRUKYND | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> 56 / 28 day(s) |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| PYRUKYND TAPER PACK (PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK, PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK) | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">QLC</div> </div> 14 / 365 Days |
| PYRUKYND TAPER PACK 5 MG TAB THPK | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">QLC</div> </div> 7 / 365 Days |
| QUINAZOLINE AGENTS | | |
| <i>anagrelide hcl</i> | 1 | |
| SPLEEN TYROSINE KINASE (SYK) INHIBITORS | | |
| TAVALISSE | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 2px;">QL</div> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">S</div> </div> 60 / 30 DAYS |
| THIENOPYRIDINE DERIVATIVES | | |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> | 1 | |
| <i>prasugrel hcl</i> | 1 | |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| CERDELGA | 2 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 2px;">QL</div> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">S</div> </div> 60 / 30 DAYS |
| <i>miglustat</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 2px;">QL</div> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">S</div> </div> 90 / 30 DAYS |
| AMINO ACIDS | | |
| <i>glutamine (sickle cell)</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 2px;">PA</div> <div style="margin-bottom: 2px;">S</div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| COBALAMINS | | |
| <i>cyanocobalamin (cyanocobalamin inj 1000 mcg/ml, cyanocobalamin nasal spray 500 mcg/0.1ml)</i> | 1 | |
| HYDROXOCOBALAMIN ACETATE | 3 | |
| CXCR4 RECEPTOR ANTAGONIST | | |
| XOLREMDI | 3 | QL 120 / 30 day(s) PA S |
| CYTOTOXIC AGENTS | | |
| DROXIA | 3 | S |
| SIKLOS | 3 | S |
| XROMI | 3 | PA S |
| ERYTHROPOIESIS-STIMULATING AGENTS (ESAS) | | |
| ARANESP (ALBUMIN FREE) | 2 | PA S |
| EPOGEN | 2 | PA S |
| MIRCERA | 3 | PA |
| PROCRIT | 2 | PA S |
| RETACRIT | 2 | PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) | | |
| FULPHILA | 2 | S |
| FYLNETRA | 2 | S |
| NIVESTYM | 2 | S |
| ZARXIO | 2 | S |
| GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF) | | |
| LEUKINE | 3 | S |
| IRON | | |
| ACCRUFER | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">QL</div> <div>60 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> </div> |
| <i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #f1c40f; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">ACA</div> <div>Affordable Care Act</div> </div> |
| FERROUS SULFATE (FERROUS SULFATE GRANULES, FERROUS SULFATE POWDER) | 3 | |
| <i>ferrous sulfate (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))</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #f1c40f; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">ACA</div> <div>Affordable Care Act</div> </div> |
| IRON UP | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #f1c40f; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">ACA</div> <div>Affordable Care Act</div> </div> |
| NOVAFERRUM PEDIATRIC DROPS | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #f1c40f; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">ACA</div> <div>Affordable Care Act</div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| THROMBOPOIETIN (TPO) RECEPTOR AGONISTS | | |
| DOPTELET | 2 | QL 60 / 30 DAYS PA S |
| <i>eltrombopag olamine (eltrombopag olamine powder pack for susp 12.5 mg (base eq), eltrombopag olamine powder pack for susp 25 mg (base equiv), eltrombopag olamine tab 12.5 mg (base equiv), eltrombopag olamine tab 25 mg (base equiv))</i> | 1 | QL 30 / 30 day(s) PA S |
| <i>eltrombopag olamine (eltrombopag olamine tab 50 mg (base equiv), eltrombopag olamine tab 75 mg (base equiv))</i> | 1 | QL 60 / 30 day(s) PA S |
| MULPLETA | 2 | QL 7 / 7 DAYS PA S |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| <i>aminocaproic acid (aminocaproic acid oral soln 0.25 gm/ml, aminocaproic acid tab 500 mg, aminocaproic acid tab 1000 mg)</i> | 1 | |
| <i>tranexamic acid tab 650 mg</i> | 1 | GL Female |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| BARBITURATE HYPNOTICS | | |
| PENTOBARBITAL SODIUM POWDER | 3 | |
| PHENOBARBITAL POWDER | 3 | |
| <i>phenobarbital (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 | |
| PHENOBARBITAL SODIUM POWDER | 3 | |
| BENZODIAZEPINE HYPNOTICS | | |
| DORAL | 3 | |
| <i>estazolam</i> | 1 | |
| FLURAZEPAM HCL | 3 | |
| QUAZEPAM | 3 | |
| <i>temazepam</i> | 1 | |
| NON-BARBITURATE HYPNOTICS | | |
| CHLORAL HYDRATE | 3 | |
| NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS | | |
| EDLUAR | 3 | QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic nonbenzodiazepine hypnotic agent |
| <i>eszopiclone tab 1 mg</i> | 1 | QL 90 / 30 days |
| <i>eszopiclone tab 2 mg</i> | 1 | QL 30 / 30 day(s) |
| <i>eszopiclone tab 3 mg</i> | 1 | QL 30 / 30 day(s) AL1 Up to 65 yrs old |
| <i>zaleplon cap 10 mg</i> | 1 | QL 30 / 30 day(s) |
| <i>zaleplon cap 5 mg</i> | 1 | QL 60 / 30 days |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB) | 3 | <ul style="list-style-type: none"> QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic nonbenzodiazepine hypnotic agent |
| <i>zolpidem tartrate (zolpidem tartrate tab 10 mg, zolpidem tartrate tab er 12.5 mg)</i> | 1 | <ul style="list-style-type: none"> QL 30 / 30 day(s) |
| <i>zolpidem tartrate (zolpidem tartrate tab 5 mg, zolpidem tartrate tab er 6.25 mg)</i> | 1 | <ul style="list-style-type: none"> QL 60 / 30 days |
| ZOLPIDEM TARTRATE 7.5 MG CAP | 3 | <ul style="list-style-type: none"> QL 30 / 30 day(s) ST |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA | 2 | <ul style="list-style-type: none"> QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic nonbenzodiazepine hypnotic agent |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| HETLIOZ LQ | 3 | <ul style="list-style-type: none"> QL 158 / 30 day(s) PA S |
| <i>tasimelteon</i> | 1 | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| LAXATIVES | | |
| BOWEL EVACUANT COMBINATIONS | | |
| GAVILYTE-C | 3 | |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> | 1 | <ul style="list-style-type: none"> ACA Affordable Care Act |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | 1 | <ul style="list-style-type: none"> ACA Affordable Care Act |
| PEG-PREP | 3 | |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> | 1 | |
| SUTAB | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| LAXATIVES - MISCELLANEOUS | | |
| <i>lactulose (lactulose oral crystal packet 10 gm, lactulose oral crystal packet 20 gm, lactulose solution 10 gm/15ml)</i> | 1 | |
| LUBRICANT LAXATIVES | | |
| MINERAL OIL OIL | 3 | |
| MINERAL OIL HEAVY | 3 | |
| MINERAL OIL LIGHT | 3 | |
| MURI-LUBE | 3 | |
| SALINE LAXATIVES | | |
| CVS EPSOM SALT | 3 | |
| EPSOM SALT | 3 | |
| EQL EPSOM SALT | 3 | |
| MAGNESIUM SULFATE POWDER | 3 | |
| RA EPSOM SALT | 3 | |
| STIMULANT LAXATIVES | | |
| BISACODYL POWDER | 3 | |
| SURFACTANT LAXATIVES | | |
| DOCUSATE SODIUM POWDER | 3 | |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETIC & SYMPATHOMIMETIC | | |
| LETS | 3 | |
| LOCAL ANESTHETICS - AMIDES | | |
| BUPIVACAINE HCL POWDER | 3 | |
| BUPIVACAINE HCL (BULK) | 3 | |
| MEPIVACAINE HCL | 3 | |
| LOCAL ANESTHETICS - ESTERS | | |
| PROCAINE HCL | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| MACROLIDES | | |
| AZITHROMYCIN | | |
| <i>azithromycin (azithromycin for susp 100 mg/5ml, azithromycin for susp 200 mg/5ml, azithromycin tab 500 mg, azithromycin tab 600 mg)</i> | 1 | |
| AZITHROMYCIN 1 GM PACKET | 2 | |
| <i>azithromycin tab 250 mg</i> | 1 | QL 6 / 5 DAYS |
| ZITHROMAX 1 GM PACKET | 3 | |
| CLARITHROMYCIN | | |
| CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP) | 3 | |
| <i>clarithromycin (clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg)</i> | 1 | |
| ERYTHROMYCINS | | |
| E.E.S. 400 | 3 | |
| ERYTHROCIN STEARATE | 2 | |
| ERYTHROMYCIN POWDER | 3 | |
| ERYTHROMYCIN BASE (ERYTHROMYCIN BASE POWDER, ERYTHROMYCIN BASE 250 MG CP DR PART) | 3 | |
| <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> | 1 | |
| ERYTHROMYCIN ETHYLSUCCINATE POWDER | 3 | |
| <i>erythromycin ethylsuccinate (erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml, erythromycin ethylsuccinate tab 400 mg)</i> | 1 | |
| FIDAXOMICIN | | |
| DIFICID 40 MG/ML RECON SUSP | 2 | |
| <i>fidaxomicin</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|-------------------------------|------|--------------------------------------|
| MEDICAL DEVICES AND SUPPLIES | | |
| CERVICAL CAPS | | |
| FEMCAP | 2 | GL Female ACA Affordable Care Act |
| CONDOMS - FEMALE | | |
| FC2 FEMALE CONDOM | 2 | GL Female ACA Affordable Care Act |
| CONDOMS - MALE | | |
| AIMSCO LUBRICATED | 2 | ACA Affordable Care Act |
| CONDOMS | 2 | ACA Affordable Care Act |
| DUREX EXTRA SENSITIVE THIN | 2 | ACA Affordable Care Act |
| DUREX REALFEEL | 2 | ACA Affordable Care Act |
| DUREX TROPICAL | 2 | ACA Affordable Care Act |
| FANTASY LUBRICATED | 2 | ACA Affordable Care Act |
| FANTASY LUBRICATED/SPERMICIDE | 2 | ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-------------------------|
| K-Y ME & YOU EXTRA LUBRICATED | 2 | ACA Affordable Care Act |
| K-Y ME & YOU INTENSE | 2 | ACA Affordable Care Act |
| KAMELEON LUBRICATED | 2 | ACA Affordable Care Act |
| KIMONO | 2 | ACA Affordable Care Act |
| KIMONO COLORS | 2 | ACA Affordable Care Act |
| KIMONO MAXX-LARGE FLARE | 2 | ACA Affordable Care Act |
| KIMONO MICRO THIN | 2 | ACA Affordable Care Act |
| KIMONO MICRO THIN PLUS | 2 | ACA Affordable Care Act |
| KIMONO PLUS | 2 | ACA Affordable Care Act |
| KIMONO PS | 2 | ACA Affordable Care Act |
| KIMONO PS PLUS | 2 | ACA Affordable Care Act |
| KIMONO SENSATION | 2 | ACA Affordable Care Act |
| KIMONO SENSATION PLUS | 2 | ACA Affordable Care Act |
| KIMONO SPECIAL | 2 | ACA Affordable Care Act |
| MAXX | 2 | ACA Affordable Care Act |
| MAXX PLUS | 2 | ACA Affordable Care Act |
| REALITY LATEX CONDOMS | 2 | ACA Affordable Care Act |
| REALITY LATEX/ULTRA TEXTURED | 2 | ACA Affordable Care Act |
| REALITY LATEX/ULTRA THIN | 2 | ACA Affordable Care Act |
| TROJAN BARESKIN | 2 | ACA Affordable Care Act |
| TROJAN ENZ | 2 | ACA Affordable Care Act |
| TROJAN MAGNUM | 2 | ACA Affordable Care Act |
| TROJAN ULTRA RIBBED LUBRICATED | 2 | ACA Affordable Care Act |
| TROJAN ULTRA THIN | 2 | ACA Affordable Care Act |
| TROJAN ULTRA THIN/SPERMICIDAL | 2 | ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|--------------------------------------|
| TROJAN-ENZ LUBRICATED | 2 | ACA Affordable Care Act |
| TROJAN-ENZ/SPERMICIDAL | 2 | ACA Affordable Care Act |
| TRUE COVER | 2 | ACA Affordable Care Act |
| TRUSTEX COLOR CONDOMS + LUBE | 2 | ACA Affordable Care Act |
| TRUSTEX LUB/RIBBED/STUDDED | 2 | ACA Affordable Care Act |
| TRUSTEX LUB/SPERMICIDE EX ST | 2 | ACA Affordable Care Act |
| TRUSTEX LUB/SPERMICIDE XL | 2 | ACA Affordable Care Act |
| TRUSTEX LUBRICATED | 2 | ACA Affordable Care Act |
| TRUSTEX LUBRICATED EX LARGE | 2 | ACA Affordable Care Act |
| TRUSTEX LUBRICATED EXTRA ST | 2 | ACA Affordable Care Act |
| TRUSTEX LUBRICATED/SPERMICIDE | 2 | ACA Affordable Care Act |
| TRUSTEX NATURAL CONDOMS + LUBE | 2 | ACA Affordable Care Act |
| TRUSTEX NON-LUBRICATED | 2 | ACA Affordable Care Act |
| TRUSTEX RIA LUB/SPERMICIDE | 2 | ACA Affordable Care Act |
| TRUSTEX RIA LUBRICATED | 2 | ACA Affordable Care Act |
| TRUSTEX RIA NON-LUBRICATED | 2 | ACA Affordable Care Act |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | 2 | ACA Affordable Care Act |
| DIAPHRAGMS | | |
| CAYA | 2 | GL Female ACA Affordable Care Act |
| OMNIFLEX DIAPHRAGM | 2 | GL Female ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 60 | 2 | GL Female ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 65 | 2 | GL Female ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 70 | 2 | GL Female ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|----------------------------------|------|--------------------------------------|
| WIDE-SEAL DIAPHRAGM 75 | 2 | GL Female ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 80 | 2 | GL Female ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 85 | 2 | GL Female ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 90 | 2 | GL Female ACA Affordable Care Act |
| WIDE-SEAL DIAPHRAGM 95 | 2 | GL Female ACA Affordable Care Act |
| GLUCOSE MONITORING TEST SUPPLIES | | |
| ACCU-CHEK FASTCLIX LANCET | 2 | |
| ACCU-CHEK FASTCLIX LANCETS | 2 | |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | |
| ACCU-CHEK SOFTCLIX LANCET DEV | 2 | |
| ACCU-CHEK SOFTCLIX LANCETS MISC | 2 | |
| ACTI-LANCE 28G | 2 | |
| ACTI-LANCE LITE LANCETS 28G | 2 | |
| ACTI-LANCE SPECIAL LANCETS 17G | 2 | |
| ACTI-LANCE UNIVERSAL 23G | 2 | |
| ADJUSTABLE LANCING DEVICE | 2 | |
| ADVANCED MOBILE LANCET | 2 | |
| ADVOCATE LANCETS | 2 | |
| ADVOCATE LANCETS 30G | 2 | |
| ADVOCATE LANCING DEVICE | 2 | |
| ADVOCATE RAPID-SAFE LANCING | 2 | |
| ADVOCATE SAFETY LANCETS | 2 | |
| ADVOCATE SAFETY LANCETS 21G | 2 | |
| ADVOCATE SAFETY LANCETS 23G | 2 | |
| ADVOCATE SAFETY LANCETS 26G | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| ADVOCATE SAFETY LANCETS 28G | 2 | |
| AGAMATRIX ULTRA-THIN LANCETS | 2 | |
| AIMSCO TWIST LANCETS 32G | 2 | |
| AIMSCO TWIST LANCETS 33G | 2 | |
| AQUALANCE LANCETS 30G | 2 | |
| ASSURE COMFORT LANCETS 28G | 2 | |
| ASSURE HAEMOLANCE PLUS HIGH | 2 | |
| ASSURE HAEMOLANCE PLUS LOW | 2 | |
| ASSURE HAEMOLANCE PLUS MICRO | 2 | |
| ASSURE HAEMOLANCE PLUS NORMAL | 2 | |
| ASSURE HAEMOLANCE PLUS PED | 2 | |
| ASSURE LANCE LANCETS | 2 | |
| ASSURE LANCE LANCETS 21G | 2 | |
| ASSURE LANCE PLUS SAFETY 25G | 2 | |
| ASSURE LANCE PLUS SAFETY 30G | 2 | |
| ASSURE LANCE SAFETY LANCET 28G | 2 | |
| AURORA LANCET SUPER THIN 30G | 2 | |
| AURORA LANCET THIN 23G | 2 | |
| AUTO-LANCET | 2 | |
| AUTO-LANCET MINI | 2 | |
| AUTOLET II CLINISAFE | 2 | |
| AUTOLET LANCING DEVICE | 2 | |
| AUTOLET LITE CLINISAFE | 2 | |
| AUTOLET LITE LANCING DEVICE | 2 | |
| AUTOLET LITE STARTER PACK | 2 | |
| AUTOLET MINI | 2 | |
| AUTOLET PLATFORMS | 2 | |
| AUTOLET PLUS | 2 | |
| BD MICROTAINER LANCETS | 2 | |
| CARDIOCOM LANCING DEVICE | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| CAREONE ADVANCED LANCING DEV | 2 | |
| CAREONE LANCET SUPER THIN 30G | 2 | |
| CAREONE LANCET THIN 23G | 2 | |
| CARESENS LANCETS | 2 | |
| CARESENS LANCETS 30G | 2 | |
| CARETOUCH LANCING/EJECTOR | 2 | |
| CARETOUCH SAFETY LANCETS | 2 | |
| CARETOUCH SAFETY LANCETS 26G | 2 | |
| CARETOUCH TWIST LANCETS 28G | 2 | |
| CARETOUCH TWIST LANCETS 30G | 2 | |
| CARETOUCH TWIST LANCETS 33G | 2 | |
| CARETOUCH TWIST MC LANCETS 30G | 2 | |
| CHOSEN LANCETS 30G | 2 | |
| CHOSEN LANCING DEVICE | 2 | |
| CHOSEN SAFETY LANCETS 28G | 2 | |
| CLEANLET LANCETS 28G | 2 | |
| CLEVER CHEK LANCETS | 2 | |
| CLEVER CHOICE COMFORT EZ MISC | 2 | |
| CLEVER CHOICE LANCETS 21G | 2 | |
| CLEVER CHOICE LANCETS 23G | 2 | |
| CLEVER CHOICE LANCETS 28G | 2 | |
| COAGUCHEK LANCETS | 2 | |
| COMFORT ASSURED LANCETS 28G | 2 | |
| COMFORT ASSURED LANCETS 33G | 2 | |
| COMFORT TOUCH LANCETS 31G | 2 | |
| COMFORT TOUCH PLUS LANCETS 28G | 2 | |
| COMFORT TOUCH PLUS LANCETS 30G | 2 | |
| COMFORT TOUCH TWIST LANCET 30G | 2 | |
| CONTOUR CONTROL | 2 | |
| CONTOUR NEXT CONTROL | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|----------------------------|------|---|
| CONTOUR NEXT MONITOR | 2 | |
| CONTOUR NEXT ONE KIT | 2 | |
| CVS LANCETS 21G | 2 | |
| CVS LANCETS MICRO THIN 33G | 2 | |
| CVS LANCETS ORIGINAL | 2 | |
| CVS LANCETS THIN 26G | 2 | |
| CVS LANCETS ULTRA THIN 30G | 2 | |
| CVS LANCETS ULTRA-THIN 30G | 2 | |
| CVS LANCING DEVICE | 2 | |
| CVS ULTRA THIN LANCETS | 2 | |
| DEXCOM G6 RECEIVER | 2 | <p>ST</p> <p>QLC 1 / 365 DAYS</p> <p>C3 Step Therapy: Must first fill one insulin agent</p> |
| DEXCOM G6 SENSOR | 2 | <p>QL 3 / 30 DAYS</p> <p>ST</p> <p>C3 Step Therapy: Must first fill one insulin agent</p> |
| DEXCOM G6 TRANSMITTER | 2 | <p>ST</p> <p>C3 Step Therapy: Must first fill one insulin agent</p> |
| DEXCOM G7 15 DAY SENSOR | 2 | <p>QL 2 / 30 day(s)</p> <p>ST</p> |
| DEXCOM G7 RECEIVER | 2 | <p>ST</p> <p>QLC 1 / 365 DAYS</p> <p>C3 Step Therapy: Must first fill one insulin agent</p> |
| DEXCOM G7 SENSOR | 2 | <p>QL 3 / 30 day(s)</p> <p>ST</p> <p>C3 Step Therapy: Must first fill one insulin agent</p> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| DIATHRIVE LANCET ULTRA THIN 30 | 2 | |
| DIATHRIVE LANCETS | 2 | |
| DIATHRIVE LANCING DEVICE | 2 | |
| DROPLET GENTEEL LANCING DEVICE | 2 | |
| DROPLET LANCETS ULTRA THIN 30G | 2 | |
| DROPLET LANCING DEVICE | 2 | |
| DROPLET PERSONAL LANCETS 30G | 2 | |
| DROPSAFE ACTI-LANCE 23G | 2 | |
| DRUG MART LANCETS THIN 26G | 2 | |
| DRUG MART LANCING DEVICE | 2 | |
| DRUG MART ON-THE-GO LANCET 30G | 2 | |
| DRUG MART UNILET LANCETS 28G | 2 | |
| DRUG MART UNILET LANCETS 30G | 2 | |
| DRUG MART UNILET LANCETS 33G | 2 | |
| E-Z JECT LANCET MICRO-THIN 33G | 2 | |
| E-Z JECT LANCET SUPER THIN 30G | 2 | |
| E-Z JECT LANCETS | 2 | |
| E-Z JECT LANCETS 21G | 2 | |
| E-Z JECT LANCETS THIN 26G | 2 | |
| EASY COMFORT LANCETS | 2 | |
| EASY COMFORT LANCETS TWIST TOP | 2 | |
| EASY MINI EJECT LANCING DEVICE | 2 | |
| EASY MINI LANCING DEVICE | 2 | |
| EASY TOUCH LANCETS 21G | 2 | |
| EASY TOUCH LANCETS 23G | 2 | |
| EASY TOUCH LANCETS 26G | 2 | |
| EASY TOUCH LANCETS 28G | 2 | |
| EASY TOUCH LANCETS 28G/TWIST | 2 | |
| EASY TOUCH LANCETS 30G | 2 | |
| EASY TOUCH LANCETS 30G/TWIST | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| EASY TOUCH LANCETS 32G | 2 | |
| EASY TOUCH LANCETS 32G/TWIST | 2 | |
| EASY TOUCH LANCETS 33G/TWIST | 2 | |
| EASY TOUCH LANCING DEVICE | 2 | |
| EASY TOUCH SAFETY LANCETS 21G | 2 | |
| EASY TOUCH SAFETY LANCETS 23G | 2 | |
| EASY TOUCH SAFETY LANCETS 26G | 2 | |
| EASY TOUCH SAFETY LANCETS 28G | 2 | |
| EMBRACE LANCETS ULTRA THIN 30G | 2 | |
| EMBRACE LANCING DEVICE/EJECTOR | 2 | |
| EMBRACE PRESSURE ACTIVATED 21G | 2 | |
| EMBRACE PRESSURE ACTIVATED 28G | 2 | |
| EQL COLOR LANCETS 21G | 2 | |
| EQL COLOR LANCETS MICRO 33G | 2 | |
| EQL SUPER THIN LANCETS 30G | 2 | |
| EQL THIN LANCETS 26G | 2 | |
| EZ-LETS LANCETS 21G | 2 | |
| EZ-LETS LANCETS 26G | 2 | |
| EZ-LETS LANCETS 28G | 2 | |
| EZ-LETS LANCETS 30G | 2 | |
| FIFTY50 SAFETY SEAL LANCETS | 2 | |
| FIFTY50 UNILET LANCETS 33G | 2 | |
| FINE 30 | 2 | |
| FINGERSTIX LANCETS | 2 | |
| FORA LANCETS | 2 | |
| FORA LANCING DEVICE | 2 | |
| FREESTYLE CONTROL SOLUTION | 2 | |
| FREESTYLE LANCETS | 2 | |
| FREESTYLE UNISTICK II LANCETS | 2 | |
| GENTEEL BUTTERFLY TOUCH LANCET | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| GENTEEL CONTACT TIPS (BLUE) | 2 | |
| GENTEEL CONTACT TIPS (CLEAR) | 2 | |
| GENTEEL CONTACT TIPS (GREEN) | 2 | |
| GENTEEL CONTACT TIPS (ORANGE) | 2 | |
| GENTEEL CONTACT TIPS (RAINBOW) | 2 | |
| GENTEEL CONTACT TIPS (VIOLET) | 2 | |
| GENTEEL CONTACT TIPS (YELLOW) | 2 | |
| GENTEEL LANCING KIT (BLUE) | 2 | |
| GENTEEL NOZZLES | 2 | |
| GENTEEL PLUS LANCING (BLACK) | 2 | |
| GENTEEL PLUS LANCING (PURPLE) | 2 | |
| GENTEEL PLUS LANCING (WHITE) | 2 | |
| GENTEEL PLUS LANCING DEV(BLUE) | 2 | |
| GENTEEL PLUS LANCING DEV(PINK) | 2 | |
| GENTLE-LET GP LANCETS | 2 | |
| GENTLE-LET LANCETS | 2 | |
| GENTLE-LET PLATFORMS | 2 | |
| GLOBAL INJECT EASE LANCETS 28G | 2 | |
| GLOBAL INJECT EASE LANCETS 30G | 2 | |
| GLOBAL LANCING DEVICE | 2 | |
| GLUCOCOM LANCETS 28G | 2 | |
| GLUCOCOM LANCETS 30G | 2 | |
| GLUCOCOM LANCETS 33G | 2 | |
| GNP LANCETS 21G | 2 | |
| GNP LANCETS THIN 26G | 2 | |
| GNP LANCING SYSTEM DEVICE | 2 | |
| GNP STERILE LANCETS 28G | 2 | |
| GNP STERILE LANCETS 30G | 2 | |
| GNP STERILE LANCETS 33G | 2 | |
| GOJJI LANCING DEVICE/CLEAR CAP | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| GOJJI STERILE LANCETS | 2 | |
| GOODSENSE COLOR LANCETS 33G | 2 | |
| GOODSENSE LANCETS 26G UNIV | 2 | |
| GOODSENSE LANCETS 30G | 2 | |
| GOODSENSE LANCETS 30G UNIV | 2 | |
| GOODSENSE LANCETS 33G | 2 | |
| GOODSENSE LANCETS 33G UNIV | 2 | |
| GOODSENSE LANCING DEVICE | 2 | |
| H-E-B INCONTROL ADV LANCING | 2 | |
| H-E-B INCONTROL LANCETS 28G | 2 | |
| H-E-B INCONTROL LANCETS 30G | 2 | |
| H-E-B INCONTROL LANCETS 33G | 2 | |
| HAEMOLANCE | 2 | |
| HAEMOLANCE LOW FLOW LANCETS | 2 | |
| HAEMOLANCE PLUS | 2 | |
| HAEMOLANCE PLUS HIGH FLOW | 2 | |
| HAEMOLANCE PLUS LOW FLOW | 2 | |
| HAEMOLANCE PLUS MAX FLOW | 2 | |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | |
| HEALTH CARE LANCING DEVICE | 2 | |
| HY-VEE LANCETS | 2 | |
| HY-VEE THIN LANCETS | 2 | |
| HYPOLANCE AST LANCING | 2 | |
| IHEALTH LANCING DEVICE | 2 | |
| IN TOUCH LANCING DEVICE | 2 | |
| IN TOUCH STERILE LANCETS 30G | 2 | |
| KINNEY LANCETS | 2 | |
| KINNEY THIN LANCETS | 2 | |
| KROGER AUTOLET LANCING DEVICE | 2 | |
| KROGER HEALTHPRO LANCET 26G | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| KROGER LANCETS | 2 | |
| KROGER LANCETS 21G | 2 | |
| KROGER LANCETS MICRO THIN 33G | 2 | |
| KROGER LANCETS SUPER THIN | 2 | |
| KROGER LANCETS THIN | 2 | |
| KROGER LANCETS THIN 26G | 2 | |
| KROGER LANCETS ULTRATHIN 30G | 2 | |
| KROGER LANCING DEVICE | 2 | |
| LANCET DEVICE | 2 | |
| LANCET DEVICE WITH EJECTOR | 2 | |
| LANCET TRANSPORTER CASE | 2 | |
| LANCETS | 2 | |
| LANCETS 28G THIN | 2 | |
| LANCETS 30G | 2 | |
| LANCETS 33G | 2 | |
| LANCETS MICRO THIN 33G | 2 | |
| LANCETS SUPER THIN | 2 | |
| LANCETS SUPER THIN 28G | 2 | |
| LANCETS THIN | 2 | |
| LANCETS ULTRA THIN | 2 | |
| LANCETS ULTRA THIN 30G | 2 | |
| LANCING DEVICE | 2 | |
| LANZO | 2 | |
| LEADER ADVANCED LANCING DEVICE | 2 | |
| LIBERTY MEDICAL LANCETS | 2 | |
| LIBERTY MINI LANCING DEVICE | 2 | |
| LITE TOUCH LANCETS | 2 | |
| LITE TOUCH LANCING PEN | 2 | |
| LITETOUCH LANCETS | 2 | |
| LIVE BETTER LANCET SUPER THIN | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| LONGS LANCETS STANDARD | 2 | |
| LONGS LANCETS THIN | 2 | |
| LONGS LANCETS ULTRA THIN | 2 | |
| MEDICHOICE SAFETY LANCET | 2 | |
| MEDICHOICE SAFETY LANCET EXTRA | 2 | |
| MEDICHOICE SAFETY LANCET NORM | 2 | |
| MEDISENSE GLUCOSE KETONE CONTR | 2 | |
| MEDISENSE HI/MID/LOW CONTROL | 2 | |
| MEDLANCE EXTRA 21G | 2 | |
| MEDLANCE LITE 25G | 2 | |
| MEDLANCE PLUS EXTRA 21G | 2 | |
| MEDLANCE PLUS LANCETS | 2 | |
| MEDLANCE PLUS LITE 25G | 2 | |
| MEDLANCE PLUS SPECIAL 0.8MM | 2 | |
| MEDLANCE PLUS SUPERLITE 30G | 2 | |
| MEDLANCE PLUS UNIVERSAL 21G | 2 | |
| MEDLANCE UNIVERSAL 21G | 2 | |
| MEIJER LANCETS | 2 | |
| MEIJER LANCETS THIN | 2 | |
| MEIJER LANCETS UNIVERSAL 21G | 2 | |
| MEIJER LANCETS UNIVERSAL 30G | 2 | |
| MEIJER LANCETS UNIVERSAL 33G | 2 | |
| MEIJER SUPER THIN LANCETS | 2 | |
| MICROLET LANCETS | 2 | |
| MICROLET NEXT LANCING DEVICE | 2 | |
| MINI LANCING DEVICE | 2 | |
| MM LANCING DEVICE | 2 | |
| MM TWIST LANCETS | 2 | |
| MOBILE LANCETS 30G | 2 | |
| MONOLET LANCETS | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| MONOLET OPD LANCETS | 2 | |
| MONOLETTOR SAFETY LANCETS | 2 | |
| MPD SAFETY LANCET 21G | 2 | |
| MPD SAFETY LANCET 23G | 2 | |
| MPD SAFETY LANCET 28G | 2 | |
| MPD SAFETY LANCET 30G | 2 | |
| MULTI-LANCET DEVICE | 2 | |
| MULTI-LANCET DEVICE 2 | 2 | |
| MYGLUCOHEALTH LANCETS 30G | 2 | |
| NOVA SAFETY LANCETS 23G | 2 | |
| NOVA SAFETY LANCETS 28G | 2 | |
| NOVA SUREFLEX LANCETS | 2 | |
| NOVA SUREFLEX LANCING DEVICE | 2 | |
| ONETOUCH DELICA PLUS LANCET30G | 2 | |
| ONETOUCH DELICA PLUS LANCET33G | 2 | |
| ONETOUCH DELICA PLUS LANCING | 2 | |
| ONETOUCH DELICA SAFETY LANCING | 2 | |
| ONETOUCH ULTRA 2 | 2 | |
| ONETOUCH ULTRA CONTROL | 2 | |
| ONETOUCH ULTRASOFT 2 LANCETS | 2 | |
| ONETOUCH VERIO (ONETOUCH VERIO LIQUID, ONETOUCH VERIO HIGH LIQUID) | 2 | |
| ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT | 2 | |
| ONETOUCH VERIO REFLECT | 2 | |
| PERFECT LANCETS 28G | 2 | |
| PERFECT LANCETS 30G | 2 | |
| PERFECT POINT SAFETY LANCETS | 2 | |
| PHARMACIST CHOICE LANCETS | 2 | |
| PHARMACY COUNTER LANCETS | 2 | |
| PIP LANCETS 28G | 2 | |
| PIP LANCETS 30G | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| PRECISION GLUCOSE KETONE CONTR | 2 | |
| PRECISION THINS GP LANCETS | 2 | |
| PREFERRED PLUS LANCETS COLORED | 2 | |
| PREFERRED PLUS LANCETS THIN | 2 | |
| PRO COMFORT LANCETS 30G | 2 | |
| PRO COMFORT LANCETS 31G | 2 | |
| PRO COMFORT SAFETY LANCETS 30G | 2 | |
| PRODIGY LANCETS 28G | 2 | |
| PRODIGY LANCING DEVICE | 2 | |
| PRODIGY SAFETY LANCETS 26G | 2 | |
| PRODIGY TWIST TOP LANCETS 28G | 2 | |
| PSS SELECT GP LANCETS | 2 | |
| PSS SELECT PLATFORMS | 2 | |
| PSS SELECT SAFETY LANCETS | 2 | |
| PURE COMFORT LANCETS 30G | 2 | |
| PX ADVANCED LANCING DEVICE | 2 | |
| PX LANCET AUTO INJECTOR | 2 | |
| PX LANCETS MICROTHIN 33G | 2 | |
| PX LANCETS ULTRA THIN 28G | 2 | |
| QC ADVANCED LANCING DEVICE | 2 | |
| QC LANCETS SUPER THIN 30G | 2 | |
| QC LANCETS ULTRA THIN | 2 | |
| QC UNILET LANCETS 28G | 2 | |
| QC UNILET LANCETS MICRO THIN | 2 | |
| RA E-ZJECT LANCETS 28G | 2 | |
| RA E-ZJECT LANCETS THIN 26G | 2 | |
| RA E-ZJECT LANCETS THIN 28G | 2 | |
| RA E-ZJECT LANCETS ULTRA THIN | 2 | |
| READYLANCE SAFETY LANCETS | 2 | |
| REALITY LANCETS | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| REALITY TRIGGER LANCETS | 2 | |
| RELION LANCET DEVICES 30G | 2 | |
| RELION LANCETS | 2 | |
| RELION LANCETS MICRO-THIN 33G | 2 | |
| RELION LANCETS THIN 26G | 2 | |
| RELION LANCETS ULTRA-THIN 30G | 2 | |
| RELION LANCING DEVICE (RELION LANCING DEVICE KIT, RELION LANCING DEVICE MISC) | 2 | |
| RELION ULTRA THIN LANCETS 30G | 2 | |
| RELION ULTRA THIN PLUS LANCETS | 2 | |
| REXALL LANCETS ULTRA THIN 30G | 2 | |
| RIGHTEST ALTERNATE SITE ADAPT | 2 | |
| RIGHTEST GD500 LANCING DEVICE | 2 | |
| RIGHTEST GL300 LANCETS | 2 | |
| SAFE-T-LANCE | 2 | |
| SAFE-T-LANCE PLUS | 2 | |
| SAFETY LANCET 30G/PRESSURE ACT | 2 | |
| SAFETY LANCETS | 2 | |
| SAFETY LANCETS 21G | 2 | |
| SAFETY LANCETS 23G | 2 | |
| SAFETY LANCETS 28G | 2 | |
| SAPS HEALTH PLUS LANCETS | 2 | |
| SAPS HEALTH TWIST TOP LANCETS | 2 | |
| SAPS TWIST TOP LANCETS | 2 | |
| SAPSCARE TWIST TOP LANCETS | 2 | |
| SB LANCETS THIN | 2 | |
| SB LANCETS ULTRA THIN | 2 | |
| SELECT-LITE DEVICE/LANCETS | 2 | |
| SELECT-LITE LANCING DEVICE | 2 | |
| SIMPLE DIAGNOSTICS LANCING DEV | 2 | |
| SINGLE-LET | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| SM LANCETS 33G | 2 | |
| SM TRUEDRAW LANCING DEVICE | 2 | |
| SMART DIABETES VANTAGE LANCING | 2 | |
| SMART SENSE COLOR LANCETS 33G | 2 | |
| SMART SENSE STANDARD LANCETS | 2 | |
| SMART SENSE SUPER THIN LANCETS | 2 | |
| SMART SENSE THIN LANCETS 26G | 2 | |
| SMARTEST LANCETS 28G | 2 | |
| SOLUS V2 LANCETS 28G | 2 | |
| SOLUS V2 LANCING DEVICE | 2 | |
| SOLUS V2 TWIST LANCETS 30G | 2 | |
| STERILANCE PA | 2 | |
| STERILANCE TL | 2 | |
| SUPER THIN LANCETS | 2 | |
| SURE COMFORT LANCETS 18G | 2 | |
| SURE COMFORT LANCETS 21G | 2 | |
| SURE COMFORT LANCETS 23G | 2 | |
| SURE COMFORT LANCETS 28G | 2 | |
| SURE COMFORT LANCETS 30G | 2 | |
| SURE COMFORT LANCING PEN | 2 | |
| SURELITE LANCETS | 2 | |
| TECHLITE AST LANCETS | 2 | |
| TECHLITE LANCETS | 2 | |
| TECHLITE LANCETS 26G | 2 | |
| TECHLITE LANCETS 30G | 2 | |
| TGT LANCET MICRO THIN 33G | 2 | |
| TGT LANCET THIN 26G | 2 | |
| TGT LANCET ULTRA THIN 30G | 2 | |
| TGT LANCING DEVICE | 2 | |
| THINLETS GP LANCETS | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| TODAYS HEALTH LANCING DEVICE | 2 | |
| TODAYS HEALTH THIN LANCETS 28G | 2 | |
| TODAYS HEALTH THIN LANCETS 30G | 2 | |
| TOPCARE LANCETS MICRO-THIN 33G | 2 | |
| TRAVEL LANCETS ADVANCED 28G | 2 | |
| TRUE COMFORT SAFETY LANCETS | 2 | |
| TRUE COMFORT TWIST TOP LANCETS | 2 | |
| TRUEDRAW LANCING DEVICE | 2 | |
| TRUEPLUS LANCETS 26G | 2 | |
| TRUEPLUS LANCETS 28G | 2 | |
| TRUEPLUS LANCETS 30G | 2 | |
| TRUEPLUS LANCETS 33G | 2 | |
| TRUEPLUS SAFETY LANCETS 28G | 2 | |
| TWIST TOP LANCETS 30G | 2 | |
| ULTI-LANCE AUTOMATIC | 2 | |
| ULTILET CLASSIC LANCETS | 2 | |
| ULTILET LANCETS | 2 | |
| ULTILET SAFETY LANCETS | 2 | |
| ULTILET SAFETY LANCETS 23G | 2 | |
| ULTRA THIN LANCETS 31G | 2 | |
| ULTRA-CARE LANCETS 30G | 2 | |
| ULTRA-THIN II AUTO LANCET | 2 | |
| ULTRA-THIN II LANCETS | 2 | |
| UNILET COMFORTOUCH LANCET | 2 | |
| UNILET EXCELITE | 2 | |
| UNILET EXCELITE II | 2 | |
| UNILET G.P. LANCET | 2 | |
| UNILET G.P. SUPERLITE LANCET | 2 | |
| UNILET GP 28 ULTRA THIN | 2 | |
| UNILET LANCET | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| UNILET MICRO-THIN 33G | 2 | |
| UNILET SUPER-THIN 30G | 2 | |
| UNILET SUPERLITE LANCET | 2 | |
| UNILET ULTRA-THIN 28G | 2 | |
| UNISTIK 1 | 2 | |
| UNISTIK 2 | 2 | |
| UNISTIK 2 COMFORT | 2 | |
| UNISTIK 2 EXTRA | 2 | |
| UNISTIK 2 NEONATAL | 2 | |
| UNISTIK 2 NORMAL | 2 | |
| UNISTIK 2 SUPER | 2 | |
| UNISTIK 3 | 2 | |
| UNISTIK 3 COMFORT | 2 | |
| UNISTIK 3 EXTRA | 2 | |
| UNISTIK 3 GENTLE | 2 | |
| UNISTIK 3 NEONATAL | 2 | |
| UNISTIK 3 NORMAL | 2 | |
| UNISTIK CZT COMFORT | 2 | |
| UNISTIK CZT NORMAL | 2 | |
| UNISTIK NORMAL | 2 | |
| UNISTIK PRO SAFETY LANCET | 2 | |
| UNISTIK SAFETY LANCETS 28G | 2 | |
| UNISTIK SAFETY LANCETS 30G | 2 | |
| UNISTIK TOUCH SAFETY LANC 21G | 2 | |
| UNISTIK TOUCH SAFETY LANC 23G | 2 | |
| UNISTIK TOUCH SAFETY LANC 28G | 2 | |
| UNISTIK TOUCH SAFETY LANC 30G | 2 | |
| UNIVERSAL 1 LANCETS THIN 26G | 2 | |
| UNIVERSAL 1 LANCETS THIN 33G | 2 | |
| UNIVERSAL 1 LANCETS ULTRA THIN | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| VALUE PLUS LANCET STANDARD 21G | 2 | |
| VALUE PLUS LANCETS SUPER THIN | 2 | |
| VALUE PLUS LANCETS THIN 26G | 2 | |
| VALUE PLUS LANCING DEVICE | 2 | |
| VERIFINE SAFE LANCET MINI 21G | 2 | |
| VERIFINE SAFE LANCET MINI 23G | 2 | |
| VERIFINE SAFE LANCET MINI 28G | 2 | |
| VERIFINE SAFE LANCET MINI 30G | 2 | |
| VERIFINE UNIVERSAL LANCETS 28G | 2 | |
| VERIFINE UNIVERSAL LANCETS 30G | 2 | |
| VERIFINE UNIVERSAL LANCETS 33G | 2 | |
| VIVAGUARD LANCETS | 2 | |
| VIVAGUARD LANCETS 30G | 2 | |
| VIVAGUARD LANCING DEVICE | 2 | |
| VIVAGUARD SAFETY LANCETS 28G | 2 | |
| WALGREENS LANCETS | 2 | |
| WALGREENS LANCETS MICRO THIN | 2 | |
| WALGREENS LANCETS SUPER THIN | 2 | |
| WALGREENS THIN LANCETS | 2 | |
| WALGREENS ULTRA THIN LANCETS | 2 | |
| ZEV RX TWIST TOP LANCETS 30G | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---------------------|------|-----------------------|
|---------------------|------|-----------------------|

INSULIN ADMINISTRATION SUPPLIES

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|-------------------------------|------|--|
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 2 | <div data-bbox="1091 205 1458 237" style="background-color: #8e44ad; color: white; padding: 2px;">QL 30 / 30 day(s)</div> <div data-bbox="1091 247 1156 289" style="background-color: #f39c12; color: white; padding: 2px;">PA</div> |
| OMNIPOD 5 G6 INTRO (GEN 5) | 2 | <div data-bbox="1091 321 1156 352" style="background-color: #f39c12; color: white; padding: 2px;">PA</div> <div data-bbox="1091 363 1458 405" style="background-color: #8e44ad; color: white; padding: 2px;">QLC 1 / 365 DAYS</div> |
| OMNIPOD 5 G6 PODS (GEN 5) | 2 | <div data-bbox="1091 436 1458 468" style="background-color: #8e44ad; color: white; padding: 2px;">QL 30 / 30 day(s)</div> <div data-bbox="1091 478 1156 520" style="background-color: #f39c12; color: white; padding: 2px;">PA</div> |
| OMNIPOD 5 G7 INTRO (GEN 5) | 2 | <div data-bbox="1091 552 1156 583" style="background-color: #f39c12; color: white; padding: 2px;">PA</div> <div data-bbox="1091 594 1458 636" style="background-color: #8e44ad; color: white; padding: 2px;">QLC 1 / 365 DAYS</div> |
| OMNIPOD 5 G7 PODS (GEN 5) | 2 | <div data-bbox="1091 688 1458 720" style="background-color: #8e44ad; color: white; padding: 2px;">QL 30 / 30 day(s)</div> <div data-bbox="1091 730 1156 772" style="background-color: #f39c12; color: white; padding: 2px;">PA</div> |
| OMNIPOD 5 LIBRE2 G6 INTRO G5 | 2 | <div data-bbox="1091 825 1156 856" style="background-color: #f39c12; color: white; padding: 2px;">PA</div> <div data-bbox="1091 867 1458 909" style="background-color: #8e44ad; color: white; padding: 2px;">QLC 1 / 365 DAYS</div> |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 2 | <div data-bbox="1091 961 1458 993" style="background-color: #8e44ad; color: white; padding: 2px;">QL 30 / 30 day(s)</div> <div data-bbox="1091 1003 1156 1045" style="background-color: #f39c12; color: white; padding: 2px;">PA</div> |
| OMNIPOD DASH INTRO (GEN 4) | 2 | <div data-bbox="1091 1098 1156 1129" style="background-color: #f39c12; color: white; padding: 2px;">PA</div> <div data-bbox="1091 1140 1458 1182" style="background-color: #8e44ad; color: white; padding: 2px;">QLC 1 / 365 DAYS</div> |
| OMNIPOD DASH PODS (GEN 4) | 2 | <div data-bbox="1091 1234 1458 1266" style="background-color: #8e44ad; color: white; padding: 2px;">QL 30 / 30 day(s)</div> <div data-bbox="1091 1276 1156 1318" style="background-color: #f39c12; color: white; padding: 2px;">PA</div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| NEEDLES & SYRINGES | | |
| 1ST TIER UNIFINE PENTIPS | S&P | |
| 1ST TIER UNIFINE PENTIPS PLUS | S&P | |
| ABOUTTIME PEN NEEDLE | S&P | |
| ADVOCATE INSULIN PEN NEEDLE | S&P | |
| ADVOCATE INSULIN PEN NEEDLES | S&P | |
| ADVOCATE INSULIN SYRINGE | S&P | |
| AQ INSULIN SYRINGE | S&P | |
| AQINJECT PEN NEEDLE | S&P | |
| ASSURE ID DUO PRO PEN NEEDLES | S&P | |
| ASSURE ID INSULIN SAFETY SYR | S&P | |
| ASSURE ID PRO PEN NEEDLES | S&P | |
| ASSURE ID SAFETY PEN NEEDLES | S&P | |
| AUM INSULIN SAFETY PEN NEEDLE | S&P | |
| AUM MINI INSULIN PEN NEEDLE | S&P | |
| AUM PEN NEEDLE | S&P | |
| AUM READYGARD DUO PEN NEEDLE | S&P | |
| AUM SAFETY PEN NEEDLE | S&P | |
| AURORA PEN NEEDLES | S&P | |
| AUTOJECT 2 | S&P | |
| AUTOPEN | S&P | |
| BARDIA BULB IRRIGATION SYRINGE | 2 | |
| BARDIA PISTON IRRIGATION SYR | 2 | |
| BD AUTOSHIELD DUO | S&P | |
| BD BLUNT FILL NEEDLE | 2 | |
| BD BLUNT FILL NEEDLE W/FILTER | 2 | |
| BD CONTROL SYRING LUER-LOK | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| BD DISP NEEDLE (BD DISP NEEDLE 23G X 1" MISC, BD DISP NEEDLE 25G X 1" MISC, BD DISP NEEDLE 30G X 1" MISC) | 2 | |
| BD DISP NEEDLES (BD DISP NEEDLES 16G X 1-1/2" MISC, BD DISP NEEDLES 18G X 1-1/2" MISC, BD DISP NEEDLES 19G X 1" MISC, BD DISP NEEDLES 20G X 1" MISC, BD DISP NEEDLES 20G X 1-1/2" MISC, BD DISP NEEDLES 21G X 1-1/2" MISC, BD DISP NEEDLES 22G X 1-1/2" MISC, BD DISP NEEDLES 25G X 5/8" MISC, BD DISP NEEDLES 25G X 7/8" MISC, BD DISP NEEDLES 27G X 1/2" MISC, BD DISP NEEDLES 30G X 1/2" MISC) | 2 | |
| BD FILTER NEEDLE | 2 | |
| BD FILTER NEEDLE/5 MICRON | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| BD HYPODERMIC NEEDLE (BD HYPODERMIC NEEDLE 16G X 1" MISC, BD HYPODERMIC NEEDLE 18G X 1" MISC, BD HYPODERMIC NEEDLE 18G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 19G X 1" MISC, BD HYPODERMIC NEEDLE 19G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 21G X 1" MISC, BD HYPODERMIC NEEDLE 21G X 2" MISC, BD HYPODERMIC NEEDLE 22G X 1" MISC, BD HYPODERMIC NEEDLE 22G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 23G X 1" MISC, BD HYPODERMIC NEEDLE 23G X 3/4" MISC, BD HYPODERMIC NEEDLE 25G X 1-1/2" MISC, BD HYPODERMIC NEEDLE 26G X 1/2" MISC) | 2 | |
| BD INSULIN SYR ULTRAFINE II | S&P | |
| BD INSULIN SYRINGE | S&P | |
| BD INSULIN SYRINGE HALF-UNIT | S&P | |
| BD INSULIN SYRINGE MICROFINE | S&P | |
| BD INSULIN SYRINGE U-500 | S&P | |
| BD INSULIN SYRINGE U/F | S&P | |
| BD INSULIN SYRINGE U/F 1/2UNIT | S&P | |
| BD INSULIN SYRINGE ULTRAFINE (BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML MISC, BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML MISC, BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML MISC, BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC) | S&P | |
| BD NOKOR ADMIX NEEDLE | | |
| BD PEN | S&P | |
| BD PEN MINI | S&P | |
| BD PEN NEEDLE MICRO ULTRAFINE | S&P | |
| BD PEN NEEDLE MINI ULTRAFINE | S&P | |
| BD PEN NEEDLE NANO 2ND GEN | S&P | |
| BD PEN NEEDLE NANO ULTRAFINE | S&P | |
| BD PEN NEEDLE ORIG ULTRAFINE | S&P | |
| BD PEN NEEDLE SHORT ULTRAFINE | S&P | |
| BD PRECISIONGLIDE NEEDLE (BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC, BD PRECISIONGLIDE NEEDLE 27G X 1-1/2" MISC, BD PRECISIONGLIDE NEEDLE 27G X 3/8" MISC) | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE | S&P | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| BD SYRINGE | 2 | |
| BD SYRINGE BLUNT CANNULA 17G | 2 | |
| BD SYRINGE DISPOSABLE | 2 | |
| BD SYRINGE DUAL CANNULA | 2 | |
| BD SYRINGE LUER SLIP TIP | 2 | |
| BD SYRINGE LUER-LOK | 2 | |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC | S&P | |
| BD VEO INSULIN SYR ULTRAFINE (BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML MISC, BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC, BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML MISC) | S&P | |
| CAREFINE PEN NEEDLES | S&P | |
| CAREONE INSULIN SYRINGE | S&P | |
| CAREONE UNIFINE PENTIPS PLUS | S&P | |
| CAREPOINT SYRINGE CATHETER TIP | 2 | |
| CARETOUCH CATHETER TIP SYRINGE | 2 | |
| CARETOUCH INSULIN SYRINGE | S&P | |
| CARETOUCH LUER SLIP | 2 | |
| CARETOUCH PEN NEEDLES | S&P | |
| CLEVER CHOICE COMFORT EZ (CLEVER CHOICE COMFORT EZ 29G X 12MM MISC, CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC) | S&P | |
| CLICKFINE PEN NEEDLES | S&P | |
| COMFORT ASSIST INSULIN SYRINGE | S&P | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| COMFORT EZ INSULIN SYRINGE | S&P | |
| COMFORT EZ MICRO PEN NEEDLES | S&P | |
| COMFORT EZ PEN NEEDLES | S&P | |
| COMFORT EZ PRO PEN NEEDLES | S&P | |
| COMFORT EZ SHORT PEN NEEDLES | S&P | |
| COMFORT TOUCH INSULIN PEN NEED | S&P | |
| DIATHRIVE PEN NEEDLE | S&P | |
| DROPLET INSULIN SYRINGE | S&P | |
| DROPLET MICRON | S&P | |
| DROPLET PEN NEEDLES | S&P | |
| DROPSAFE SAFETY PEN NEEDLES | S&P | |
| DROPSAFE SAFETY SYRINGE/NEEDLE | S&P | |
| DROPSAFE SICURA | S&P | |
| DRUG MART UNIFINE PENTIPS | S&P | |
| DRUG MART UNIFINE PENTIPS PLUS | S&P | |
| EASY COMFORT INSULIN SYRINGE | S&P | |
| EASY COMFORT PEN NEEDLES | S&P | |
| EASY GLIDE CATH TIP SYRINGE | 2 | |
| EASY GLIDE LUER LOCK SYRINGE | 2 | |
| EASY GLIDE PEN NEEDLES | S&P | |
| EASY GLIDE SLIP LOCK SYRINGE | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| EASY TOUCH HYPODERMIC NEEDLE (EASY TOUCH HYPODERMIC NEEDLE 16G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 18G X 1.25" MISC, EASY TOUCH HYPODERMIC NEEDLE 19G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 19G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 20G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 21G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 21G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 22G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/4" MISC, EASY TOUCH HYPODERMIC NEEDLE 23G X 3/4" MISC, EASY TOUCH HYPODERMIC NEEDLE 24G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25" MISC, EASY TOUCH HYPODERMIC NEEDLE 25G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC, EASY TOUCH HYPODERMIC NEEDLE 26G X 1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" MISC, EASY TOUCH HYPODERMIC NEEDLE 26G X 5/8" MISC, EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/4" MISC, EASY TOUCH HYPODERMIC NEEDLE 27G X 1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 30G X 1" MISC, EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2" MISC, EASY TOUCH HYPODERMIC NEEDLE 31G X 5/16" MISC, EASY TOUCH HYPODERMIC NEEDLE 32G X 5/16" MISC) | 2 | |
| EASY TOUCH INSULIN SAFETY SYR | S&P | |
| EASY TOUCH INSULIN SYRINGE | S&P | |
| EASY TOUCH PEN NEEDLES | S&P | |
| EASY TOUCH SAFETY PEN NEEDLES | S&P | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| EASYPPOINT NEEDLE/SYRINGE | 2 | |
| EMBECTA AUTOSHIELD DUO | S&P | |
| EMBECTA INS SYR U/F 1/2 UNIT | S&P | |
| EMBECTA INSULIN SYRINGE | S&P | |
| EMBECTA INSULIN SYRINGE U-100 | S&P | |
| EMBECTA INSULIN SYRINGE U-500 | S&P | |
| EMBECTA INSULIN SYRINGE U/F | S&P | |
| EMBECTA PEN NEEDLE NANO | S&P | |
| EMBECTA PEN NEEDLE NANO 2 GEN | S&P | |
| EMBECTA PEN NEEDLE U/F | S&P | |
| EMBRACE PEN NEEDLES | S&P | |
| EQL INSULIN SYRINGE | S&P | |
| FIFTY50 PEN NEEDLES | S&P | |
| FIFTY50 SUPERIOR COMFORT SYR | S&P | |
| FLOW-EZE VENTED NEEDLE | 2 | |
| GLOBAL EASE INJECT PEN NEEDLES | S&P | |
| GLOBAL EASY GLIDE INSULIN SYR | S&P | |
| GLOBAL EASY GLIDE PEN NEEDLES | S&P | |
| GLOBAL INJECT EASE INSULIN SYR | S&P | |
| GLOBAL INSULIN SYRINGES | S&P | |
| GLUCOPRO INSULIN SYRINGE | S&P | |
| GNP CLICKFINE PEN NEEDLES | S&P | |
| GNP INSULIN SYRINGE | S&P | |
| GNP INSULIN SYRINGES | S&P | |
| GNP INSULIN SYRINGES 28GX1/2" | S&P | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| GNP INSULIN SYRINGES 29GX1/2" | S&P | |
| GNP INSULIN SYRINGES 30GX5/16" | S&P | |
| GNP INSULIN SYRINGES 31GX5/16" | S&P | |
| GNP PEN NEEDLES | S&P | |
| GNP ULTICARE PEN NEEDLES | S&P | |
| GNP ULTIGUARD SAFEPACK NEEDLE | S&P | |
| GNP ULTRA COM INSULIN SYRINGE | S&P | |
| GOODSENSE CLICKFINE PEN NEEDLE | S&P | |
| GOODSENSE PEN NEEDLE PENFINE | S&P | |
| H-E-B INCONTROL PEN NEEDLES | S&P | |
| H-E-B INCONTROL UNIFINE PENTIP | S&P | |
| HEALTHWISE INSULIN SYR/NEEDLE | S&P | |
| HEALTHWISE MICRON PEN NEEDLES | S&P | |
| HEALTHWISE SHORT PEN NEEDLES | S&P | |
| HM ULTICARE INSULIN SYRINGE | S&P | |
| HM ULTICARE MINI PEN NEEDLES | S&P | |
| HM ULTICARE SHORT PEN NEEDLES | S&P | |
| HYPODERMIC NEEDLE (HYPODERMIC NEEDLE 18G X 1" MISC, HYPODERMIC NEEDLE 18G X 1-1/2" MISC, HYPODERMIC NEEDLE 20G X 1" MISC, HYPODERMIC NEEDLE 20G X 1-1/2" MISC, HYPODERMIC NEEDLE 21G X 1" MISC, HYPODERMIC NEEDLE 21G X 1-1/2" MISC, HYPODERMIC NEEDLE 22G X 1" MISC, HYPODERMIC NEEDLE 22G X 1-1/2" MISC, HYPODERMIC NEEDLE 23G X 1" MISC, HYPODERMIC NEEDLE 23G X 1-1/2" MISC, HYPODERMIC NEEDLE 25G X 1-1/2" MISC, HYPODERMIC NEEDLE 25G X 5/8" MISC, HYPODERMIC NEEDLE 26G X 1/2" MISC, HYPODERMIC NEEDLE 27G X 1-1/2" MISC, HYPODERMIC NEEDLE 27G X 1/2" MISC) | 2 | |
| INCONTROL ULTICARE PEN NEEDLES | S&P | |
| INJECT-EASE | S&P | |
| INSULIN SYRINGE | S&P | |
| INSULIN SYRINGE-NEEDLE U-100 | S&P | |
| INSUPEN PEN NEEDLES | S&P | |
| INSUPEN SENSITIVE | S&P | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| INSUPEN ULTRAFIN | S&P | |
| INSUPEN32G EXTR3ME | S&P | |
| KINRAY INSULIN SYRINGE | S&P | |
| KMART VALU INSULIN SYRINGE 29G | S&P | |
| KMART VALU INSULIN SYRINGE 30G | S&P | |
| KROGER INSULIN SYRINGE | S&P | |
| KROGER PEN NEEDLES | S&P | |
| LEADER INSULIN SYRINGE | S&P | |
| LEADER UNIFINE PENTIPS | S&P | |
| LEADER UNIFINE PENTIPS PLUS | S&P | |
| LITETOUCH INSULIN SYRINGE | S&P | |
| LITETOUCH PEN NEEDLES | S&P | |
| LONGS INSULIN SYRINGE | S&P | |
| MAGELLAN INSULIN SAFETY SYR | S&P | |
| MARATHON MEDICAL PENTIPS | S&P | |
| MAXI-COMFORT INSULIN SYRINGE | S&P | |
| MAXI-COMFORT SAFETY PEN NEEDLE | S&P | |
| MAXICOMFORT II PEN NEEDLE | S&P | |
| MAXICOMFORT SYR 27G X 1/2" | S&P | |
| MEDIC INSULIN SYRINGE | S&P | |
| MEDICINE SHOPPE PEN NEEDLES | S&P | |
| MEIJER PEN NEEDLES | S&P | |
| MICRODOT PEN NEEDLE | S&P | |
| MM INSULIN SYRINGE/NEEDLE | S&P | |
| MM PEN NEEDLES | S&P | |
| MONOJECT BLUNTIP CANNULA (MONOJECT BLUNTIP CANNULA 20G X 1-1/2" MISC, MONOJECT BLUNTIP CANNULA 21G X 1" MISC) | 2 | |
| MONOJECT BLUNTIP SYR/CANNULA | 2 | |
| MONOJECT CONTROL SYRINGE | 2 | |
| MONOJECT FILTER ASPIRATOR | 2 | |
| MONOJECT FILTER NEEDLE | 2 | |

PRODUCT DESCRIPTION

TIER

LIMITS & RESTRICTIONS

MONOJECT HYPODERMIC NEEDLE (MONOJECT
 HYPODERMIC NEEDLE 14G X 1" MISC, MONOJECT
 HYPODERMIC NEEDLE 14G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 14G X 2" MISC, MONOJECT
 HYPODERMIC NEEDLE 16G X 1" MISC, MONOJECT
 HYPODERMIC NEEDLE 16G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 16G X 3/4" MISC, MONOJECT
 HYPODERMIC NEEDLE 16G X 5/8" MISC, MONOJECT
 HYPODERMIC NEEDLE 18G X 1" MISC, MONOJECT
 HYPODERMIC NEEDLE 18G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 19G X 1" MISC, MONOJECT
 HYPODERMIC NEEDLE 19G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 20G X 1" MISC, MONOJECT
 HYPODERMIC NEEDLE 20G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 21G X 1" MISC, MONOJECT
 HYPODERMIC NEEDLE 21G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 21G X 2" MISC, MONOJECT
 HYPODERMIC NEEDLE 22G X 1" MISC, MONOJECT
 HYPODERMIC NEEDLE 22G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 23G X 1" MISC, MONOJECT
 HYPODERMIC NEEDLE 23G X 3/4" MISC, MONOJECT
 HYPODERMIC NEEDLE 25G X 1" MISC, MONOJECT
 HYPODERMIC NEEDLE 25G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 25G X 1-1/4" MISC, MONOJECT
 HYPODERMIC NEEDLE 25G X 2" MISC, MONOJECT
 HYPODERMIC NEEDLE 25G X 5/8" MISC, MONOJECT
 HYPODERMIC NEEDLE 26G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 26G X 1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 27G X 1-1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 27G X 1-1/4" MISC, MONOJECT
 HYPODERMIC NEEDLE 27G X 1/2" MISC, MONOJECT
 HYPODERMIC NEEDLE 30G X 3/4" MISC)

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|--|-----------------------|
| MONOJECT INSULIN SYRINGE (MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE U-100 1 ML MISC) | <div data-bbox="987 359 1052 407" style="background-color: #444; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">S&P</div> | |
| MONOJECT ULTRA COMFORT SYRINGE | <div data-bbox="987 611 1052 659" style="background-color: #444; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">S&P</div> | |
| MS INSULIN SYRINGE | <div data-bbox="987 659 1052 707" style="background-color: #444; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">S&P</div> | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| NOVOFINE AUTOCOVER PEN NEEDLE | S&P | |
| NOVOFINE PEN NEEDLE | S&P | |
| NOVOFINE PLUS PEN NEEDLE | S&P | |
| NOVOPEN ECHO | S&P | |
| PC UNIFINE PENTIPS | S&P | |
| PEN NEEDLE/5-BEVEL TIP | S&P | |
| PEN NEEDLES | S&P | |
| PEN NEEDLES 5/16" | S&P | |
| PENTIPS (PENTIPS 29G X 12MM MISC, PENTIPS 31G X 5 MM MISC, PENTIPS 31G X 6 MM MISC, PENTIPS 31G X 8 MM MISC, PENTIPS 32G X 4 MM MISC, PENTIPS 32G X 6 MM MISC) | S&P | |
| PENTIPS GENERIC PEN NEEDLES | S&P | |
| PIP PEN NEEDLES 31G X 5MM | S&P | |
| PIP PEN NEEDLES 32G X 4MM | S&P | |
| PRECISION SURE-DOSE SYRINGE | S&P | |
| PREFERRED PLUS INSULIN SYRINGE | S&P | |
| PREFERRED PLUS UNIFINE PENTIPS | S&P | |
| PREVENT DROPSAFE PEN NEEDLES | S&P | |
| PREVENT SAFETY PEN NEEDLES | S&P | |
| PRO COMFORT INSULIN SYRINGE | S&P | |
| PRO COMFORT PEN NEEDLES | S&P | |
| PRODIGY INSULIN SYRINGE | S&P | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| PURE COMFORT PEN NEEDLE | S&P | |
| PURE COMFORT SAFETY PEN NEEDLE | S&P | |
| PX EXTRA SHORT PEN NEEDLES | S&P | |
| PX INSULIN SYRINGE | S&P | |
| PX MINI PEN NEEDLES | S&P | |
| PX PEN NEEDLE | S&P | |
| PX SHORTLENGTH PEN NEEDLES | S&P | |
| QC PEN NEEDLES | S&P | |
| QC UNIFINE PENTIPS | S&P | |
| QUICK TOUCH INSULIN PEN NEEDLE | S&P | |
| RA INSULIN SYRINGE | S&P | |
| RA PEN NEEDLES | S&P | |
| RAYA SURE PEN NEEDLE | S&P | |
| REALITY INSULIN SYRINGE | S&P | |
| RELION INSULIN SYRINGE | S&P | |
| RELION MINI PEN NEEDLES | S&P | |
| RELION PEN NEEDLES | S&P | |
| RELION SHORT PEN NEEDLES | S&P | |
| SAFETY PEN NEEDLES | S&P | |
| SB INSULIN SYRINGE | S&P | |
| SECURESAFE INSULIN SYRINGE | S&P | |
| SECURESAFE SAFETY PEN NEEDLES | S&P | |
| SURE COMFORT INSULIN SYRINGE | S&P | |
| SURE COMFORT PEN NEEDLES | S&P | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| SYRINGE/HYPODERMIC SAFETY | 2 | |
| TECHLITE INSULIN SYRINGE | S&P | |
| TECHLITE PEN NEEDLES | S&P | |
| TECHLITE PLUS PEN NEEDLES | S&P | |
| TODAYS HEALTH PEN NEEDLES | S&P | |
| TODAYS HEALTH SHORT PEN NEEDLE | S&P | |
| TOOMEY SYRINGE | S&P | |
| TOPCARE CLICKFINE PEN NEEDLES | S&P | |
| TOPCARE ULTRA COMFORT INS SYR | S&P | |
| TRUE COMFORT INSULIN SYRINGE | S&P | |
| TRUE COMFORT PEN NEEDLES | S&P | |
| TRUE COMFORT PRO INSULIN SYR | S&P | |
| TRUE COMFORT PRO PEN NEEDLES | S&P | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| TRUE COMFORT SAFETY PEN NEEDLE | S&P | |
| TRUEPLUS 5-BEVEL PEN NEEDLES | S&P | |
| TRUEPLUS INSULIN SYRINGE | S&P | |
| TRUEPLUS PEN NEEDLES | S&P | |
| ULTICARE INSULIN SAFETY SYR | S&P | |
| ULTICARE INSULIN SYR 1/2 UNIT | S&P | |
| ULTICARE INSULIN SYRINGE | S&P | |
| ULTICARE MICRO PEN NEEDLES | S&P | |
| ULTICARE MINI PEN NEEDLES | S&P | |
| ULTICARE PEN NEEDLES | S&P | |
| ULTICARE SHORT PEN NEEDLES | S&P | |
| ULTIGUARD SAFEPACK PEN NEEDLE | S&P | |
| ULTIGUARD SAFEPACK SYR/NEEDLE | S&P | |
| ULTILET PEN NEEDLE | S&P | |
| ULTRA COMFORT INSULIN SYRINGE | S&P | |
| ULTRA FLO INSULIN PEN NEEDLES | S&P | |
| ULTRA FLO INSULIN SYR 1/2 UNIT | S&P | |
| ULTRA FLO INSULIN SYRINGE | S&P | |
| ULTRA THIN PEN NEEDLES | S&P | |
| ULTRA-THIN II INS SYR SHORT | S&P | |
| ULTRA-THIN II INSULIN SYRINGE | S&P | |
| ULTRA-THIN II MINI PEN NEEDLE | S&P | |
| ULTRA-THIN II PEN NEEDLE SHORT | S&P | |
| ULTRA-THIN II PEN NEEDLES | S&P | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ULTRACARE INSULIN SYRINGE | S&P | |
| ULTRACARE PEN NEEDLES | S&P | |
| UNIFINE OTC PEN NEEDLES | S&P | |
| UNIFINE PENTIPS | S&P | |
| UNIFINE PENTIPS PLUS | S&P | |
| UNIFINE PROTECT PEN NEEDLE | S&P | |
| UNIFINE SAFECONTROL PEN NEEDLE | S&P | |
| UNIFINE ULTRA PEN NEEDLE | S&P | |
| VALUE HEALTH INSULIN SYRINGE | S&P | |
| VANISHPOINT INSULIN SYRINGE | S&P | |
| VERIFINE INSULIN PEN NEEDLE | S&P | |
| VERIFINE INSULIN SYRINGE | S&P | |
| VERIFINE PLUS PEN NEEDLE | S&P | |
| VP INSULIN SYRINGE | S&P | |
| WEGMANS UNIFINE PENTIPS PLUS | S&P | |
| ZEV RX INSULIN SYRINGE | S&P | |
| ZEV RX PEN NEEDLES | S&P | |
| SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES | | |
| AEROCHAMBER HOLDING CHAMBER | 2 | |
| AEROCHAMBER MINI CHAMBER | 2 | |
| AEROCHAMBER MV | 2 | |
| AEROCHAMBER PLS FLOVU MTHPIECE | 2 | |
| AEROCHAMBER PLUS FLO-VU | 2 | |
| AEROCHAMBER PLUS FLO-VU INTERM | 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE | 2 | |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| AEROCHAMBER PLUS FLO-VU SMALL | 2 | |
| AEROCHAMBER PLUS FLO-VU W/MASK | 2 | |
| AEROCHAMBER Z-STAT PLUS | 2 | |
| AEROCHAMBER Z-STAT PLUS CHAMBR | 2 | |
| AEROCHAMBER Z-STAT PLUS/LARGE | 2 | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM | 2 | |
| AEROCHAMBER Z-STAT PLUS/SMALL | 2 | |
| AEROCHAMBER2GO ANTI-STATIC | 2 | |
| AEROVENT PLUS | 2 | |
| BREATHE COMFORT CHAMBER/ADULT | 2 | |
| BREATHE COMFORT CHAMBER/CHILD | 2 | |
| BREATHE EASE LARGE | 2 | |
| BREATHE EASE MEDIUM | 2 | |
| BREATHE EASE SMALL | 2 | |
| CLEVER CHOICE HOLDING CHAMBER | 2 | |
| COMPACT SPACE CHAMBER | 2 | |
| COMPACT SPACE CHAMBER/LG MASK | 2 | |
| COMPACT SPACE CHAMBER/MED MASK | 2 | |
| COMPACT SPACE CHAMBER/SM MASK | 2 | |
| EASIVENT | 2 | |
| EASIVENT MASK LARGE | 2 | |
| EASIVENT MASK MEDIUM | 2 | |
| EASIVENT MASK SMALL | 2 | |
| EQ SPACE CHAMBER ANTI-STATIC | 2 | |
| EQ SPACE CHAMBER ANTI-STATIC L | 2 | |
| EQ SPACE CHAMBER ANTI-STATIC M | 2 | |
| EQ SPACE CHAMBER ANTI-STATIC S | 2 | |
| FLEXICHAMBER | 2 | |
| FLEXICHAMBER ADULT MASK/SMALL | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| FLEXICHAMBER CHILD MASK/LARGE | 2 | |
| FLEXICHAMBER CHILD MASK/SMALL | 2 | |
| INSPIREASE | 2 | |
| INSPIREASE RESERVOIR BAGS | 2 | |
| MASK VORTEX/CHILD/FROG | 2 | |
| MASK VORTEX/TODDLER/LADYBUG | 2 | |
| MICROCHAMBER | 2 | |
| MICROSPACER | 2 | |
| OPTICHAMBER DIAMOND | 2 | |
| OPTICHAMBER DIAMOND-LG MASK | 2 | |
| OPTICHAMBER DIAMOND-MD MASK | 2 | |
| OPTICHAMBER DIAMOND-SM MASK | 2 | |
| PANDA MASK LARGE | 2 | |
| PANDA MASK MEDIUM | 2 | |
| PANDA MASK SMALL | 2 | |
| PARI VORTEX PEDIATRIC MASK | 2 | |
| PEDIATRIC PANDA MASK | 2 | |
| POCKET CHAMBER | 2 | |
| POCKET SPACER | 2 | |
| PRO COMFORT SPACER ADULT | 2 | |
| PRO COMFORT SPACER CHILD | 2 | |
| PRO COMFORT SPACER INFANT | 2 | |
| PROCARE SPACER/ADULT MASK | 2 | |
| PROCARE SPACER/CHILD MASK | 2 | |
| PROCHAMBER VHC | 2 | |
| PURE COMFORT SPACER CHAMBER | 2 | |
| RITEFLO | 2 | |
| VORTEX HOLD CHMBR/MASK/CHILD | 2 | |
| VORTEX VALVE CHAMBER-PEDI MASK | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| VORTEX VALVED HOLDING CHAMBER | 2 | |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP) | | |
| NURTEC | 2 | QL 16 / 30 day(s) PA |
| QULIPTA | 2 | QL 30 / 30 day(s) PA |
| UBRELVY | 2 | PA QLC 16 / 30 days |
| CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES | | |
| AIMOVIG 140 MG/ML SOLN A-INJ | 2 | QL 1 / 28 DAYS PA |
| AIMOVIG 70 MG/ML SOLN A-INJ | 2 | QL 1 / 28 DAYS PA AL1 At least 18 yrs old |
| AJOVY | 2 | PA QLC 4.5 / 84 DAYS |
| EMGALITY | 2 | QL 1 / 28 DAYS PA AL1 At least 18 yrs old |
| EMGALITY (300 MG DOSE) | 2 | PA AL1 At least 18 yrs old QLC 9 / 180 DAYS |
| ERGOT COMBINATIONS | | |
| ERGOTAMINE-CAFFEINE | 3 | QL 40 / 28 day(s) C3 Step therapy: Must first try TWO triptan agents with different active ingredients |
| MIGERGOT | 3 | QL 20 / 30 days C3 Step therapy: Must first try TWO triptan agents with different active ingredients |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| DIHYDROERGOTAMINE MESYLATE (DIHYDROERGOTAMINE MESYLATE CRYSTALS, DIHYDROERGOTAMINE MESYLATE POWDER) | 3 | |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i> | 1 | <p>QL 24 / 28 day(s)</p> <p>C3 Step therapy: Must first try TWO triptan agents with different active ingredients</p> |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> | 1 | <p>QL 8 / 28 day(s)</p> <p>PA</p> |
| ERGOMAR | 3 | <p>QL 20 / 28 day(s)</p> <p>C3 Step therapy: Must first try TWO triptan agents with different active ingredients</p> |
| ERGOTAMINE TARTRATE | 3 | |
| MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS | | |
| ELYXYB | 3 | <p>QL 28.8 / 30 day(s)</p> <p>PA</p> |
| MIGRAINE PRODUCTS - NSAIDS | | |
| <i>diclofenac potassium (migraine)</i> | 1 | |
| SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS | | |
| <i>sumatriptan-naproxen sodium</i> | 1 | <p>ST</p> <p>QLC 18 / 30 DAYS</p> <p>C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab</p> |
| SELECTIVE SEROTONIN AGONISTS 5-HT(1) | | |
| <i>almotriptan malate</i> | 1 | <p>ST</p> <p>QLC 12 / 30 DAYS</p> <p>C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab</p> |
| <i>eletriptan hydrobromide</i> | 1 | <p>QLC 12 / 30 DAYS</p> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>frovatriptan succinate</i> | 1 | <p>ST</p> <p>QLC 18 / 30 DAYS</p> <p>C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab</p> |
| IMITREX STATDOSE REFILL | 3 | <p>QL 6 / 30 DAYS</p> <p>ST</p> <p>C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab</p> |
| <i>naratriptan hcl</i> | 1 | QLC 18 / 30 DAYS |
| ONZETRA XSAIL | 3 | <p>QL 32 / 30 DAYS</p> <p>ST</p> <p>C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab</p> |
| <i>rizatriptan benzoate</i> | 1 | QLC 18 / 30 DAYS |
| <i>sumatriptan (sumatriptan nasal spray 5 mg/act, sumatriptan nasal spray 20 mg/act)</i> | 1 | QLC 12 / 30 DAYS |
| <i>sumatriptan succinate (sumatriptan succinate solution auto-injector 4 mg/0.5ml, sumatriptan succinate solution auto-injector 6 mg/0.5ml)</i> | 1 | QL 6 / 30 DAYS |
| <i>sumatriptan succinate (sumatriptan succinate tab 25 mg, sumatriptan succinate tab 50 mg, sumatriptan succinate tab 100 mg)</i> | 1 | QLC 18 / 30 DAYS |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i> | 1 | QL 5 / 30 DAYS |
| SUMATRIPTAN SUCCINATE REFILL | 3 | <p>QL 6 / 30 DAYS</p> <p>ST</p> <p>C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab</p> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| ZEMBRACE SYMTOUCH | 3 | <ul style="list-style-type: none"> QL 12 / 30 DAYS ST C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab |
| <i>zolmitriptan (zolmitriptan orally disintegrating tab 2.5 mg, zolmitriptan orally disintegrating tab 5 mg, zolmitriptan tab 2.5 mg, zolmitriptan tab 5 mg)</i> | 1 | <ul style="list-style-type: none"> QLC 12 / 30 DAYS |
| ZOLMITRIPTAN 2.5 MG SOLUTION | 3 | <ul style="list-style-type: none"> ST QLC 12 / 30 DAYS C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab |
| <i>zolmitriptan nasal spray 5 mg/spray unit</i> | 1 | <ul style="list-style-type: none"> ST QLC 12 / 30 DAYS C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab |
| ZOMIG 2.5 MG SOLUTION | 3 | <ul style="list-style-type: none"> ST QLC 12 / 30 DAYS C3 Step therapy: Must first try eletriptan, naratriptan, rizatriptan, sumatriptan tab, or zolmitriptan tab |
| SELECTIVE SEROTONIN AGONISTS 5-HT(1F) | | |
| REYVOW | 2 | <ul style="list-style-type: none"> QL 8 / 30 day(s) PA AL1 At least 18 yrs old |
| MINERALS & ELECTROLYTES | | |
| BICARBONATES | | |
| SODIUM ACETATE (SODIUM ACETATE CRYSTALS, SODIUM ACETATE GRANULES, SODIUM ACETATE POWDER) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------|
| CALCIUM | | |
| CA PHOSPHATE DIBASIC DIHYD | 3 | |
| CALCIUM CARBONATE POWDER | 3 | |
| CALCIUM CARBONATE EXTRA LIGHT | 3 | |
| CALCIUM CARBONATE LIGHT | 3 | |
| CALCIUM CHLORIDE ANHYDROUS GRANULES | 3 | |
| CALCIUM CHLORIDE DIHYDRATE | 3 | |
| CALCIUM GLUCONATE POWDER | 3 | |
| CALCIUM GLUCONATE ANHYDROUS | 3 | |
| CALCIUM GLUCONATE MONOHYDRATE | 3 | |
| CALCIUM LACTATE PENTAHYDRATE | 3 | |
| CALCIUM PHOSPHATE DIBASIC | 3 | |
| CALCIUM PHOSPHATE TRIBASIC | 3 | |
| FLUORIDE | | |
| SODIUM FLUORIDE (SODIUM FLUORIDE 1.1 (0.5 F) MG TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION, SODIUM FLUORIDE 2.2 (1 F) MG TAB) | 2 | ACA Affordable Care Act |
| <i>sodium fluoride (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf), sodium fluoride chew tab 1 mg f (from 2.2 mg naf))</i> | 1 | ACA Affordable Care Act |
| FLUORIDE COMBINATIONS | | |
| FLORIVA 0.25-400 MG-UNIT/ML LIQUID | 3 | ACA Affordable Care Act |
| MAGNESIUM | | |
| MAGNESIUM CARBONATE POWDER | 3 | |
| MAGNESIUM CARBONATE HEAVY | 3 | |
| MAGNESIUM CHLORIDE (MAGNESIUM CHLORIDE CRYSTALS, MAGNESIUM CHLORIDE POWDER) | 3 | |
| PHOSPHATE | | |
| <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i> | 1 | |
| <i>potassium phosphate monobasic tab 500 mg</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| POTASSIUM | | |
| KLOR-CON | 1 | |
| KLOR-CON 10 | 1 | |
| POKONZA | 3 | |
| POTASSIUM BICARBONATE (POTASSIUM BICARBONATE GRANULES, POTASSIUM BICARBONATE POWDER) | 3 | |
| POTASSIUM CHLORIDE (POTASSIUM CHLORIDE CRYSTALS, POTASSIUM CHLORIDE GRANULES, POTASSIUM CHLORIDE POWDER) | 3 | |
| <i>potassium chloride (potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride powder packet 20 meq, potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i> | 1 | |
| POTASSIUM CHLORIDE ER 10 MEQ TAB ER | 1 | |
| POTASSIUM CHLORIDE ER 15 MEQ TAB ER | 3 | |
| POTASSIUM CHLORIDE ER 8 MEQ TAB ER | 2 | |
| <i>potassium chloride microencapsulated crystals er (potassium chloride microencapsulated crys er tab 10 meq, potassium chloride microencapsulated crys er tab 15 meq, potassium chloride microencapsulated crys er tab 20 meq)</i> | 1 | |
| SODIUM | | |
| SODIUM CHLORIDE (SODIUM CHLORIDE GRANULES, SODIUM CHLORIDE POWDER) | 3 | |
| TRACE MINERALS | | |
| COPPER SULFATE | 3 | |
| CUPRIC SULFATE | 3 | |
| ZINC | | |
| GALZIN (GALZIN 25 MG CAP, GALZIN 50 MG CAP) | 3 | |
| ZINC SULFATE GRANULES | 3 | |
| ZINC SULFATE HEPTAHYDRATE | 3 | |
| ZINC SULFATE MONOHYDRATE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT | | |
| JOENJA | 3 | QL 60 / 30 day(s) PA S |
| ANTILEPTOTICS | | |
| THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP) | 2 | QL 60 / 30 DAYS PA S |
| THALOMID 100 MG CAP | 2 | QL 120 / 30 day(s) PA S |
| THALOMID 50 MG CAP | 2 | QL 90 / 30 day(s) PA S |
| B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS | | |
| BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR) | 3 | QL 4 / 28 DAYS PA S |
| CHELATING AGENTS | | |
| CUVRIOR | 3 | PA S |
| <i>penicillamine (penicillamine cap 250 mg, penicillamine tab 250 mg)</i> | 1 | S |
| TRIENTINE HCL 500 MG CAP | 3 | S |
| <i>trientine hcl cap 250 mg</i> | 1 | S |
| CYCLOSPORINE ANALOGS | | |
| <i>cyclosporine (cyclosporine cap 25 mg, cyclosporine cap 100 mg)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <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 | |
| LUPKYNIS | 3 | QL 180 / 30 day(s) PA S |
| NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION) | 3 | |
| SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP, SANDIMMUNE 100 MG/ML SOLUTION) | 3 | |
| ENZYMES | | |
| BROMELAIN | 3 | |
| CHYMOTRYPSIN (ALPHA) | 3 | |
| FARNESYLTRANSFERASE INHIBITORS | | |
| ZOKINVY | 2 | QL 120 / 30 day(s) PA S |
| IMMUNOMODULATORS - COMBINATIONS | | |
| VYVGART HYTRULO 1000-10000 MG-UNT/5ML SOLN PRSYR | 3 | PA S QLC 20 / 50 days |
| IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES | | |
| <i>lenalidomide (lenalidomide cap 15 mg, lenalidomide cap 20 mg, lenalidomide cap 25 mg)</i> | 1 | QL 21 / 28 day(s) PA S |
| <i>lenalidomide (lenalidomide cap 5 mg, lenalidomide cap 10 mg, lenalidomide caps 2.5 mg)</i> | 1 | QL 30 / 30 day(s) PA S |
| INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS | | |
| CELLCEPT (CELLCEPT 200 MG/ML RECON SUSP, CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| <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> | 1 | |
| MYFORTIC | 3 | |
| MYHIBBIN | 2 | |
| MACROLIDE IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL | 3 | |
| ENVARUSUS XR | 3 | |
| <i>everolimus (immunosuppressant)</i> | 1 | |
| PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 1 MG PACKET, PROGRAF 5 MG CAP) | 3 | |
| RAPAMUNE (RAPAMUNE 0.5 MG TAB, RAPAMUNE 1 MG TAB, RAPAMUNE 1 MG/ML SOLUTION, RAPAMUNE 2 MG TAB) | 3 | |
| <i>sirolimus (sirolimus oral soln 1 mg/ml, sirolimus tab 0.5 mg, sirolimus tab 1 mg, sirolimus tab 2 mg)</i> | 1 | |
| <i>tacrolimus (tacrolimus cap 0.5 mg, tacrolimus cap 1 mg, tacrolimus cap 5 mg)</i> | 1 | |
| ZORTRESS | 3 | |
| ADENOSINE-5-MONOPHOSPHATE | 3 | |
| ADENOSINE-5-TRIPHOSPHATE | 3 | |
| MONOCLONAL ANTIBODIES | | |
| ENSPRYNG | 3 | PA S QLC 1 / 28 days |
| PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB | | |
| VIJOICE (VIJOICE 50 MG PACKET, VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK) | 3 | QL 28 / 28 day(s) PA S |
| VIJOICE 200 & 50 MG TAB THPK | 3 | QL 56 / 28 days PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| POTASSIUM REMOVING AGENTS | | |
| LOKELMA | 2 | |
| <i>sodium polystyrene sulfonate (*sodium polystyrene sulfonate powder**, sodium polystyrene sulfonate susp 15 gm/60ml)</i> | 1 | |
| SPS (SODIUM POLYSTYRENE SULF) | 3 | |
| VELTASSA | 2 | |
| PURINE ANALOGS | | |
| AZATHIOPRINE POWDER | 3 | |
| <i>azathioprine (azathioprine tab 50 mg, azathioprine tab 75 mg, azathioprine tab 100 mg)</i> | 1 | |
| IMURAN | 3 | |
| ROCK INHIBITORS | | |
| REZUROCK | 3 | <div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 day(s)</div> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| <i>lidocaine hcl (mouth-throat)</i> | 1 | |
| ANESTHETICS TOPICAL ORAL - COMBINATIONS | | |
| FIRST-MOUTHWASH BLM | 3 | |
| ANTI-INFECTIVES - THROAT | | |
| AMPHOTERICIN B (AMPHOTERICIN B POWDER, AMPHOTERICIN B 905 UNIT/MG POWDER) | 3 | |
| <i>clotrimazole troche 10 mg</i> | 1 | |
| <i>nystatin (mouth-throat)</i> | 1 | |
| ORAVIG | 3 | |
| ANTISEPTICS - MOUTH/THROAT | | |
| <i>chlorhexidine gluconate soln 0.12%</i> | 1 | |
| DENTAL AIDS | | |
| ZINC ACETATE (ZINC ACETATE CRYSTALS, ZINC ACETATE 100 % CRYSTALS) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------|
| DENTAL PRODUCTS - COMBINATIONS | | |
| DENTA 5000 PLUS SENSITIVE | 2 | ACA Affordable Care Act |
| FLUORIDEX SENSITIVITY RELIEF | 2 | ACA Affordable Care Act |
| FLUORIMAX 5000 SENSITIVE | 2 | ACA Affordable Care Act |
| FRAICHE 5000 PREVI | 3 | |
| FRAICHE 5000 SENSITIVE | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT | 2 | ACA Affordable Care Act |
| PREVIDENT 5000 SENSITIVE | 2 | ACA Affordable Care Act |
| SOD FLUORIDE-POTASSIUM NITRATE | 2 | ACA Affordable Care Act |
| SODIUM FLUORIDE 5000 ENAMEL | 2 | ACA Affordable Care Act |
| SODIUM FLUORIDE 5000 SENSITIVE | 2 | ACA Affordable Care Act |
| FLUORIDE DENTAL PRODUCTS | | |
| <i>sodium fluoride (dental) (sodium fluoride cream 1.1%, sodium fluoride gel 1.1% (0.5% f), sodium fluoride paste 1.1%, sodium fluoride rinse 0.2%)</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 |
| SALIVA STIMULANTS | | |
| <i>cevimeline hcl</i> | 1 | |
| <i>pilocarpine hcl (oral)</i> | 1 | |
| STEROIDS - MOUTH/THROAT/DENTAL | | |
| <i>triamcinolone acetonide (mouth)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---------------------------|------|-----------------------|
| PRENATAL MV & MIN W/FE-FA | | |
| ALTRIXA OB | 3 | |
| ATABEX EC | 3 | |
| ATABEX OB | 3 | |
| AZESCO | 3 | |
| C-NATE DHA | 3 | |
| CITRANATAL B-CALM | 3 | |
| CITRANATAL BLOOM | 3 | |
| CO-NATAL FA | 3 | |
| COMPLETENATE | 3 | |
| CONCEPT DHA | 3 | |
| CONCEPT OB | 3 | |
| DERMACINRX PRETRATE | 3 | |
| DUET DHA 400 | 3 | GL Female |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|----------------------------|------|-----------------------|
| ELITE-OB | 3 | GL Female |
| EMBRIVA | 3 | |
| ENBRACE HR | 3 | |
| FOLATEXCEL | 3 | |
| FOLIVANE-OB | 3 | |
| INATAL GT | 3 | |
| JENLIVA PRENATAL/POSTNATAL | 3 | |
| KOSHER PRENATAL PLUS IRON | 3 | GL Female |
| M-NATAL PLUS | 3 | |
| MATERNACEL | 3 | |
| MATERVIA | 3 | |
| NATACHEW | 3 | |
| NATAL PNV | 3 | |
| NATALVIT | 3 | |
| NEEVO DHA | 3 | |
| NEO-VITAL RX | 3 | |
| NEOMATERNA | 3 | |
| NEONATAL COMPLETE | 3 | |
| NEONATAL FE | 3 | |
| NEONATAL PLUS | 3 | |
| NEONATAL VITAMIN | 3 | |
| NESTABS | 3 | GL Female |
| NESTABS DHA | 3 | GL Female |
| NIVA-PLUS | 3 | |
| OB COMPLETE | 3 | GL Female |
| OB COMPLETE ONE | 3 | |
| OB COMPLETE PETITE | 3 | |
| OB COMPLETE PREMIER | 3 | GL Female |
| OB COMPLETE/DHA | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ONE VITE WOMENS PLUS | 3 | |
| PNV 27-CA/FE/FA | 3 | |
| PNV PRENATAL PLUS MULTIVIT+DHA | 3 | |
| PNV TABS 20-1 | 3 | |
| PNV-OMEGA | 3 | |
| PNV-SELECT | 3 | |
| PREGENNA | 3 | |
| PRENA1 PEARL | 3 | |
| PRENATABS RX | 2 | GL Female |
| PRENATAL 19 (PRENATAL 19 CHEW TAB, PRENATAL 19 TAB, PRENATAL 19 29-1 MG CHEW TAB, PRENATAL 19 29-1 MG TAB) | 2 | |
| PRENATAL 27-1 MG TAB | 3 | |
| PRENATAL PLUS | 2 | |
| PRENATAL PLUS VITAMIN/MINERAL | 3 | |
| PRENATAL-U | 2 | |
| PRENATE ELITE | 3 | GL Female |
| PRENATOL-M | 3 | |
| PRENATRIX | 3 | |
| PRENATRYL | 3 | |
| PRENATVITE COMPLETE | 3 | |
| PRENATVITE PLUS | 3 | |
| PRENATVITE RX | 3 | |
| PRIMACARE | 3 | |
| PROVIDA OB | 3 | |
| RELNATE DHA | 3 | |
| SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB) | 2 | |
| SELECT-OB 29-0.6-0.4 MG CHEW TAB | 3 | |
| SELECT-OB 29-1 MG CHEW TAB | 3 | GL Female |
| TARON-C DHA | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| THRIVITE RX | 3 | GL Female |
| TRICARE | 3 | |
| TRINATAL RX 1 | 3 | |
| TRINATE | 2 | |
| VINATE DHA RF | 3 | |
| VINATE II | 2 | |
| VINATE ONE | 2 | |
| VITAFOL GUMMIES | 3 | |
| VITAFOL-NANO | 3 | |
| VITAFOL-OB | 3 | |
| VITALARA | 3 | |
| VITAPEARL | 3 | |
| VITATHELY WITH GINGER | 3 | |
| VIVA DHA | 3 | |
| WESCAP-C DHA | 3 | |
| WESNATE DHA | 3 | |
| WESTAB PLUS | 3 | |
| ZALVIT | 3 | |
| ZIPHEX | 3 | |
| PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL | | |
| COMPLETE NATAL DHA | 3 | GL Female |
| WESNATAL DHA COMPLETE | 3 | GL Female |
| PRENATAL MV & MIN W/FE-FA-DHA | | |
| CITRANATAL 90 DHA | 3 | |
| CITRANATAL ASSURE | 3 | |
| CITRANATAL HARMONY | 3 | |
| CITRANATAL MEDLEY | 3 | |
| NEONATAL + DHA | 3 | |
| NESTABS ONE | 3 | |
| OBSTETRIX DHA | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| PNV-DHA | 3 | |
| PNV-DHA+DOCUSATE | 3 | |
| PREGEN DHA | 3 | |
| PRENA 1 TRUE | 3 | |
| PRENAISSANCE | 3 | |
| PRENAISSANCE PLUS | 3 | |
| PRENATE DHA | 3 | |
| PRENATE ENHANCE | 3 | |
| PRENATE ESSENTIAL | 3 | |
| PRENATE MINI | 3 | |
| PRENATE PIXIE | 3 | |
| PRENATE RESTORE | 3 | |
| SELECT-OB+DHA | 3 | |
| TRISTART DHA | 3 | |
| VITAFOL FE+ | 3 | |
| VITAFOL ULTRA | 3 | |
| VITAFOL-OB+DHA | 3 | |
| VITAFOL-ONE | 3 | |
| VITAMEDMD ONE RX/QUATREFOLIC | 3 | |
| VITATRUE | 3 | |
| WESCAP-PN DHA | 3 | |
| WESTGEL DHA | 3 | |
| PRENATAL MV & MINERALS W/FA WITHOUT IRON | | |
| PRENATE | 3 | |
| PRENATAL VITAMINS | | |
| NEONATAL 19 | 3 | |
| PREMESISRX | 3 | GL Female |
| PRENA1 | 3 | GL Female |
| PRENATE AM | 3 | GL Female |
| VITAFOL STRIPS | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------|
| VITAMEDMD REDICHEW RX | 3 | GL Female |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| BACLOFEN POWDER | 3 | |
| <i>baclofen (baclofen tab 5 mg, baclofen tab 10 mg, baclofen tab 15 mg, baclofen tab 20 mg)</i> | 1 | |
| BACLOFEN (BULK) | 3 | |
| BACLOFEN 5 MG/5ML SOLUTION | 3 | QL 2400 / 30 day(s) PA |
| <i>baclofen oral soln 10 mg/5ml</i> | 1 | QL 1200 / 30 day(s) PA |
| <i>baclofen oral soln 5 mg/5ml</i> | 1 | QL 2400 / 30 day(s) PA |
| <i>baclofen susp 25 mg/5ml</i> | 1 | QL 480 / 30 day(s) PA |
| CARISOPRODOL POWDER | 3 | |
| <i>chlorzoxazone</i> | 1 | |
| <i>cyclobenzaprine hcl (cyclobenzaprine hcl cap er 24hr 15 mg, cyclobenzaprine hcl cap er 24hr 30 mg, cyclobenzaprine hcl tab 5 mg, cyclobenzaprine hcl tab 7.5 mg, cyclobenzaprine hcl tab 10 mg)</i> | 1 | |
| LYVISPAH | 3 | QL 120 / 30 day(s) PA |
| METAXALONE 640 MG TAB | 3 | PA |
| <i>metaxalone tab 400 mg</i> | 1 | PA |
| <i>metaxalone tab 800 mg</i> | 1 | |
| <i>methocarbamol (methocarbamol tab 500 mg, methocarbamol tab 750 mg, methocarbamol tab 1000 mg)</i> | 1 | |
| METHOCARBAMOL 1000 MG TAB | 3 | |
| ORPHENADRINE CITRATE POWDER | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>orphenadrine citrate tab er 12hr 100 mg</i> | 1 | |
| OZOBAX | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2400 / 30 day(s) </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 20px;">PA</div> |
| TABRADOL FUSEPAQ | 3 | |
| <i>tizanidine hcl (tizanidine hcl cap 2 mg (base equivalent), tizanidine hcl cap 4 mg (base equivalent), tizanidine hcl cap 6 mg (base equivalent), tizanidine hcl tab 2 mg (base equivalent), tizanidine hcl tab 4 mg (base equivalent))</i> | 1 | |
| DIRECT MUSCLE RELAXANTS | | |
| <i>dantrolene sodium (dantrolene sodium cap 25 mg, dantrolene sodium cap 50 mg, dantrolene sodium cap 100 mg)</i> | 1 | |
| MUSCLE RELAXANT COMBINATIONS | | |
| NORGESIC | 3 | |
| NORGESIC FORTE | 3 | <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-left: 20px;">PA</div> |
| ORPHENADRINE-ASPIRIN-CAFFEINE | 3 | |
| ORPHENGESIC FORTE | 3 | <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-left: 20px;">PA</div> |
| RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS | | |
| SOHONOS (SOHONOS 1 MG CAP, SOHONOS 1.5 MG CAP) | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 112 / 28 days </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 20px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 20px;">S</div> |
| SOHONOS 10 MG CAP | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 56 / 28 days </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 20px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 20px;">S</div> |
| SOHONOS 2.5 MG CAP | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 140 / 28 days </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 20px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 20px;">S</div> |
| SOHONOS 5 MG CAP | 3 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 84 / 28 days </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 20px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 20px;">S</div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| ANTIHISTAMINE-STEROID | | |
| RYALTRIS | 3 | |
| NASAL ANTICHOLINERGICS | | |
| <i>ipratropium bromide (nasal)</i> | 1 | |
| NASAL ANTIHISTAMINES | | |
| <i>azelastine hcl</i> | 1 | |
| <i>olopatadine hcl (nasal)</i> | 1 | |
| NASAL STEROIDS | | |
| BECONASE AQ | 3 | |
| <i>flunisolide (nasal)</i> | 1 | |
| <i>fluticasone propionate (nasal)</i> | 1 | AL1 At least 2 yrs old |
| <i>mometasone furoate (nasal)</i> | 1 | |
| OMNARIS | 3 | |
| QNASL | 3 | |
| QNASL CHILDRENS | 3 | |
| XHANCE | 3 | QL 32 / 30 DAYS PA |
| ZETONNA | 3 | |
| SYSTEMIC DECONGESTANTS | | |
| PHENYLPROPANOLAMINE HCL | 3 | |
| PSEUDOEPHEDRINE HCL (PSEUDOEPHEDRINE HCL CRYSTALS, PSEUDOEPHEDRINE HCL POWDER) | 3 | |
| SUDAFED CHILDRENS | 3 | |
| TOPICAL DECONGESTANTS | | |
| PHENYLEPHRINE HCL (PHENYLEPHRINE HCL CRYSTALS, PHENYLEPHRINE HCL POWDER) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--------------------------------|
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS - MISCELLANEOUS | | |
| RADICAVA ORS | 3 | QL 50 / 28 day(s) PA S |
| RADICAVA ORS STARTER KIT | 3 | PA S QLC 70 / 180 DAYS |
| BENZATHIAZOLES | | |
| EXSERVAN | 3 | QL 60 / 30 day(s) PA S |
| <i>riluzole</i> | 1 | S |
| TIGLUTIK | 3 | QL 600 / 30 day(s) PA S |
| FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS | | |
| SKYCLARYS | 3 | QL 90 / 30 day(s) PA S |
| MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS | | |
| DUVYZAT | 3 | QL 420 / 30 day(s) PA S |
| RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS | | |
| DAYBUE | 3 | QL 3600 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS | | |
| EVRYSDI 0.75 MG/ML RECON SOLN | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 240 / 30 day(s) </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| EVRYSDI 5 MG TAB | 3 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 30 / 30 day(s) </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> |
| NUTRIENTS | | |
| AMINO ACIDS-SINGLE | | |
| ALANINE | 3 | |
| DL-ALANINE | 3 | |
| DL-LEUCINE | 3 | |
| DL-METHIONINE | 3 | |
| DL-PHENYLALANINE | 3 | |
| GLUTAMINE POWDER | 3 | |
| GLUTATHIONE POWDER | 3 | |
| GLUTATHIONE-L | 3 | |
| GLUTATHIONE-L REDUCED | 3 | |
| L-ALANINE | 3 | |
| L-ARGININE POWDER | 3 | |
| L-CYSTINE | 3 | |
| L-GLUTAMIC ACID | 3 | |
| L-GLUTAMINE | 3 | |
| L-GLUTATHIONE | 3 | |
| L-HISTIDINE | 3 | |
| L-HISTIDINE MONOHYDROCHLORIDE | 3 | |
| L-ISOLEUCINE | 3 | |
| L-LEUCINE | 3 | |
| L-METHIONINE | 3 | |
| L-ORNITHINE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| L-PHENYLALANINE | 3 | |
| L-PROLINE POWDER | 3 | |
| L-THREONINE CRYSTALS | 3 | |
| L-TRYPTOPHAN POWDER | 3 | |
| L-TYROSINE POWDER | 3 | |
| L-VALINE | 3 | |
| LEUCINE POWDER | 3 | |
| METHIONINE POWDER | 3 | |
| TAURINE (TAURINE LIQUID, TAURINE POWDER) | 3 | |
| THREONINE | 3 | |
| TRYPTOPHAN | 3 | |
| VALINE POWDER | 3 | |
| CARBOHYDRATES | | |
| DEXTROSE POWDER | 3 | |
| DEXTROSE ANHYDROUS | 3 | |
| DEXTROSE MONOHYDRATE | 3 | |
| FRUCTOSE | 3 | |
| LIPIDS | | |
| DOJOLVI | 3 | PA S |
| LIPOTROPIC COMBINATIONS | | |
| LECITHIN GRANULES | 3 | |
| LIPOTROPICS | | |
| CHOLINE BITARTRATE (CHOLINE BITARTRATE CRYSTALS, CHOLINE BITARTRATE POWDER) | 3 | |
| OPHTHALMIC AGENTS | | |
| ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB | | |
| SIMBRINZA | 2 | |
| BETA-BLOCKERS - OPHTHALMIC | | |
| BETAXOLOL HCL 0.5 % SOLUTION | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------|
| BETIMOL 0.25 % SOLUTION | 3 | |
| BETOPTIC-S | 3 | |
| CARTEOLOL HCL | 3 | |
| LEVOBUNOLOL HCL | 3 | |
| <i>timolol</i> | 1 | |
| <i>timolol maleate (ophth) (timolol maleate ophth gel forming soln 0.25%, timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5% (once-daily), timolol maleate preservative free ophth soln 0.25%)</i> | 1 | |
| <i>timolol maleate (ophth) (timolol maleate ophth gel forming soln 0.5%, timolol maleate preservative free ophth soln 0.5%)</i> | 1 | PA |
| <i>timolol maleate ophth soln 0.5%</i> | 1 | QL 10 / 30 DAYS |
| BETA-BLOCKERS - OPHTHALMIC COMBINATIONS | | |
| <i>brimonidine tartrate-timolol maleate</i> | 1 | QL 10 / 30 day(s) PA |
| <i>dorzolamide hcl-timolol maleate (dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf, dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml, dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%)</i> | 1 | |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> | 1 | QL 10 / 30 DAYS |
| CHOLINERGIC AGONISTS | | |
| TYRVAYA | 3 | QL 8.4 / 30 day(s) |
| CYCLOPLEGIC MYDRIATIC COMBINATIONS | | |
| CYCLOMYDRIL | 3 | |
| CYCLOPLEGIC MYDRIATICS | | |
| ATROPINE SULFATE 1 % SOLUTION | 3 | |
| <i>atropine sulfate ophth soln 1%</i> | 1 | |
| CYCLOGYL (CYCLOGYL 0.5 % SOLUTION, CYCLOGYL 2 % SOLUTION) | 3 | |
| <i>cyclopentolate hcl ophth soln 1%</i> | 1 | |
| ISOPTO ATROPINE | 3 | |
| TROPICAMIDE POWDER | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------|
| MIOTICS - DIRECT ACTING | | |
| <i>pilocarpine hcl (pilocarpine hcl ophth soln 1%, pilocarpine hcl ophth soln 2%, pilocarpine hcl ophth soln 4%)</i> | 1 | |
| <i>pilocarpine hcl ophth soln 1.25%</i> | 1 | QL 5 / 30 day(s) |
| QLOSI | 3 | QL 60 / 30 day(s) |
| OPHTHALMIC ANTI-INFECTIVE COMBINATIONS | | |
| <i>bacitracin-polymyxin b (ophth)</i> | 1 | |
| <i>neomycin-bacitracin zn-polymyxin</i> | 1 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN | 3 | |
| <i>polymyxin b-trimethoprim</i> | 1 | |
| OPHTHALMIC ANTIALLERGIC | | |
| ALOCRIAL | 3 | |
| ALOMIDE | 3 | |
| <i>azelastine hcl (ophth)</i> | 1 | |
| <i>bepotastine besilate</i> | 1 | |
| CROMOLYN SODIUM 4 % SOLUTION | 3 | |
| <i>epinastine hcl (ophth)</i> | 1 | |
| <i>olopatadine hcl</i> | 1 | |
| ZERVIAE | 3 | |
| OPHTHALMIC ANTIBIOTICS | | |
| BACITRACIN 500 UNIT/GM OINTMENT | 2 | |
| BESIVANCE | 2 | |
| <i>ciprofloxacin hcl (ophth)</i> | 1 | QL 23 / rx |
| <i>erythromycin (ophth)</i> | 1 | ACA Affordable Care Act |
| <i>gatifloxacin (ophth)</i> | 1 | |
| <i>gentamicin sulfate (ophth)</i> | 1 | |
| LEVOFLOXACIN (LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 1.5 % SOLUTION) | 3 | |
| MOXIFLOXACIN HCL (2X DAY) | 3 | |
| <i>moxifloxacin hcl (ophth)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| <i>ofloxacin (ophth)</i> | 1 | |
| <i>tobramycin (ophth)</i> | 1 | |
| OPHTHALMIC ANTIFUNGAL | | |
| NATACYN | 2 | QL 23 / 30 DAYS |
| OPHTHALMIC ANTIVIRALS | | |
| TRIFLURIDINE | 2 | |
| OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS | | |
| <i>brinzolamide</i> | 1 | QL 15 / 30 day(s) PA |
| <i>dorzolamide hcl ophth soln 2%</i> | 1 | QL 12 / 30 DAYS |
| OPHTHALMIC ECTOPARASITICIDE | | |
| XDEMVY | 3 | PA QLC 10 / 50 Days |
| OPHTHALMIC IMMUNOMODULATORS | | |
| <i>cyclosporine (ophth)</i> | 1 | QL 60 / 30 day(s) |
| VERKAZIA | 3 | QL 120 / 30 days |
| OPHTHALMIC KINASE INHIBITORS - COMBINATIONS | | |
| ROCKLATAN | 3 | QL 2.5 / 30 days |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE | 3 | PA S QLC 56 / 112 days |
| OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS | | |
| <i>bromfenac sodium ophth soln 0.075% (base equivalent)</i> | 1 | |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | 1 | PA |
| <i>diclofenac sodium (ophth)</i> | 1 | QL 5 / Rx |
| FLURBIPROFEN SODIUM | 3 | |
| ILEVRO | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>ketorolac tromethamine (ophth)</i> | 1 | |
| OPHTHALMIC RHO KINASE INHIBITORS | | |
| RHOPRESSA | 3 | QL 2.5 / 30 days |
| OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS | | |
| APRACLONIDINE HCL | 3 | |
| <i>brimonidine tartrate ophth soln 0.15%</i> | 1 | PA |
| <i>brimonidine tartrate ophth soln 0.2%</i> | 1 | |
| OPHTHALMIC STEROID COMBINATIONS | | |
| <i>bacitracin-poly-neomycin-hc</i> | 1 | |
| DOUBLE PM | 3 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 1 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 1 | QL 5 / Rx |
| NEOMYCIN-POLYMYXIN-HC | 3 | |
| SULFACETAMIDE-PREDNISOLONE | 3 | |
| TOBRADEX ST | 3 | QL 5 / Rx |
| <i>tobramycin-dexamethasone</i> | 1 | |
| TRIPLE PMB | 3 | |
| TRIPLE PMK | 3 | |
| ZYLET | 3 | |
| OPHTHALMIC STEROIDS | | |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION | 2 | |
| EYSUVIS | 2 | QLC 16.6 / 90 DAYS |
| FLAREX | 3 | |
| <i>fluorometholone (ophth)</i> | 1 | |
| LOTEMAX 0.5 % OINTMENT | 2 | |
| LOTEMAX SM | 2 | |
| <i>loteprednol etabonate (loteprednol etabonate ophth gel 0.5%, loteprednol etabonate ophth susp 0.2%)</i> | 1 | |
| <i>loteprednol etabonate ophth susp 0.5%</i> | 1 | QL 21 / Rx |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| MAXIDEX | 3 | QL 10 / Rx |
| <i>prednisolone acetate (ophth)</i> | 1 | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | 3 | |
| OPHTHALMIC SULFONAMIDES | | |
| <i>sulfacetamide sodium (ophth)</i> | 1 | |
| SULFACETAMIDE SODIUM 10 % OINTMENT | 3 | |
| SULFACETAMIDE SODIUM 10 % SOLUTION | 1 | |
| OPHTHALMICS - BLEPHAROPTOSIS AGENTS | | |
| UPNEEQ | 3 | |
| OPHTHALMICS - CYSTINOSIS AGENTS | | |
| CYSTADROPS | 3 | S |
| CYSTARAN | 3 | S |
| PROSTAGLANDINS - OPHTHALMIC | | |
| <i>latanoprost ophth soln 0.005%</i> | 1 | QL 2.5 / 30 days |
| LUMIGAN | 2 | QL 2.5 / 30 day(s) |
| <i>travoprost</i> | 1 | QL 2.5 / 30 days |
| VYZULTA | 3 | QL 2.5 / 30 day(s) |
| OTIC AGENTS | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| <i>acetic acid (otic)</i> | 1 | |
| OTIC ANTI-INFECTIVES | | |
| <i>ciprofloxacin hcl (otic)</i> | 1 | |
| <i>ofloxacin (otic)</i> | 1 | |
| OTIC STEROID-ANTI-INFECTIVE COMBINATIONS | | |
| CIPRO HC | 3 | QL 13 / 30 DAYS |
| <i>ciprofloxacin-dexamethasone</i> | 1 | |
| CIPROFLOXACIN-FLUOCINOLONE PF | 3 | |
| CORTISPORIN-TC | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| OTOVEL | 3 | |
| OTIC STEROIDS | | |
| <i>fluocinolone acetonide (otic)</i> | 1 | |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> | 1 | |
| OXYTOCICS | | |
| ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS | | |
| CERVIDIL | 3 | GL Female |
| <i>methylergonovine maleate tab 0.2 mg</i> | 1 | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| GAMMAGARD | 3 | S |
| GAMMAKED | 3 | S |
| GAMUNEX-C | 3 | S |
| HIZENTRA | 3 | S |
| OCTAGAM | 3 | S |
| XEMBIFY | 3 | 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 | |
| AMOXICILLIN (AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 250 MG CHEW TAB) | 3 | |
| AMOXICILLIN TRIHYDRATE | 3 | |
| <i>ampicillin</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| NATURAL PENICILLINS | | |
| PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN) | 3 | |
| <i>penicillin v potassium (penicillin v potassium tab 250 mg, penicillin v potassium tab 500 mg)</i> | 1 | |
| PENICILLIN COMBINATIONS | | |
| <i>amoxicillin & pot clavulanate (amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, amoxicillin & k clavulanate for susp 250-62.5 mg/5ml, amoxicillin & k clavulanate for susp 400-57 mg/5ml, amoxicillin & k clavulanate for susp 600-42.9 mg/5ml, amoxicillin & k clavulanate tab 250-125 mg, amoxicillin & k clavulanate tab 500-125 mg, amoxicillin & k clavulanate tab 875-125 mg)</i> | 1 | |
| AMOXICILLIN-POT CLAVULANATE | 3 | |
| AMOXICILLIN-POT CLAVULANATE ER | 3 | |
| AUGMENTIN 125-31.25 MG/5ML RECON SUSP | 3 | |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| <i>dicloxacillin sodium</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| SEMI SOLID VEHICLES | | |
| POLYETHYLENE GLYCOL 3350 (POLYETHYLENE GLYCOL 3350 GRANULES, POLYETHYLENE GLYCOL 3350 POWDER) | 3 | ACA Affordable Care Act |
| PROGESTINS | | |
| <i>medroxyprogesterone acetate (medroxyprogesterone acetate tab 2.5 mg, medroxyprogesterone acetate tab 5 mg, medroxyprogesterone acetate tab 10 mg)</i> | 1 | GL Female |
| <i>megestrol acetate (appetite)</i> | 1 | |
| MEGESTROL ACETATE 625 MG/5ML SUSPENSION | 3 | |
| NORETHINDRONE ACETATE POWDER | 3 | |
| <i>norethindrone acetate tab 5 mg</i> | 1 | GL Female |
| <i>progesterone (progesterone cap 100 mg, progesterone cap 200 mg, progesterone im in oil 50 mg/ml)</i> | 1 | GL Female |
| PROGESTERONE MICRONIZED 10 % CREAM | 3 | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR OPIOID WITHDRAWAL | | |
| <i>lofexidine hcl</i> | 1 | |
| ALCOHOL DETERRENTS | | |
| <i>acamprosate calcium</i> | 1 | |
| <i>disulfiram (disulfiram tab 250 mg, disulfiram tab 500 mg)</i> | 1 | |
| ANTI-CATAPLECTIC AGENTS | | |
| LUMRYZ | 3 | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA S |
| LUMRYZ STARTER PACK | 3 | <ul style="list-style-type: none"> PA S QLC 28 / 180 DAYS |
| SODIUM OXYBATE | 3 | <ul style="list-style-type: none"> QL 540 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| ANTI-CATAPLECTIC COMBINATIONS | | |
| XYWAV | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 540 / 30 day(s)</div> <div style="margin-bottom: 5px;">PA</div> <div>S</div> </div> |
| ANTIDEMENTIA AGENT COMBINATIONS | | |
| <i>memantine hcl-donepezil hcl (memantine hcl-donepezil hcl cap er 24hr 14-10 mg, memantine hcl-donepezil hcl cap er 24hr 28-10 mg)</i> | 1 | AL1 At least 40 yrs old |
| <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> | 1 | |
| NAMZARIC (NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK, NAMZARIC 7-10 MG CAP ER 24H) | 3 | AL1 At least 40 yrs old |
| ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS | | |
| TEGSEDI | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 6 / 28 DAYS</div> <div style="margin-bottom: 5px;">PA</div> <div>S</div> </div> |
| WAINUA | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 0.8 / 28 day(s)</div> <div style="margin-bottom: 5px;">PA</div> <div>S</div> </div> |
| BENZODIAZEPINES & TRICYCLIC AGENTS | | |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE | 3 | |
| CHOLINOMIMETICS - ACHE INHIBITORS | | |
| ADLARITY | 3 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 4 / 28 day(s)</div> <div style="margin-bottom: 5px;">PA</div> </div> |
| <i>donepezil hydrochloride (donepezil hydrochloride orally disintegrating tab 5 mg, donepezil hydrochloride orally disintegrating tab 10 mg, donepezil hydrochloride tab 5 mg, donepezil hydrochloride tab 23 mg)</i> | 1 | AL1 At least 40 yrs old |
| <i>donepezil hydrochloride tab 10 mg</i> | 1 | AL1 At least 18 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <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 12 mg)</i> | 1 | AL1 At least 40 yrs old |
| GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION | 3 | AL1 At least 40 yrs old |
| <i>galantamine hydrobromide tab 8 mg</i> | 1 | AL1 At least 18 yrs old |
| <i>rivastigmine</i> | 1 | AL1 At least 40 yrs old |
| <i>rivastigmine tartrate</i> | 1 | AL1 At least 40 yrs old |
| ZUNVEYL | 3 | |
| FIBROMYALGIA AGENT - SNRIS | | |
| SAVELLA | 3 | QL 60 / 30 DAYS |
| SAVELLA TITRATION PACK | 3 | QLC 55 / 180 DAYS |
| MELANOCORTIN RECEPTOR AGONISTS | | |
| VYLEESI | 3 | QL 1.8 / 30 DAYS PA GL Female S |
| MOVEMENT DISORDER DRUG THERAPY | | |
| AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB) | 3 | QL 120 / 30 DAYS PA S |
| AUSTEDO 6 MG TAB | 3 | QL 60 / 30 DAYS PA S |
| AUSTEDO XR (AUSTEDO XR 6 MG TAB ER 24H, AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H) | 3 | QL 30 / 30 day(s) PA S |
| AUSTEDO XR 24 MG TAB ER 24H | 3 | QL 30 / 30 days PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK | 3 | PA S QLC 28 / 180 DAYS |
| AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK | 3 | PA S QLC 42 / 180 days |
| INGREZZA (INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP SPRINK) | 3 | QL 30 / 30 day(s) PA S |
| INGREZZA (INGREZZA 40 MG CAP, INGREZZA 80 MG CAP) | 3 | QL 30 / 30 DAYS PA AL1 At least 18 yrs old S |
| INGREZZA 40 & 80 MG CAP THPK | 3 | PA AL1 At least 18 yrs old S QLC 28 / 180 days |
| INGREZZA 60 MG CAP | 3 | QL 30 / 30 day(s) PA AL1 At least 18 yrs old S |
| <i>tetrabenazine tab 12.5 mg</i> | 1 | QL 240 / 30 DAYS PA S |
| <i>tetrabenazine tab 25 mg</i> | 1 | QL 120 / 30 DAYS PA S |
| MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS | | |
| <i>teriflunomide</i> | 1 | QL 30 / 30 day(s) S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| MULTIPLE SCLEROSIS AGENTS | | |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div>30 / 30 DAYS</div> </div> |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> <div>12 / 28 DAYS</div> </div> |
| MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES | | |
| MAVENCLAD (10 TABS) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8a4a2a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">QLC</div> </div> <div>20 / 301 DAYS</div> </div> |
| MAVENCLAD (4 TABS) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8a4a2a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">QLC</div> </div> <div>8 / 301 DAYS</div> </div> |
| MAVENCLAD (5 TABS) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8a4a2a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">QLC</div> </div> <div>10 / 301 DAYS</div> </div> |
| MAVENCLAD (6 TABS) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8a4a2a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">QLC</div> </div> <div>12 / 301 DAYS</div> </div> |
| MAVENCLAD (7 TABS) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8a4a2a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">QLC</div> </div> <div>14 / 301 DAYS</div> </div> |
| MAVENCLAD (8 TABS) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8a4a2a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">QLC</div> </div> <div>8 / 301 DAYS</div> </div> |
| MAVENCLAD (9 TABS) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8a4a2a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">QLC</div> </div> <div>9 / 301 DAYS</div> </div> |
| MULTIPLE SCLEROSIS AGENTS - INTERFERONS | | |
| AVONEX PEN | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8a4a2a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">PA</div> <div style="background-color: #8a2a2a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">S</div> </div> <div>1 / 28 days</div> </div> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| AVONEX PREFILLED | 2 | <p>QL 1 / 28 days</p> <p>PA</p> <p>S</p> |
| BETASERON | 2 | <p>QL 14 / 28 DAYS</p> <p>PA</p> <p>S</p> |
| PLEGRIDY 125 MCG/0.5ML SOLN A-INJ | 2 | <p>QL 1 / 28 day(s)</p> <p>PA</p> <p>S</p> |
| PLEGRIDY 125 MCG/0.5ML SOLN PRSYR | 2 | <p>QL 1 / 28 DAYS</p> <p>PA</p> <p>S</p> |
| PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ | 2 | <p>PA</p> <p>S</p> <p>QLC 1 / 180 DAYS</p> |
| PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR | 2 | <p>PA</p> <p>S</p> <p>QLC 1 / 180 DAYS</p> |
| REBIF | 2 | <p>QL 6 / 28 DAYS</p> <p>PA</p> <p>S</p> |
| REBIF REBIDOSE | 2 | <p>QL 6 / 28 DAYS</p> <p>PA</p> <p>S</p> |
| REBIF REBIDOSE TITRATION PACK | 2 | <p>PA</p> <p>S</p> <p>QLC 4.2 / 180 DAYS</p> |
| REBIF TITRATION PACK | 2 | <p>PA</p> <p>S</p> <p>QLC 4.2 / 180 DAYS</p> |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES | | |
| KESIMPTA | 2 | <ul style="list-style-type: none"> QL 0.4 / 28 day(s) PA S |
| MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS | | |
| <i>dimethyl fumarate capsule delayed release 120 mg</i> | 1 | <ul style="list-style-type: none"> S QLC 56/180 days |
| <i>dimethyl fumarate capsule delayed release 240 mg</i> | 1 | <ul style="list-style-type: none"> QL 60 / 30 day(s) S |
| <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> | 1 | <ul style="list-style-type: none"> S QLC 60 / 180 DAYS |
| VUMERITY | 2 | <ul style="list-style-type: none"> QL 120 / 30 DAYS PA S |
| MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS | | |
| <i>dalfampridine tab er 12hr 10 mg</i> | 1 | <ul style="list-style-type: none"> S |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS | | |
| <i>memantine hcl (memantine hcl cap er 24hr 14 mg, memantine hcl cap er 24hr 21 mg, memantine hcl cap er 24hr 28 mg, memantine hcl cap er 24hr 7 mg, memantine hcl tab 5 mg, memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack)</i> | 1 | <ul style="list-style-type: none"> AL1 At least 18 yrs old |
| <i>memantine hcl oral solution 2 mg/ml</i> | 1 | <ul style="list-style-type: none"> QL 300 / 30 day(s) PA AL1 At least 18 yrs old |
| <i>memantine hcl tab 10 mg</i> | 1 | <ul style="list-style-type: none"> QL 60 / 30 DAYS AL1 At least 18 yrs old |
| PHENOTHIAZINES & TRICYCLIC AGENTS | | |
| PERPHENAZINE-AMITRIPTYLINE | 3 | |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| <i>gabapentin (once-daily) tab 300 mg</i> | 1 | <ul style="list-style-type: none"> QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic gabapentin agent |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>gabapentin (once-daily) tab 600 mg</i> | 1 | <ul style="list-style-type: none"> QL 90 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic gabapentin agent |
| GRALISE (GRALISE 450 MG TAB, GRALISE 750 MG TAB) | 3 | <ul style="list-style-type: none"> QL 30 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic gabapentin agent |
| GRALISE 900 MG TAB | 3 | <ul style="list-style-type: none"> QL 60 / 30 day(s) ST C3 Step Therapy: Must first try ONE generic gabapentin agent |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS | | |
| FLUOXETINE HCL (PMDD) | 3 | |
| PSEUDOBULBAR AFFECT AGENT COMBINATIONS | | |
| NUDEXTA | 2 | <ul style="list-style-type: none"> QL 60 / 30 day(s) |
| AQNEURSA | 3 | <ul style="list-style-type: none"> QL 120 / 30 days PA S |
| MIPLYFFA | 3 | <ul style="list-style-type: none"> QL 90 / 30 days PA S |
| PIMOZIDE | 3 | |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT | 3 | <ul style="list-style-type: none"> QL 60 / 30 DAYS ST C3 Step Therapy: Must first try ONE generic gabapentin agent |
| SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG | | |
| ADDYI | 3 | <ul style="list-style-type: none"> QL 30 / 30 DAYS PA GL Female AL1 18 to 60 yrs old |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| SMOKING DETERRENTS | | |
| <i>bupropion hcl (smoking deterrent)</i> | 1 | ACA Affordable Care Act |
| <i>nicotine (nicotine td patch 24hr 14 mg/24hr, nicotine td patch 24hr 21 mg/24hr)</i> | 1 | QL 30 / 30 DAYS ACA Affordable Care Act |
| NICOTINE 21-14-7 MG/24HR KIT | 2 | ACA Affordable Care Act |
| <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 | ACA Affordable Care Act |
| <i>nicotine td patch 24hr 7 mg/24hr</i> | 1 | QL 30 / 30 day(s) ACA Affordable Care Act |
| NICOTROL | 2 | ACA Affordable Care Act |
| NICOTROL NS | 2 | ACA Affordable Care Act |
| <i>varenicline tartrate (varenicline tartrate tab 0.5 mg (base equiv), varenicline tartrate tab 1 mg (base equiv))</i> | 1 | QL 60 / 30 day(s) ACA Affordable Care Act |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> | 1 | ACA Affordable Care Act |
| SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS | | |
| <i>fingolimod hcl</i> | 1 | QL 30 / 30 day(s) S |
| GILENYA 0.25 MG CAP | 3 | QL 30 / 30 DAYS PA S |
| MAYZENT 0.25 MG TAB | 2 | QL 120 / 30 DAYS PA S |
| MAYZENT 1 MG TAB | 2 | QL 30 / 30 day(s) PA S |
| MAYZENT 2 MG TAB | 2 | QL 30 / 30 DAYS PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK | 2 | PA S QLC 12 / 180 DAYS |
| MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK | 2 | PA S QLC 7 / 180 DAYS |
| ZEPOSIA | 2 | QL 30 / 30 DAYS PA S |
| ZEPOSIA 7-DAY STARTER PACK | 2 | PA S QLC 7 / 180 DAYS |
| ZEPOSIA STARTER KIT | 2 | PA S QLC 28 / 180 DAYS |
| THIENBENZODIAZEPINES & OPIOID ANTAGONISTS | | |
| LYBALVI | 3 | QL 30 / 30 day(s) |
| THIENBENZODIAZEPINES & SSRIS | | |
| <i>olanzapine-fluoxetine hcl</i> | 1 | AL1 At least 10 yrs old |
| VASOMOTOR SYMPTOM AGENTS - SSRIS | | |
| <i>paroxetine mesylate (vasomotor)</i> | 1 | |
| RESPIRATORY AGENTS - MISC. | | |
| ALPHA-PROTEINASE INHIBITOR (HUMAN) | | |
| GLASSIA | 3 | S |
| CFTR POTENTIATORS | | |
| KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET, KALYDECO 150 MG TAB) | 2 | QL 60 / 30 DAYS PA S |
| KALYDECO (KALYDECO 5.8 MG PACKET, KALYDECO 13.4 MG PACKET) | 2 | QL 60 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| CYSTIC FIBROSIS AGENT - COMBINATIONS | | |
| ALYFTREK 10-50-125 MG TAB | 2 | <ul style="list-style-type: none"> QL 56 / 28 day(s) PA S |
| ALYFTREK 4-20-50 MG TAB | 2 | <ul style="list-style-type: none"> QL 84 / 28 day(s) PA S |
| ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET) | 3 | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB) | 3 | <ul style="list-style-type: none"> QL 120 / 30 DAYS PA S |
| ORKAMBI 75-94 MG PACKET | 3 | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA AL1 At least 1 yrs old S |
| SYMDEKO | 2 | <ul style="list-style-type: none"> QL 60 / 30 DAYS PA S |
| TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK) | 2 | <ul style="list-style-type: none"> QL 56 / 28 day(s) PA S |
| TRIKAFTA 100-50-75 & 150 MG TAB THPK | 2 | <ul style="list-style-type: none"> QL 90 / 30 DAYS PA S |
| TRIKAFTA 50-25-37.5 & 75 MG TAB THPK | 2 | <ul style="list-style-type: none"> QL 90 / 30 day(s) PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| CYSTIC FIBROSIS AGENTS - MISCELLANEOUS | | |
| BRONCHITOL | 3 | S |
| BRONCHITOL TOLERANCE TEST | 3 | S |
| HYDROLYTIC ENZYMES | | |
| PULMOZYME | 2 | S |
| PULMONARY FIBROSIS AGENTS | | |
| <i>pirfenidone (pirfenidone cap 267 mg, pirfenidone tab 267 mg)</i> | 1 | QL 180 / 30 days PA S |
| PIRFENIDONE 534 MG TAB | 3 | PA S QLC 21 / 180 DAYS |
| <i>pirfenidone tab 801 mg</i> | 1 | QL 90 / 30 day(s) PA S |
| PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS | | |
| OFEV | 3 | QL 60 / 30 DAYS PA S |
| SULFONAMIDES | | |
| SULFADIAZINE POWDER | 3 | |
| SULFADIAZINE SODIUM | 3 | |
| <i>sulfadiazine tab 500 mg</i> | 1 | |
| SULFAMETHOXAZOLE | 3 | |
| SULFAMETHOXAZOLE MICRO | 3 | |
| SULFAPYRIDINE | 3 | |
| SULFATHIAZOLE | 3 | |
| SULFISOXIZOLE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| TETRACYCLINES | | |
| AMINOMETHYLCYCLINES | | |
| NUZYRA 150 MG TAB | 3 | S |
| <i>demeclocycline hcl</i> | 1 | |
| DORYX MPC | 3 | |
| <i>doxycycline (monohydrate) (doxycycline monohydrate cap 50 mg, doxycycline monohydrate cap 75 mg, doxycycline monohydrate cap 100 mg, doxycycline monohydrate cap 150 mg, doxycycline monohydrate for susp 25 mg/5ml, doxycycline monohydrate tab 50 mg, doxycycline monohydrate tab 75 mg, doxycycline monohydrate tab 100 mg, doxycycline monohydrate tab 150 mg)</i> | 1 | |
| DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE POWDER, DOXYCYCLINE HYCLATE 80 MG TAB DR) | 3 | |
| <i>doxycycline hyclate (doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 50 mg, doxycycline hyclate tab 75 mg, doxycycline hyclate tab 100 mg, doxycycline hyclate tab 150 mg, doxycycline hyclate tab delayed release 50 mg, doxycycline hyclate tab delayed release 75 mg, doxycycline hyclate tab delayed release 100 mg, doxycycline hyclate tab delayed release 150 mg, doxycycline hyclate tab delayed release 200 mg)</i> | 1 | |
| MINOCYCLINE HCL POWDER | 3 | |
| <i>minocycline hcl (minocycline hcl cap 50 mg, minocycline hcl cap 75 mg, minocycline hcl cap 100 mg, minocycline hcl tab 50 mg, minocycline hcl tab 75 mg, minocycline hcl tab 100 mg, minocycline hcl tab er 24hr 135 mg, minocycline hcl tab er 24hr 45 mg, minocycline hcl tab er 24hr 90 mg)</i> | 1 | |
| <i>minocycline hcl (minocycline hcl tab er 24hr 105 mg, minocycline hcl tab er 24hr 115 mg, minocycline hcl tab er 24hr 55 mg, minocycline hcl tab er 24hr 65 mg, minocycline hcl tab er 24hr 80 mg)</i> | 1 | QL 30 / 30 DAYS |
| MINOCYCLINE HCL ER (MINOCYCLINE HCL ER 45 MG TAB ER 24H, MINOCYCLINE HCL ER 90 MG TAB ER 24H, MINOCYCLINE HCL ER 135 MG TAB ER 24H) | 3 | |
| OXYTETRACYCLINE HCL | 3 | |
| <i>tetracycline hcl (tetracycline hcl cap 250 mg, tetracycline hcl cap 500 mg)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| METHIMAZOLE POWDER | 3 | |
| <i>methimazole (methimazole tab 5 mg, methimazole tab 10 mg)</i> | 1 | |
| <i>propylthiouracil tab 50 mg</i> | 1 | |
| THYROID HORMONES | | |
| ADTHYZA | 3 | |
| ARMOUR THYROID | 3 | |
| ERMEZA | 3 | |
| LEVOTHYROXINE SODIUM (LEVOTHYROXINE SODIUM 13 MCG CAP, LEVOTHYROXINE SODIUM 25 MCG CAP, LEVOTHYROXINE SODIUM 50 MCG CAP, LEVOTHYROXINE SODIUM 75 MCG CAP, LEVOTHYROXINE SODIUM 88 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG CAP, LEVOTHYROXINE SODIUM 112 MCG CAP, LEVOTHYROXINE SODIUM 125 MCG CAP, LEVOTHYROXINE SODIUM 137 MCG CAP, LEVOTHYROXINE SODIUM 150 MCG CAP, LEVOTHYROXINE SODIUM 175 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG CAP) | 3 | |
| <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 (liothyronine sodium tab 5 mcg, liothyronine sodium tab 25 mcg, liothyronine sodium tab 50 mcg)</i> | 1 | |
| NIVA THYROID | 3 | |
| NP THYROID | 3 | |
| RENTHYROID | 3 | |
| SYNTHROID | 2 | |
| THYQUIDITY | 3 | |
| THYROID (THYROID POWDER, THYROID 0.23 % POWDER, THYROID 15 MG TAB, THYROID 30 MG TAB, THYROID 60 MG TAB, THYROID 90 MG TAB, THYROID 120 MG TAB) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------|
| TIROSINT | 3 | |
| TIROSINT-SOL | 3 | |
| TOXOIDS | | |
| TOXOID COMBINATIONS | | |
| ADACEL | 2 | ACA Affordable Care Act |
| BOOSTRIX | 2 | ACA Affordable Care Act |
| DAPTACEL | 2 | ACA Affordable Care Act |
| INFANRIX | 2 | ACA Affordable Care Act |
| KINRIX | 2 | ACA Affordable Care Act |
| PEDIARIX | 2 | ACA Affordable Care Act |
| PENTACEL | 2 | ACA Affordable Care Act |
| QUADRACEL | 2 | ACA Affordable Care Act |
| TDVAX | 2 | ACA Affordable Care Act |
| TENIVAC | 2 | ACA Affordable Care Act |
| VAXELIS | 2 | ACA Affordable Care Act |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| <i>dicyclomine hcl (dicyclomine hcl cap 10 mg, dicyclomine hcl oral soln 10 mg/5ml, dicyclomine hcl tab 20 mg)</i> | 1 | |
| DICYCLOMINE HCL 40 MG TAB | 3 | |
| BELLADONNA ALKALOIDS | | |
| ATROPINE SULFATE POWDER | 3 | |
| ATROPINE SULFATE MONOHYDRATE | 3 | |
| HYOSCYAMINE SULFATE POWDER | 3 | |
| SCOPOLAMINE HBR | 3 | |
| H-2 ANTAGONISTS | | |
| CIMETIDINE POWDER | 3 | |
| <i>cimetidine (cimetidine tab 200 mg, cimetidine tab 300 mg, cimetidine tab 400 mg, cimetidine tab 800 mg)</i> | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------|
| <i>cimetidine hcl</i> | 1 | QL 1200 / 30 day(s) PA |
| <i>famotidine (famotidine tab 20 mg, famotidine tab 40 mg)</i> | 1 | |
| <i>famotidine for susp 40 mg/5ml</i> | 1 | QL 2400 / 30 day(s) PA |
| NIZATIDINE 300 MG CAP | 3 | |
| <i>nizatidine cap 150 mg</i> | 1 | |
| MISC. ANTI-ULCER | | |
| SUCRALFATE POWDER | 3 | |
| <i>sucralfate susp 1 gm/10ml</i> | 1 | QL 1200 / 30 day(s) PA |
| <i>sucralfate tab 1 gm</i> | 1 | |
| PPI - POTASSIUM-COMPETITIVE ACID BLOCKERS (P-CAB) | | |
| VOQUEZNA | 3 | QL 30 / 30 day(s) |
| PROTON PUMP INHIBITOR-ANTACID COMBINATIONS | | |
| KONVOMEP | 3 | QL 600 / 30 day(s) |
| <i>omeprazole-sodium bicarbonate (omeprazole-sodium bicarbonate cap 20-1100 mg, omeprazole-sodium bicarbonate cap 40-1100 mg)</i> | 1 | QL 60 / 30 day(s) |
| <i>omeprazole-sodium bicarbonate (omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg)</i> | 1 | QL 60 / 30 DAYS |
| PROTON PUMP INHIBITORS | | |
| <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 |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------|
| <i>lansoprazole (lansoprazole cap delayed release 15 mg, lansoprazole cap delayed release 30 mg, lansoprazole tab delayed release orally disintegrating 15 mg, lansoprazole tab delayed release orally disintegrating 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 day(s) |
| PRILOSEC 10 MG PACKET | 3 | QL 30 / 30 day(s) |
| PRILOSEC 2.5 MG PACKET | 3 | QL 60 / 30 day(s) |
| RABEPRAZOLE SODIUM 10 MG CAP SPRINK | 3 | QL 30 / 30 day(s) |
| <i>rabeprazole sodium ec tab 20 mg</i> | 1 | QL 60 / 30 day(s) |
| QUATERNARY ANTICHOLINERGICS | | |
| DARTISLA ODT | 3 | QL 120 / 30 day(s) PA |
| GLYCATE | 3 | |
| <i>glycopyrrolate (glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg)</i> | 1 | |
| GLYCOPYRROLATE 1.5 MG TAB | 3 | |
| <i>glycopyrrolate oral soln 1 mg/5ml</i> | 1 | QL 1350 / 30 day(s) PA |
| ISOPROPAMIDE IODIDE | 3 | |
| <i>methscopolamine bromide (methscopolamine bromide tab 2.5 mg, methscopolamine bromide tab 5 mg)</i> | 1 | |
| PROPANTHELINE BROMIDE | 3 | |
| ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS | | |
| AMOXICILL-CLARITHRO-LANSOPRAZ | 3 | |
| TALICIA | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------|
| ULCER DRUGS - PROSTAGLANDINS | | |
| <i>misoprostol (misoprostol tab 100 mcg, misoprostol tab 200 mcg)</i> | 1 | |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC) | | |
| <i>oxybutynin chloride (oxybutynin chloride tab er 24hr 10 mg, oxybutynin chloride tab er 24hr 15 mg)</i> | 1 | QL 60 / 30 DAYS |
| <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 DAYS |
| <i>oxybutynin chloride tab er 24hr 5 mg</i> | 1 | QL 30 / 30 day(s) |
| OXYTROL | 3 | QL 8 / 28 day(s) |
| <i>solifenacin succinate</i> | 1 | QL 30 / 30 DAYS |
| <i>tolterodine tartrate</i> | 1 | QL 60 / 30 DAYS |
| <i>trospium chloride cap er 24hr 60 mg</i> | 1 | QL 30 / 30 DAYS |
| <i>trospium chloride tab 20 mg</i> | 1 | QL 60 / 30 DAYS |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| GEMTESA | 3 | QL 30 / 30 day(s) |
| <i>mirabegron</i> | 1 | QL 30 / 30 day(s) |
| MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H) | 2 | QL 30 / 30 day(s) |
| MYRBETRIQ 8 MG/ML SRER | 2 | QL 300 / 28 day(s) |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| <i>bethanechol chloride (bethanechol chloride tab 5 mg, bethanechol chloride tab 10 mg, bethanechol chloride tab 25 mg, bethanechol chloride tab 50 mg)</i> | 1 | |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| ACTHIB | 2 | ACA Affordable Care Act |
| BEXSERO | 2 | ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| CAPVAXIVE | 2 | ACA Affordable Care Act |
| HIBERIX | 2 | ACA Affordable Care Act |
| MENACTRA | 2 | ACA Affordable Care Act |
| MENQUADFI | 2 | ACA Affordable Care Act |
| MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION) | 2 | ACA Affordable Care Act |
| PEDVAX HIB | 2 | ACA Affordable Care Act |
| PENBRAYA | 2 | ACA Affordable Care Act |
| PNEUMOVAX 23 | 2 | ACA Affordable Care Act |
| PREVNAR 13 | 2 | ACA Affordable Care Act |
| PREVNAR 20 | 2 | ACA Affordable Care Act |
| TRUMENBA | 2 | ACA Affordable Care Act |
| VAXNEUVANCE | 2 | ACA Affordable Care Act |
| VIRAL VACCINE COMBINATIONS | | |
| M-M-R II | 2 | ACA Affordable Care Act |
| PRIORIX | 2 | ACA Affordable Care Act |
| PROQUAD | 2 | ACA Affordable Care Act |
| TWINRIX | 2 | ACA Affordable Care Act |
| VIRAL VACCINES | | |
| ABRYSVO | 2 | AL1 At least 50 yrs old ACA Affordable Care Act |
| AFLURIA | 2 | AL1 At least 0.5 yrs old ACA Affordable Care Act |
| AFLURIA PRESERVATIVE FREE | 2 | AL1 At least 3 yrs old ACA Affordable Care Act |
| AFLURIA QUADRIVALENT | 2 | ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|------------------------|------|---|
| AREXVY | 2 | AL1 At least 50 yrs old ACA Affordable Care Act |
| COMIRNATY | 2 | AL1 At least 12 yrs old ACA Affordable Care Act |
| COMIRNATY 5-11 YEARS | 2 | AL1 5 to 11 yrs old ACA Affordable Care Act |
| ENGERIX-B | 2 | ACA Affordable Care Act |
| FLUAD | 2 | AL1 At least 65 yrs old ACA Affordable Care Act |
| FLUAD QUADRIVALENT | 2 | AL1 At least 65 yrs old ACA Affordable Care Act |
| FLUARIX | 2 | AL1 At least 0.5 yrs old ACA Affordable Care Act |
| FLUARIX QUADRIVALENT | 2 | ACA Affordable Care Act |
| FLUBLOK | 2 | AL1 At least 18 yrs old ACA Affordable Care Act |
| FLUBLOK QUADRIVALENT | 2 | AL1 At least 18 yrs old ACA Affordable Care Act |
| FLUCELVAX | 2 | AL1 At least 0.5 yrs old ACA Affordable Care Act |
| FLUCELVAX QUADRIVALENT | 2 | AL1 At least 0.5 yrs old ACA Affordable Care Act |
| FLULAVAL | 2 | AL1 At least 0.5 yrs old ACA Affordable Care Act |
| FLULAVAL QUADRIVALENT | 2 | ACA Affordable Care Act |
| FLUMIST | 2 | AL1 2 to 49 yrs old ACA Affordable Care Act |
| FLUMIST QUADRIVALENT | 2 | AL1 2 to 49 yrs old ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| FLUZONE (FLUZONE SUSPENSION, FLUZONE 0.5 ML SUSP PRSYR) | 2 | AL1 At least 0.5 yrs old ACA Affordable Care Act |
| FLUZONE HIGH-DOSE | 2 | AL1 At least 65 yrs old ACA Affordable Care Act |
| FLUZONE HIGH-DOSE QUADRIVALENT | 2 | AL1 At least 65 yrs old ACA Affordable Care Act |
| FLUZONE QUADRIVALENT | 2 | ACA Affordable Care Act |
| GARDASIL 9 | 2 | ACA Affordable Care Act |
| HAVRIX | 2 | ACA Affordable Care Act |
| HEPLISAV-B | 2 | ACA Affordable Care Act |
| IPOL | 2 | ACA Affordable Care Act |
| JYNNEOS | 2 | AL1 At least 18 yrs old ACA Affordable Care Act |
| MNEXSPIKE | 2 | AL1 At least 12 yrs old ACA Affordable Care Act |
| MODERNA COVID-19 VAC 6M-11Y | 2 | AL1 0.5 to 11 yrs old ACA Affordable Care Act |
| MRESVIA | 2 | AL1 At least 50 yrs old ACA Affordable Care Act |
| NOVAVAX COVID-19 VACCINE | 2 | AL1 At least 12 yrs old ACA Affordable Care Act |
| NUVAXOVID COVID-19 VACCINE | 2 | AL1 At least 12 yrs old ACA Affordable Care Act |
| PFIZER COVID-19 VAC-TRIS 5-11Y | 2 | AL1 5 to 11 yrs old ACA Affordable Care Act |
| PFIZER COVID-19 VAC-TRIS 6M-4Y | 2 | AL1 0.5 to 4 yrs old ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| PREHEVBRIO | 2 | AL1 At least 18 yrs old ACA Affordable Care Act |
| RECOMBIVAX HB | 2 | ACA Affordable Care Act |
| ROTARIX | 2 | ACA Affordable Care Act |
| ROTATEQ | 2 | ACA Affordable Care Act |
| SHINGRIX | 2 | ACA Affordable Care Act |
| SPIKEVAX | 2 | AL1 At least 12 yrs old ACA Affordable Care Act |
| SPIKEVAX 6M-11Y | 2 | AL1 0.5 to 11 yrs old ACA Affordable Care Act |
| VAQTA | 2 | ACA Affordable Care Act |
| VARIVAX | 2 | ACA Affordable Care Act |
| VAGINAL AND RELATED PRODUCTS | | |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| GYNAZOLE-1 | 3 | GL Female |
| MICONAZOLE 3 | 3 | GL Female |
| <i>terconazole vaginal (terconazole vaginal cream 0.4%, terconazole vaginal cream 0.8%, terconazole vaginal suppos 80 mg)</i> | 1 | GL Female |
| MISCELLANEOUS VAGINAL PRODUCTS | | |
| INTRAROSA | 3 | GL Female AL1 At least 18 yrs old |
| SPERMICIDES | | |
| ENCARE | 2 | GL Female ACA Affordable Care Act |
| OPTIONS GYNOL II CONTRACEPTIVE | 2 | GL Female ACA Affordable Care Act |
| TODAY SPONGE | 2 | GL Female ACA Affordable Care Act |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------------------|
| VCF VAGINAL CONTRACEPTIVE (VCF VAGINAL CONTRACEPTIVE 12.5 % FOAM, VCF VAGINAL CONTRACEPTIVE 28 % FILM) | 2 | GL Female ACA Affordable Care Act |
| VCF VAGINAL CONTRACEPTIVE 4 % GEL | 3 | GL Female ACA Affordable Care Act |
| VAGINAL ANTI-INFECTIVES | | |
| <i>clindamycin phosphate vaginal</i> | 1 | GL Female |
| CLINDESSE | 3 | GL Female |
| <i>metronidazole vaginal</i> | 1 | GL Female |
| NUVESSA | 3 | GL Female |
| VANAZOLE | 3 | GL Female |
| VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS | | |
| PHEXXI | 3 | GL Female ACA Affordable Care Act |
| VAGINAL ESTROGENS | | |
| <i>estradiol vaginal cream 0.01%</i> | 1 | GL Female QLC 255 / 365 DAYS |
| <i>estradiol vaginal tab 10 mcg</i> | 1 | QL 30 / 30 DAYS GL Female |
| ESTRING | 2 | QL 1 / 90 DAYS GL Female |
| PREMARIN 0.625 MG/GM CREAM | 2 | GL Female |
| VAGINAL PROGESTINS | | |
| ENDOMETRIN | F | QL 84 / 28 DAYS GL Female |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| AUVI-Q | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <i>epinephrine (anaphylaxis) (epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000), epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))</i> | 1 | |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| <i>droxidopa (droxidopa cap 200 mg, droxidopa cap 300 mg)</i> | 1 | QL 180 / 30 day(s) PA S |
| <i>droxidopa cap 100 mg</i> | 1 | QL 450 / 30 day(s) PA S |
| <i>midodrine hcl</i> | 1 | |