

## 2026 Formulary

### Introduction

Jefferson Health Plans CHIP is pleased to provide the 2026 Jefferson Health Plans CHIP Formulary. This formulary covers members under the Jefferson Health Plans CHIP (Children's Health Insurance Program) plan. The drugs listed in the Jefferson Health Plans CHIP Formulary are intended to provide sufficient options to treat the majority of patients who require drug therapy in an ambulatory setting. Excluded from coverage are drugs from specific manufacturers who have not contracted with the rebate program of the Federal government.

The drugs listed in the Jefferson Health Plans CHIP Formulary have been reviewed and approved by the Jefferson Health Plans CHIP Pharmacy and Therapeutics Committee. These drug products have been selected to **provide the most clinically appropriate and cost-effective medications** for Jefferson Health Plans CHIP members. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through Prior Authorization/ Medical Exception.

### Preface

The Jefferson Health Plans CHIP Formulary is organized by sections, which refer to either a drug/ pharmacologic class or disease state. Each section contains a list of drugs selected to be on this formulary. Prescribing a drug product that is available generically is encouraged when appropriate. Unless exceptions are noted, all applicable dosage forms and strengths of the referenced product generally are covered.

### Pharmacy and Therapeutics (P&T) Committee

**The actions of the Jefferson Health Plans CHIP P&T Committee are communicated through the Provider Newsletter to all physicians and posted on our website. Pharmacy providers in the Jefferson Health Plans CHIP network will**

**be notified through correspondence from the Jefferson Health Plans CHIP Pharmacy department when applicable.**

### Product Selection Criteria

The Jefferson Health Plans CHIP P&T Committee will consider all FDA approved drugs for inclusion in the formulary. The evaluation process includes a literature review, and expert opinion by respected medical professionals. Formal reviews are prepared which typically address the following information:

1. Safety
2. Effectiveness
3. Comparison studies
4. Approved indications
5. Adverse effects
6. Contraindications
7. Pharmacokinetics
8. Patient compliance considerations
9. Medical outcome and pharmaco-economic studies

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. This review process may result in deletion of a drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

### Plan Limits

A maximum of up to a 30-day supply of medication is eligible for coverage. The prescriber is urged to prescribe in amounts that adhere to accepted standards of care. The days' supply must be accurately determined by the dispensing pharmacist to assure compliance with plan parameters. Specific limits based on FDA guidelines, medication package inserts and accepted standards of care may apply to medication treatments under clinical review.

Prescription quantities cannot be altered unless approved by the physician, and must be within the limits of the plan's days' supply.

Prescribed medications or regimens that are non-formulary require prior authorization.

### Immediate Need (5/15-day Emergency Supply)

If a member presents at a pharmacy with a prescription which requires prior authorization, whether for a non-formulary drug or otherwise, and if the prior authorization cannot be processed immediately, Jefferson Health Plans CHIP will allow the pharmacy to dispense an interim supply of the prescription under the following circumstances:

If the recipient is in immediate need of the medication in the professional judgment of the pharmacist and if the prescription is for a new medication (one that the recipient has not taken before or that is taken for an acute condition), Jefferson Health Plans CHIP will allow the pharmacy to dispense a 5-day supply of the medication to afford the recipient or pharmacy the opportunity to initiate the request for prior authorization.

If the prescription is for an ongoing medication (one that is continuously prescribed for the treatment of an illness or condition that is chronic in nature in which there has not been a break in treatment for greater than 30 Days), Jefferson Health Plans CHIP will allow the pharmacy to dispense a 15-day supply of the medication automatically, unless Jefferson Health Plans CHIP mailed to the member, with a copy to the prescriber, an advance written notice of the reduction or termination of the medication at least 10 days prior to the end of the period for which the medication was previously authorized.

Jefferson Health Plans CHIP will respond to the request for prior authorization within 24 hours from when the request was received. If the prior authorization is denied, the member is entitled to appeal the decision through several avenues. The 5-day or 15-day requirement does not apply when the pharmacist

determines that taking the medication, either alone or along with other medication that the recipient may be taking, would jeopardize the health and safety of the recipient.

## **Formulary Product Descriptions**

This formulary lists all specific strengths and dosage forms that are covered. **When a strength or dosage form is specified, only the product identified will be covered. Other strengths/ dosage forms of the referenced product are not covered.**

For specific questions please contact the Jefferson Health Plans CHIP Pharmacy department at 215-991-4300.

## **Generic Substitution**

Generic substitution is the process by which a generic equivalent is dispensed rather than the brand name product. The appropriate use of generic drugs is one method of providing cost conscious drug therapy. Jefferson Health Plans CHIP will not cover any drugs by companies that do not participate in the Federal Rebate Program or are DESI drugs. Generic drugs must be prescribed and dispensed when an A-rated generic drug is available. Brand necessary prescriptions for drugs with A-rated generics require prior authorization.

The MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. This process assures the following requirements have been met:

The generic drug will contain the same active ingredient(s) and be the same strength and dosage form as the brand name counterpart.

The FDA has given the generic an "A" rating compared to the branded counterpart indicating bioequivalence and has determined the generic is therapeutically equivalent to the referenced brand. The ratings of generic drugs are available by referring to the FDA reference *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the brand name product.

State laws or regulation may indicate the ability to practice generic substitution for selected products or categories of drugs.

There are now many brand name products that are repackaged or distributed under a generic label. These generic versions should always be considered therapeutically equivalent and substitutable for the source branded product irrespective of rating.

## **Drugs Efficacy Study Implementation (DESI) Drugs**

Jefferson Health Plans CHIP does not reimburse for DESI drugs. DESI drugs are those drugs first marketed between 1938 and 1962 which were approved as safe, but not required to show effectiveness for FDA product approval. The DESI program subsequently made a determination of fully effective for most of these products and they remain in the marketplace. A few DESI products remain classified as less than fully effective while awaiting final administrative disposition. Also classified as DESI are many products listed as identical, similar, or related to actual DESI products.

Examples of DESI Drugs include:

Midrin  
Vytone  
Anusol HC suppositories  
Donnatal  
Tigan  
Naldecon

## **Prior Authorization (PA)**

To ensure that select medications are utilized appropriately, Prior Authorization may be required for the dispensing of specific products. These medications may require Prior Authorization for the following reasons:

- Non-formulary medications, or benefit exceptions required by medical necessity
- All brand name medications when there is an A-rated generic equivalent available
- Medications and/or treatments under clinical investigation

- Medications used for non-FDA approved indications
- Prescription costs that exceed \$1000 per claim
- Prescriptions that exceed set plan limits (days' supply, quantity, cost)
- Prescriptions processed by non-network pharmacies
- New-to-market products
- High-end oral and self-administered injectable medications
- Medications with Jefferson Health Plans CHIP P&T Committee approved treatment guidelines

**To request a prior authorization the physician or a member of his/her staff should contact Jefferson Health Plans CHIP either by fax at 866-240-3712, or phone at 215-991- 4300. All non-emergency requests can be faxed 24 hours per day; calls should be placed from 9:00 A.M. to 6:00 P.M., Monday through Friday.**

In the event of an immediate need after business hours, the call should be made to Jefferson Health Plans CHIP Member Relations at **1-888-888-1211**. The call will be evaluated and routed to a pharmacist-on-call.

The physician may use the Jefferson Health Plans CHIP Prior Authorization/Medical Exception form or a letter of request, *but must include the following information* for quick and appropriate review to take place:

- Name and recipient number of member
- Date of birth of member
- Physician's name, license number, and specialty
- Physician's phone and fax numbers
- Name of primary care physician if different
- Drug name, strength, and quantity of medication
- Days supply (duration of therapy) and number of refills
- Route of administration
- Diagnosis
- Medical rationale for request
- Formulary medications used, duration and therapy result
- Additional clinical information that may contribute to the review decision (e.g., labs)

Upon receiving the Prior Authorization/ Medical Exception Request from the prescriber, Jefferson

Health Plans CHIP will render a decision within 24 hours. The Medical Director will review each prior authorization request and make the final decision. After Medical Director review, the clinical pharmacist will prepare the request for the denial/approval letter. A denial letter will be mailed to the member or parent/guardian. A copy of the member denial letter is also faxed to the prescribing physician.

If the Prior Authorization/Medical Exception Request is denied, the prescriber can submit a written appeal to Jefferson Health Plans CHIP's Complaint & Grievance Unit explaining the medical necessity of the medical treatment in question. At any time during normal business hours, the prescribing physician can discuss the denial with a clinical pharmacist or can have a peer to peer discussion with the medical director.

### Jefferson Health Plans CHIP Specialty and Injectable Medication Program

Jefferson Health Plans CHIP supports appropriate use of injectables and has established procedures for prescribing and suppliers. Under the direction of the Jefferson Health Plans CHIP Pharmacy department, the physician provider has the primary responsibility for obtaining Prior Authorization for medications included in this program. Call the Jefferson Health Plans CHIP Pharmacy department at 215-991-4300 for authorization on specialty medications.

The following specialty and injectable medications, although not limited to, can be obtained through the retail pharmacy benefit without prior authorization.

GENERIC NAME	BRAND NAME
ceftriaxone	Rocephin®
cyanocobalamin	Vitamin B-12
epinephrine	Epipen®, Epipen® Jr.
fluphenazine decanoate	Prolixin Decanoate
glucagon	Glucagon
haloperidol decanoate	Haldol Decanoate
heparin sodium	Heparin
Insulin	
medroxyprogesterone acetate 150 mg only	Depo-Provera
methylprednisolone acetate	Depo-Medrol
methylprednisolone sod. succ.	Solu-Medrol
penicillin g benzathine	Bicillin L.A.
penicillin g potassium	Pfizerpen

sumatriptan	Imitrex
triamcinolone acetonide	Kenalog-40
fondaparinux sodium	Arixtra
enoxaparin sodium	Lovenox

### Managed Drug Limitations (MDL)

The United States Food and Drug Administration (FDA) publishes guidelines on the safest and most efficient ways to use certain drugs. Many drug products on the Jefferson Health Plans CHIP Formulary have quantity limits based upon the dosage described in product labeling.

Drugs subject to quantity limits may change. Contact Jefferson Health Plans CHIP's Pharmacy department at 215-991-4300 for more information.

### Step Therapy

Step therapy is a process that encourages the use of medications preferred by Jefferson Health Plans CHIP as the first course of treatment. If the preferred medication is not clinically effective or if the member suffers side effects, another medication may be approved as the second course of treatment.

### Editor

Your comments and suggestions regarding the Jefferson Health Plans CHIP 2026 Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Attn: Pharmacy Director  
 Jefferson Health Plans CHIP  
 1101 Market Street, Suite 3000  
 Philadelphia, PA 19107  
 Phone: 215-991-4300  
 Internet: [www.JeffersonHealthPlans.com](http://www.JeffersonHealthPlans.com)

### Notice

The information contained in the Jefferson Health Plans CHIP Formulary and its appendices is provided by Jefferson Health Plans CHIP solely for the convenience of medical providers and our members. Jefferson Health Plans CHIP neither warrants nor assures accuracy of such information, nor is it intended to be comprehensive in nature. This formulary is not

intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his/her choice of prescription drugs. Jefferson Health Plans CHIP does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer product literature or standard references for more detailed information.

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Trade names are the intellectual property of the respective product owners.

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## LEGEND

1	Preferred	
2	Non-Preferred	
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.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
C	Custom	This drug has unique restrictions.
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.

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANALGESICS</b>		
<b>ANALGESICS, OTHER</b>		
HYALGAN 20 MG/2ML SOLUTION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>20 / 180 days</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div>
TONMYA	2	
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>advil 200 mg cap</i>	2	
<i>advil 200 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>360 / 30 days</span> </div>
<i>advil liqui-gels minis</i>	2	
<i>aleve 220 mg cap</i>	2	
<i>aleve 220 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>90 / 30 days</span> </div>
<i>aleve arthritis pain</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>500 / 30 days</span> </div>
<i>all day pain relief</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>90 / 30 days</span> </div>
<i>all day relief</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>90 / 30 days</span> </div>
<i>arthritis pain reliever 1 % gel</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>500 / 30 days</span> </div>
ARTHROTEC	2	
<i>aspirin 81 mg tab dr</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QLC</div> <span>Max 18 tabs/caps per month</span> </div>
CAMBIA	2	
CELEBREX (CELEBREX 50 MG CAP, CELEBREX 100 MG CAP, CELEBREX 200 MG CAP)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>60 / 30 days</span> </div>
CELEBREX 400 MG CAP	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>30 / 30 days</span> </div>
<i>celecoxib (celecoxib 50 mg cap, celecoxib 100 mg cap, celecoxib 200 mg cap)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>60 / 30 days</span> </div>
<i>celecoxib 400 mg cap</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>30 / 30 days</span> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>childrens advil</i>	2	QL 60 mL / day(s)
<i>childrens ibuprofen</i>	1	QL 60 mL / day(s)
COXANTO	2	
<i>cvs diclofenac sodium</i>	1	QL 500 / 30 days
<i>cvs ibuprofen 200 mg cap</i>	1	
<i>cvs ibuprofen childrens 100 mg chew tab</i>	1	
<i>cvs ibuprofen childrens 100 mg/5ml suspension</i>	1	QL 60 mL / day(s)
<i>cvs naproxen sodium 220 mg cap</i>	1	
<i>cvs naproxen sodium 220 mg tab</i>	1	QL 90 / 30 days
DAYPRO	2	QL 90 / 30 days
DICLOFENAC	2	
<i>diclofenac epolamine</i>	2	
<i>diclofenac potassium (diclofenac potassium 25 mg cap, diclofenac potassium 25 mg tab)</i>	2	
<i>diclofenac potassium 50 mg tab</i>	2	QL 4 / 1 days
<i>diclofenac potassium(migraine)</i>	2	
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr)</i>	1	QL 4 / 1 days
<i>diclofenac sodium 1 % gel</i>	1	QL 500 / 30 days
<i>diclofenac sodium 1.5 % solution</i>	1	
<i>diclofenac sodium 2 % solution</i>	2	
<i>diclofenac sodium 75 mg tab dr</i>	1	QL 60 / 30 days
<i>diclofenac sodium er</i>	2	QL 60 / 30 days
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal 500 mg tab</i>	2	QL 90 / 30 days
DOLOBID	2	
DUEXIS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ec-naproxen</i>	1	QL 60 / 30 days
ELYXYB	2	
<i>eq arthritis pain 1 % gel</i>	1	QL 500 / 30 days
<i>eq arthritis pain reliever</i>	1	QL 500 / 30 days
<i>eq ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>etodolac (etodolac 400 mg tab, etodolac 500 mg tab)</i>	2	QL 60 / 30 days
<i>etodolac 200 mg cap</i>	2	QL 150 / 30 days
<i>etodolac 300 mg cap</i>	2	QL 90 / 30 days
<i>etodolac er</i>	2	
FELDENE	2	QL 30 / 30 days
FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 200 MG CAP, FENOPROFEN CALCIUM 400 MG CAP)	2	
<i>fenoprofen calcium 600 mg tab</i>	2	QL 150 / 30 days
FENOPRON	2	
<i>flanax</i>	1	QL 90 / 30 days
FLECTOR	2	
<i>flurbiprofen 100 mg tab</i>	1	QL 90 / 30 days
<i>ft all day pain relief</i>	1	QL 90 / 30 days
<i>ft arthritis pain</i>	1	QL 500 / 30 days
<i>ft ibuprofen 200 mg cap</i>	1	
<i>ft ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>ft ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>ft ibuprofen ib childrens</i>	1	
<i>ft ibuprofen minis</i>	1	
<i>ft naproxen sodium</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft pain relief 200 mg tab</i>	1	QL 360 / 30 days
<i>gnp arthritis pain</i>	1	QL 500 / 30 days
<i>gnp childrens ibuprofen</i>	1	QL 60 mL / day(s)
<i>gnp diclofenac sodium</i>	1	QL 500 / 30 days
<i>gnp ibuprofen 200 mg cap</i>	1	
<i>gnp ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>gnp ibuprofen childrens</i>	1	
<i>gnp ibuprofen infants</i>	1	QL 15 / 7 days
<i>gnp naproxen sodium 220 mg cap</i>	1	
<i>gnp naproxen sodium 220 mg tab</i>	1	QL 90 / 30 days
<i>goodsense arthritis pain 1 % gel</i>	1	QL 500 / 30 days
<i>goodsense ibuprofen 200 mg cap</i>	1	
<i>goodsense ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>goodsense ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>goodsense ibuprofen infants</i>	1	QL 15 / 7 days
<i>goodsense naproxen sodium</i>	1	QL 90 / 30 days
<i>hm ibuprofen 200 mg cap</i>	1	
<i>hm ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>hm ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>hm ibuprofen ib</i>	1	QL 360 / 30 days
<i>hm ibuprofen infants</i>	1	QL 15 / 7 days
<i>hm naproxen sodium 220 mg cap</i>	1	
<i>hm naproxen sodium 220 mg tab</i>	1	QL 90 / 30 days
<i>ibu 400 mg tab</i>	1	QL 180 / 30 days
<i>ibu 600 mg tab</i>	1	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ibu 800 mg tab</i>	1	QL 4 / 1 days
<i>ibuprofen (ibuprofen 100 mg/5ml suspension, ibuprofen 200 mg/10ml suspension)</i>	1	QL 60 mL / day(s)
<i>ibuprofen 200 mg cap</i>	1	
<i>ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
IBUPROFEN 300 MG TAB	2	
<i>ibuprofen 400 mg tab</i>	1	QL 180 / 30 days
<i>ibuprofen 600 mg tab</i>	1	QL 150 / 30 days
<i>ibuprofen 800 mg tab</i>	1	QL 4 / 1 days
<i>ibuprofen childrens</i>	1	QL 60 mL / day(s)
<i>ibuprofen infants</i>	1	QL 15 / 7 days
<i>ibuprofen junior strength</i>	1	
<i>ibuprofen-famotidine</i>	2	
<i>iclofenac cp</i>	2	
<i>indocin (indocin 25 mg/5ml suspension, indocin 50 mg suppos)</i>	2	
<i>indomethacin (indomethacin 20 mg cap, indomethacin 25 mg/5ml suspension, indomethacin 50 mg suppos, indomethacin 100 mg suppos)</i>	2	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	QL 4 / 1 days
<i>indomethacin er</i>	1	QL 90 / 30 days
<i>infants ibuprofen</i>	1	QL 15 / 7 days
KETOPROFEN (KETOPROFEN 25 MG CAP, KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	2	
<i>ketoprofen er</i>	2	QL 30 / 30 days
<i>ketorolac tromethamine 10 mg tab</i>	1	QLC 20 tablets per 90 days
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KIPROFEN	2	
<i>kls arthritis pain relief</i>	1	QL 500 / 30 days
<i>kls diclofenac sodium</i>	1	QL 500 / 30 days
LICART	2	
<i>lofena</i>	2	
LURBIPR	2	QL 90 / 30 days
<i>meclofenamate sodium (meclofenamate sodium 50 mg cap, meclofenamate sodium 100 mg cap)</i>	2	QL 4 / 1 days
<i>mefenamic acid 250 mg cap</i>	2	
<i>meloxicam (meloxicam 5 mg cap, meloxicam 7.5 mg/5ml suspension, meloxicam 10 mg cap)</i>	2	
<i>meloxicam 15 mg tab</i>	1	QL 30 / 30 days PA
<i>meloxicam 7.5 mg tab</i>	1	QL 60 / 30 days
MOBIC 15 MG TAB	2	QL 30 / 30 days
MOBIC 7.5 MG TAB	2	QL 60 / 30 days
<i>nabumetone 500 mg tab</i>	1	QL 4 / 1 days
<i>nabumetone 750 mg tab</i>	1	QL 60 / 30 days
NALFON	2	
NAPRELAN	2	
NAPROSYN 125 MG/5ML SUSPENSION	2	
<i>naproxen (naproxen 250 mg tab, naproxen 500 mg tab)</i>	1	QL 90 / 30 days
<i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i>	1	QL 60 / 30 days
<i>naproxen 125 mg/5ml suspension</i>	2	QL 1800 / 30 days
<i>naproxen 375 mg tab</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>naproxen dr</i>	1	QL 60 / 30 days
<i>naproxen sodium (naproxen sodium 220 mg tab, naproxen sodium 275 mg tab, naproxen sodium 550 mg tab)</i>	1	QL 90 / 30 days
<i>naproxen sodium 220 mg cap</i>	1	
<i>naproxen sodium er</i>	2	
<i>naproxen-esomeprazole mg</i>	2	
ORUDIS	2	
OXAPROZIN 300 MG CAP	2	
<i>oxaprozin 600 mg tab</i>	2	QL 90 / 30 days
PENNSAID	2	
<i>piroxicam (piroxicam 10 mg cap, piroxicam 20 mg cap)</i>	1	QL 30 / 30 days
<i>qc childrens ibuprofen</i>	1	QL 60 mL / day(s)
<i>qc diclofenac sodium</i>	1	QL 500 / 30 days
<i>qc ibuprofen 200 mg cap</i>	1	
<i>qc ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>qc naproxen sodium 220 mg tab</i>	1	QL 90 / 30 days
<i>relafen 500 mg tab</i>	2	QL 4 / 1 days
<i>relafen 750 mg tab</i>	2	QL 60 / 30 days
RELAFEN DS	2	
<i>sm arthritis pain</i>	1	QL 500 / 30 days
<i>sm childrens ibuprofen</i>	1	QL 60 mL / day(s)
<i>sm ibuprofen 200 mg cap</i>	1	
<i>sm ibuprofen 200 mg tab</i>	1	QL 360 / 30 days
<i>sm ibuprofen ib 100 mg chew tab</i>	1	
<i>sm ibuprofen ib 200 mg tab</i>	1	QL 360 / 30 days
<i>sm ibuprofen ib childrens</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm infants ibuprofen</i>	1	QL 15 / 7 days
<i>sm naproxen sodium</i>	1	QL 90 / 30 days
SPRIX	2	
<i>sulindac (sulindac 150 mg tab, sulindac 200 mg tab)</i>	1	QL 60 / 30 days
TIVORBEX	2	
TOLECTIN 600	2	
TOLMETIN SODIUM	2	
VIMOVO	2	
<i>voltaren arthritis pain</i>	2	QL 500 / 30 days
VYSCOXIA	2	
<i>ziclopro</i>	2	
ZIPSOR	2	
ZORVOLEX	2	
ZYBIC	2	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine</i>	1	QL 4 / 28 days PA
BUTRANS	2	QL 4 / 28 days PA
CONZIP	2	QL 30 / 30 days PA AL1 At least 18 yrs old
DSUVIA	2	C Opioid safety limits apply
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	1	QL 10 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fentanyl (fentanyl 37.5 mcg/hr patch 72hr, fentanyl 62.5 mcg/hr patch 72hr, fentanyl 87.5 mcg/hr patch 72hr)</i>	2	<div data-bbox="1133 121 1193 153">QL</div> 10 / 30 days <div data-bbox="1133 174 1193 205">PA</div>
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 20 MG TB24 DETER, HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 30 MG TB24 DETER, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG TB24 DETER, HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 60 MG TB24 DETER, HYDROCODONE BITARTRATE ER 80 MG TB24 DETER, HYDROCODONE BITARTRATE ER 100 MG TB24 DETER, HYDROCODONE BITARTRATE ER 120 MG TB24 DETER)	2	<div data-bbox="1133 499 1193 531">PA</div>
<i>hydromorphone hcl er</i>	2	<div data-bbox="1133 825 1193 856">QL</div> 30 / 30 days <div data-bbox="1133 877 1193 909">PA</div>
HYSINGLA ER	2	<div data-bbox="1133 940 1193 972">PA</div>
<i>levorphanol tartrate (levorphanol tartrate 2 mg tab, levorphanol tartrate 3 mg tab)</i>	2	<div data-bbox="1133 1014 1193 1045">C</div> Opioid safety limits apply
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg tab, methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i>	2	<div data-bbox="1133 1140 1193 1171">PA</div>
<i>methadone hcl intensol</i>	2	<div data-bbox="1133 1245 1193 1276">PA</div>
METHADOSE 10 MG/ML CONC	2	<div data-bbox="1133 1308 1193 1339">PA</div>
METHADOSE SUGAR-FREE	2	<div data-bbox="1133 1371 1193 1402">PA</div>
<i>morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)</i>	1	<div data-bbox="1133 1434 1193 1465">QL</div> 60 / 30 days <div data-bbox="1133 1486 1193 1518">PA</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</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;">3 / 1 days</div> </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>morphine sulfate er (morphine sulfate er 30 mg cap er 24h, morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)</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="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>morphine sulfate er beads</i>	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="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
MS CONTIN	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 / 1 days</div> </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
NUCYNTA ER	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 days</div> </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
OXYCODONE HCL ER (OXYCODONE HCL ER 10 MG TB12 DETER, OXYCODONE HCL ER 20 MG TB12 DETER, OXYCODONE HCL ER 40 MG TB12 DETER)	1	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>oxycodone hcl er (oxycodone hcl er 10 mg tb12 deter, oxycodone hcl er 20 mg tb12 deter, oxycodone hcl er 40 mg tb12 deter, oxycodone hcl er 80 mg tb12 deter)</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;">2 / 1 days</div> </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER, OXYCONTIN 40 MG TB12 DETER)	1	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
OXYCONTIN (OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 30 MG TB12 DETER, OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	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;">2 / 1 days</div> </div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>oxymorphone hcl er</i>	2	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>tramadol hcl (er biphasic)</i>	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="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">AL1</div> <div style="margin-left: 5px; margin-top: 2px;">At least 18 yrs old</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tramadol hcl er (tramadol hcl er 100 mg cap er 24h, tramadol hcl er 200 mg cap er 24h, tramadol hcl er 300 mg cap er 24h)</i>	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>AL1 At least 18 yrs old</li> </ul>
<i>tramadol hcl er (tramadol hcl er 100 mg tab er 24h, tramadol hcl er 200 mg tab er 24h, tramadol hcl er 300 mg tab er 24h)</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>AL1 At least 18 yrs old</li> </ul>
<i>xyvona</i>	2	<ul style="list-style-type: none"> <li>C Opioid safety limits apply</li> </ul>
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen-codeine (acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)</i>	1	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Opioid safety limits apply</li> </ul>
<i>acetaminophen-codeine 300-15 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 13 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Opioid safety limits apply</li> </ul>
<i>acetaminophen-codeine 300-30 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 12 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Opioid safety limits apply</li> </ul>
<i>acetaminophen-codeine 300-60 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 6 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Opioid safety limits apply</li> </ul>
ACTIQ	2	<ul style="list-style-type: none"> <li>C Opioid safety limits apply</li> </ul>
APADAZ	2	<ul style="list-style-type: none"> <li>C Opioid safety limits apply</li> </ul>
<i>apap-caff-dihydrocodeine (apap-caff-dihydrocodeine 320.5-30-16 mg cap, apap-caff-dihydrocodeine 325-30-16 mg tab)</i>	2	<ul style="list-style-type: none"> <li>C Opioid safety limits apply</li> </ul>
<i>ascomp-codeine</i>	2	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Opioid safety limits apply</li> <li>QLC Max 18 tabs/caps per month</li> </ul>
BENZHYDROCODONE-ACETAMINOPHEN	1	<ul style="list-style-type: none"> <li>C Opioid safety limits apply</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>butalbital-apap-caff-cod</i>	2	<span>AL1</span> At least 18 yrs old <span>C</span> Opioid safety limits apply <span>QLC</span> Max 18 tabs/caps per month
<i>butalbital-asa-caff-codeine</i>	2	<span>AL1</span> At least 18 yrs old <span>C</span> Opioid safety limits apply <span>QLC</span> Max 18 tabs/caps per month
<i>butorphanol tartrate 10 mg/ml solution</i>	2	<span>C</span> Opioid safety limits apply
<i>carisoprodol-aspirin-codeine</i>	2	<span>QL</span> 90 / 30 days <span>AL1</span> At least 18 yrs old <span>C</span> Opioid safety limits apply
<i>codeine sulfate (codeine sulfate 15 mg tab, codeine sulfate 30 mg tab, codeine sulfate 60 mg tab)</i>	2	<span>C</span> Opioid safety limits apply
DILAUDID (DILAUDID 1 MG/ML LIQUID, DILAUDID 2 MG TAB, DILAUDID 4 MG TAB, DILAUDID 8 MG TAB)	2	<span>C</span> Opioid safety limits apply
<i>endocet (endocet 5-325 mg tab, endocet 7.5-325 mg tab)</i>	1	<span>QL</span> 12 / 1 days <span>C</span> Opioid safety limits apply
<i>endocet 10-325 mg tab</i>	1	<span>C</span> Opioid safety limits apply
FENTANYL CITRATE (FENTANYL CITRATE 100 MCG TAB, FENTANYL CITRATE 200 MCG LOZ HANDLE, FENTANYL CITRATE 200 MCG TAB, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG TAB, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG TAB, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG TAB, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE)	2	<span>C</span> Opioid safety limits apply
FENTORA	2	<span>C</span> Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 7.5-300 mg tab, hydrocodone-acetaminophen 7.5-325 mg/15ml solution, hydrocodone-acetaminophen 10-300 mg tab)</i>	1	c Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	2	c Opioid safety limits apply
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1	QL 6 / 1 days c Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	1	
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	QL 12 / 1 days c Opioid safety limits apply
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 / 30 days c Opioid safety limits apply
<i>hydrocodone-ibuprofen (hydrocodone-ibuprofen 5-200 mg tab, hydrocodone-ibuprofen 10-200 mg tab)</i>	2	c Opioid safety limits apply
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	2	QL 5 / 1 days c Opioid safety limits apply
HYDROMORPHONE HCL (HYDROMORPHONE HCL 1 MG/ML LIQUID, HYDROMORPHONE HCL 2 MG TAB, HYDROMORPHONE HCL 3 MG SUPPOS, HYDROMORPHONE HCL 4 MG TAB, HYDROMORPHONE HCL 8 MG TAB)	2	c Opioid safety limits apply
LORTAB	2	c Opioid safety limits apply
MEPERIDINE HCL (MEPERIDINE HCL 50 MG TAB, MEPERIDINE HCL 50 MG/5ML SOLUTION)	2	c Opioid safety limits apply
<i>morphine sulfatate (concentrate)</i>	1	c Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 15 mg tab, morphine sulfate 20 mg/5ml solution, morphine sulfate 30 mg tab)</i>	1	c Opioid safety limits apply
MORPHINE SULFATE (MORPHINE SULFATE 5 MG SUPPOS, MORPHINE SULFATE 10 MG SUPPOS, MORPHINE SULFATE 20 MG SUPPOS, MORPHINE SULFATE 30 MG SUPPOS)	2	c Opioid safety limits apply
NALOCET	2	c Opioid safety limits apply
NUCYNTA	2	c Opioid safety limits apply
OXAYDO	2	c Opioid safety limits apply
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 100 mg/5ml conc)</i>	2	c Opioid safety limits apply
OXYCODONE HCL (OXYCODONE HCL 5 MG TAB DETER, OXYCODONE HCL 15 MG TAB DETER, OXYCODONE HCL 30 MG TAB DETER)	1	
<i>oxycodone hcl (oxycodone hcl 5 mg tab, oxycodone hcl 5 mg/5ml solution, oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	1	c Opioid safety limits apply
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab)</i>	1	QL 12 / 1 days c Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN (OXYCODONE-ACETAMINOPHEN 5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-325 MG TAB)	1	c Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION	2	
OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB	2	c Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	
<i>oxymorphone hcl (oxymorphone hcl 5 mg tab, oxymorphone hcl 10 mg tab)</i>	2	c Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pentazocine-naloxone hcl</i>	2	<ul style="list-style-type: none"> <li>QL 360 / 30 days</li> <li>c Opioid safety limits apply</li> </ul>
PERCOCET (PERCOCET 2.5-325 MG TAB, PERCOCET 5-325 MG TAB, PERCOCET 7.5-325 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 12 / 1 days</li> <li>c Opioid safety limits apply</li> </ul>
PERCOCET 10-325 MG TAB	2	<ul style="list-style-type: none"> <li>c Opioid safety limits apply</li> </ul>
PROLATE (PROLATE 5-300 MG TAB, PROLATE 7.5-300 MG TAB, PROLATE 10-300 MG TAB)	2	<ul style="list-style-type: none"> <li>c Opioid safety limits apply</li> </ul>
PROLATE 10-300 MG/5ML SOLUTION	2	
QDOLO	2	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>c Opioid safety limits apply</li> </ul>
ROXICODONE	2	<ul style="list-style-type: none"> <li>c Opioid safety limits apply</li> </ul>
ROXYBOND	2	
SEGLENTIS	2	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>c Opioid safety limits apply</li> </ul>
SUBSYS	2	<ul style="list-style-type: none"> <li>c Opioid safety limits apply</li> </ul>
<i>tapentadol hcl</i>	2	
<i>tramadol hcl (tramadol hcl 5 mg/ml solution, tramadol hcl 25 mg tab)</i>	2	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>c Opioid safety limits apply</li> </ul>
<i>tramadol hcl (tramadol hcl 50 mg tab, tramadol hcl 100 mg tab)</i>	1	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>c Opioid safety limits apply</li> </ul>
<i>tramadol hcl 75 mg tab</i>	2	
<i>tramadol-acetaminophen</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Opioid safety limits apply</li> </ul>
ULTRACET	2	<ul style="list-style-type: none"> <li>QL 240 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Opioid safety limits apply</li> </ul>
ULTRAM	2	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>c Opioid safety limits apply</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
AGONEAZE	2	QL 150 / 30 days
<i>anecream 4 % kit</i>	2	
<i>anlido 24</i>	2	
<i>anodyne lpt</i>	2	QL 150 / 30 days
APRIZIO PAK	2	
APRIZIO PAK II	2	
<i>aspercreme lidocaine (aspercreme lidocaine 4 % cream, aspercreme lidocaine 4 % liquid, aspercreme lidocaine 4 % patch)</i>	2	
<i>aspercreme lidocaine essential</i>	2	
<i>aspercreme w/lidocaine</i>	2	
<i>asperflex lidocaine 4 % cream</i>	1	
ASPERFLEX LIDOCAINE 4 % OINTMENT	2	
<i>asperflex max st</i>	1	
<i>asperflex pain relieving</i>	1	
<i>blue tube/ aloe</i>	1	
<i>blue-emu pain relief dry</i>	1	
<i>cinthera</i>	2	
<i>cvs lidocaine maximum strength (cvs lidocaine maximum strength 4 % cream, cvs lidocaine maximum strength 4 % liquid)</i>	1	
<i>cvs lidocaine pain relief 4 % cream</i>	1	
<i>cvs lidocaine pain relief 4 % patch</i>	2	
<i>cvs lidocaine pain relief maxs 4 % cream</i>	1	
<i>cvs lidocaine pain-relieving</i>	1	
<i>cvs pain relief (cvs pain relief 4 % cream, cvs pain relief 4 % patch)</i>	1	
DERMACINRX LIDOCAINE 3 % CREAM	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DERMACINRX LIDOGEL	2	
DERMALID	2	
<i>dologesic pain relief roll-on</i>	1	
EMPRICAINE-II	2	
EMREAL	2	
<i>eq lidocaine pain relieving</i>	1	
<i>first care pain relief</i>	1	
<i>ft pain relief max strength</i>	1	
GEN7T PLUS 3.5-7 % PATCH	2	
<i>glydo</i>	1	AL1 At least 3 yrs old
<i>gnp lidocaine pain relief</i>	1	
<i>gnp lidocaine pain relieving</i>	1	
<i>gold bond multi-symptom</i>	2	
<i>gold bond pain &amp; itch relief</i>	2	
<i>hm lidocaine patch</i>	1	
<i>jelcaine sterile</i>	2	
LIDAFLEX	2	
<i>lido king</i>	1	
LIDOCAINE (LIDOCAINE 3 % CREAM, LIDOCAINE 4 % CREAM, LIDOCAINE 4 % PATCH)	1	
<i>lidocaine (lidocaine 5 % ointment, lidocaine 5 % patch)</i>	1	QL 90 / 30 days
<i>lidocaine 3.5 % patch</i>	2	
<i>lidocaine hcl (lidocaine hcl 1 % solution, lidocaine hcl 3 % cream, lidocaine hcl 4 % cream, lidocaine hcl 4 % solution)</i>	1	
<i>lidocaine hcl (pf) 1 % solution</i>	1	
LIDOCAINE HCL 1 % SOLUTION	2	
<i>lidocaine hcl urethral/mucosal</i>	1	AL1 At least 3 yrs old
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lidocaine max st 24 hours</i>	1	
<i>lidocaine pain relief</i>	1	
<i>lidocaine pain relief max st (lidocaine pain relief max st 4 % cream, lidocaine pain relief max st 4 % liquid, lidocaine pain relief max st 4 % patch)</i>	1	
<i>lidocaine pain relieving</i>	1	
<i>lidocaine plus</i>	1	
<i>lidocaine viscous hcl</i>	1	AL1 At least 3 yrs old
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 150 / 30 days
<i>lidocaine-prilocaine 2.5-2.5 % kit</i>	2	QL 150 / 30 days
LIDOCAINE-TETRACAINE	2	
<i>lidocaine-transparent dressing</i>	2	
<i>lidocan</i>	2	QL 90 / 30 days
<i>lidocare arm/neck/leg</i>	1	
<i>lidocare back/shoulder</i>	1	
<i>lidocore 4 % patch</i>	1	
LIDODERM	2	QL 90 / 30 days
<i>lidofore flexipatch</i>	1	
<i>lidoguard (lidoguard 4 % cream, lidoguard 4 % patch)</i>	1	
<i>lidoheal-90</i>	2	
LIDOLITE	2	
<i>lidopril</i>	2	QL 150 / 30 days
<i>lidopril xr</i>	2	QL 150 / 30 days
LIDOREAL-30	2	
LIDOREX	2	
LIDOSOL	2	
LIDOSOL-50	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIDOTOR	2	
LIDOTRAL 3.88 % CREAM	2	
<i>lidozall</i>	2	
<i>lidozall plus</i>	2	
LIDOZO	1	
LIDTOPIC	2	
LIVIXIL PAK	2	QL 150 / 30 days
<i>Imx 4 plus</i>	2	
<i>moxicaine</i>	2	
<i>pain relief maximum strength</i>	1	
<i>pharmacist choice lidocaine</i>	1	
PLIAGLIS 7-7 % CREAM	2	
PRILO PATCH II	2	
PRILOHEAL PLUS 30	2	
<i>prilolid</i>	2	QL 150 / 30 days
PRILOVIX	2	QL 150 / 30 days
<i>prilovix lite</i>	2	QL 150 / 30 days
<i>prilovix lite plus</i>	2	QL 150 / 30 days
PRILOVIX PLUS	2	QL 150 / 30 days
PRILOVIXIL	2	
PRIZOPAK II	2	
<i>re-lieved maximum strength 4 % patch</i>	2	
REAL HEAL-I	2	
<i>relador pak</i>	2	QL 150 / 30 days
<i>relador pak plus</i>	2	QL 150 / 30 days
<i>salonpas pain relieving</i>	1	
SKYADERM-LP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNERA	2	
TETRI-AG	2	
<i>theraworx pm pain relf roll-on</i>	1	
<i>tridacaine ii</i>	2	QL 90 / 30 days
<i>tridacaine iii</i>	2	QL 90 / 30 days
TRIOGEL	2	
<i>true lido</i>	1	
VALLADERM-90	2	
<i>ziloval</i>	2	
ZIONODIL	2	
ZIONODIL 100	2	
ZTLIDO	2	

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium</i>	1	
<i>disulfiram (disulfiram 250 mg tab, disulfiram 500 mg tab)</i>	1	
<i>naltrexone hcl 50 mg tab</i>	1	
VIVITROL	1	QL 1 / 28 days

### OPIOID DEPENDENCE

BELBUCA	1	QL 60 / 30 days PA
BRIXADI	1	
BRIXADI (WEEKLY)	1	
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film)</i>	1	QL 120 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl-naloxone hcl</i> ( <i>buprenorphine hcl-naloxone hcl 8-2 mg film,</i> <i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab,</i> <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i> )	1	
<i>lofexidine hcl</i>	2	
LUCEMYRA	2	QL 16 / 1 days
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	1	QLC 0.02 mL/day
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	1	QLC 0.06 mL/day
SUBOXONE (SUBOXONE 2-0.5 MG FILM, SUBOXONE 4-1 MG FILM)	2	QL 120 / 30 day(s)
SUBOXONE (SUBOXONE 8-2 MG FILM, SUBOXONE 12-3 MG FILM)	2	
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB)	2	QL 90 / 30 day(s)
ZUBSOLV (ZUBSOLV 2.9-0.71 MG SL TAB, ZUBSOLV 5.7-1.4 MG SL TAB)	2	QL 30 / 30 day(s)
ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB)	2	
<b>OPIOID REVERSAL AGENTS</b>		
<i>ft naloxone hcl</i>	1	
KLOXXADO	1	
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln</i> <i>cart, naloxone hcl 0.4 mg/ml soln prsy,</i> <i>naloxone hcl 0.4 mg/ml solution, naloxone hcl</i> <i>2 mg/2ml soln prsy, naloxone hcl 4 mg/0.1ml</i> <i>liquid, naloxone hcl 4 mg/10ml solution)</i>	1	
<i>naloxone hcl 4 mg/0.1ml nasal spray</i>	1	
<i>narcan</i>	1	
OPVEE	1	
REXTOVY	1	
ZIMHI	1	
ZURNAI	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl er (smoking det)</i>	1	QL 60 / 30 days
CHANTIX 0.5 MG TAB	1	
CHANTIX 1 MG TAB	1	QL 2 / 1 day(s)
CHANTIX CONTINUING MONTH PAK	1	QL 2 / 1 day(s)
CHANTIX STARTING MONTH PAK	1	
<i>cvs nicotine (cvs nicotine 2 mg gum, cvs nicotine 4 mg gum)</i>	1	QL 24 / 1 days
<i>cvs nicotine polacrilex</i>	1	QL 24 / 1 days
<i>eq nicotine 4 mg gum</i>	1	QL 24 / 1 days
<i>eq nicotine polacrilex</i>	1	QL 24 / 1 days
<i>ft nicotine (ft nicotine 2 mg gum, ft nicotine 2 mg lozenge, ft nicotine 4 mg gum, ft nicotine 4 mg lozenge)</i>	1	QL 24 / 1 days
<i>ft nicotine (ft nicotine 7 mg/24hr patch 24hr, ft nicotine 14 mg/24hr patch 24hr, ft nicotine 21 mg/24hr patch 24hr)</i>	1	QL 1 / 1 days
<i>ft nicotine mini</i>	1	QL 24 / 1 days
<i>gnp nicotine (gnp nicotine 2 mg gum, gnp nicotine 4 mg gum)</i>	1	QL 24 / 1 days
<i>gnp nicotine (gnp nicotine 7 mg/24hr patch 24hr, gnp nicotine 14 mg/24hr patch 24hr, gnp nicotine 21 mg/24hr patch 24hr)</i>	1	QL 1 / 1 days
<i>gnp nicotine mini</i>	1	QL 24 / 1 days
<i>gnp nicotine polacrilex</i>	1	QL 24 / 1 days
<i>goodsense nicotine</i>	1	QL 24 / 1 days
<i>hm nicotine</i>	1	QL 1 / 1 days
<i>hm nicotine polacrilex</i>	1	QL 24 / 1 days
<i>kls quit2 2 mg lozenge</i>	1	QL 24 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kls quit</i> 4 mg lozenge	1	QL 24 / 1 days
<i>nicoderm cq</i>	2	QL 1 / 1 days
<i>nicorette</i>	2	QL 24 / 1 days
NICORETTE 4 MG GUM	2	
<i>nicorette mini</i>	2	QL 24 / 1 days
NICORETTE MINI 4 MG LOZENGE	2	
<i>nicorette starter kit</i>	2	QL 24 / 1 days
<i>nicotine (nicotine 7 mg/24hr patch 24hr, nicotine 14 mg/24hr patch 24hr, nicotine 21 mg/24hr patch 24hr)</i>	1	QL 1 / 1 days
NICOTINE 21-14-7 MG/24HR KIT	2	QL 1 / 1 days
<i>nicotine mini</i>	1	QL 24 / 1 days
<i>nicotine polacrilex (nicotine polacrilex 2 mg gum, nicotine polacrilex 2 mg lozenge, nicotine polacrilex 4 mg gum, nicotine polacrilex 4 mg lozenge)</i>	1	QL 24 / 1 days
<i>nicotine polacrilex mini</i>	1	QL 24 / 1 days
<i>nicotine step 1</i>	1	QL 1 / 1 days
<i>nicotine step 2</i>	1	QL 1 / 1 days
<i>nicotine step 3</i>	1	QL 1 / 1 days
NICOTROL	2	QL 168 / 30 days
NICOTROL NS	2	QL 60 / 30 days
<i>qc nicotine transdermal system</i>	1	QL 1 / 1 days
<i>sm nicotine (sm nicotine 2 mg lozenge, sm nicotine 4 mg gum)</i>	1	QL 24 / 1 days
<i>sm nicotine (sm nicotine 7 mg/24hr patch 24hr, sm nicotine 14 mg/24hr patch 24hr, sm nicotine 21 mg/24hr patch 24hr)</i>	1	QL 1 / 1 days
<i>sm nicotine polacrilex</i>	1	QL 24 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate 0.5 mg tab</i>	1	
<i>varenicline tartrate 1 mg tab</i>	1	QL 2 / 1 day(s)
<i>varenicline tartrate(continue)</i>	1	QL 2 / 1 day(s)
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
ARIKAYCE	2	QLC 8.4 mL/day
<i>gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)</i>	1	
HUMATIN	2	
<i>neomycin sulfate 500 mg tab</i>	1	QL 8 / 1 days
<b>ANTIBACTERIALS, OTHER</b>		
<i>bacitracin 500 unit/gm ointment</i>	1	QL 30 / 10 days QLC 7 grams per fill
<i>bacitracin zinc 500 unit/gm ointment</i>	1	
<i>bacitracin zinc-aloe</i>	1	
BLUJEP A	2	
CLEOCIN 100 MG SUPPOS	1	
CLEOCIN 2 % CREAM	2	
<i>clindamycin hcl 150 mg cap</i>	1	QL 12 / 1 days
<i>clindamycin hcl 300 mg cap</i>	1	QL 6 / 1 days
<i>clindamycin hcl 75 mg cap</i>	1	
<i>clindamycin palmitate hcl</i>	1	QL 120 / 1 days
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE	1	
<i>cvs bacitracin</i>	1	QL 30 / 10 days
FIRVANQ	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLAGYL	2	
<i>fosfomicin tromethamine</i>	2	
<i>ft antibiotic</i>	1	
<i>gnp bacitracin zinc</i>	1	
<i>hm bacitracin zinc</i>	1	
HYOPHEN	2	
<i>linezolid 100 mg/5ml recon susp</i>	1	QL 60 / 1 day(s)
<i>linezolid 600 mg tab</i>	1	QL 60 / 30 day(s)
MACROBID	2	QL 2 / 1 days
MACRODANTIN (MACRODANTIN 50 MG CAP, MACRODANTIN 100 MG CAP)	2	
MACRODANTIN 25 MG CAP	2	QL 2 / 1 days
MB CAPS	2	
ME/NAPHOS/MB/HYO1	2	
<i>methenamine hippurate</i>	1	
METHENAMINE MANDELATE (METHENAMINE MANDELATE 0.5 GM TAB, METHENAMINE MANDELATE 1 GM TAB)	2	
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	1	QL 45 / 26 days
<i>metronidazole (metronidazole 125 mg tab, metronidazole 375 mg cap)</i>	2	
<i>metronidazole 250 mg tab</i>	1	QL 120 / 30 days
<i>metronidazole 500 mg tab</i>	1	QL 4 / 1 days
MONUROL	2	
<i>nitrofurantoin (nitrofurantoin 25 mg/5ml suspension, nitrofurantoin 50 mg/10ml suspension)</i>	2	QL 2700 / 30 days
		QL 40 / 1 days
NITROFURANTOIN 50 MG/5ML SUSPENSION	2	C No PA required for children under 9 years of age

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	QL 4 / 1 days
<i>nitrofurantoin macrocrystal 25 mg cap</i>	1	QL 2 / 1 days
<i>nitrofurantoin monohyd macro</i>	1	QL 2 / 1 days
NUVESSA	2	
<i>phosphasal</i>	2	
<i>rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)</i>	1	QL 45 / 26 days
<i>sm antibiotic</i>	1	
SOLOSEC	2	
<i>tinidazole (tinidazole 250 mg tab, tinidazole 500 mg tab)</i>	1	QL 4 / 1 days
URELLE	2	
URETRON D/S	2	
URIBEL 81.6 MG TAB	2	
URIMAR-T	2	
<i>urin ds</i>	2	
URNEVA	2	
<i>uro-458</i>	2	
URO-MP	2	
<i>uro-sp</i>	2	
UROGESIC-BLUE	2	
<i>ustell</i>	2	
<i>utira-c</i>	2	
VANCOGIN	2	
<i>vancomycin hcl (vancomycin hcl 25 mg/ml recon soln, vancomycin hcl 50 mg/ml recon soln, vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	1	
<i>vancomycin hcl 250 mg/5ml recon soln</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VANDAZOLE	2	QL 70 / days
VILEVEV MB	2	
XACIATO	2	
XIFAXAN	2	PA
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<i>cefaclor (cefaclor 125 mg/5ml recon susp, cefaclor 250 mg/5ml recon susp, cefaclor 375 mg/5ml recon susp)</i>	2	
<i>cefaclor (cefaclor 250 mg cap, cefaclor 500 mg cap)</i>	2	QL 4 / 1 days
CEFACTOR ER	2	QL 2 / 1 days
<i>cefadroxil 1 gm tab</i>	2	QL 2 / 1 days
<i>cefadroxil 250 mg/5ml recon susp</i>	2	QLC 10 mL/day
<i>cefadroxil 500 mg cap</i>	1	QL 8 / 1 days
<i>cefadroxil 500 mg/5ml recon susp</i>	2	QLC 20 mL/day
<i>cefдинир (cefдинир 125 mg/5ml recon susp, cefдинир 250 mg/5ml recon susp)</i>	1	QL 12 / 1 days
<i>cefдинир 300 mg cap</i>	1	QL 2 / 1 days
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg tab)</i>	2	
<i>cefixime 400 mg cap</i>	1	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg/5ml recon susp)</i>	2	QL 40 / 1 days
<i>cefpodoxime proxetil 100 mg tab</i>	1	QL 3 / 1 days
<i>cefpodoxime proxetil 200 mg tab</i>	1	QL 4 / 1 days
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg/5ml recon susp)</i>	1	QL 10 / 1 days
<i>cefprozil (cefprozil 250 mg tab, cefprozil 500 mg tab)</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	1	QL 2 / 1 days
<i>ceftriaxone sodium 10 gm recon soln</i>	1	QL 1 / 1 days
<i>cefuroxime axetil</i>	1	QL 2 / 1 days
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg/5ml recon susp)</i>	1	QL 80 / 1 days
<i>cephalexin (cephalexin 250 mg cap, cephalexin 500 mg cap)</i>	1	QL 8 / 1 days
<i>cephalexin (cephalexin 250 mg tab, cephalexin 500 mg tab, cephalexin 750 mg cap)</i>	2	
SUPRAX (SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 400 MG CAP)	2	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	1	
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg chew tab)</i>	2	
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab)</i>	1	
<i>amoxicillin-pot clavulanate er</i>	2	
<i>ampicillin</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	2	
BICILLIN L-A 1200000 UNIT/2ML SUSP PRSYR	1	QL 4 / 365 days
BICILLIN L-A 2400000 UNIT/4ML SUSP PRSYR	1	QL 12 / 365 days
BICILLIN L-A 600000 UNIT/ML SUSP PRSYR	1	
<i>dicloxacillin sodium</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)</i>	1	
<i>pfizerpen</i>	1	
PIVYA	2	
<b>CARBAPENEMS</b>		
ORLYNVAH	2	
<b>MACROLIDES</b>		
<i>azithromycin (azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	
<i>azithromycin 1 gm packet</i>	1	QL 1 / 1 days
<i>clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp)</i>	1	QL 20 / 1 days
<i>clarithromycin 250 mg tab</i>	1	QL 2 / 1 days
<i>clarithromycin 500 mg tab</i>	1	QL 3 / 1 days
<i>clarithromycin er</i>	2	QL 2 / 1 days
DIFICID (DIFICID 40 MG/ML RECON SUSP, DIFICID 200 MG TAB)	2	
e.e.s. 400	2	QL 10 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
E.E.S. GRANULES	2	
<i>ery-tab</i>	2	
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN STEARATE	2	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	2	
<i>erythromycin base (erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab, erythromycin base 500 mg tab)</i>	2	QL 8 / 1 days
<i>erythromycin base (erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab dr)</i>	2	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	2	
<i>erythromycin ethylsuccinate 400 mg tab</i>	2	QL 10 / 1 days
<i>fidaxomicin</i>	2	
ZITHROMAX (ZITHROMAX 1 GM PACKET, ZITHROMAX 100 MG/5ML RECON SUSP, ZITHROMAX 200 MG/5ML RECON SUSP, ZITHROMAX 250 MG TAB, ZITHROMAX 500 MG TAB)	2	
ZITHROMAX TRI-PAK	2	
ZITHROMAX Z-PAK	2	
<b>QUINOLONES</b>		
BAXDELA 450 MG TAB	2	
<i>besifloxacin hcl</i>	2	
BESIVANCE	2	
CILOXAN (CILOXAN 0.3 % OINTMENT, CILOXAN 0.3 % SOLUTION)	2	
CIPRO (CIPRO 250 MG TAB, CIPRO 500 MG TAB)	2	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP)	1	QL 15 / 1 days
<i>ciprofloxacin 250 mg/5ml (5%) recon susp</i>	2	
<i>ciprofloxacin 500 mg/5ml (10%) recon susp</i>	2	QL 15 / 1 days
<i>ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	QL 2 / 1 days
<i>ciprofloxacin hcl 0.3 % solution</i>	1	QL 5 / 18 days
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	2	QL 30 / 1 days AL1 Up to 12 yrs old
<i>moxifloxacin hcl 400 mg tab</i>	1	QL 14 / 30 days
<i>ofloxacin (ofloxacin 300 mg tab, ofloxacin 400 mg tab)</i>	2	QL 28 / 26 days
<b>SULFONAMIDES</b>		
<i>sulfadiazine 500 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab, sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	2	
DORYX	2	
DORYX MPC	2	
<i>doxycycline</i>	2	
<i>doxycycline hyclate (doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE 50 MG TAB, DOXYCYCLINE HYCLATE 50 MG TAB DR, DOXYCYCLINE HYCLATE 75 MG TAB, DOXYCYCLINE HYCLATE 75 MG TAB DR, DOXYCYCLINE HYCLATE 80 MG TAB DR, DOXYCYCLINE HYCLATE 100 MG TAB DR, DOXYCYCLINE HYCLATE 150 MG TAB, DOXYCYCLINE HYCLATE 150 MG TAB DR, DOXYCYCLINE HYCLATE 200 MG TAB DR)	2	
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>doxycycline monohydrate (doxycycline monohydrate 25 mg/5ml recon susp, doxycycline monohydrate 50 mg cap, doxycycline monohydrate 100 mg cap)</i>	1	
<i>doxycycline monohydrate (doxycycline monohydrate 75 mg cap, doxycycline monohydrate 150 mg cap)</i>	2	
<i>doxycycline monohydrate (doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg tab)</i>	1	QL 2 / 1 days
<i>doxycycline monohydrate 150 mg tab</i>	2	QL 2 / 1 days
<i>doxycycline monohydrate 50 mg tab</i>	1	QL 1 / 1 days
EMROSI	2	
<i>lymepak</i>	2	QL 60 / 30 days
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap)</i>	1	
<i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i>	2	
<i>minocycline hcl 100 mg cap</i>	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>minocycline hcl er (minocycline hcl er 45 mg cap er 24h, minocycline hcl er 45 mg tab er 24h, minocycline hcl er 55 mg tab er 24h, minocycline hcl er 65 mg tab er 24h, minocycline hcl er 80 mg tab er 24h, minocycline hcl er 90 mg cap er 24h, minocycline hcl er 90 mg tab er 24h, minocycline hcl er 105 mg tab er 24h, minocycline hcl er 115 mg tab er 24h, minocycline hcl er 135 mg cap er 24h, minocycline hcl er 135 mg tab er 24h)</i>	2	
MINOLIRA	2	
NUZYRA 150 MG TAB	2	
ORACEA	2	
SEYSARA	2	
SOLODYN	2	
<i>targadox</i>	2	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	1	QL 120 / 30 days
TETRACYCLINE HCL (TETRACYCLINE HCL 250 MG TAB, TETRACYCLINE HCL 500 MG TAB)	2	
VIBRAMYCIN 100 MG CAP	2	QL 60 / 30 days
VIBRAMYCIN 25 MG/5ML RECON SUSP	2	
XIMINO	2	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
<i>brivaracetam (brivaracetam 10 mg tab, brivaracetam 10 mg/ml solution, brivaracetam 25 mg tab, brivaracetam 50 mg tab, brivaracetam 75 mg tab, brivaracetam 100 mg tab)</i>	2	
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	1	QL 60 / 30 days
BRIVIACT 10 MG/ML SOLUTION	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DIACOMIT	2	
<i>divalproex sodium (divalproex sodium 125 mg cap dr, divalproex sodium 125 mg tab dr, divalproex sodium 250 mg tab dr, divalproex sodium 500 mg tab dr)</i>	1	
<i>divalproex sodium er</i>	1	
ELEPSIA XR	2	
EPIDIOLEX	1	PA
EPRONTIA	2	
<i>felbamate 400 mg tab</i>	2	QL 270 / 30 days
<i>felbamate 600 mg tab</i>	2	QL 180 / 30 days
<i>felbamate 600 mg/5ml suspension</i>	2	QL 30 / 1 days
FELBATOL (FELBATOL 400 MG TAB, FELBATOL 600 MG TAB, FELBATOL 600 MG/5ML SUSPENSION)	2	
FINTEPLA	2	
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)	2	
KEPPRA (KEPPRA 250 MG TAB, KEPPRA 500 MG TAB)	2	QL 180 / 30 days
KEPPRA (KEPPRA 750 MG TAB, KEPPRA 1000 MG TAB)	2	
KEPPRA 100 MG/ML SOLUTION	2	QL 1200 / 30 days
KEPPRA XR	2	
LAMICTAL (LAMICTAL 5 MG CHEW TAB, LAMICTAL 25 MG CHEW TAB)	2	
LAMICTAL ODT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LAMICTAL XR	2	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 21 x 25 mg &amp; 7 x 50 mg kit, lamotrigine 25 &amp; 50 &amp; 100 mg kit, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab disp, lamotrigine 42 x 50 mg &amp; 14x100 mg kit, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	2	
<i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i>	2	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 500 mg/5ml solution)</i>	1	QL 1200 / 30 days
<i>levetiracetam (levetiracetam 250 mg tab, levetiracetam 500 mg tab)</i>	1	QL 180 / 30 days
LEVETIRACETAM (LEVETIRACETAM 250 MG TAB, LEVETIRACETAM 500 MG TAB)	2	
<i>levetiracetam (levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	QL 4 / 1 days
<i>levetiracetam er 500 mg tab er 24h</i>	1	QL 180 / 30 days
<i>levetiracetam er 750 mg tab er 24h</i>	1	QL 4 / 1 days
MOTPOLY XR	2	
<i>perampanel (perampanel 0.5 mg/ml suspension, perampanel 2 mg tab, perampanel 4 mg tab, perampanel 6 mg tab, perampanel 8 mg tab, perampanel 10 mg tab, perampanel 12 mg tab)</i>	2	
QUDEXY XR	2	
<i>roweepira</i>	1	QL 180 / 30 days
SPRITAM	2	
TOPAMAX	2	QL 120 / 30 days
TOPAMAX SPRINKLE	2	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>topiramate (topiramate 15 mg cap sprink, topiramate 25 mg cap sprink, topiramate 25 mg tab, topiramate 50 mg tab, topiramate 100 mg tab, topiramate 200 mg tab)</i>	1	QL 120 / 30 days
<i>topiramate (topiramate 25 mg/ml solution, topiramate 50 mg cap sprink)</i>	2	
<i>topiramate er (topiramate er 25 mg cap er 24h, topiramate er 50 mg cap er 24h, topiramate er 100 mg cap er 24h, topiramate er 200 mg cap er 24h)</i>	2	
<i>topiramate er (topiramate er 25 mg cp24 sprnk, topiramate er 50 mg cp24 sprnk, topiramate er 100 mg cp24 sprnk, topiramate er 150 mg cp24 sprnk, topiramate er 200 mg cp24 sprnk)</i>	1	
TROKENDI XR (TROKENDI XR 50 MG CAP ER 24H, TROKENDI XR 200 MG CAP ER 24H)	2	QL 60 / 30 days
TROKENDI XR 100 MG CAP ER 24H	2	QL 90 / 30 days
TROKENDI XR 25 MG CAP ER 24H	2	QL 120 / 30 days
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution, valproic acid 500 mg/10ml solution)</i>	1	
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
CELONTIN	2	
<i>ethosuximide 250 mg cap</i>	1	QL 180 / 30 days
<i>ethosuximide 250 mg/5ml solution</i>	1	QL 30 / 1 days
<i>methsuximide</i>	2	
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	2	
<b>GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS</b>		
<i>clobazam (clobazam 2.5 mg/ml suspension, clobazam 10 mg tab, clobazam 20 mg tab)</i>	1	
DIASTAT ACUDIAL	1	
DIASTAT PEDIATRIC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diazepam (diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel)</i>	1	
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>gabapentin 100 mg cap</i>	1	QL 180 / 30 days
<i>gabapentin 300 mg cap</i>	1	QL 360 / 30 days
<i>gabapentin 400 mg cap</i>	1	QL 270 / 30 days
GABARONE	2	
GABITRIL (GABITRIL 2 MG TAB, GABITRIL 4 MG TAB)	2	QL 420 / 30 days
GABITRIL 12 MG TAB	2	QL 4 / 1 days
GABITRIL 16 MG TAB	2	QL 90 / 30 days
LIBERVANT	2	
MYSOLINE	2	
NAYZILAM	1	QL 10 / 30 days
NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 250 MG/5ML SOLUTION, NEURONTIN 800 MG TAB)	2	
NEURONTIN 300 MG CAP	2	QL 360 / 30 days
NEURONTIN 400 MG CAP	2	QL 270 / 30 days
NEURONTIN 600 MG TAB	2	QL 180 / 30 days
ONFI (ONFI 2.5 MG/ML SUSPENSION, ONFI 10 MG TAB, ONFI 20 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	1	
<i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i>	1	QL 240 / 30 days
<i>primidone 125 mg tab</i>	1	
SABRIL 500 MG PACKET	2	QL 120 / 30 days
SABRIL 500 MG TAB	2	
SYMPAZAN	2	
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab)</i>	2	QL 420 / 30 days
TIAGABINE HCL 12 MG TAB	2	QL 4 / 1 days
TIAGABINE HCL 16 MG TAB	2	QL 90 / 30 days
VALTOCO 10 MG DOSE	1	QL 10 / 30 days
VALTOCO 15 MG DOSE	1	QL 10 / 30 days
VALTOCO 20 MG DOSE	1	QL 10 / 30 days
VALTOCO 5 MG DOSE	1	QL 10 / 30 days
<i>vigabatrin 500 mg packet</i>	2	QL 120 / 30 days
<i>vigabatrin 500 mg tab</i>	2	
<i>vigadrone 500 mg packet</i>	2	QL 120 / 30 days
<i>vigadrone 500 mg tab</i>	2	
VIGAFYDE	2	
<i>vigpoder</i>	2	QL 120 / 30 days
ZTALMY	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM	2	
BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB)	2	
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	1	QL 240 / 30 days
<i>carbamazepine (carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg/10ml suspension)</i>	1	QL 2400 / 30 days
<i>carbamazepine 200 mg chew tab</i>	2	
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)</i>	1	QL 4 / 1 days
CARBATROL	2	
DILANTIN 100 MG CAP	2	QL 360 / 30 days
DILANTIN 125 MG/5ML SUSPENSION	2	QL 450 / 30 day(s)
DILANTIN 30 MG CAP	1	QL 270 / 30 days
DILANTIN INFATABS	2	QL 240 / 30 days
DILANTIN-125	2	QL 450 / 30 day(s)
<i>epitol</i>	1	QL 240 / 30 days
<i>eslicarbazepine acetate</i>	2	
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg/5ml solution, lacosamide 100 mg/10ml solution)</i>	1	QL 1200 / 30 days
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	1	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oxcarbazepine 300 mg/5ml suspension</i>	1	QL 1200 / 30 days
<i>oxcarbazepine er</i>	2	
OXTELLAR XR	2	
<i>phenytek 200 mg cap</i>	2	QL 60 / 30 days
<i>phenytek 300 mg cap</i>	2	QL 30 / 30 days
<i>phenytoin (phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	QL 450 / 30 day(s)
<i>phenytoin 50 mg chew tab</i>	1	QL 240 / 30 days
<i>phenytoin infatabs</i>	1	QL 240 / 30 days
<i>phenytoin sodium extended 100 mg cap</i>	1	QL 360 / 30 days
<i>phenytoin sodium extended 200 mg cap</i>	1	QL 60 / 30 days
<i>phenytoin sodium extended 300 mg cap</i>	1	QL 30 / 30 days
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</i>	2	
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	2	
TEGRETOL-XR	2	
TRILEPTAL (TRILEPTAL 150 MG TAB, TRILEPTAL 300 MG TAB, TRILEPTAL 600 MG TAB)	2	QL 120 / 30 days
TRILEPTAL 300 MG/5ML SUSPENSION	2	QL 1200 / 30 days
VIMPAT (VIMPAT 50 MG TAB, VIMPAT 100 MG TAB, VIMPAT 150 MG TAB, VIMPAT 200 MG TAB)	2	QL 60 / 30 days
VIMPAT 10 MG/ML SOLUTION	2	QL 1200 / 30 days
XCOPRI	2	
XCOPRI (250 MG DAILY DOSE)	2	
XCOPRI (350 MG DAILY DOSE)	2	
ZONISADE	2	
<i>zonisamide (zonisamide 25 mg cap, zonisamide 50 mg cap)</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zonisamide 100 mg cap</i>	1	QL 180 / 30 days
<b>ANTIDEMENTIA AGENTS</b>		
<b>ANTIDEMENTIA AGENTS, OTHER</b>		
<i>memantine hcl-donepezil hcl (memantine hcl-donepezil hcl 14-10 mg cap er 24h, memantine hcl-donepezil hcl 28-10 mg cap er 24h)</i>	2	
<i>memantine hcl-donepezil hcl er</i>	2	
NAMZARIC	2	
<b>CHOLINESTERASE INHIBITORS</b>		
ADLARITY	2	
ARICEPT	2	QL 30 / 30 days
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	1	QL 30 / 30 days PA
<i>donepezil hcl 10 mg tab disp</i>	1	QL 30 / 30 days
<i>donepezil hcl 23 mg tab</i>	2	QL 30 / 30 days
<i>donepezil hcl 5 mg tab disp</i>	1	QL 60 / 30 days
EXELON	2	QL 30 / 30 days
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	1	
<i>galantamine hydrobromide 4 mg/ml solution</i>	2	
<i>galantamine hydrobromide er</i>	1	
RAZADYNE ER	2	
<i>rivastigmine</i>	2	QL 30 / 30 days
<i>rivastigmine tartrate (rivastigmine tartrate 1.5 mg cap, rivastigmine tartrate 3 mg cap)</i>	1	QL 60 / 30 days PA
<i>rivastigmine tartrate (rivastigmine tartrate 4.5 mg cap, rivastigmine tartrate 6 mg cap)</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZUNVEYL	2	
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	2	QL 300 / 30 days
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	QL 60 / 30 days PA
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	1	QL 2 / 1 days
<i>memantine hcl er</i>	1	
NAMENDA	2	QL 60 / 30 days
NAMENDA TITRATION PAK	2	QL 2 / 1 days
NAMENDA XR	2	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
APLENZIN	2	
AUVELITY	2	
<i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</i>	1	QL 120 / 30 days
<i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i>	1	QL 60 / 30 days
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	QL 60 / 30 days
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1	QL 30 / 30 days
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	
<i>chlordiazepoxide-amitriptyline</i>	1	QL 180 / 30 days
EXXUA	2	
EXXUA TITRATION PACK	2	
FORFIVO XL	2	
LYBALVI	2	QL 30 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mirtazapine (mirtazapine 7.5 mg tab, mirtazapine 15 mg tab, mirtazapine 15 mg tab disp, mirtazapine 30 mg tab, mirtazapine 30 mg tab disp, mirtazapine 45 mg tab, mirtazapine 45 mg tab disp)</i>	1	QL 30 / 30 days
<i>olanzapine-fluoxetine hcl</i>	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>perphenazine-amitriptyline (perphenazine-amitriptyline 2-10 mg tab, perphenazine-amitriptyline 2-25 mg tab)</i>	2	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>perphenazine-amitriptyline (perphenazine-amitriptyline 4-10 mg tab, perphenazine-amitriptyline 4-25 mg tab, perphenazine-amitriptyline 4-50 mg tab)</i>	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REMERON	2	QL 30 / 30 days
REMERON SOLTAB	2	QL 30 / 30 days
SPRAVATO (56 MG DOSE)	2	QL 8 / 14 days
SPRAVATO (84 MG DOSE)	2	QL 12 / 14 days
SYMBYAX	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
WELLBUTRIN SR	2	QL 60 / 30 days
WELLBUTRIN XL 150 MG TAB ER 24H	2	QL 60 / 30 days
WELLBUTRIN XL 300 MG TAB ER 24H	2	QL 30 / 30 days
ZULRESSO	2	PA
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	2	QL 60 / 30 day(s) PA
ZURZUVAE 30 MG CAP	2	QL 30 / 30 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM	2	
MARPLAN	2	
NARDIL	2	
<i>phenelzine sulfate 15 mg tab</i>	1	
<i>tranylcypromine sulfate</i>	2	QL 180 / 30 days
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
BRISDELLE	2	
CELEXA	2	QL 45 / 30 days
<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	QL 45 / 30 days
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	QL 600 / 30 days
<i>citalopram hydrobromide 20 mg/10ml solution</i>	2	QL 600 / 30 days
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	QL 30 / 30 days
DESVENLAFAXINE ER	2	
<i>desvenlafaxine succinate er</i>	1	
EFFEXOR XR 150 MG CAP ER 24H	2	QL 60 / 30 days
EFFEXOR XR 37.5 MG CAP ER 24H	2	QL 30 / 30 days
EFFEXOR XR 75 MG CAP ER 24H	2	QL 90 / 30 days
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab)</i>	1	QL 90 / 30 days
<i>escitalopram oxalate (escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg/10ml solution)</i>	2	QL 600 / 30 days
ESCITALOPRAM OXALATE 15 MG CAP	2	
<i>escitalopram oxalate 20 mg tab</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FETZIMA	2	
FETZIMA TITRATION	2	
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 10 mg tab)</i>	1	QL 90 / 30 days
<i>fluoxetine hcl (pmd) 10 mg tab</i>	1	QL 90 / 30 days
<i>fluoxetine hcl (pmd) 20 mg tab</i>	1	QL 4 / 1 days
<i>fluoxetine hcl 20 mg cap</i>	1	QL 4 / 1 days
<i>fluoxetine hcl 20 mg tab</i>	1	QL 120 / 30 days
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	QL 300 / 30 days
<i>fluoxetine hcl 40 mg cap</i>	1	QL 60 / 30 days
FLUOXETINE HCL 60 MG TAB	1	
<i>fluoxetine hcl 90 mg cap dr</i>	2	
<i>fluvoxamine maleate 100 mg tab</i>	1	QL 90 / 30 days
<i>fluvoxamine maleate 25 mg tab</i>	1	QL 30 / 30 days
<i>fluvoxamine maleate 50 mg tab</i>	1	QL 45 / 30 days
<i>fluvoxamine maleate er</i>	2	
LEXAPRO (LEXAPRO 5 MG TAB, LEXAPRO 10 MG TAB)	2	QL 90 / 30 days
LEXAPRO 20 MG TAB	2	QL 60 / 30 days
<i>nefazodone hcl (nefazodone hcl 50 mg tab, nefazodone hcl 100 mg tab, nefazodone hcl 250 mg tab)</i>	2	QL 60 / 30 days
<i>nefazodone hcl 150 mg tab</i>	2	QL 120 / 30 days
<i>nefazodone hcl 200 mg tab</i>	2	QL 90 / 30 days
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 40 mg tab)</i>	1	QL 45 / 30 days
<i>paroxetine hcl 10 mg/5ml suspension</i>	2	
<i>paroxetine hcl 30 mg tab</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>paroxetine hcl er</i>	2	
<i>paroxetine mesylate</i>	2	
PAXIL (PAXIL 10 MG TAB, PAXIL 20 MG TAB, PAXIL 40 MG TAB)	2	QL 45 / 30 days
PAXIL 10 MG/5ML SUSPENSION	2	
PAXIL 30 MG TAB	2	QL 60 / 30 days
PAXIL CR	2	
PEXEVA	2	
PRISTIQ	2	
PROZAC 10 MG CAP	2	QL 90 / 30 days
PROZAC 20 MG CAP	2	
PROZAC 40 MG CAP	2	QL 60 / 30 days
RALDESY	2	
<i>sertraline hcl (sertraline hcl 150 mg cap, sertraline hcl 200 mg cap)</i>	2	
<i>sertraline hcl (sertraline hcl 25 mg tab, sertraline hcl 50 mg tab)</i>	1	QL 90 / 30 days
<i>sertraline hcl 100 mg tab</i>	1	QL 60 / 30 days
<i>sertraline hcl 20 mg/ml conc</i>	1	QL 300 / 30 days
<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab)</i>	1	QL 90 / 30 days
<i>trazodone hcl 300 mg tab</i>	1	QL 60 / 30 days
TRINTELLIX	2	
VENLAFAXINE BESYLATE ER	2	
<i>venlafaxine hcl</i>	1	QL 90 / 30 days
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg tab er 24h, venlafaxine hcl er 75 mg tab er 24h, venlafaxine hcl er 150 mg tab er 24h, venlafaxine hcl er 225 mg tab er 24h)</i>	1	
<i>venlafaxine hcl er 150 mg cap er 24h</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	1	QL 30 / 30 days
<i>venlafaxine hcl er 75 mg cap er 24h</i>	1	QL 90 / 30 days
VIIBRYD	2	
VIIBRYD STARTER PACK	2	
<i>vilazodone hcl</i>	1	
ZOLOFT (ZOLOFT 25 MG TAB, ZOLOFT 50 MG TAB)	2	QL 90 / 30 days
ZOLOFT 100 MG TAB	2	QL 60 / 30 days
ZOLOFT 20 MG/ML CONC	2	QL 300 / 30 days
<b>TRICYCLICS</b>		
<i>amitriptyline hcl (amitriptyline hcl 10 mg tab, amitriptyline hcl 25 mg tab, amitriptyline hcl 50 mg tab, amitriptyline hcl 75 mg tab, amitriptyline hcl 100 mg tab, amitriptyline hcl 150 mg tab)</i>	1	QL 90 / 30 days
<i>amoxapine</i>	1	QL 4 / 1 days
ANAFRANIL (ANAFRANIL 25 MG CAP, ANAFRANIL 50 MG CAP)	2	QL 150 / 30 days
ANAFRANIL 75 MG CAP	2	QL 90 / 30 days
<i>clomipramine hcl 25 mg cap</i>	2	QL 150 / 30 days
<i>clomipramine hcl 50 mg cap</i>	1	QL 150 / 30 days
<i>clomipramine hcl 75 mg cap</i>	1	QL 90 / 30 days
<i>desipramine hcl (desipramine hcl 10 mg tab, desipramine hcl 25 mg tab, desipramine hcl 50 mg tab, desipramine hcl 75 mg tab, desipramine hcl 100 mg tab, desipramine hcl 150 mg tab)</i>	2	QL 60 / 30 days
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 150 mg cap)</i>	1	QL 60 / 30 days
<i>doxepin hcl 10 mg/ml conc</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl 100 mg cap</i>	1	QL 90 / 30 days
<i>imipramine hcl (imipramine hcl 10 mg tab, imipramine hcl 25 mg tab, imipramine hcl 50 mg tab)</i>	1	QL 180 / 30 days
<i>imipramine pamoate</i>	2	
NORPRAMIN	2	QL 60 / 30 days
<i>nortriptyline hcl (nortriptyline hcl 25 mg cap, nortriptyline hcl 75 mg cap)</i>	1	QL 90 / 30 days
<i>nortriptyline hcl 10 mg cap</i>	1	
<i>nortriptyline hcl 10 mg/5ml solution</i>	2	QL 2250 / 30 days
<i>nortriptyline hcl 50 mg cap</i>	1	QL 60 / 30 days
PAMELOR (PAMELOR 25 MG CAP, PAMELOR 75 MG CAP)	2	QL 90 / 30 days
PAMELOR 10 MG CAP	2	
PAMELOR 50 MG CAP	2	QL 60 / 30 days
<i>protriptyline hcl</i>	2	QL 180 / 30 days
<i>trimipramine maleate (trimipramine maleate 25 mg cap, trimipramine maleate 50 mg cap, trimipramine maleate 100 mg cap)</i>	2	
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>anti-nausea</i>	2	
ANTIVERT	2	
<i>bonine</i>	2	QL 120 / 30 days
BONJESTA	2	QL 60 / 30 days
<i>compro</i>	1	QL 12 / days
<i>cvs motion sickness less drows</i>	1	QL 120 / 30 days
<i>cvs motion sickness relief</i>	1	QL 120 / 30 days
<i>cvs nausea relief</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DICLEGIS	2	QL 120 / 30 day(s)
DIMENHYDRINATE 50 MG/ML SOLUTION	2	
<i>doxylamine-pyridoxine</i>	1	QL 120 / 30 day(s)
<i>dramamine 25 mg tab</i>	2	QL 120 / 30 days
DRAMAMINE 50 MG CHEW TAB	2	
DRAMAMINE MOTION SICKNESS KIDS	2	
<i>drimate</i>	1	QL 240 / 30 days
<i>ft motion sickness (ft motion sickness 25 mg chew tab, ft motion sickness 25 mg tab)</i>	1	QL 120 / 30 days
<i>ft motion sickness 50 mg tab</i>	1	QL 240 / 30 days
GIMOTI	2	
<i>gnp anti-nausea relief</i>	1	
<i>gnp motion sickness relief 25 mg tab</i>	1	QL 120 / 30 days
<i>gnp motion sickness relief 50 mg tab</i>	1	QL 240 / 30 days
<i>gnp nausea relief</i>	1	
<i>goodsense motion sickness</i>	1	QL 240 / 30 days
<i>goodsense nausea relief</i>	1	
<i>hm motion sickness</i>	1	QL 240 / 30 days
<i>hm motion sickness relief</i>	1	QL 120 / 30 days
<i>meclizine hcl (meclizine hcl 12.5 mg tab, meclizine hcl 25 mg chew tab, meclizine hcl 25 mg tab)</i>	1	QL 120 / 30 days
<i>meclizine hcl 50 mg tab</i>	2	
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 10 mg tab)</i>	1	QL 4 / 1 days
<i>metoclopramide hcl (metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg/10ml solution)</i>	1	QL 40 / 1 days
<i>metoclopramide hcl +rfd</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metoclopramide hcl 5 mg tab disp</i>	2	
<i>metoclopramide hcl 5 mg/ml solution</i>	1	
<i>motion sickness relief 25 mg tab</i>	1	QL 120 / 30 days
<i>motion sickness relief 50 mg tab</i>	1	QL 240 / 30 days
<i>motion-time</i>	1	QL 120 / 30 days
<i>nausea relief</i>	1	
<i>perphenazine (perphenazine 2 mg tab, perphenazine 4 mg tab, perphenazine 16 mg tab)</i>	1	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>perphenazine 8 mg tab</i>	1	QL 120 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
PHENERGAN	2	AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>prochlorperazine</i>	1	QL 12 / days
<i>prochlorperazine edisylate 10 mg/2ml solution</i>	1	
<i>prochlorperazine maleate (prochlorperazine maleate 5 mg tab, prochlorperazine maleate 10 mg tab)</i>	1	QL 4 / 1 days
<i>promethazine hcl (promethazine hcl 12.5 mg suppos, promethazine hcl 25 mg suppos, promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg/ml solution)</i>	1	AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethazine hcl (promethazine hcl 12.5 mg tab, promethazine hcl 25 mg tab, promethazine hcl 50 mg tab)</i>	1	QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethegan</i>	1	AL1 At least 6 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc anti-nausea</i>	1	
REGLAN	2	
<i>scopolamine</i>	1	
<i>sm motion sickness 25 mg tab</i>	1	QL 120 / 30 days
<i>sm motion sickness 50 mg tab</i>	1	QL 240 / 30 days
TIGAN	2	
TRANSDERM SCOP	2	
TRANSDERM-SCOP	2	
<i>travel-ease</i>	1	QL 120 / 30 days
<i>trimethobenzamide hcl 300 mg cap</i>	2	QL 90 / 30 days
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
AKYNZEO (AKYNZEO 235-0.25 MG RECON SOLN, AKYNZEO 235-0.25 MG/20ML SOLUTION)	2	QLC 2 vials/28 days
AKYNZEO (READY-TO-USE)	2	QLC 2 vials/28 days
AKYNZEO 300-0.5 MG CAP	2	QL 2 / 28 days
ANZEMET	2	
<i>aprepitant 125 mg cap</i>	1	QL 2 / 28 days
<i>aprepitant 40 mg cap</i>	1	QL 1 / 30 days
<i>aprepitant 80 &amp; 125 mg cap</i>	1	QL 6 / 28 days
<i>aprepitant 80 mg cap</i>	1	QL 4 / 28 days
CINVANTI	2	QLC 36 mL/28 days
<i>dronabinol (dronabinol 2.5 mg cap, dronabinol 5 mg cap)</i>	2	QL 180 / 30 days
<i>dronabinol 10 mg cap</i>	2	QL 90 / 30 days
EMEND 125 MG/5ML RECON SUSP	2	
EMEND 150 MG RECON SOLN	2	QLC 2 vials/28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMEND BIPACK	2	QL 4 / 28 days
EMEND TRI-PACK	2	QL 6 / 28 days
FOCINVEZ	2	
FOSAPREPITANT DIMEGLUMINE	1	
<i>granisetron hcl (granisetron hcl 1 mg/ml solution, granisetron hcl 4 mg/4ml solution)</i>	1	
<i>granisetron hcl 1 mg tab</i>	2	QLC 2 tablets/day
MARINOL 2.5 MG CAP	2	QL 180 / 30 days
<i>ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp)</i>	1	QL 90 / 30 days
ONDANSETRON 16 MG TAB DISP	2	
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i>	1	QL 90 / 30 days
<i>ondansetron hcl (ondansetron hcl 4 mg/2ml soln prsyr, ondansetron hcl 4 mg/2ml solution, ondansetron hcl 40 mg/20ml solution)</i>	1	
<i>ondansetron hcl +rfid</i>	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	QL 50 / 25 days
PALONOSETRON HCL (PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR, PALONOSETRON HCL 0.25 MG/5ML SOLUTION)	1	QLC 10 mL/28 days
PALONOSETRON HCL 0.25 MG/2ML SOLUTION	1	
POSFREA	2	
SANCUSO	2	QL 4 / 28 days
SUSTOL	2	QLC 1.6 mL/28 days
SYNDROS	2	
VARUBI (180 MG DOSE)	2	
ZUPLENZ	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTIFUNGALS</b>		
3 day vaginal	1	
7 day vaginal	1	QL 45 / 7 days
ALEVAZOL	1	
ALOE VESTA CLEAR ANTIFUNGAL	1	
ANCOBON	2	
<i>antifungal (clotrimazole)</i>	1	QL 30 / 7 days
<i>antifungal (tolnaftate)</i>	1	QL 15 / 7 days
<i>antifungal 2 % cream</i>	1	QL 15 / 7 days
<i>antifungal 2 % powder</i>	1	QL 71 / 15 days
<i>antifungal clotrimazole</i>	1	QL 30 / 7 days
<i>athletes foot (clotrimazole)</i>	1	QL 30 / 7 days
<i>athletes foot (terbinafine)</i>	1	
<i>athletes foot 1 % cream</i>	1	QL 30 / 7 days
<i>athletes foot 1 % solution</i>	2	QL 30 / 24 days
<i>athletes foot powder spray 1 % aero powd</i>	1	QL 133 / 10 days
<i>athletes foot powder spray 2 % aero powd</i>	1	
<i>athletes foot spray</i>	1	
<i>azolen anti-fungal wash</i>	2	
BREXAFEMME	2	
<i>butenafine hcl</i>	1	QL 30 / 24 days
<i>clotrimazole 1 % cream</i>	1	QL 45 / 7 days
<i>clotrimazole 1 % solution</i>	2	QL 30 / 24 days
<i>clotrimazole 1% cream (rx)</i>	1	QL 30 / 7 days
<i>clotrimazole 10 mg troche</i>	1	QL 5 / 1 days
<i>clotrimazole 3</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clotrimazole anti-fungal</i>	1	QL 30 / 7 days
<i>clotrimazole athletes foot</i>	1	QL 30 / 7 days
<i>clotrimazole-7</i>	1	QL 45 / 7 days
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	2	
<i>cvr athletes foot (tolnaftate) 1 % aero powd</i>	1	QL 133 / 10 days
<i>cvr athletes foot (tolnaftate) 1 % cream</i>	1	QL 15 / 7 days
<i>cvr athletes foot 2 % aero powd</i>	1	
<i>cvr athletes foot spray</i>	1	
<i>cvr butenafine hcl</i>	1	QL 30 / 24 days
<i>cvr miconazole 1 combo pack</i>	1	
CVS MICONAZOLE 1 COMBO-WIPES	1	
<i>cvr miconazole 3 combo pack</i>	1	
<i>cvr miconazole 3 combo-supp</i>	1	QL 1 / 3 days
<i>cvr miconazole 7</i>	1	QL 45 / 7 days
<i>cvr ringworm</i>	1	QL 30 / 7 days
<i>cvr tioconazole 1</i>	1	
<i>cvr toe area treatment max str</i>	1	
<i>desenex 2 % cream</i>	2	QL 15 / 7 days
<i>desenex 2 % powder</i>	1	QL 71 / 15 days
DIFLUCAN (DIFLUCAN 50 MG TAB, DIFLUCAN 100 MG TAB, DIFLUCAN 150 MG TAB, DIFLUCAN 200 MG TAB)	2	QL 2 / 1 days
DIFLUCAN 10 MG/ML RECON SUSP	2	QL 1200 / 30 days
DIFLUCAN 40 MG/ML RECON SUSP	2	QL 300 / 30 days
<i>econazole nitrate 1 % cream</i>	1	
ECOZA	2	
<i>eq athletes foot (terbinafine)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq miconazole 1</i>	1	
<i>eq miconazole 7 day treatment</i>	1	QL 45 / 7 days
<i>eq miconazole 7</i>	1	QL 45 / 7 days
ERTACZO	2	
EXTINA	2	
<i>fluconazole (fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	QL 2 / 1 days
<i>fluconazole 10 mg/ml recon susp</i>	1	QL 1200 / 30 days
<i>fluconazole 40 mg/ml recon susp</i>	1	QL 300 / 30 days
<i>flucytosine (flucytosine 250 mg cap, flucytosine 500 mg cap)</i>	2	
<i>formula 7 the solution</i>	2	
<i>ft antifungal (ft antifungal 1 % cream, ft antifungal 2 % cream)</i>	1	QL 15 / 7 days
<i>ft athletes foot (clotrimaz)</i>	1	QL 30 / 7 days
<i>ft athletes foot (terbinafine)</i>	1	
<i>ft miconazole 1</i>	1	
<i>ft miconazole 3 comb pack-supp</i>	1	QL 1 / 3 days
<i>ft tioconazole-1</i>	1	
FULVICIN P/G 165	2	
<i>fungi nail maximum strength</i>	2	
<i>fungoid tincture</i>	2	
<i>gnp athletes foot</i>	1	QL 30 / 7 days
<i>gnp clotrimazole 3</i>	1	
<i>gnp miconazole 1</i>	1	
<i>gnp miconazole 3</i>	1	QL 1 / 3 days
<i>gnp miconazole 7</i>	1	QL 45 / 7 days
<i>gnp miconazorb of</i>	1	QL 71 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp terbinafine hydrochloride</i>	1	
<i>gnp tolnaftate</i>	1	QL 15 / 7 days
<i>goodsense athletes foot</i>	1	QL 30 / 7 days
<i>griseofulvin microsize 125 mg/5ml suspension</i>	1	QL 40 / 1 days
<i>griseofulvin microsize 500 mg tab</i>	2	QL 60 / 30 days
<i>griseofulvin ultramicrosize (griseofulvin ultramicrosize 125 mg tab, griseofulvin ultramicrosize 250 mg tab)</i>	2	QL 3 / 1 days
GRISEOFULVIN ULTRAMICROSIZED 165 MG TAB	2	
GYNAZOLE-1	2	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	2	
JUBLIA	2	
KERYDIN	2	
<i>ketoconazole (ketoconazole 2 % cream, ketoconazole 2 % shampoo)</i>	1	
<i>ketoconazole 2 % foam</i>	2	
<i>ketoconazole 200 mg tab</i>	2	QL 60 / 30 days
LAMISIL AT 1 % CREAM	2	
<i>lamisil at athletes foot</i>	2	
<i>lamisil at jock itch</i>	2	
LAMISIL AT SPRAY ATHLETES FOOT	2	
LAMISIL AT SPRAY JOCK ITCH	2	
LASOLEX AG	2	
<i>lotrimin af 1 % cream</i>	2	QL 30 / 7 days
<i>lotrimin af 2 % aerosol</i>	1	
<i>lotrimin ultra</i>	2	QL 30 / 24 days
<i>luliconazole</i>	2	
LUZU	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>medpura antifungal</i>	1	QL 15 / 7 days
MENTAX	2	
<i>micomitin</i>	2	
MICONATATE	2	
<i>miconazole 1</i>	1	
<i>miconazole 3 200 mg suppos</i>	2	QL 30 / 30 days
<i>miconazole 3 combo pack</i>	1	
<i>miconazole 3 combo pack app</i>	1	
<i>miconazole 3 combo-supp</i>	1	QL 1 / 3 days
<i>miconazole 7 100 mg suppos</i>	1	QL 30 / 30 days
<i>miconazole 7 2 % cream</i>	1	QL 45 / 7 days
<i>miconazole nitrate 2 % cream</i>	1	QL 45 / 7 days
<i>miconazole nitrate 2 % solution</i>	1	
<i>miconazole nitrate combo pack</i>	1	QL 1 / 3 days
MICONAZOLE-ZINC OXIDE-PETROLAT	2	
<i>micotrin ac</i>	2	QL 30 / 7 days
<i>micotrin al</i>	2	
<i>micotrin ap</i>	1	QL 71 / 15 days
<i>monistat 1 combo pack</i>	2	
<i>monistat 1 day or night</i>	2	
<i>monistat 1-day</i>	1	
<i>monistat 3</i>	2	
<i>monistat 3 combination pack 200 &amp; 2 mg-% (9gm) kit</i>	2	QL 1 / 3 days
MONISTAT 3 COMBINATION PACK 200-2 MG-% KIT	2	
<i>monistat 3 combo pack app</i>	2	
MONISTAT 7 COMBO PACK APP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONISTAT 7 COMPLETE THERAPY	2	
<i>monistat 7 simply cure</i>	2	QL 45 / 7 days
<i>mycozyl ac</i>	2	QL 30 / 7 days
<i>mycozyl al</i>	1	
<i>mycozyl ap</i>	1	QL 71 / 15 days
<i>naftifine hcl</i>	2	
NAFTIN	2	
NIZORAL	2	
NOXAFIL (NOXAFIL 40 MG/ML SUSPENSION, NOXAFIL 100 MG TAB DR, NOXAFIL 300 MG PACKET)	2	
<i>nyamyc</i>	1	
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder, nystatin 100000 unit/ml suspension)</i>	1	
<i>nystatin 500000 unit tab</i>	1	QL 6 / 1 days
<i>nystop</i>	1	
ORAVIG	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT (OXISTAT 1 % CREAM, OXISTAT 1 % LOTION)	2	
<i>posaconazole 100 mg tab dr</i>	1	
<i>posaconazole 40 mg/ml suspension</i>	2	
<i>px miconazole 3-day combo</i>	1	QL 1 / 3 days
<i>qc 3 day</i>	1	
<i>qc antifungal (tolnaftate)</i>	1	QL 15 / 7 days
<i>qc athletes foot 2 % aero powd</i>	1	
<i>qc clotrimazole</i>	1	QL 45 / 7 days
<i>qc miconazole 7</i>	1	QL 45 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc tolnaftate</i>	1	QL 15 / 7 days
<i>ra atheletes foot</i>	1	
<i>ra clotrimazole 7</i>	1	QL 45 / 7 days
<i>ra miconazole 3 combo pack</i>	1	QL 1 / 3 days
<i>ra miconazole 3 combo pack app</i>	1	
<i>ra miconazole 7</i>	1	QL 45 / 7 days
<i>ra tioconazole 1</i>	1	
<i>sm 3-day vaginal</i>	1	
<i>sm antifungal clotrimazole</i>	1	QL 30 / 7 days
<i>sm antifungal miconazole</i>	1	QL 15 / 7 days
<i>sm antifungal tolnaftate</i>	1	QL 15 / 7 days
<i>sm athletes foot</i>	1	
<i>sm clotrimazole vaginal</i>	1	QL 45 / 7 days
<i>sm miconazole 3</i>	1	QL 1 / 3 days
<i>sm miconazole 3 applicator</i>	1	
<i>sm miconazole 7 100 mg suppos</i>	1	QL 30 / 30 days
<i>sm miconazole 7 2 % cream</i>	1	QL 45 / 7 days
<i>sm tioconazole-1</i>	1	
SPORANOX (SPORANOX 10 MG/ML SOLUTION, SPORANOX 100 MG CAP)	2	
SPORANOX PULSEPAK	2	
<i>sulconazole nitrate (sulconazole nitrate 1 % cream, sulconazole nitrate 1 % solution)</i>	2	
<i>tavaborole</i>	2	
<i>terbinafine hcl 1 % cream</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	QL 90 / 365 days
<i>terconazole 0.4 % cream</i>	2	QL 45 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>terconazole 0.8 % cream</i>	2	QL 20 / 14 days
<i>terconazole 80 mg suppos</i>	2	QL 3 / 14 days
<i>tinactin 1 % cream</i>	2	QL 15 / 7 days
<i>ting (ting 1 % aerosol, ting 2 % aero powd)</i>	1	
<i>ting 1 % cream</i>	1	QL 15 / 7 days
<i>tioconazole-1</i>	1	
<i>tm-clotrimazole</i>	1	QL 30 / 7 days
<i>tm-tolnaftate</i>	1	
<i>tm-tolnaftate lr</i>	1	
<i>tolnafi-al</i>	1	
<i>tolnaftate 1 % cream</i>	1	QL 15 / 7 days
<i>tolnaftate 1 % powder</i>	1	QL 45 / 7 days
<i>tolnaftate antifungal</i>	1	QL 15 / 7 days
TOLSURA	2	
<i>trimazole</i>	2	QL 30 / 7 days
TRIPENICOL C	2	
<i>triple paste af</i>	1	
<i>tritolnacide c</i>	2	QL 15 / 7 days
<i>tritolnacide s</i>	2	
VFEND (VFEND 40 MG/ML RECON SUSP, VFEND 50 MG TAB, VFEND 200 MG TAB)	2	
VIVJOA	2	
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	1	
<i>voriconazole 40 mg/ml recon susp</i>	2	
VOTRIZA-AL	2	
VUSION	2	
<i>zeasorb-af</i>	1	QL 71 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol 100 mg tab</i>	1	QL 240 / 30 days
<i>allopurinol 200 mg tab</i>	2	
<i>allopurinol 300 mg tab</i>	1	QL 60 / 30 days
<i>colchicine 0.6 mg cap</i>	2	QL 90 / 30 days PA
<i>colchicine 0.6 mg tab</i>	1	QL 90 / 30 days PA
<i>colchicine-probenecid</i>	1	
COLCRYS	2	QL 90 / 30 days
<i>febuxostat</i>	1	
KRYSTEXXA	2	
MITIGARE	2	QL 90 / 30 days
<i>probenecid</i>	1	QL 4 / 1 days
ULORIC	2	
ZYLOPRIM 100 MG TAB	2	
ZYLOPRIM 300 MG TAB	2	QL 60 / 30 days
<b>ANTIMIGRAINE AGENTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS</b>		
AIMOVIG	1	QL 1 / 28 days PA
AJOVY	1	QL 1.5 / 28 day(s) PA
EMGALITY	1	QL 2 / 28 days PA
EMGALITY (300 MG DOSE)	1	QL 3 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NURTEC	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>16 / 30 days</span> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; display: inline-block;">PA</div>
QULIPTA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>30 / 30 days</span> </div>
UBRELVY	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>16 / 30 days</span> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; display: inline-block;">PA</div>
VYEPTI	2	
ZAVZPRET	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>8 / 30 day(s)</span> </div>
<b>ERGOT ALKALOIDS</b>		
BREKIYA	2	
CAFERGOT	2	
D.H.E. 45	2	
<i>dihydroergotamine mesylate (dihydroergotamine mesylate 1 mg/ml solution, dihydroergotamine mesylate 4 mg/ml solution)</i>	2	
ERGOMAR	2	
<i>ergotamine-caffeine</i>	2	
MIGRANAL	2	
TRUDHESA	2	
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<i>almotriptan malate 12.5 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>9 / 30 day(s)</span> </div>
<i>almotriptan malate 6.25 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>9 / 30 days</span> </div>
AMERGE	2	
<i>eletriptan hydrobromide</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>9 / 30 days</span> </div>
FROVA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>12 / 30 days</span> </div>
<i>frovatriptan succinate</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>12 / 30 days</span> </div>
IMITREX (IMITREX 5 MG/ACT SOLUTION, IMITREX 20 MG/ACT SOLUTION, IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMITREX STATDOSE REFILL	2	
IMITREX STATDOSE SYSTEM	2	
MAXALT	2	
MAXALT-MLT	2	
<i>naratriptan hcl</i>	1	QL 9 / 24 days
ONZETRA XSAIL	2	
RELPAX	2	QL 9 / 30 days
REYVOW 100 MG TAB	2	QL 8 / 30 days PA
REYVOW 50 MG TAB	2	QL 4 / 30 days PA
<i>rizatriptan benzoate</i>	1	QL 9 / 30 days
<i>sumatriptan (sumatriptan 5 mg/act solution, sumatriptan 20 mg/act solution)</i>	1	QL 6 / 24 days
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 9 / 24 days
<i>sumatriptan succinate (sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	QL 2 / 24 days
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	1	
<i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i>	1	
<i>sumatriptan succinate refill 6 mg/0.5ml soln cart</i>	1	QL 2 / 24 days
<i>sumatriptan-naproxen sodium</i>	2	
SYMBRAVO	2	
TOSYMRA	2	
TREXIMET	2	
ZEMBRACE SYMTOUCH	2	
<i>zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 5 mg solution)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i>	1	QL 9 / 30 days
ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION)	2	
ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB)	2	QL 9 / 30 days
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone 100 mg tab</i>	1	QL 1 / 1 days
<i>dapsone 25 mg tab</i>	1	QL 3 / 1 days
<i>rifabutin</i>	1	QL 60 / 30 days
<b>ANTITUBERCULARS</b>		
<i>ethambutol hcl (ethambutol hcl 100 mg tab, ethambutol hcl 400 mg tab)</i>	1	QL 300 / 30 days
<i>isoniazid (isoniazid 100 mg tab, isoniazid 300 mg tab)</i>	1	QL 90 / 30 days
<i>isoniazid 50 mg/5ml syrup</i>	1	QL 2700 / 30 days
<i>pyrazinamide 500 mg tab</i>	1	QL 240 / 30 days
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	1	
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide (cyclophosphamide 25 mg cap, cyclophosphamide 50 mg cap)</i>	1	
LEUKERAN	1	
<i>melphalan</i>	1	
MYLERAN	1	
TEMODAR (TEMODAR 100 MG CAP, TEMODAR 140 MG CAP, TEMODAR 180 MG CAP, TEMODAR 250 MG CAP)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>temozolomide</i>	1	PA
<b>ANTIANDROGENS</b>		
<i>abiraterone acetate 250 mg tab</i>	1	PA
<i>abiraterone acetate 500 mg tab</i>	2	PA
<i>abirtega</i>	1	PA
<i>bicalutamide</i>	1	QL 30 / 30 days PA
CASODEX	2	QL 30 / 30 days
ERLEADA	1	PA
<i>flutamide</i>	1	QL 180 / 30 days
NUBEQA	1	PA
XTANDI	1	PA
YONSA	2	PA
ZYTIGA	2	PA
<b>ANTIANGIOGENIC AGENTS</b>		
<i>lenalidomide (lenalidomide 2.5 mg cap, lenalidomide 20 mg cap)</i>	2	
<i>lenalidomide (lenalidomide 5 mg cap, lenalidomide 10 mg cap, lenalidomide 15 mg cap, lenalidomide 25 mg cap)</i>	2	PA
<i>pomalidomide</i>	2	
POMALYST	2	
REVLIMID	1	PA
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP, THALOMID 200 MG CAP)	1	PA
THALOMID 150 MG CAP	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT	1	
FARESTON	2	QL 30 / 30 days
INLURIYO	2	
ORSERDU	2	
SOLTAMOX	2	
<i>tamoxifen citrate (tamoxifen citrate 10 mg tab, tamoxifen citrate 20 mg tab)</i>	1	QL 60 / 30 days
<i>toremifene citrate</i>	2	QL 30 / 30 days
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	1	PA
<i>mercaptopurine 50 mg tab</i>	1	
XELODA	2	
<b>ANTINEOPLASTICS, OTHER</b>		
AKEEGA	1	PA
AUGTYRO	1	PA
DROXIA	1	
FRUZAQLA	1	PA
HYDREA	2	
<i>hydroxyurea 500 mg cap</i>	1	
IWILFIN	1	PA
<i>lederle leucovorin</i>	1	QL 90 / 30 days
<i>leucovorin calcium (leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	QL 30 / 30 days
<i>leucovorin calcium 10 mg tab</i>	1	QL 60 / 30 days
<i>leucovorin calcium 5 mg tab</i>	1	QL 90 / 30 days
LONSURF	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYSODREN	1	
MODEYSO	2	
OJJAARA	1	PA
ORGOVYX	2	QL 90 / 30 days
QINLOCK	2	QL 90 / 30 days
SIKLOS	2	
WELIREG	1	PA
ZOLINZA	1	PA
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole 1 mg tab</i>	1	QL 30 / 30 days
ARIMIDEX	2	QL 30 / 30 days
AROMASIN	2	QL 30 / 30 days
<i>exemestane</i>	1	QL 30 / 30 days
FEMARA	2	
<i>letrozole 2.5 mg tab</i>	1	PA
<b>ENZYME INHIBITORS</b>		
<i>etoposide 50 mg cap</i>	1	
<b>MOLECULAR TARGET INHIBITORS</b>		
AFINITOR	2	PA
AFINITOR DISPERZ	1	PA
ALECENSA	1	PA
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	1	QL 30 / 30 days PA
ALUNBRIG 30 MG TAB	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AVMAPKI FAKZYNJA CO-PACK	1	PA
AYVAKIT	1	QL 30 / 30 days PA
BALVERSA	1	
BOSULIF	1	PA
BRAFTOVI	1	PA
BRUKINSA 160 MG TAB	1	PA
BRUKINSA 80 MG CAP	1	QL 120 / 30 days PA
CABOMETYX	1	PA
CALQUENCE (CALQUENCE 100 MG CAP, CALQUENCE 100 MG TAB)	1	QL 60 / 30 days PA
CAPRELSA	1	PA
COMETRIQ (100 MG DAILY DOSE)	1	PA
COMETRIQ (140 MG DAILY DOSE)	1	PA
COMETRIQ (60 MG DAILY DOSE)	1	PA
COPIKTRA	1	PA
COTELLIC	1	PA
DANZITEN	2	
<i>dasatinib</i>	1	PA
DAURISMO	1	PA
ENSACOVE	2	
ERIVEDGE	1	PA
<i>erlotinib hcl</i>	1	PA
<i>everolimus (everolimus 2 mg tab sol, everolimus 3 mg tab sol, everolimus 5 mg tab sol)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab)</i>	1	PA
<i>everolimus 10 mg tab</i>	1	
EXKIVITY	1	QL 4 / 1 days PA
FARYDAK	1	PA
FOTIVDA	1	QL 21 / 28 days PA
GAVRETO	1	QL 120 / 30 days PA
<i>gefitinib</i>	2	
GILOTRIF	1	PA
GLEEVEC	2	PA
GOMEKLI	1	PA
HERNEXEOS	2	
HYRNUO	2	
IBRANCE	1	QL 30 / 30 days PA
IBTROZI	2	
ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 15 MG TAB, ICLUSIG 45 MG TAB)	1	PA
ICLUSIG 30 MG TAB	2	PA
IDHIFA	1	PA
<i>imatinib mesylate (imatinib mesylate 100 mg tab, imatinib mesylate 400 mg tab)</i>	1	PA
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG CAP)	1	PA
IMBRUVICA (IMBRUVICA 70 MG/ML SUSPENSION, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB, IMBRUVICA 560 MG TAB)	2	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMKELDI	2	
INLYTA	1	PA
INREBIC	1	PA
IRESSA	1	PA
ITOVEBI	1	PA
JAKAFI	1	PA
JAYPIRCA	1	PA
KISQALI (200 MG DOSE)	1	PA
KISQALI (400 MG DOSE)	1	PA
KISQALI (600 MG DOSE)	1	PA
KISQALI FEMARA (400 MG DOSE)	1	PA
KISQALI FEMARA (600 MG DOSE)	1	PA
KOMZIFTI	2	
KOSELUGO (KOSELUGO 10 MG CAP, KOSELUGO 25 MG CAP)	1	PA
KOSELUGO (KOSELUGO 5 MG CAP SPRINK, KOSELUGO 7.5 MG CAP SPRINK)	2	
KRAZATI	1	PA
<i>lapatinib ditosylate</i>	2	
LAZCLUZE	1	PA
LENVIMA (10 MG DAILY DOSE)	1	PA
LENVIMA (12 MG DAILY DOSE)	1	PA
LENVIMA (14 MG DAILY DOSE)	1	PA
LENVIMA (18 MG DAILY DOSE)	1	PA
LENVIMA (20 MG DAILY DOSE)	1	PA
LENVIMA (24 MG DAILY DOSE)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LENVIMA (4 MG DAILY DOSE)	1	PA
LENVIMA (8 MG DAILY DOSE)	1	PA
LORBRENA	1	PA
LUMAKRAS 120 MG TAB	1	QL 240 / 30 days PA
LUMAKRAS 240 MG TAB	1	
LUMAKRAS 320 MG TAB	1	QL 90 / 30 days PA
LYNPARZA	1	PA
LYTGOBI (12 MG DAILY DOSE)	1	PA
LYTGOBI (16 MG DAILY DOSE)	1	PA
LYTGOBI (20 MG DAILY DOSE)	1	PA
MEKINIST (MEKINIST 0.05 MG/ML RECON SOLN, MEKINIST 0.5 MG TAB, MEKINIST 2 MG TAB)	1	PA
MEKTOVI	1	PA
NERLYNX	1	PA
NEXAVAR	1	QL 4 / 1 days PA
NILOTINIB D-TARTRATE	2	
<i>nilotinib hcl</i>	1	PA
NINLARO	1	PA
ODOMZO	1	PA
OGSIVEO	1	PA
OJEMDA (OJEMDA 25 MG/ML RECON SUSP, OJEMDA 100 MG TAB)	1	PA
<i>pazopanib hcl</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEMAZYRE	1	QL 14 / 21 days PA
PHYRAGO (PHYRAGO 20 MG TAB, PHYRAGO 50 MG TAB, PHYRAGO 70 MG TAB, PHYRAGO 100 MG TAB, PHYRAGO 140 MG TAB)	2	PA
PIQRAY (200 MG DAILY DOSE)	1	PA
PIQRAY (250 MG DAILY DOSE)	1	PA
PIQRAY (300 MG DAILY DOSE)	1	PA
RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB)	1	QL 60 / 30 day(s) PA
RETEVMO 40 MG CAP	1	QL 180 / 30 days PA
RETEVMO 40 MG TAB	1	QL 90 / 30 day(s) PA
RETEVMO 80 MG CAP	1	QL 120 / 30 days PA
REVUFORJ	1	PA
REZLIDHIA	1	PA
ROMVIMZA	1	PA
ROZLYTREK	1	PA
RUBRACA	1	PA
RYDAPT	1	PA
SCEMBLIX	1	PA
<i>sorafenib tosylate</i>	2	
SPRYCEL	2	PA
STIVARGA	1	PA
<i>sunitinib malate (sunitinib malate 25 mg cap, sunitinib malate 50 mg cap)</i>	2	QL 1 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sunitinib malate 12.5 mg cap</i>	2	QL 3 / 1 day(s) PA
<i>sunitinib malate 37.5 mg cap</i>	2	
SUTENT (SUTENT 25 MG CAP, SUTENT 50 MG CAP)	1	QL 1 / 1 day(s) PA
SUTENT 12.5 MG CAP	1	QL 3 / 1 days PA
SUTENT 37.5 MG CAP	1	PA
TABRECTA	1	QL 120 / 30 days PA
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	1	PA
TAFINLAR 10 MG TAB SOL	2	
TAGRISSO	1	PA
TALZENNA	1	PA
TARCEVA	2	PA
TASIGNA	2	PA
TAZVERIK	1	QL 240 / 30 days PA
TEPMETKO	1	QL 60 / 30 days PA
TIBSOVO	1	PA
<i>torpenz (torpenz 2.5 mg tab, torpenz 5 mg tab, torpenz 7.5 mg tab)</i>	1	PA
<i>torpenz 10 mg tab</i>	1	
TRUQAP	1	PA
TRUSELTIQ (100MG DAILY DOSE)	1	QL 21 / 28 days PA
TRUSELTIQ (125MG DAILY DOSE)	1	QL 42 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (50MG DAILY DOSE)	1	<div data-bbox="1133 117 1195 149">QL</div> 42 / 28 days <div data-bbox="1133 163 1195 195">PA</div>
TRUSELTIQ (75MG DAILY DOSE)	1	<div data-bbox="1133 233 1195 264">QL</div> 63 / 28 days <div data-bbox="1133 279 1195 310">PA</div>
TUKYSA	1	<div data-bbox="1133 344 1195 375">QL</div> 120 / 30 days <div data-bbox="1133 390 1195 422">PA</div>
TURALIO	1	PA
TYKERB	1	PA
UKONIQ	1	PA
VANFLYTA	1	PA
VENCLEXTA	1	PA
VENCLEXTA STARTING PACK	1	PA
VERZENIO	1	PA
VITRAKVI (VITRAKVI 20 MG/ML SOLUTION, VITRAKVI 25 MG CAP, VITRAKVI 100 MG CAP)	1	PA
VIZIMPRO	1	PA
VONJO	1	PA
VORANIGO 10 MG TAB	1	PA
VORANIGO 40 MG TAB	1	
VOTRIENT	1	PA
XALKORI	1	PA
XOSPATA	1	PA
XPOVIO (100 MG ONCE WEEKLY)	1	PA
XPOVIO (40 MG ONCE WEEKLY)	1	PA
XPOVIO (40 MG TWICE WEEKLY)	1	PA
XPOVIO (60 MG ONCE WEEKLY)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XPOVIO (60 MG TWICE WEEKLY)	1	PA
XPOVIO (80 MG ONCE WEEKLY)	1	PA
XPOVIO (80 MG TWICE WEEKLY)	1	PA
ZEJULA	1	PA
ZELBORAF	1	PA
ZYDELIG	1	PA
ZYKADIA	1	PA
<b>MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE</b>		
AUKELSO	2	
<b>RETINOIDS</b>		
<i>tretinoin 10 mg cap</i>	1	
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTHICS</b>		
<i>ivermectin 3 mg tab</i>	1	
<b>ANTIPROTOZOALS</b>		
ARAKODA	2	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	1	QL 1 / 1 days
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	1	QL 3 / 1 days
<i>chloroquine phosphate 250 mg tab</i>	1	QL 60 / 30 days
<i>chloroquine phosphate 500 mg tab</i>	1	QL 1 / 1 days
COARTEM	1	
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 400 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	QL 120 / 30 days
KRINTAFEL	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIKMEZ	2	
MALARONE 250-100 MG TAB	2	QL 1 / 1 days
MALARONE 62.5-25 MG TAB	2	QL 3 / 1 days
<i>mefloquine hcl</i>	1	QL 5 / 26 days
<i>nitazoxanide 500 mg tab</i>	2	
PLAQUENIL	2	QL 120 / 30 days
<i>primaquine phosphate</i>	1	QL 60 / 30 days
QUALAQUIN	2	
<i>quinine sulfate 324 mg cap</i>	2	
SOVUNA	2	
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	QL 4 / 1 days
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	1	QL 38 / 1 days
<i>trihexyphenidyl hcl 2 mg tab</i>	1	QL 210 / 30 days
<i>trihexyphenidyl hcl 5 mg tab</i>	1	QL 90 / 30 days
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>amantadine hcl (amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	QL 4 / 1 days
<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg/10ml solution)</i>	1	QL 40 / 1 days
<i>carbidopa-levodopa-entacapone</i>	2	
COMTAN	2	
<i>entacapone</i>	1	
GOCOVRI	2	
NOURIANZ	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONGENTYS	2	
OSMOLEX ER	2	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	2	QL 90 / 30 days
<i>tolcapone</i>	2	QL 90 / 30 days
<b>DOPAMINE AGONISTS</b>		
<i>bromocriptine mesylate (bromocriptine mesylate 2.5 mg tab, bromocriptine mesylate 5 mg cap)</i>	1	QL 600 / 30 days
KYNMOBI	2	
MIRAPEX ER	2	QL 30 / 30 days
NEUPRO	2	
PARLODEL	1	
<i>pramipexole dihydrochloride</i>	1	QL 90 / 30 days
<i>pramipexole dihydrochloride er</i>	2	QL 30 / 30 days
<i>ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)</i>	1	QL 90 / 30 days
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa 25 mg tab</i>	2	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i>	2	
<i>carbidopa-levodopa (carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i>	1	QL 240 / 30 days
<i>carbidopa-levodopa 10-100 mg tab</i>	1	QL 600 / 30 days
<i>carbidopa-levodopa er (carbidopa-levodopa er 23.75-95 mg cap er, carbidopa-levodopa er 36.25-145 mg cap er, carbidopa-levodopa er 48.75-195 mg cap er, carbidopa-levodopa er 61.25-245 mg cap er)</i>	2	
<i>carbidopa-levodopa er (carbidopa-levodopa er 25-100 mg tab er, carbidopa-levodopa er 50-200 mg tab er)</i>	1	QL 360 / 30 days
CREXONT	2	
DHIVY	2	
DUOPA	2	
INBRIJA	2	
LODOSYN	2	
RYTARY	2	
SINEMET	2	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
AZILECT	2	
<i>rasagiline mesylate (rasagiline mesylate 0.5 mg tab, rasagiline mesylate 1 mg tab)</i>	1	
<i>selegiline hcl (selegiline hcl 5 mg cap, selegiline hcl 5 mg tab)</i>	1	QL 60 / 30 days
XADAGO	2	
ZELAPAR	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>chlorpromazine hcl (chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab)</i>	2	AL1 At least 18 yrs old
<i>chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)</i>	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
CHLORPROMAZINE HCL (CHLORPROMAZINE HCL 30 MG/ML CONC, CHLORPROMAZINE HCL 100 MG/ML CONC)	2	
<i>chlorpromazine hcl 10 mg tab</i>	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	QL 10 / 26 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)</i>	1	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>fluphenazine hcl 2.5 mg/5ml elixir</i>	2	QL 20 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>fluphenazine hcl 2.5 mg/ml solution</i>	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>fluphenazine hcl 5 mg/ml conc</i>	1	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HALDOL DECANOATE	2	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>haloperidol (haloperidol 0.5 mg tab, haloperidol 1 mg tab, haloperidol 2 mg tab, haloperidol 5 mg tab, haloperidol 10 mg tab, haloperidol 20 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 150 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>haloperidol decanoate (haloperidol decanoate 50 mg/ml solution, haloperidol decanoate 100 mg/ml solution)</i>	1	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>haloperidol lactate 2 mg/ml conc</i>	1	<ul style="list-style-type: none"> <li>QL 50 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>haloperidol lactate 5 mg/ml solution</i>	1	<ul style="list-style-type: none"> <li>QL 600 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>loxapine succinate (loxapine succinate 25 mg cap, loxapine succinate 50 mg cap)</i>	1	<ul style="list-style-type: none"> <li>QL 150 / 30 days</li> <li>AL1 At least 18 yrs old</li> </ul>
<i>loxapine succinate 10 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 days</li> <li>AL1 At least 18 yrs old</li> </ul>
<i>loxapine succinate 5 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 360 / 30 days</li> <li>AL1 At least 18 yrs old</li> </ul>
<i>molindone hcl</i>	2	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> </ul>
<i>pimozide 1 mg tab</i>	2	<ul style="list-style-type: none"> <li>QL 300 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>pimozide 2 mg tab</i>	2	<ul style="list-style-type: none"> <li>QL 150 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>thioridazine hcl (thioridazine hcl 10 mg tab, thioridazine hcl 25 mg tab, thioridazine hcl 50 mg tab, thioridazine hcl 100 mg tab)</i>	2	<ul style="list-style-type: none"> <li>QL 240 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>thiothixene</i>	2	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>trifluoperazine hcl</i>	1	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<b>2ND GENERATION/ATYPICAL</b>		
ABILIFY (ABILIFY 2 MG TAB, ABILIFY 5 MG TAB, ABILIFY 10 MG TAB, ABILIFY 15 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ABILIFY (ABILIFY 20 MG TAB, ABILIFY 30 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1	<ul style="list-style-type: none"> <li>QL 2.4 mL / 56 day(s)</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1	<ul style="list-style-type: none"> <li>QL 3.2 mL / 56 day(s)</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ABILIFY MAINTENA	1	<ul style="list-style-type: none"> <li>QL 1 / 28 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ABILIFY MYCITE	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ABILIFY MYCITE MAINTENANCE KIT	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ABILIFY MYCITE STARTER KIT	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> </ul>
<i>aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>aripiprazole (aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>aripiprazole 1 mg/ml solution</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 750 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ARISTADA 1064 MG/3.9ML PRSYR	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 3.9 / 56 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ARISTADA 441 MG/1.6ML PRSYR	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 1.6 / 28 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ARISTADA 662 MG/2.4ML PRSYR	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 2.4 / 28 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ARISTADA 882 MG/3.2ML PRSYR	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 3.2 / 42 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARISTADA INITIO	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 2.4 / 42 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>asenapine maleate</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
CAPLYTA	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
COBENFY	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 day(s)</li> </ul>
COBENFY STARTER PACK	2	
ERZOFRI 117 MG/0.75ML SUSP PRSYR	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 0.75 / 28 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ERZOFRI 156 MG/ML SUSP PRSYR	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 1 / 28 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ERZOFRI 234 MG/1.5ML SUSP PRSYR	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 1.5 / 28 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ERZOFRI 351 MG/2.25ML SUSP PRSYR	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 2.25 / 28 day(s)</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ERZOFRI 39 MG/0.25ML SUSP PRSYR	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 0.25 / 28 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ERZOFRI 78 MG/0.5ML SUSP PRSYR	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 0.5 / 28 DAYS</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
FANAPT	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
FANAPT TITRATION PACK A	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 2 tablet(s) / 1 day(s)</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
FANAPT TITRATION PACK B	2	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
FANAPT TITRATION PACK C	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 2 tablet(s) / 1 day(s)</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
GEODON (GEODON 60 MG CAP, GEODON 80 MG CAP)	2	
GEODON 20 MG CAP	2	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
GEODON 20 MG RECON SOLN	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
GEODON 40 MG CAP	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 90 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
INVEGA (INVEGA 1.5 MG TAB ER 24H, INVEGA 3 MG TAB ER 24H, INVEGA 9 MG TAB ER 24H)	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA 6 MG TAB ER 24H	2	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 3.5 / 180 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 5 / 180 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 0.75 / 28 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 1 / 28 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 1.5 / 28 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 0.25 / 28 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 0.5 / 28 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 0.88 / 84 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 1.32 / 84 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 1.75 / 84 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1	<ul style="list-style-type: none"> <li>QL 2.63 / 84 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
LATUDA (LATUDA 20 MG TAB, LATUDA 40 MG TAB, LATUDA 60 MG TAB, LATUDA 120 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
LATUDA 80 MG TAB	2	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>lurasidone hcl (lurasidone hcl 20 mg tab, lurasidone hcl 40 mg tab, lurasidone hcl 60 mg tab, lurasidone hcl 120 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>lurasidone hcl 80 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
NUPLAZID	2	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>olanzapine 10 mg recon soln</i>	2	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>olanzapine 10 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
OPIPZA	2	
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>paliperidone er 6 mg tab er 24h</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
PERSERIS	1	<ul style="list-style-type: none"> <li>QL 1 / 28 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>quetiapine fumarate (quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>quetiapine fumarate (quetiapine fumarate 50 mg tab, quetiapine fumarate 200 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>quetiapine fumarate 100 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate 150 mg tab</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>quetiapine fumarate 25 mg tab</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 180 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>quetiapine fumarate er (quetiapine fumarate er 150 mg tab er 24h, quetiapine fumarate er 200 mg tab er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>quetiapine fumarate er (quetiapine fumarate er 50 mg tab er 24h, quetiapine fumarate er 300 mg tab er 24h, quetiapine fumarate er 400 mg tab er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
REXULTI (REXULTI 0.25 MG TAB, REXULTI 0.5 MG TAB, REXULTI 1 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
REXULTI (REXULTI 2 MG TAB, REXULTI 3 MG TAB, REXULTI 4 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
RISPERDAL (RISPERDAL 0.5 MG TAB, RISPERDAL 1 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 150 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
RISPERDAL (RISPERDAL 3 MG TAB, RISPERDAL 4 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
RISPERDAL 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
RISPERDAL 2 MG TAB	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 90 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #6c757d; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL CONSTA	1	<ul style="list-style-type: none"> <li>QL 2 / 28 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	2	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone (risperidone 0.5 mg tab, risperidone 1 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 150 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone (risperidone 3 mg tab, risperidone 4 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 0.25 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 150 / 30 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 1 mg/ml solution</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 2 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone microspheres er (risperidone microspheres er 25 mg srer, risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	1	<ul style="list-style-type: none"> <li>QL 2 / 28 day(s)</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone microspheres er 12.5 mg srer</i>	1	<ul style="list-style-type: none"> <li>QL 2 / 28 day(s)</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RYKINDO	1	<ul style="list-style-type: none"> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
SAPHRIS	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
SECUADO	2	<ul style="list-style-type: none"> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
SEROQUEL (SEROQUEL 300 MG TAB, SEROQUEL 400 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
SEROQUEL (SEROQUEL 50 MG TAB, SEROQUEL 200 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 120 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
SEROQUEL 100 MG TAB	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 90 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
SEROQUEL 25 MG TAB	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 180 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
SEROQUEL XR (SEROQUEL XR 150 MG TAB ER 24H, SEROQUEL XR 200 MG TAB ER 24H)	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
SEROQUEL XR (SEROQUEL XR 50 MG TAB ER 24H, SEROQUEL XR 300 MG TAB ER 24H, SEROQUEL XR 400 MG TAB ER 24H)	2	<ul style="list-style-type: none"> <li><span style="background-color: #6f42c1; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
UZEDY	1	<ul style="list-style-type: none"> <li><span style="background-color: #28a745; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #343a40; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VRAYLAR (VRAYLAR 0.5 MG CAP, VRAYLAR 0.75 MG CAP)	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 / 30 day(s)</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
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"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
VRAYLAR 1.5 & 3 MG CAP THPK	2	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>ziprasidone hcl</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 90 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>ziprasidone mesylate</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ZYPREXA (ZYPREXA 10 MG RECON SOLN, ZYPREXA 10 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 90 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ZYPREXA (ZYPREXA 2.5 MG TAB, ZYPREXA 5 MG TAB, ZYPREXA 7.5 MG TAB, ZYPREXA 15 MG TAB, ZYPREXA 20 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ZYPREXA RELPREVV	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ZYPREXA ZYDIS	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<b>TREATMENT-RESISTANT</b>		
<i>clozapine 100 mg tab</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 270 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clozapine 100 mg tab disp</i>	2	<ul style="list-style-type: none"> <li>QL 270 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>clozapine 12.5 mg tab disp</i>	2	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>clozapine 150 mg tab disp</i>	2	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>clozapine 200 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>clozapine 200 mg tab disp</i>	2	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>clozapine 25 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>clozapine 25 mg tab disp</i>	2	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>clozapine 50 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
CLOZARIL 100 MG TAB	2	<ul style="list-style-type: none"> <li>QL 270 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLOZARIL 200 MG TAB	2	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
CLOZARIL 25 MG TAB	2	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
CLOZARIL 50 MG TAB	2	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
IGALMI	2	
VERSACLOZ	2	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ANTISPASTICITY AGENTS		
<i>baclofen (baclofen 5 mg/5ml solution, baclofen 10 mg/5ml solution, baclofen 15 mg tab, baclofen 25 mg/5ml suspension)</i>	2	
<i>baclofen 10 mg tab</i>	1	QL 150 / 30 days
<i>baclofen 20 mg tab</i>	1	QL 4 / 1 days
<i>baclofen 5 mg tab</i>	1	QL 120 / 30 days
DANTRIUM 25 MG CAP	2	
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	1	QL 4 / 1 days
FLEQSUVY	2	
LYVISPAH	2	
ONTRALFY	2	
OZOBAX	2	
OZOBAX DS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tizanidine hcl (tizanidine hcl 2 mg cap, tizanidine hcl 4 mg cap, tizanidine hcl 6 mg cap, tizanidine hcl 8 mg cap)</i>	2	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	1	QL 180 / 30 days
ZANAFLEX	2	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
LIVTENCITY	2	
PREVMIS (PREVMIS 20 MG PACKET, PREVMIS 120 MG PACKET)	2	
PREVMIS (PREVMIS 240 MG TAB, PREVMIS 480 MG TAB)	1	PA
VALCYTE (VALCYTE 50 MG/ML RECON SOLN, VALCYTE 450 MG TAB)	2	
<i>valganciclovir hcl (valganciclovir hcl 50 mg/ml recon soln, valganciclovir hcl 450 mg tab)</i>	1	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil</i>	1	
BARACLUDE (BARACLUDE 0.5 MG TAB, BARACLUDE 1 MG TAB)	2	QL 30 / 30 days
BARACLUDE 0.05 MG/ML SOLUTION	1	QL 20 / 1 days
<i>entecavir</i>	1	QL 30 / 30 days
EPIVIR HBV 100 MG TAB	2	
EPIVIR HBV 5 MG/ML SOLUTION	1	
HEPSERA	1	
<i>lamivudine 100 mg tab</i>	1	
VEMLIDY	2	QL 30 / 30 days
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG TAB)	2	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPCLUSA 200-50 MG PACKET	2	QL 56 / 28 days
EPCLUSA 400-100 MG TAB	2	QL 28 / 28 days c Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 12 week treatment duration
HARVONI	2	
LEDIPASVIR-SOFOSBUVIR	2	
MAVYRET 100-40 MG TAB	1	QL 84 / 28 days c Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 8 week treatment duration
MAVYRET 50-20 MG PACKET	1	QL 140 / 28 days c Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 8 week treatment duration
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	QL 210 / 30 days
SOFOSBUVIR-VELPATASVIR	1	QL 28 / 28 days c Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 12 week treatment duration
SOVALDI	2	
VIEKIRA PAK	2	
VOSEVI	2	QL 30 / 30 days
ZEPATIER	2	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
APRETUDE	1	QLC 3ml/28 days
BIKTARVY	1	QL 30 / 30 days
DOVATO	1	
GENVOYA	1	QL 30 / 30 days
ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB)	1	QL 180 / 30 days
ISENTRESS 100 MG PACKET	1	
ISENTRESS 400 MG TAB	1	QL 60 / 30 days
ISENTRESS HD	2	QL 60 / 30 days
JULUCA	1	QL 30 / 30 days
STRIBILD	2	QL 30 / 30 days
TIVICAY	1	QL 60 / 30 days
TIVICAY PD	1	QL 180 / 30 days
VOCABRIA	2	QL 30 / 30 days
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
COMPLERA	1	QL 30 / 30 days
DELSTRIGO	1	QL 30 / 30 days
EDURANT	1	QL 30 / 30 days
EDURANT PED	2	
<i>efavirenz (efavirenz 50 mg cap, efavirenz 200 mg cap)</i>	1	QL 90 / 30 days
<i>efavirenz 600 mg tab</i>	1	QL 30 / 30 days
<i>efavirenz-emtricitab-tenofo df</i>	1	
<i>efavirenz-lamivudine-tenofovir</i>	2	
<i>emtricitab-rilpivir-tenofov df</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>etravirine</i>	2	
INTELENCE 100 MG TAB	2	QL 120 / 30 days
INTELENCE 200 MG TAB	2	QL 60 / 30 days
INTELENCE 25 MG TAB	2	
<i>nevirapine 200 mg tab</i>	1	QL 60 / 30 days
<i>nevirapine 50 mg/5ml suspension</i>	2	QL 1200 / 30 days
<i>nevirapine er 100 mg tab er 24h</i>	2	
<i>nevirapine er 400 mg tab er 24h</i>	2	QL 30 / 30 days
ODEFSEY	1	QL 30 / 30 days
PIFELTRO	2	QL 60 / 30 days
<i>rilpivirine hcl</i>	2	
SUSTIVA (SUSTIVA 50 MG CAP, SUSTIVA 200 MG CAP)	2	QL 90 / 30 days
SUSTIVA 600 MG TAB	2	QL 30 / 30 days
SYMFI	1	QL 30 / 30 days
SYMFI LO	1	QL 30 / 30 days
VIRAMUNE XR	2	QL 30 / 30 days
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL 900 / 30 days
<i>abacavir sulfate 300 mg tab</i>	1	QL 60 / 30 days
<i>abacavir sulfate-lamivudine</i>	1	QL 30 / 30 days
CIMDUO	1	QL 30 / 30 days
COMBIVIR	2	QL 60 / 30 days
DESCOVY	1	QL 30 / 30 days
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMTRIVA 10 MG/ML SOLUTION	1	QL 720 / 30 days
EMTRIVA 200 MG CAP	2	QL 30 / 30 days
EPIVIR 10 MG/ML SOLUTION	2	
EPIVIR 150 MG TAB	2	QL 60 / 30 days
EPIVIR 300 MG TAB	2	QL 30 / 30 days
EPZICOM	2	QL 30 / 30 days
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 300 mg/30ml solution)</i>	1	QL 900 / 30 days
<i>lamivudine 150 mg tab</i>	1	QL 60 / 30 days
<i>lamivudine 300 mg tab</i>	1	QL 30 / 30 days
<i>lamivudine-zidovudine</i>	1	QL 60 / 30 days
RETROVIR (RETROVIR 50 MG/5ML SYRUP, RETROVIR 100 MG CAP)	2	
<i>stavudine (stavudine 15 mg cap, stavudine 20 mg cap)</i>	2	QL 120 / 30 days
<i>stavudine (stavudine 30 mg cap, stavudine 40 mg cap)</i>	2	QL 60 / 30 days
<i>tenofovir disoproxil fumarate</i>	1	QL 30 / 30 days
TRIUMEQ	1	QL 30 / 30 days
TRIUMEQ PD	2	
TRIZIVIR	2	QL 60 / 30 days
TRUVADA	2	QL 30 / 30 days
VIDEX	1	
VIREAD (VIREAD 200 MG TAB, VIREAD 250 MG TAB)	1	QL 30 / 30 days
VIREAD 150 MG TAB	1	QL 60 / 30 days
VIREAD 300 MG TAB	2	QL 30 / 30 days
VIREAD 40 MG/GM POWDER	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZIAGEN 20 MG/ML SOLUTION	2	
ZIAGEN 300 MG TAB	2	QL 60 / 30 days
<i>zidovudine 100 mg cap</i>	1	QL 180 / 30 days
<i>zidovudine 300 mg tab</i>	1	QL 60 / 30 days
<i>zidovudine 50 mg/5ml syrup</i>	1	QL 1800 / 30 days
<b>ANTI-HIV AGENTS, OTHER</b>		
CABENUVA 400 & 600 MG/2ML SUSP	1	QLC 4 mL/28 days
CABENUVA 600 & 900 MG/3ML SUSP	1	QLC 6 mL/28 days
FUZEON	2	QL 60 / 30 days
<i>maraviroc</i>	2	
RUKOBIA	2	QL 60 / 30 days
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 25 MG TAB, SELZENTRY 75 MG TAB)	2	
SELZENTRY 150 MG TAB	2	QL 60 / 30 days
SELZENTRY 300 MG TAB	2	QL 120 / 30 days
SUNLENCA 4 X 300 MG TAB THPK	2	QL 4 / 365 days
SUNLENCA 5 X 300 MG TAB THPK	2	QL 5 / 365 days
TROGARZO	2	
TYBOST	2	QL 30 / 30 days
YEZTUGO (YEZTUGO 300 MG TAB, YEZTUGO 463.5 MG/1.5ML SOLUTION)	1	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
APTIVUS	2	QL 120 / 30 days
<i>atazanavir sulfate (atazanavir sulfate 150 mg cap, atazanavir sulfate 200 mg cap)</i>	1	QL 60 / 30 days
<i>atazanavir sulfate 300 mg cap</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>darunavir</i>	1	
EVOTAZ	1	QL 30 / 30 days
<i>fosamprenavir calcium</i>	2	QL 120 / 30 days
KALETRA 100-25 MG TAB	2	QL 300 / 30 days
KALETRA 200-50 MG TAB	2	QL 120 / 30 days
KALETRA 400-100 MG/5ML SOLUTION	1	QL 400 / 30 days
LEXIVA 50 MG/ML SUSPENSION	2	QL 1680 / 30 days
LEXIVA 700 MG TAB	2	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i>	1	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL 400 / 30 days
NORVIR 100 MG PACKET	1	QL 360 / 30 days
NORVIR 100 MG TAB	2	
NORVIR 80 MG/ML SOLUTION	1	QL 480 / 30 days
PREZCOBIX 675-150 MG TAB	1	
PREZCOBIX 800-150 MG TAB	1	QL 30 / 30 days
PREZISTA 100 MG/ML SUSPENSION	1	QL 12 / 1 days
PREZISTA 150 MG TAB	2	QL 120 / 30 days
PREZISTA 600 MG TAB	2	QL 60 / 30 days
PREZISTA 75 MG TAB	2	QL 180 / 30 days
PREZISTA 800 MG TAB	2	QL 30 / 30 days
REYATAZ 200 MG CAP	2	QL 60 / 30 days
REYATAZ 300 MG CAP	2	QL 30 / 30 days
REYATAZ 50 MG PACKET	1	
<i>ritonavir</i>	1	QL 360 / 30 days
SYM TUZA	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIRACEPT 250 MG TAB	2	QL 270 / 30 days
VIRACEPT 625 MG TAB	2	QL 120 / 30 days
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (oseltamivir phosphate 6 mg/ml recon susp, oseltamivir phosphate 30 mg cap, oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	QLC Max 21 day supply every 365 days
RAPIVAB	2	
RELENZA DISKHALER	2	
<i>rimantadine hcl</i>	2	
TAMIFLU (TAMIFLU 6 MG/ML RECON SUSP, TAMIFLU 30 MG CAP, TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP)	2	QLC Max 21 day supply every 365 days
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
<b>ANTIHERPETIC AGENTS</b>		
<i>abreva</i>	1	
<i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	QL 150 / 30 days
<i>acyclovir (acyclovir 200 mg/5ml suspension, acyclovir 800 mg/20ml suspension)</i>	1	QL 1500 / 30 days
<i>docosanol 10 % cream</i>	1	
<i>famciclovir (famciclovir 125 mg tab, famciclovir 250 mg tab)</i>	1	QL 3 / 1 days
<i>famciclovir 500 mg tab</i>	1	QL 1 / 1 days
<i>ft docosanol</i>	1	
<i>gnp docosanol</i>	1	
<i>hm docosanol</i>	1	
SITAVIG	2	
<i>valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VALTREX	2	
ZOVIRAX 200 MG/5ML SUSPENSION	2	
<b>ANTIVIRAL, CORONAVIRUS AGENTS</b>		
PAXLOVID (150/100)	1	
PAXLOVID (300/100)	1	
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
BUCAPSOL	2	
<i>bupirone hcl (bupirone hcl 5 mg tab, bupirone hcl 10 mg tab)</i>	1	QL 180 / 30 days
<i>bupirone hcl (bupirone hcl 7.5 mg tab, bupirone hcl 15 mg tab)</i>	1	QL 4 / 1 days
<i>bupirone hcl 30 mg tab</i>	1	QL 90 / 30 days
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap)</i>	1	QL 180 / 30 days
<i>meprobamate</i>	2	QL 180 / 30 days
VISTARIL	2	
<b>BENZODIAZEPINES</b>		
<i>alprazolam (alprazolam 0.25 mg tab disp, alprazolam 0.5 mg tab disp, alprazolam 1 mg tab disp, alprazolam 2 mg tab disp)</i>	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	1	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam 2 mg tab</i>	1	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam er</i>	2	AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALPRAZOLAM INTENSOL	2	<ul style="list-style-type: none"> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>alprazolam xr</i>	2	<ul style="list-style-type: none"> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ATIVAN (ATIVAN 2 MG/ML SOLUTION, ATIVAN 4 MG/ML SOLUTION)	2	
ATIVAN 0.5 MG TAB	2	<ul style="list-style-type: none"> <li>QL 180 / 30 day(s)</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ATIVAN 1 MG TAB	2	<ul style="list-style-type: none"> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ATIVAN 2 MG TAB	2	<ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>chlordiazepoxide hcl 10 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 300 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>chlordiazepoxide hcl 25 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 360 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>chlordiazepoxide hcl 5 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 240 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp, clonazepam 2 mg tab disp)</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab, clonazepam 2 mg tab)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 180 / 30 days</li> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>clorazepate dipotassium (clorazepate dipotassium 3.75 mg tab, clorazepate dipotassium 7.5 mg tab)</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 4 / 1 days</li> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>clorazepate dipotassium 15 mg tab</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 180 / 30 days</li> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 120 / 30 days</li> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam (diazepam 5 mg/ml solution, diazepam 10 mg/2ml soln a-inj, diazepam 10 mg/2ml solution)</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam 5 mg/5ml solution</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 40 / 1 days</li> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam 5 mg/ml conc</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 240 / 30 days</li> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam intensol</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 240 / 30 days</li> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
KLONOPIN (KLONOPIN 1 MG TAB, KLONOPIN 2 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
KLONOPIN 0.5 MG TAB	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; padding: 2px;">QL</span> 180 / 30 days</li> <li><span style="background-color: #27ae60; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #34495e; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LORAZEPAM (LORAZEPAM 2 MG/ML SOLN PRSYR, LORAZEPAM 2 MG/ML SOLUTION, LORAZEPAM 4 MG/ML SOLUTION)	1	AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam 0.5 mg tab</i>	1	QL 180 / 30 day(s) AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam 1 mg tab</i>	1	QL 180 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam 2 mg tab</i>	1	QL 120 / 30 day(s) AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>lorazepam 2 mg/ml conc</i>	2	QL 150 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required
LORAZEPAM 2 MG/ML SOLUTION	1	
<i>lorazepam intensol</i>	2	QL 150 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required
LOREEV XR (LOREEV XR 1 MG CP24 SPRNK, LOREEV XR 1.5 MG CP24 SPRNK)	2	QL 30 / 30 day(s)
LOREEV XR (LOREEV XR 2 MG CP24 SPRNK, LOREEV XR 3 MG CP24 SPRNK)	2	QL 60 / 30 day(s)
<i>oxazepam 10 mg cap</i>	2	QL 240 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required
<i>oxazepam 15 mg cap</i>	2	QL 120 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oxazepam 30 mg cap</i>	2	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
TRANXENE-T	2	<ul style="list-style-type: none"> <li>AL1 At least 21 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
VALIUM (VALIUM 5 MG TAB, VALIUM 10 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
VALIUM 2 MG TAB	2	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> </ul>
XANAX (XANAX 0.25 MG TAB, XANAX 0.5 MG TAB, XANAX 1 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
XANAX 2 MG TAB	2	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
XANAX XR	2	<ul style="list-style-type: none"> <li>AL1 At least 21 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<b>BIPOLAR AGENTS</b>		
<b>MOOD STABILIZERS</b>		
EQUETRO	1	
LAMICTAL (LAMICTAL 150 MG TAB, LAMICTAL 200 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> </ul>
LAMICTAL (LAMICTAL 25 MG TAB, LAMICTAL 100 MG TAB)	2	
LAMICTAL STARTER	2	
<i>lamotrigine (lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine 100 mg tab</i>	1	QL 150 / 30 days
<i>lamotrigine 25 mg tab</i>	1	
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	2	
<i>lamotrigine starter kit-orange</i>	2	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap)</i>	1	QL 4 / 1 days
<i>lithium carbonate er</i>	1	QL 4 / 1 days
<i>subvenite (subvenite 150 mg tab, subvenite 200 mg tab)</i>	1	QL 90 / 30 days
SUBVENITE 10 MG/ML SUSPENSION	2	
<i>subvenite 100 mg tab</i>	1	QL 150 / 30 days
<i>subvenite 25 mg tab</i>	1	
<i>subvenite starter kit-blue</i>	2	
<i>subvenite starter kit-green</i>	2	
<i>subvenite starter kit-orange</i>	2	
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose (acarbose 25 mg tab, acarbose 50 mg tab, acarbose 100 mg tab)</i>	1	QL 90 / 30 days
ACTOPLUS MET	2	QL 90 / 30 days
ACTOS	2	QL 30 / 30 days
ADLYXIN	2	
ADLYXIN STARTER PACK	2	
<i>alogliptin benzoate</i>	2	
<i>alogliptin-metformin hcl</i>	2	
<i>alogliptin-pioglitazone</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AMARYL (AMARYL 1 MG TAB, AMARYL 4 MG TAB)	2	QL 60 / 30 days
AMARYL 2 MG TAB	2	QL 90 / 30 days
BEXAGLIFLOZIN	2	
BRENZAVVY	2	
BYDUREON BCISE	2	QL 3.4 / 28 days
BYETTA 10 MCG PEN	2	QL 2.4 / 30 days
BYETTA 5 MCG PEN	2	QL 1.2 / 30 days
<i>dapagliflozin pro-metformin er</i>	2	
DUETACT	2	QL 30 / 30 days
EXENATIDE 10 MCG/0.04ML SOLN PEN	2	QL 2.4 / 30 days
EXENATIDE 5 MCG/0.02ML SOLN PEN	2	QL 1.2 / 30 days
<i>glimepiride (glimepiride 1 mg tab, glimepiride 4 mg tab)</i>	1	QL 60 / 30 days
<i>glimepiride 2 mg tab</i>	1	QL 90 / 30 days
GLIMEPIRIDE 3 MG TAB	2	
<i>glipizide 10 mg tab</i>	1	QL 120 / 30 day(s)
<i>glipizide 2.5 mg tab</i>	2	
<i>glipizide 5 mg tab</i>	1	QL 4 / 1 days
<i>glipizide er 10 mg tab er 24h</i>	1	QL 60 / 30 days
<i>glipizide er 2.5 mg tab er 24h</i>	1	QL 240 / 30 days
<i>glipizide er 5 mg tab er 24h</i>	1	QL 4 / 1 days
<i>glipizide xl 10 mg tab er 24h</i>	1	QL 60 / 30 days
<i>glipizide xl 2.5 mg tab er 24h</i>	1	QL 240 / 30 days
<i>glipizide xl 5 mg tab er 24h</i>	1	QL 4 / 1 days
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	QL 210 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glipizide-metformin hcl 2.5-500 mg tab</i>	1	QL 150 / 30 days
<i>glipizide-metformin hcl 5-500 mg tab</i>	1	QL 4 / 1 days
GLUCOTROL XL (GLUCOTROL XL 2.5 MG TAB ER 24H, GLUCOTROL XL 5 MG TAB ER 24H)	2	
GLUCOTROL XL 10 MG TAB ER 24H	2	QL 60 / 30 days
GLUMETZA 1000 MG TAB ER 24H	2	QL 60 / 30 days
GLUMETZA 500 MG TAB ER 24H	2	QL 90 / 30 days
<i>glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)</i>	1	QL 4 / 1 days
<i>glyburide micronized</i>	1	QL 60 / 30 days
<i>glyburide-metformin</i>	1	QL 4 / 1 days
GLYNASE	2	QL 60 / 30 days
GLYXAMBI	2	
INVOKAMET	2	
INVOKAMET XR	2	
JANUMET	1	QL 60 / 30 days PA
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	1	QL 60 / 30 days PA
JANUMET XR 100-1000 MG TAB ER 24H	1	QL 30 / 30 days PA
JANUVIA	1	QL 30 / 30 days PA
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-850 MG TAB)	1	QL 60 / 30 days PA
JENTADUETO 2.5-500 MG TAB	1	QL 60 / 30 days
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JENTADUETO XR 5-1000 MG TAB ER 24H	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
KAZANO	2	
KOMBIGLYZE XR	2	
<i>liraglutide</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 / 30 day(s)</div> </div>
<i>metformin hcl (metformin hcl 500 mg/5ml solution, metformin hcl 625 mg tab, metformin hcl 750 mg tab)</i>	2	
<i>metformin hcl 1000 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">75 / 30 days</div> </div>
<i>metformin hcl 500 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 / 30 days</div> </div>
<i>metformin hcl 850 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 days</div> </div>
<i>metformin hcl er (mod) 1000 mg tab er 24h</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 / 30 days</div> </div>
<i>metformin hcl er (mod) 500 mg tab er 24h</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 days</div> </div>
<i>metformin hcl er (osm) 1000 mg tab er 24h</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 / 30 days</div> </div>
<i>metformin hcl er (osm) 500 mg tab er 24h</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 days</div> </div>
<i>metformin hcl er 500 mg tab er 24h</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 / 30 days</div> </div>
<i>metformin hcl er 750 mg tab er 24h</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 days</div> </div>
<i>miglitol</i>	2	
MOUNJARO	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 mL / 28 day(s)</div> </div>
<i>nateglinide</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 days</div> </div>
NESINA	2	
ONGLYZA	2	
OSENI	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1.5 / 28 days</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / 28 days</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OZEMPIC (1 MG/DOSE)	1	QL 3 / 28 days PA
OZEMPIC (2 MG/DOSE)	1	QL 3 / 28 days PA
<i>pioglitazone hcl</i>	1	QL 30 / 30 days
<i>pioglitazone hcl-glimepiride</i>	2	QL 30 / 30 days
<i>pioglitazone hcl-metformin hcl</i>	2	QL 90 / 30 days
PRECOSE	2	QL 90 / 30 days
QTERN	2	
<i>repaglinide (repaglinide 0.5 mg tab, repaglinide 1 mg tab)</i>	1	QL 120 / 30 days
<i>repaglinide 2 mg tab</i>	1	QL 240 / 30 days
RIOMET	2	
RYBELSUS	1	QL 30 / 30 days PA
<i>saxagliptin hcl</i>	2	
<i>saxagliptin-metformin er</i>	2	
SEGLUROMET	2	QL 60 / 30 days
SITAGLIPT BASE-METFORM HCL ER	2	
SITAGLIPTIN	2	
SITAGLIPTIN BASE-METFORMIN HCL	2	
SOLIQUA	2	QLC 18 mL/30 days
STEGLUJAN	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	
SYNJARDY	1	
SYNJARDY XR	1	
TRADJENTA	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 30 / 30 days
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 60 / 30 days
TRULICITY	1	QL 2 / 28 days PA
VICTOZA	1	QL 15 / 30 day(s) PA
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H, XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	1	
XULTOPHY	2	QLC 15 mL/30 days
ZITUVIMET	2	
ZITUVIMET XR	2	
ZITUVIO	2	
<b>GLYCEMIC AGENTS</b>		
BAQSIMI ONE PACK	1	
BAQSIMI TWO PACK	1	
CVS GLUCOSE (CVS GLUCOSE 4 GM CHEW TAB, CVS GLUCOSE 4-6 GM-MG CHEW TAB)	1	
<i>cvs soft glucose</i>	1	
DEX4	1	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	1	
DEX4 NATURALS	1	
DEX4 POUCH PACK	1	
DEX4 QUICK DISSOLVE GLUCOSE	1	
<i>ft glucose</i>	1	
GLUCAGEN DIAGNOSTIC	1	QL 2 / 22 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCAGEN HYPOKIT	1	QL 1 / 22 day(s)
<i>glucagon emergency 1 mg recon soln</i>	1	QL 1 / 26 day(s)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	
<i>gluco to go</i>	1	
<i>glucose (glucose 4 gm chew tab, glucose 4-6 gm-mg chew tab)</i>	1	
GLUCOSE INSTANT ENERGY	1	
<i>gnp glucose (gnp glucose 4 gm chew tab, gnp glucose 4-6 gm-mg chew tab)</i>	1	
GNP QUICK DISSOLVE GLUCOSE	1	
GOODSENSE GLUCOSE	1	
GVOKE HYPOPEN 1-PACK	1	QLC 0.4 mL/30 days
GVOKE HYPOPEN 2-PACK	1	QLC 0.4 mL/30 days
GVOKE KIT	1	
GVOKE PFS	1	QLC 0.4 mL/30 days
<i>hy-vee glucose</i>	1	
KROGER GLUCOSE	1	
LEADER GLUCOSE	1	
LEADER QUICK DISSOLVE GLUCOSE	1	
LONGS GLUCOSE	1	
MEIJER GLUCOSE	1	
PREFERRED PLUS GLUCOSE	1	
PX GLUCOSE	1	
RA GLUCOSE	1	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	1	
SM GLUCOSE (SM GLUCOSE 4 GM CHEW TAB, SM GLUCOSE 4-6 GM-MG CHEW TAB)	1	
SMART SENSE GLUCOSE	1	
TGT GLUCOSE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUEPLUS GLUCOSE 4 GM CHEW TAB	1	
TRUEPLUS GLUCOSE ON THE GO	1	
UP & UP GLUCOSE	1	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	1	
WALGREENS GLUCOSE (WALGREENS GLUCOSE 4 GM CHEW TAB, WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB)	1	
ZEGALOGUE	1	
<b>INSULINS</b>		
ADMELOG	2	QL 40 / 30 days
ADMELOG SOLOSTAR	2	QL 45 / 30 days
AFREZZA	2	
APIDRA	1	QL 40 / 30 days
APIDRA SOLOSTAR	1	QL 45 / 30 days
BASAGLAR KWIKPEN	2	QL 45 / 30 days
BASAGLAR TEMPO PEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMALOG	2	QL 40 / 30 days
HUMALOG JUNIOR KWIKPEN	2	QL 45 / 30 days
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	QL 45 / 30 days
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	2	QL 18 / 23 days
HUMALOG MIX 50/50	1	QL 40 / 30 days
HUMALOG MIX 50/50 KWIKPEN	1	QL 45 / 30 days
HUMALOG MIX 75/25	1	QL 40 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 75/25 KWIKPEN	2	QL 45 / 30 days
HUMALOG TEMPO PEN	2	
HUMULIN 70/30	1	QL 40 / 30 days
HUMULIN 70/30 KWIKPEN	2	QL 45 / 30 days
HUMULIN N	1	QL 40 / 30 days
HUMULIN N KWIKPEN	1	QL 45 / 30 days
HUMULIN R	1	QL 40 / 30 days
HUMULIN R U-500 (CONCENTRATED)	1	QL 20 / 30 days
HUMULIN R U-500 KWIKPEN	1	QL 15 / 30 days
INSULIN ASP PROT & ASP FLEXPEN	1	QL 45 / 30 days
INSULIN ASPART	1	QL 40 / 30 days
INSULIN ASPART FLEXPEN	1	QL 45 / 30 days
INSULIN ASPART PENFILL	1	QL 45 / 30 days
INSULIN ASPART PROT & ASPART	1	QL 40 / 30 days
INSULIN DEGLUDEC	2	
INSULIN DEGLUDEC FLEXTOUCH	2	
INSULIN GLARGINE	1	QL 40 / 30 days
INSULIN GLARGINE MAX SOLOSTAR	1	QL 12 / 30 days
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	1	QL 45 / 30 days
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	1	QL 13.5 / 30 days
INSULIN GLARGINE-YFGN	2	
INSULIN LISPRO	1	QL 40 / 30 days
INSULIN LISPRO (1 UNIT DIAL)	1	QL 45 / 30 days
INSULIN LISPRO JUNIOR KWIKPEN	1	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN LISPRO PROT & LISPRO	1	QL 45 / 30 days
KIRSTY	2	
LANTUS	1	QL 40 / 30 days
LANTUS SOLOSTAR	1	QL 45 / 30 days
LEVEMIR	1	QL 40 / 30 days
LEVEMIR FLEXPEN	1	QL 45 / 30 days
LEVEMIR FLEXTOUCH	1	QL 45 / 30 days
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	2	
MERILOG	2	
MERILOG SOLOSTAR	2	
NOVOLIN 70/30	2	QL 40 / 30 days
NOVOLIN 70/30 FLEXPEN	2	QL 45 / 30 days
NOVOLIN 70/30 FLEXPEN RELION	2	QL 45 / 30 days
NOVOLIN 70/30 RELION	2	QL 40 / 30 days
NOVOLIN N	1	QL 40 / 30 days
NOVOLIN N FLEXPEN	1	QL 45 / 30 days
NOVOLIN N FLEXPEN RELION	1	QL 45 / 30 days
NOVOLIN N RELION	1	QL 40 / 30 days
NOVOLIN R	1	QL 40 / 30 days
NOVOLIN R FLEXPEN	1	
NOVOLIN R FLEXPEN RELION	1	
NOVOLIN R RELION	1	QL 40 / 30 days
NOVOLOG	1	QL 40 / 30 days
NOVOLOG 70/30 FLEXPEN RELION	1	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLOG FLEXPEN	1	QL 45 / 30 days
NOVOLOG FLEXPEN RELION	1	QL 45 / 30 days
NOVOLOG MIX 70/30	1	QL 40 / 30 days
NOVOLOG MIX 70/30 FLEXPEN	1	QL 45 / 30 days
NOVOLOG MIX 70/30 RELION	1	QL 40 / 30 days
NOVOLOG PENFILL	1	QL 45 / 30 days
NOVOLOG RELION	1	QL 40 / 30 days
REZVOGLAR KWIKPEN	2	
SEMGLEE (YFGN)	2	
SEMGLEE 100 UNIT/ML SOLN PEN	2	QL 45 / 30 days
SEMGLEE 100 UNIT/ML SOLUTION	2	QL 40 / 30 days
TOUJEO MAX SOLOSTAR	1	QL 12 / 30 days
TOUJEO SOLOSTAR	1	QL 13.5 / 30 days
TRESIBA	2	
TRESIBA FLEXTOUCH	2	

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

ARIXTRA	2	c Limited to a 10 day supply
BD HEPARIN POSIFLUSH	1	
<i>dabigatran etexilate mesylate</i>	1	
ELIQUIS (1.5 MG PACK)	2	
ELIQUIS (2 MG PACK)	2	
ELIQUIS (ELIQUIS 0.15 MG CAP SPRINK, ELIQUIS 0.5 MG TAB SOL)	2	
ELIQUIS 2.5 MG TAB	1	QL 60 / 30 days
ELIQUIS 5 MG TAB	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELIQUIS DVT/PE STARTER PACK	1	
<i>enoxaparin sodium (enoxaparin sodium 100 mg/ml soln prsy, enoxaparin sodium 150 mg/ml soln prsy, enoxaparin sodium 300 mg/3ml solution)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QLC</div> <div>2 mL/day</div> </div>
<i>enoxaparin sodium (enoxaparin sodium 80 mg/0.8ml soln prsy, enoxaparin sodium 120 mg/0.8ml soln prsy)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QLC</div> <div>1.6 mL/day</div> </div>
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QLC</div> <div>0.6 mL/day</div> </div>
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QLC</div> <div>0.8 mL/day</div> </div>
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-right: 5px;">QLC</div> <div>1.2 mL/day</div> </div>
ENOXILUV KIT	2	
<i>fondaparinux sodium</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">c</div> <div>Limited to a 10 day supply</div> </div>
FRAGMIN	2	
HEPARIN NA (PORK) LOCK FLSH PF (HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML SOLUTION, HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML SOLUTION)	1	
HEPARIN SOD (PORK) LOCK FLUSH	1	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) +rfid</i>	1	
<i>jantoven</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOVENOX (LOVENOX 150 MG/ML SOLN PRSYR, LOVENOX 300 MG/3ML SOLUTION)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div>2 mL/day</div> </div>
LOVENOX 100 MG/ML SOLN PRSYR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div>2 mL/day</div> </div>
LOVENOX 120 MG/0.8ML SOLN PRSYR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div>1.6 mL/day</div> </div>
LOVENOX 30 MG/0.3ML SOLN PRSYR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div>0.6 mL/day</div> </div>
LOVENOX 40 MG/0.4ML SOLN PRSYR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div>0.8 mL/day</div> </div>
LOVENOX 60 MG/0.6ML SOLN PRSYR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div>1.2 mL/day</div> </div>
LOVENOX 80 MG/0.8ML SOLN PRSYR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> <div>Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div>1.6 mL/day</div> </div>
PRADAXA	2	
<i>rivaroxaban 1 mg/ml recon susp</i>	2	
<i>rivaroxaban 2.5 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>60 / 30 day(s)</div> </div>
SAVAYSA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium (warfarin sodium 1 mg tab, warfarin sodium 2 mg tab, warfarin sodium 2.5 mg tab, warfarin sodium 3 mg tab, warfarin sodium 4 mg tab, warfarin sodium 5 mg tab, warfarin sodium 6 mg tab, warfarin sodium 7.5 mg tab, warfarin sodium 10 mg tab)</i>	1	
XARELTO (XARELTO 10 MG TAB, XARELTO 20 MG TAB)	1	QL 30 / 30 days
XARELTO 1 MG/ML RECON SUSP	2	
XARELTO 15 MG TAB	1	QL 60 / 30 days
XARELTO 2.5 MG TAB	2	QL 60 / 30 days
XARELTO STARTER PACK	1	QL 51 / 1 years
ZONTIVITY	2	
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
ARANESP (ALBUMIN FREE)	2	
<i>eltrombopag olamine</i>	2	
EPOGEN	1	PA
FULPHILA	1	PA QLC 2.4 mL/28 days
FYLNETRA	1	PA
GRANIX	1	PA
LEUKINE	2	
MIRCERA	2	
MULPLETA	2	
NEULASTA	2	QLC 2.4 mL/28 days
NEULASTA ONPRO	2	QLC 2.4 mL/28 days
NEUPOGEN	1	PA
NIVESTYM	2	
NPLATE	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NYPOZI	2	
NYVEPRIA	2	
PROCRIT (PROCRIT 2000 UNIT/ML SOLUTION, PROCRIT 3000 UNIT/ML SOLUTION, PROCRIT 4000 UNIT/ML SOLUTION, PROCRIT 10000 UNIT/ML SOLUTION, PROCRIT 20000 UNIT/ML SOLUTION)	2	PA
PROCRIT 40000 UNIT/ML SOLUTION	2	
PROMACTA	1	PA
RELEUKO	1	PA
RETACRIT	1	PA
ROLVEDON	2	
RYZNEUTA	2	
STIMUFEND	2	
UDENYCA 6 MG/0.6ML SOLN A-INJ	2	
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	QLC 2.4 mL/28 days
UDENYCA ONBODY	2	
ZARXIO	2	
ZIEXTENZO	2	QL 2.4 mL / 28 day(s)
<b>HEMOSTASIS AGENTS</b>		
ADVATE	1	PA
ADYNOVATE	1	PA
AFSTYLA	1	PA
ALHEMO	2	
ALPHANATE	1	PA
ALPHANINE SD	1	PA
ALPROLIX	1	PA
ALTUVIIIO	1	PA
















DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aminocaproic acid (aminocaproic acid 0.25 gm/ml solution, aminocaproic acid 500 mg tab, aminocaproic acid 1000 mg tab)</i>	1	
BENEFIX	1	PA
ELOCTATE	1	PA
ESPEROCT (ESPEROCT 1000 UNIT RECON SOLN, ESPEROCT 1500 UNIT RECON SOLN, ESPEROCT 2000 UNIT RECON SOLN, ESPEROCT 3000 UNIT RECON SOLN)	2	PA
ESPEROCT (ESPEROCT 500 UNIT RECON SOLN, ESPEROCT 4000 UNIT RECON SOLN)	2	
FEIBA	1	PA
HEMLIBRA	1	PA
HEMOFIL M	1	PA
HUMATE-P	1	PA
HYMPAVZI	2	
IDELVION	2	PA
IXINITY	1	PA
JIVI (JIVI 500 UNIT RECON SOLN, JIVI 1000 UNIT RECON SOLN, JIVI 2000 UNIT RECON SOLN, JIVI 3000 UNIT RECON SOLN)	1	PA
JIVI 4000 UNIT RECON SOLN	1	
KOATE	1	PA
KOATE-DVI 1000 UNIT RECON SOLN	1	PA
KOGENATE FS	1	PA
KOVALTRY	1	PA
NOVOEIGHT	1	PA
NOVOSEVEN RT	1	PA
NUWIQ (NUWIQ 1500 UNIT KIT, NUWIQ 1500 UNIT RECON SOLN)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUWIQ (NUWIQ 250 UNIT KIT, NUWIQ 250 UNIT RECON SOLN, NUWIQ 500 UNIT KIT, NUWIQ 500 UNIT RECON SOLN, NUWIQ 1000 UNIT KIT, NUWIQ 1000 UNIT RECON SOLN, NUWIQ 2000 UNIT KIT, NUWIQ 2000 UNIT RECON SOLN, NUWIQ 2500 UNIT KIT, NUWIQ 2500 UNIT RECON SOLN, NUWIQ 3000 UNIT KIT, NUWIQ 3000 UNIT RECON SOLN, NUWIQ 4000 UNIT KIT, NUWIQ 4000 UNIT RECON SOLN)	1	PA
OBIZUR	2	
<i>phytonadione 5 mg tab</i>	1	QL 150 / 30 days
PROFILNINE	1	PA
QFITLIA	2	
REBINYN	1	PA
RECOMBINATE	1	PA
RIXUBIS	1	PA
SEVENFACT	1	PA
<i>tranexamic acid 650 mg tab</i>	1	
VONVENDI	2	
WILATE	1	PA
XYNTHA	1	PA
XYNTHA SOLOFUSE	1	PA
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole er</i>	1	QL 60 / 30 days
ASPIRIN-OMEPRAZOLE	2	
BRILINTA	1	QL 60 / 30 days
<i>cilostazol</i>	1	QL 60 / 30 days
<i>clopidogrel bisulfate 300 mg tab</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 75 mg tab)</i>	1	QL 4 / 1 days
<i>dipyridamole 50 mg tab</i>	1	QL 240 / 30 days
DOPTELET	2	
DOPTELET SPRINKLE	2	
EFFIENT	2	QL 30 / 30 days
PLAVIX	2	
<i>prasugrel hcl</i>	1	QL 30 / 30 days
TAVALISSE	2	
<i>ticagrelor 60 mg tab</i>	2	
<i>ticagrelor 90 mg tab</i>	1	
YOSPRALA	2	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
<i>clonidine (clonidine 0.1 mg/24hr patch wk, clonidine 0.2 mg/24hr patch wk, clonidine 0.3 mg/24hr patch wk)</i>	1	QL 4 / 22 days
CLONIDINE ER	2	
<i>clonidine hcl (clonidine hcl 0.1 mg tab, clonidine hcl 0.2 mg tab, clonidine hcl 0.3 mg tab)</i>	1	QL 240 / 30 days
<i>guanfacine hcl 1 mg tab</i>	1	QL 90 / 30 days
<i>guanfacine hcl 2 mg tab</i>	1	QL 60 / 30 days
JAVADIN	2	
<i>methylodopa</i>	1	QL 180 / 30 days
<i>midodrine hcl (midodrine hcl 2.5 mg tab, midodrine hcl 5 mg tab)</i>	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>midodrine hcl 10 mg tab</i>	1	QL 120 / 30 day(s)
NEXICLON XR	2	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
CARDURA	2	
<i>doxazosin mesylate (doxazosin mesylate 1 mg tab, doxazosin mesylate 2 mg tab, doxazosin mesylate 4 mg tab)</i>	1	QL 30 / 30 days
<i>doxazosin mesylate 8 mg tab</i>	1	QL 60 / 30 days
MINIPRESS	2	QL 120 / 30 days
<i>prazosin hcl (prazosin hcl 1 mg cap, prazosin hcl 2 mg cap, prazosin hcl 5 mg cap)</i>	1	QL 120 / 30 days
<i>terazosin hcl</i>	1	QL 60 / 30 days
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	2	
AVAPRO (AVAPRO 75 MG TAB, AVAPRO 300 MG TAB)	2	QL 30 / 30 days
AVAPRO 150 MG TAB	2	QL 60 / 30 days
BENICAR	2	QL 30 / 30 days
<i>candesartan cilexetil</i>	1	
COZAAR (COZAAR 25 MG TAB, COZAAR 50 MG TAB)	2	QL 90 / 30 days
COZAAR 100 MG TAB	2	QL 30 / 30 days
DIOVAN (DIOVAN 40 MG TAB, DIOVAN 80 MG TAB, DIOVAN 160 MG TAB)	2	QL 60 / 30 days
DIOVAN 320 MG TAB	2	QL 30 / 30 days
EDARBI	2	
<i>irbesartan (irbesartan 75 mg tab, irbesartan 300 mg tab)</i>	1	QL 30 / 30 days
<i>irbesartan 150 mg tab</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium (losartan potassium 25 mg tab, losartan potassium 50 mg tab)</i>	1	QL 90 / 30 days
<i>losartan potassium 100 mg tab</i>	1	QL 30 / 30 days
MICARDIS 20 MG TAB	2	
MICARDIS 40 MG TAB	2	QL 60 / 30 days
MICARDIS 80 MG TAB	2	QL 30 / 30 days
<i>olmesartan medoxomil (olmesartan medoxomil 5 mg tab, olmesartan medoxomil 20 mg tab, olmesartan medoxomil 40 mg tab)</i>	1	QL 30 / 30 days
<i>telmisartan 20 mg tab</i>	1	QL 4 / 1 days
<i>telmisartan 40 mg tab</i>	1	QL 60 / 30 days
<i>telmisartan 80 mg tab</i>	1	QL 30 / 30 days
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab)</i>	1	QL 60 / 30 days
<i>valsartan 320 mg tab</i>	1	QL 30 / 30 days
<i>valsartan 4 mg/ml solution</i>	2	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
ACCUPRIL	2	QL 60 / 30 days
ALTACE	2	QL 60 / 30 days
<i>benazepril hcl (benazepril hcl 5 mg tab, benazepril hcl 10 mg tab, benazepril hcl 20 mg tab, benazepril hcl 40 mg tab)</i>	1	QL 60 / 30 days
<i>captopril (captopril 12.5 mg tab, captopril 25 mg tab, captopril 50 mg tab, captopril 100 mg tab)</i>	1	QL 90 / 30 days
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	QL 60 / 30 days
<i>enalapril maleate 1 mg/ml solution</i>	2	C No PA required for children under 9 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPANED	2	 No PA required for children under 9 years old
<i>fosinopril sodium</i>	1	 60 / 30 days
<i>lisinopril (lisinopril 2.5 mg tab, lisinopril 5 mg tab, lisinopril 10 mg tab, lisinopril 20 mg tab, lisinopril 30 mg tab, lisinopril 40 mg tab)</i>	1	 60 / 30 days
LOTENSIN	2	 60 / 30 days
<i>moexipril hcl</i>	2	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE, PERINDOPRIL ERBUMINE 2 MG TAB)	2	
QBRELIS	2	 No PA required for children under 9 years old
<i>quinapril hcl</i>	1	 60 / 30 days
<i>ramipril</i>	1	 60 / 30 days
<i>trandolapril</i>	1	
VASOTEC	2	 60 / 30 days
ZESTRIL	2	 60 / 30 days
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl (amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	1	 4 / 1 days
BETAPACE	2	 60 / 30 days
BETAPACE AF	2	 60 / 30 days
<i>digitek</i>	1	
<i>digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	1	
<i>digoxin 0.05 mg/ml solution</i>	1	 150 / 30 days
<i>disopyramide phosphate 100 mg cap</i>	1	 480 / 30 days
<i>disopyramide phosphate 150 mg cap</i>	1	 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dofetilide</i>	1	QL 60 / 30 day(s)
<i>flecainide acetate (flecainide acetate 50 mg tab, flecainide acetate 100 mg tab)</i>	1	QL 90 / 30 days
<i>flecainide acetate 150 mg tab</i>	1	QL 60 / 30 days
<i>mexiletine hcl 150 mg cap</i>	1	QL 240 / 30 days
<i>mexiletine hcl 200 mg cap</i>	1	QL 180 / 30 days
<i>mexiletine hcl 250 mg cap</i>	1	QL 4 / 1 days
<i>pacerone (pacerone 200 mg tab, pacerone 400 mg tab)</i>	1	QL 4 / 1 days
<i>propafenone hcl</i>	1	QL 90 / 30 days
<i>sorine</i>	1	QL 60 / 30 days
<i>sotalol hcl (af)</i>	1	QL 60 / 30 days
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	QL 60 / 30 days
SOTYLIZE	2	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl (acebutolol hcl 200 mg cap, acebutolol hcl 400 mg cap)</i>	1	QL 90 / 30 days
<i>atenolol (atenolol 25 mg tab, atenolol 50 mg tab, atenolol 100 mg tab)</i>	1	QL 60 / 30 days
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	QL 60 / 30 days
<i>bisoprolol fumarate 10 mg tab</i>	1	QL 60 / 30 days
BISOPROLOL FUMARATE 2.5 MG TAB	2	
<i>bisoprolol fumarate 5 mg tab</i>	1	QL 4 / 1 days
BYSTOLIC	2	
<i>carvedilol (carvedilol 3.125 mg tab, carvedilol 6.25 mg tab, carvedilol 12.5 mg tab)</i>	1	QL 60 / 30 days
<i>carvedilol 25 mg tab</i>	1	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carvedilol phosphate er</i>	2	
COREG (COREG 3.125 MG TAB, COREG 6.25 MG TAB, COREG 12.5 MG TAB)	2	QL 60 / 30 days
COREG 25 MG TAB	2	QL 120 / 30 days
COREG CR	2	
CORGARD	2	
HEMANGEOL	1	PA
INDERAL LA	2	QL 30 / 30 days
INDERAL XL	2	
INNOPRAN XL	2	
KAPSPARGO SPRINKLE	2	
<i>labetalol hcl 100 mg tab</i>	1	QL 420 / 30 days
<i>labetalol hcl 200 mg tab</i>	1	QL 360 / 30 days
<i>labetalol hcl 300 mg tab</i>	1	QL 240 / 30 days
LABETALOL HCL 400 MG TAB	2	
LOPRESSOR (LOPRESSOR 50 MG TAB, LOPRESSOR 100 MG TAB)	2	QL 120 / 30 days
LOPRESSOR 10 MG/ML SOLUTION	2	
<i>metoprolol succinate er</i>	1	QL 60 / 30 days
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 100 mg tab)</i>	1	QL 120 / 30 days
<i>metoprolol tartrate (metoprolol tartrate 37.5 mg tab, metoprolol tartrate 75 mg tab)</i>	1	
METOPROLOL TARTRATE 12.5 MG TAB	2	
<i>nadolol (nadolol 20 mg tab, nadolol 40 mg tab, nadolol 80 mg tab)</i>	1	QL 4 / 1 days
<i>nebivolol hcl</i>	1	
<i>pindolol</i>	1	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	QL 240 / 30 days
<i>propranolol hcl (propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg/5ml solution)</i>	1	QL 2400 / 30 days
<i>propranolol hcl er</i>	1	QL 30 / 30 days
TENORMIN	2	QL 60 / 30 days
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	2	QL 90 / 30 days
TOPROL XL	2	QL 60 / 30 days
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
<i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i>	1	QL 60 / 30 days
CONJUPRI	2	
<i>felodipine er</i>	1	QL 30 / 30 days
<i>isradipine</i>	2	
KATERZIA	2	
LEVAMLODIPINE MALEATE	2	
<i>nicardipine hcl 20 mg cap</i>	2	QL 180 / 30 days
<i>nicardipine hcl 30 mg cap</i>	2	QL 4 / 1 days
<i>nifedipine (nifedipine 10 mg cap, nifedipine 20 mg cap)</i>	1	QL 4 / 1 days
<i>nifedipine er</i>	1	QL 60 / 30 days
<i>nifedipine er osmotic release</i>	1	QL 60 / 30 days
<i>nimodipine 30 mg cap</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nisoldipine er (nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h, nisoldipine er 20 mg tab er 24h, nisoldipine er 25.5 mg tab er 24h, nisoldipine er 34 mg tab er 24h, nisoldipine er 40 mg tab er 24h)</i>	2	QL 30 / 30 days
<i>nisoldipine er 30 mg tab er 24h</i>	2	QL 60 / 30 days
NORLIQVA	2	
NORVASC	2	QL 60 / 30 days
NYMALIZE	2	
PROCARDIA XL	2	QL 60 / 30 days
SDAMLO	2	
SULAR	2	QL 30 / 30 days
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
CALAN SR (CALAN SR 180 MG TAB ER, CALAN SR 240 MG TAB ER)	2	QL 60 / 30 days
CALAN SR 120 MG TAB ER	2	QL 30 / 30 days
CARDAMYST	2	
CARDIZEM (CARDIZEM 30 MG TAB, CARDIZEM 60 MG TAB)	2	
CARDIZEM 120 MG TAB	2	QL 60 / 30 days
CARDIZEM CD (CARDIZEM CD 120 MG CAP ER 24H, CARDIZEM CD 180 MG CAP ER 24H, CARDIZEM CD 300 MG CAP ER 24H, CARDIZEM CD 360 MG CAP ER 24H)	2	QL 30 / 30 days
CARDIZEM CD 240 MG CAP ER 24H	2	QL 60 / 30 days
CARDIZEM LA	2	QL 30 / 30 days
<i>cartia xt (cartia xt 120 mg cap er 24h, cartia xt 180 mg cap er 24h, cartia xt 300 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>cartia xt 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>dilt-xr (dilt-xr 120 mg cap er 24h, dilt-xr 180 mg cap er 24h)</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dilt-xr 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab)</i>	1	QL 4 / 1 days
<i>diltiazem hcl 120 mg tab</i>	1	QL 60 / 30 days
<i>diltiazem hcl 90 mg tab</i>	1	QL 90 / 30 days
<i>diltiazem hcl er (diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 180 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>diltiazem hcl er (diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	2	QL 30 / 30 days
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h)</i>	2	QL 60 / 30 days
<i>diltiazem hcl er 120 mg tab er 24h</i>	2	
<i>diltiazem hcl er 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>diltiazem hcl er beads (diltiazem hcl er beads 120 mg cap er 24h, diltiazem hcl er beads 180 mg cap er 24h, diltiazem hcl er beads 300 mg cap er 24h, diltiazem hcl er beads 360 mg cap er 24h, diltiazem hcl er beads 420 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>diltiazem hcl er beads 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>diltiazem hcl er coated beads 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>matzim la</i>	2	QL 30 / 30 days
<i>taztia xt (taztia xt 120 mg cap er 24h, taztia xt 180 mg cap er 24h, taztia xt 300 mg cap er 24h, taztia xt 360 mg cap er 24h)</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>taztia xt 240 mg cap er 24h</i>	1	QL 60 / 30 days
<i>tiadylt er (tiadylt er 120 mg cap er 24h, tiadylt er 180 mg cap er 24h, tiadylt er 300 mg cap er 24h, tiadylt er 360 mg cap er 24h, tiadylt er 420 mg cap er 24h)</i>	1	QL 30 / 30 days
<i>tiadylt er 240 mg cap er 24h</i>	1	QL 60 / 30 days
TIAZAC (TIAZAC 120 MG CAP ER 24H, TIAZAC 180 MG CAP ER 24H, TIAZAC 300 MG CAP ER 24H, TIAZAC 360 MG CAP ER 24H, TIAZAC 420 MG CAP ER 24H)	2	QL 30 / 30 days
TIAZAC 240 MG CAP ER 24H	2	QL 60 / 30 days
<i>verapamil hcl (verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	QL 4 / 1 days
<i>verapamil hcl 40 mg tab</i>	1	QL 90 / 30 days
<i>verapamil hcl er (verapamil hcl er 100 mg cap er 24h, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 300 mg cap er 24h)</i>	1	
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er)</i>	1	QL 60 / 30 days
<i>verapamil hcl er (verapamil hcl er 120 mg tab er, verapamil hcl er 360 mg cap er 24h)</i>	1	QL 30 / 30 days
VERELAN (VERELAN 120 MG CAP ER 24H, VERELAN 180 MG CAP ER 24H, VERELAN 240 MG CAP ER 24H)	2	QL 60 / 30 days
VERELAN 360 MG CAP ER 24H	2	QL 30 / 30 days
VERELAN PM	2	
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
ACCURETIC	2	
<i>acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)</i>	1	QL 4 / 1 days
ALDACTAZIDE 50-50 MG TAB	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aliskiren fumarate</i>	2	
<i>amiloride-hydrochlorothiazide</i>	1	QL 60 / 30 days
<i>amlodipine besy-benazepril hcl (amlodipine besy-benazepril hcl 2.5-10 mg cap, amlodipine besy-benazepril hcl 5-10 mg cap, amlodipine besy-benazepril hcl 5-20 mg cap, amlodipine besy-benazepril hcl 5-40 mg cap, amlodipine besy-benazepril hcl 10-20 mg cap, amlodipine besy-benazepril hcl 10-40 mg cap)</i>	1	QL 30 / 30 days
<i>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i>	1	
<i>amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)</i>	2	
<i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i>	1	
<i>amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)</i>	1	
ASPRUZYO SPRINKLE	2	
ATACAND HCT	2	
<i>atenolol-chlorthalidone 100-25 mg tab</i>	1	QL 30 / 30 days
<i>atenolol-chlorthalidone 50-25 mg tab</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AVALIDE	2	QL 30 / 30 days
AZOR	2	
<i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i>	1	
BENICAR HCT	2	QL 30 / 30 days
BIDIL	2	
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab)</i>	1	QL 30 / 30 days
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	1	QL 60 / 30 day(s)
CADUET	2	
<i>candesartan cilexetil-hctz</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2	
DIOVAN HCT (DIOVAN HCT 320-12.5 MG TAB, DIOVAN HCT 320-25 MG TAB)	2	QL 30 / 30 days
DIOVAN HCT (DIOVAN HCT 80-12.5 MG TAB, DIOVAN HCT 160-12.5 MG TAB, DIOVAN HCT 160-25 MG TAB)	2	QL 60 / 30 days
EDARBYCLOR	2	
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	1	QL 60 / 30 days
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	1	QL 30 / 30 days
ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)	2	QL 60 / 30 days
ENTRESTO (ENTRESTO 6-6 MG CAP SPRINK, ENTRESTO 15-16 MG CAP SPRINK)	2	
EXFORGE	2	
EXFORGE HCT	2	
<i>fosinopril sodium-hctz</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYZAAR	2	QL 30 / 30 days
<i>irbesartan-hydrochlorothiazide</i>	1	QL 30 / 30 days
<i>isosorb dinitrate-hydralazine</i>	2	
<i>lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</i>	1	QL 60 / 30 days
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	QL 30 / 30 days
LODOCO	2	
<i>losartan potassium-hctz</i>	1	QL 30 / 30 days
LOTENSIN HCT	2	
LOTREL	2	QL 30 / 30 days
<i>metoprolol-hydrochlorothiazide (metoprolol-hydrochlorothiazide 50-25 mg tab, metoprolol-hydrochlorothiazide 100-25 mg tab)</i>	2	QL 60 / 30 days
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	2	QL 30 / 30 days
MICARDIS HCT	2	
NEXLETOL	1	PA
<i>olmesartan medoxomil-hctz</i>	1	QL 30 / 30 days
<i>olmesartan-amlodipine-hctz (olmesartan-amlodipine-hctz 20-5-12.5 mg tab, olmesartan-amlodipine-hctz 40-10-12.5 mg tab, olmesartan-amlodipine-hctz 40-10-25 mg tab, olmesartan-amlodipine-hctz 40-5-12.5 mg tab, olmesartan-amlodipine-hctz 40-5-25 mg tab)</i>	1	
<i>pentoxifylline er</i>	1	QL 90 / 30 days
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide, quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	2	
RANEXA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ranolazine er</i>	1	PA
REDEMPLO	2	
<i>sacubitril-valsartan</i>	1	
<i>spironolactone-hctz</i>	1	QL 240 / 30 days
TEKTURNA	2	
TEKTURNA HCT	2	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hctz</i>	2	
TENORETIC 100	2	QL 30 / 30 days
TENORETIC 50	2	QL 60 / 30 days
<i>trandolapril-verapamil hcl er</i>	1	
<i>triamterene-hctz (triamterene-hctz 37.5-25 mg tab, triamterene-hctz 75-50 mg tab)</i>	1	QL 30 / 30 days
<i>triamterene-hctz 37.5-25 mg cap</i>	1	QL 60 / 30 days
TRIBENZOR	2	
TRYNGOLZA	2	
<i>valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 320-12.5 mg tab, valsartan-hydrochlorothiazide 320-25 mg tab)</i>	1	QL 30 / 30 days
<i>valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 80-12.5 mg tab, valsartan-hydrochlorothiazide 160-12.5 mg tab, valsartan-hydrochlorothiazide 160-25 mg tab)</i>	1	QL 60 / 30 days
VASERETIC	2	QL 60 / 30 days
ZESTORETIC (ZESTORETIC 20-12.5 MG TAB, ZESTORETIC 20-25 MG TAB)	2	QL 60 / 30 days
ZESTORETIC 10-12.5 MG TAB	2	QL 30 / 30 days
ZIAC (ZIAC 2.5-6.25 MG TAB, ZIAC 5-6.25 MG TAB)	2	QL 30 / 30 days
ZIAC 10-6.25 MG TAB	2	QL 60 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>DIURETICS, LOOP</b>		
<i>bumetanide (bumetanide 0.5 mg tab, bumetanide 2 mg tab)</i>	1	QL 150 / 30 days
<i>bumetanide 1 mg tab</i>	1	QL 180 / 30 days
<i>furosemide (furosemide 20 mg tab, furosemide 40 mg tab)</i>	1	QL 450 / 30 days
<i>furosemide 10 mg/ml solution</i>	1	QL 1800 / 30 day(s)
<i>furosemide 8 mg/ml solution</i>	1	QL 2250 / 30 days
<i>furosemide 80 mg tab</i>	1	QL 210 / 30 days
<i>torseamide 10 mg tab</i>	1	
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl 5 mg tab</i>	1	QL 4 / 1 days
<i>eplerenone 25 mg tab</i>	1	QL 120 / 30 day(s)
<i>eplerenone 50 mg tab</i>	1	QL 60 / 30 day(s)
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone</i>	1	QL 4 / 1 days
DIURIL	1	QL 40 / 1 days
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 50 mg tab)</i>	1	QL 120 / 30 days
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab)</i>	1	QL 4 / 1 days
<i>indapamide 1.25 mg tab</i>	1	QL 4 / 1 days
<i>indapamide 2.5 mg tab</i>	1	QL 60 / 30 days
<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i>	1	QL 60 / 30 days
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
ANTARA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate (fenofibrate 40 mg tab, fenofibrate 50 mg cap, fenofibrate 120 mg tab, fenofibrate 150 mg cap)</i>	2	
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	QL 30 / 30 days
FENOFIBRATE MICRONIZED (FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP)	2	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 130 mg cap)</i>	1	
<i>fenofibrate micronized (fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	QL 30 / 30 days
FENOFIBRIC ACID (FENOFIBRIC ACID 35 MG TAB, FENOFIBRIC ACID 105 MG TAB)	2	
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	1	
FENOGLIDE	2	
<i>gemfibrozil 600 mg tab</i>	1	QL 60 / 30 days
LIPOFEN	2	
LOPID	2	QL 60 / 30 days
TRICOR	2	QL 30 / 30 days
TRILIPIX	2	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
ALTOPREV	2	
ATORVALIQ	2	
<i>atorvastatin calcium (atorvastatin calcium 10 mg tab, atorvastatin calcium 20 mg tab, atorvastatin calcium 40 mg tab, atorvastatin calcium 80 mg tab)</i>	1	QL 30 / 30 days
CRESTOR	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EZALLOR SPRINKLE	2	
<i>fluvastatin sodium</i>	2	QL 30 / 30 days
<i>fluvastatin sodium er</i>	2	
LESCOL XL	2	
LIPITOR	2	QL 30 / 30 days
LIVALO	2	
<i>lovastatin (lovastatin 10 mg tab, lovastatin 20 mg tab)</i>	1	QL 30 / 30 days
<i>lovastatin 40 mg tab</i>	1	QL 60 / 30 days
<i>pitavastatin calcium</i>	2	
<i>pravastatin sodium</i>	1	QL 30 / 30 days
<i>rosuvastatin calcium (rosuvastatin calcium 5 mg tab, rosuvastatin calcium 10 mg tab, rosuvastatin calcium 20 mg tab, rosuvastatin calcium 40 mg tab)</i>	1	QL 30 / 30 days
<i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)</i>	1	QL 30 / 30 days
ZOCOR	2	QL 30 / 30 days
ZYPITAMAG	2	
<b>DYSLIPIDEMICS, OTHER</b>		
<i>cholestyramine 4 gm packet</i>	1	QL 180 / 30 days
<i>cholestyramine 4 gm/dose powder</i>	1	QLC 54 grams/day
<i>cholestyramine light 4 gm packet</i>	1	QL 180 / 30 days
<i>cholestyramine light 4 gm/dose powder</i>	1	QLC 54 grams/day
<i>colesevelam hcl</i>	2	
COLESTID (COLESTID 1 GM TAB, COLESTID 5 GM GRANULES, COLESTID 5 GM PACKET)	2	
COLESTID FLAVORED (COLESTID FLAVORED 5 GM GRANULES, COLESTID FLAVORED 5 GM PACKET)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>colestipol hcl (colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	2	
<i>colestipol hcl 1 gm tab</i>	1	
EVKEEZA	2	
<i>ezetimibe</i>	1	QL 30 / 30 days
EZETIMIBE-ROSUVASTATIN	2	
<i>ezetimibe-simvastatin</i>	2	
<i>icosapent ethyl 0.5 gm cap</i>	2	
<i>icosapent ethyl 1 gm cap</i>	2	QL 120 / 30 days
JUXTAPID	2	
LEQVIO	2	
LOVAZA	2	
NEXLIZET	1	PA
NIACIN (ANTIHYPERLIPIDEMIC)	2	
<i>niacin er (antihyperlipidemic) (niacin er (antihyperlipidemic) 750 mg tab er, niacin er (antihyperlipidemic) 1000 mg tab er)</i>	2	
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	2	QL 4 / 1 days
NIACOR	2	
NIASPAN	2	
<i>omega-3-acid ethyl esters</i>	1	QL 4 / 1 days
PRALUENT	1	QL 2 / 28 days PA
<i>prevalite 4 gm packet</i>	1	QL 180 / 30 days
<i>prevalite 4 gm/dose powder</i>	1	QLC 54 grams/day
QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER)	2	
QUESTRAN LIGHT	2	
REPATHA	1	QL 3 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REPATHA PUSHTRONEX SYSTEM	1	PA
REPATHA SURECLICK	1	QL 3 / 28 days PA
ROSZET	2	
VASCEPA 0.5 GM CAP	2	QL 240 / 30 days
VASCEPA 1 GM CAP	2	QL 120 / 30 days
<i>vitamin d-3 25 mcg (1000 ut) tab</i>	1	
<i>vitamin d3 25 mcg (1000 ut) tab</i>	1	
VYTORIN	2	
WELCHOL	2	
ZETIA	2	QL 30 / 30 days
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab)</i>	1	QL 90 / 30 day(s)
<i>spironolactone 100 mg tab</i>	1	QL 120 / 30 day(s)
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>		
<i>dapagliflozin propanediol</i>	2	
FARXIGA	1	
INPEFA	2	
INVOKANA	2	
JARDIANCE	1	QL 30 / 30 days
STEGLATRO	2	QL 30 / 30 days
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab)</i>	1	QL 4 / 1 days
<i>hydralazine hcl 100 mg tab</i>	1	QL 90 / 30 days
<i>minoxidil 10 mg tab</i>	1	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>minoxidil 2.5 mg tab</i>	1	QL 4 / 1 days
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
GONITRO	2	
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	2	QL 240 / 30 days
<i>isosorbide dinitrate 40 mg tab</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er (isosorbide mononitrate er 60 mg tab er 24h, isosorbide mononitrate er 120 mg tab er 24h)</i>	1	QL 60 / 30 days
<i>isosorbide mononitrate er 30 mg tab er 24h</i>	1	QL 90 / 30 days
NITRO-BID	1	
NITRO-DUR (NITRO-DUR 0.1 MG/HR PATCH 24HR, NITRO-DUR 0.2 MG/HR PATCH 24HR, NITRO-DUR 0.4 MG/HR PATCH 24HR, NITRO-DUR 0.6 MG/HR PATCH 24HR)	2	QL 30 / 30 days
NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR)	2	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	QL 30 / 30 days
<i>nitroglycerin (nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.6 mg sl tab)</i>	1	
<i>nitroglycerin 0.4 mg/spray solution</i>	2	
NITROLINGUAL	2	
NITROMIST	2	
NITROSTAT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
ADDERALL (ADDERALL 10 MG TAB, ADDERALL 12.5 MG TAB, ADDERALL 15 MG TAB, ADDERALL 20 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ADDERALL (ADDERALL 5 MG TAB, ADDERALL 7.5 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ADDERALL 30 MG TAB	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ADDERALL XR	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
ADZENYS XR-ODT	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>amphet-dextroamphet 3-bead er</i>	2	
<i>amphetamine er</i>	2	
<i>amphetamine sulfate</i>	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>amphetamine-dextroamphet er</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab, amphetamine-dextroamphetamine 20 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
AZSTARYS	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
DESOXYN	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
DEXEDRINE	2	
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>dextroamphetamine sulfate 30 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	2	<ul style="list-style-type: none"> <li>QL 60 mL / 1 day(s)</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate er</i> ( <i>dextroamphetamine sulfate er 10 mg cap er 24h, dextroamphetamine sulfate er 15 mg cap er 24h</i> )	1	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	1	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
DYANAVEL XR (DYANAVEL XR 5 MG TAB ER, DYANAVEL XR 10 MG TAB ER, DYANAVEL XR 15 MG TAB ER, DYANAVEL XR 20 MG TAB ER)	2	
DYANAVEL XR 2.5 MG/ML SUSP	1	<ul style="list-style-type: none"> <li>QL 240 mL / 30 day(s)</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
EVEKEO	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
EVEKEO ODT	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>lisdexamfetamine dimesylate</i> ( <i>lisdexamfetamine dimesylate 10 mg chew tab, lisdexamfetamine dimesylate 50 mg chew tab</i> )	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>lisdexamfetamine dimesylate</i> ( <i>lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap, lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 70 mg cap</i> )	1	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>lisdexamfetamine dimesylate</i> ( <i>lisdexamfetamine dimesylate 20 mg chew tab, lisdexamfetamine dimesylate 30 mg chew tab, lisdexamfetamine dimesylate 40 mg chew tab, lisdexamfetamine dimesylate 60 mg chew tab</i> )	2	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lisdexamfetamine dimesylate 10 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methamphetamine hcl</i>	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
MYDAYIS	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>procentra</i>	1	<ul style="list-style-type: none"> <li>QL 60 mL / 1 day(s)</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE (VYVANSE 10 MG CAP, VYVANSE 20 MG CAP, VYVANSE 30 MG CAP, VYVANSE 40 MG CAP, VYVANSE 50 MG CAP, VYVANSE 60 MG CAP, VYVANSE 70 MG CAP)	1	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE (VYVANSE 10 MG CHEW TAB, VYVANSE 20 MG CHEW TAB, VYVANSE 30 MG CHEW TAB, VYVANSE 40 MG CHEW TAB, VYVANSE 50 MG CHEW TAB, VYVANSE 60 MG CHEW TAB)	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
XELSTRYM	2	
<i>zenzedi (zenzedi 2.5 mg tab, zenzedi 5 mg tab, zenzedi 7.5 mg tab, zenzedi 10 mg tab, zenzedi 15 mg tab, zenzedi 20 mg tab)</i>	2	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>zenzedi 30 mg tab</i>	2	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
ADHANSIA XR	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
APTENSIO XR	2	<p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>atomoxetine hcl (atomoxetine hcl 10 mg cap, atomoxetine hcl 18 mg cap, atomoxetine hcl 25 mg cap, atomoxetine hcl 40 mg cap)</i>	1	<p>QL 60 / 30 days</p> <p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>atomoxetine hcl (atomoxetine hcl 60 mg cap, atomoxetine hcl 80 mg cap, atomoxetine hcl 100 mg cap)</i>	1	<p>QL 30 / 30 days</p> <p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>clonidine hcl er</i>	1	<p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 54 MG TAB ER)	1	<p>QL 30 / 30 days</p> <p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
CONCERTA 36 MG TAB ER	1	<p>QL 60 / 30 days</p> <p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
COTEMPLA XR-ODT	2	<p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
DAYTRANA	2	<p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>dexmethylphenidate hcl</i>	1	<p>QL 60 / 30 days</p> <p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl er</i> ( <i>dexmethylphenidate hcl er 25 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 30 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 35 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 40 mg cap er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>dexmethylphenidate hcl er</i> ( <i>dexmethylphenidate hcl er 5 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 10 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 15 mg cap er 24h,</i> <i>dexmethylphenidate hcl er 20 mg cap er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
FOCALIN	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
FOCALIN XR (FOCALIN XR 25 MG CAP ER 24H, FOCALIN XR 30 MG CAP ER 24H, FOCALIN XR 35 MG CAP ER 24H, FOCALIN XR 40 MG CAP ER 24H)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
FOCALIN XR (FOCALIN XR 5 MG CAP ER 24H, FOCALIN XR 10 MG CAP ER 24H, FOCALIN XR 15 MG CAP ER 24H, FOCALIN XR 20 MG CAP ER 24H)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>guanfacine hcl er</i> ( <i>guanfacine hcl er 1 mg tab er 24h,</i> <i>guanfacine hcl er 2 mg tab er 24h,</i> <i>guanfacine hcl er 3 mg tab er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>guanfacine hcl er 4 mg tab er 24h</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
INTUNIV (INTUNIV 1 MG TAB ER 24H, INTUNIV 2 MG TAB ER 24H, INTUNIV 3 MG TAB ER 24H)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
INTUNIV 4 MG TAB ER 24H	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JORNAY PM	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
KAPVAY	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
METADATE CD	2	
METHYLIN	2	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate</i>	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl (methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	2	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	1	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 10 mg chew tab</i>	2	QL 180 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 5 mg tab</i>	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 10 mg cap er, methylphenidate hcl er (cd) 20 mg cap er, methylphenidate hcl er (cd) 30 mg cap er)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #9933cc; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #008000; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 40 mg cap er, methylphenidate hcl er (cd) 50 mg cap er, methylphenidate hcl er (cd) 60 mg cap er)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #9933cc; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #008000; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (la) (methylphenidate hcl er (la) 10 mg cap er 24h, methylphenidate hcl er (la) 20 mg cap er 24h, methylphenidate hcl er (la) 30 mg cap er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #9933cc; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #008000; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (la) (methylphenidate hcl er (la) 40 mg cap er 24h, methylphenidate hcl er (la) 60 mg cap er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #9933cc; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #008000; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #9933cc; color: white; padding: 2px;">QL</span> 90 / 30 days</li> <li><span style="background-color: #008000; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 18 mg tab er 24h, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 27 mg tab er 24h, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 54 mg tab er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #9933cc; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #008000; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 36 mg tab er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #9933cc; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #008000; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 54 mg tab er)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #9933cc; color: white; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #008000; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 45 mg tab er, methylphenidate hcl er (osm) 72 mg tab er)</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #008000; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er (osm) 36 mg tab er</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER	2	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (xr)</i>	2	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
ONYDA XR	2	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
QELBREE (QELBREE 150 MG CAP ER 24H, QELBREE 200 MG CAP ER 24H)	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
QELBREE 100 MG CAP ER 24H	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 90 / 30 days</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 40 MG CHER)	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 45 / 30 day(s)</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
QUILLICHEW ER 30 MG CHER	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 60 / 30 day(s)</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
QUILLIVANT XR	1	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; color: white; padding: 2px;">QL</span> 360 mL / 30 day(s)</li> <li><span style="background-color: #27ae60; color: white; padding: 2px;">AL1</span> 4 to 17 yrs old</li> <li><span style="background-color: #34495e; color: white; padding: 2px;">c</span> Age restriction, clinical PA required</li> </ul>
RELEXXII (RELEXXII 18 MG TAB ER, RELEXXII 27 MG TAB ER, RELEXXII 54 MG TAB ER)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELEXXII (RELEXXII 45 MG TAB ER, RELEXXII 72 MG TAB ER)	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
RELEXXII 36 MG TAB ER	2	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
RELEXXII 63 MG TAB ER	2	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
RITALIN (RITALIN 10 MG TAB, RITALIN 20 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
RITALIN 5 MG TAB	2	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	2	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
RITALIN LA 40 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
STRATTERA (STRATTERA 10 MG CAP, STRATTERA 18 MG CAP, STRATTERA 25 MG CAP, STRATTERA 40 MG CAP)	2	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
STRATTERA (STRATTERA 60 MG CAP, STRATTERA 80 MG CAP, STRATTERA 100 MG CAP)	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
8 hr arthritis pain relief	1	
<i>8hr muscle aches &amp; pain relief</i>	1	
<i>acetaminophen (acetaminophen 160 mg/5ml liquid, acetaminophen 160 mg/5ml solution, acetaminophen 160 mg/5ml suspension, acetaminophen 325 mg/10.15ml solution, acetaminophen 650 mg/20.3ml solution, acetaminophen 650 mg/20.3ml suspension)</i>	1	QL 30 / 1 days
<i>acetaminophen (acetaminophen 325 mg tab, acetaminophen 500 mg tab)</i>	1	
<i>acetaminophen 120 mg suppos</i>	1	QL 5 / 1 days
<i>acetaminophen 650 mg suppos</i>	1	QL 6 / 1 days
<i>acetaminophen childrens (acetaminophen childrens 160 mg/5ml liquid, acetaminophen childrens 160 mg/5ml solution, acetaminophen childrens 160 mg/5ml suspension)</i>	1	QL 30 / 1 days
<i>acetaminophen extra strength 500 mg tab</i>	1	
<i>acetaminophen infants</i>	1	QL 30 / 1 days
ALLZITAL	2	
<i>aminofen</i>	1	
<i>aphen</i>	1	
<i>aurophen childrens</i>	1	QL 30 / 1 days
AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	1	QL 120 / 30 day(s) PA
AUSTEDO 6 MG TAB	1	QL 60 / 30 day(s) PA
AUSTEDO XR (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)	1	QL 30 / 30 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR 24 MG TAB ER 24H	1	<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> <span>60 / 30 day(s)</span> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; display: inline-block;">PA</div>
AUSTEDO XR 6 MG TAB ER 24H	1	<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> <span>90 / 30 day(s)</span> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; display: inline-block;">PA</div>
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1	<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> <span>28 / 28 day(s)</span> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; display: inline-block;">PA</div>
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	1	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; display: inline-block;">PA</div>
<i>bac (butalbital-acetamin-caff)</i>	1	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; display: inline-block;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <span>Max 18 tabs/caps per month</span> </div>
<i>betatemp childrens</i>	1	<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> <span>30 / 1 days</span> </div>
<i>bupap</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <span>Max 18 tabs/caps per month</span> </div>
<i>butalbital-acetaminophen</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <span>Max 18 tabs/caps per month</span> </div>
<i>butalbital-apap-caffeine (butalbital-apap-caffeine 50-300-40 mg cap, butalbital-apap-caffeine 50-325-40 mg cap)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <span>Max 18 tabs/caps per month</span> </div>
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px; display: inline-block;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <span>Max 18 tabs/caps per month</span> </div>
<i>childrens acetaminophen</i>	1	<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> <span>30 / 1 days</span> </div>
<i>childrens non-aspirin 160 mg/5ml suspension</i>	1	<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> <span>30 / 1 days</span> </div>
<i>childrens silapap</i>	1	<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> <span>30 / 1 days</span> </div>
<i>curanol</i>	1	<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> <span>30 / 1 days</span> </div>
<i>cvs acetaminophen 325 mg tab</i>	1	
<i>cvs acetaminophen ex st 500 mg tab</i>	1	
<i>cvs fever reducing childrens</i>	1	<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> <span>5 / 1 days</span> </div>
<i>cvs infants pain relief drops</i>	1	<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> <span>30 / 1 days</span> </div>
<i>cvs non-aspirin extra strength</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs pain &amp; fever childrens</i>	1	QL 30 / 1 days
<i>cvs pain &amp; fever infants</i>	1	QL 30 / 1 days
<i>cvs pain relief 500 mg tab</i>	1	
<i>cvs pain relief extra strength</i>	1	
<i>cvs pain relief regular st</i>	1	
DIETHYLPROPION HCL ER	2	
<i>ed-apap</i>	1	QL 30 / 1 days
<i>eq 8hr arthritis pain relief</i>	1	
<i>eq acetaminophen</i>	1	
<i>eq pain &amp; fever childrens 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>eq pain &amp; fever infants</i>	1	QL 30 / 1 days
<i>eq pain reliever (eq pain reliever 325 mg tab, eq pain reliever 500 mg tab)</i>	1	
<i>eq pain reliever 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>eq pain reliever ex st</i>	1	
<i>eq acetaminophen</i>	1	
<i>eq acetaminophen childrens</i>	1	QL 30 / 1 days
<i>eq acetaminophen ex st</i>	1	
<i>esgic (esgic 50-325-40 mg cap, esgic 50-325-40 mg tab)</i>	2	QLC Max 18 tabs/caps per month
<i>feverall adults</i>	1	QL 6 / 1 days
<i>feverall childrens</i>	1	QL 5 / 1 days
FEVERALL INFANTS	1	QL 5 / 1 days
FEVERALL JUNIOR STRENGTH	1	QL 5 / 1 days
FIORICET	2	QLC Max 18 tabs/caps per month
<i>ft pain &amp; fever childrens</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft pain &amp; fever infants</i>	1	QL 30 / 1 days
<i>ft pain relief 325 mg tab</i>	1	
<i>ft pain relief adult extra st</i>	1	
<i>ft pain relief extra strength</i>	1	
<i>ft pain reliever adults</i>	1	QL 6 / 1 days
<i>ft pain reliever children</i>	1	QL 5 / 1 days
<i>ft pain reliever ex str adult</i>	1	
<i>ft pain reliver extra st adult</i>	1	
<i>ft rapid release pain relief</i>	1	
<i>gabapentin (once-daily) (gabapentin (once-daily) 450 mg tab, gabapentin (once-daily) 750 mg tab, gabapentin (once-daily) 900 mg tab)</i>	2	
<i>gabapentin (once-daily) 300 mg tab</i>	2	QL 30 / 30 day(s)
<i>gabapentin (once-daily) 600 mg tab</i>	2	QL 60 / 30 day(s)
<i>gnp 8 hour pain relief</i>	1	
<i>gnp acetaminophen 325 mg tab</i>	1	
<i>gnp children's pain &amp; fever</i>	1	QL 30 / 1 days
<i>gnp infants pain/fever</i>	1	QL 30 / 1 days
<i>gnp pain &amp; fever childrens</i>	1	QL 30 / 1 days
<i>gnp pain &amp; fever infants</i>	1	QL 30 / 1 days
<i>gnp pain relief 325 mg tab</i>	1	
<i>gnp pain relief extra strength</i>	1	
<i>goodsense pain &amp; fever child</i>	1	QL 30 / 1 days
<i>goodsense pain &amp; fever infants</i>	1	QL 30 / 1 days
<i>goodsense pain relief 325 mg tab</i>	1	
<i>goodsense pain relief extra st</i>	1	
GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB)	2	QL 30 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GRALISE (GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB)	2	QL 60 / 30 day(s)
<i>healthy mama shake that ache</i>	1	
<i>hm pain &amp; fever childrens</i>	1	QL 30 / 1 days
<i>hm pain &amp; fever infants</i>	1	QL 30 / 1 days
<i>hm pain relief extra strength</i>	1	
<i>hm pain relieve child dye-free</i>	1	QL 30 / 1 days
<i>hm pain reliever</i>	1	
<i>hm pain reliever childrens</i>	1	QL 30 / 1 days
HORIZANT	2	QL 60 / 30 day(s)
<i>infants pain &amp; fever</i>	1	QL 30 / 1 days
INGREZZA (INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP SPRINK)	1	QL 30 / 30 day(s) PA
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 60 MG CAP, INGREZZA 80 MG CAP)	1	QL 30 / 30 days PA
INGREZZA 40 & 80 MG CAP THPK	1	PA
JOURNAVX	2	PA QLC max 2.5 tablets per day; limited to a 14-day supply per 90 days
<i>kls acetaminophen ex st</i>	1	
<i>liquid acetaminophen</i>	1	QL 30 / 1 days
<i>liquid pain relief</i>	1	QL 30 / 1 days
<i>little remedies for fever</i>	1	QL 30 / 1 days
m-pap	1	QL 30 / 1 days
<i>max relief jr child pain/fever</i>	1	QL 30 / 1 days
<i>max relief junior</i>	1	QL 30 / 1 days
<i>medi-tabs extra strength</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>meijer aspirin free</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	2	
<i>mm acetaminophen ex str</i>	1	
<i>non-aspirin</i>	1	
<i>non-aspirin extra strength</i>	1	
<i>non-aspirin pain relief</i>	1	
<i>pain &amp; fever childrens 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>pain &amp; fever infants</i>	1	QL 30 / 1 days
<i>pain &amp; fever kids</i>	1	QL 30 / 1 days
<i>pain and fever relief kids</i>	1	QL 30 / 1 days
<i>pain relief childrens 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>pain relief extra strength 500 mg tab</i>	1	
<i>pain relief regular strength</i>	1	
<i>pain reliever 325 mg tab</i>	1	
<i>pain reliever extra strength 500 mg tab</i>	1	
<i>pain reliever for adults</i>	1	
<i>pain reliever/fever reducer</i>	1	QL 5 / 1 days
<i>panadol childrens</i>	1	QL 30 / 1 days
<i>panadol extra strength</i>	1	
<i>panadol infants</i>	1	QL 30 / 1 days
<i>pediacare children</i>	1	QL 30 / 1 days
<i>pediacare infant fever/pain</i>	1	QL 30 / 1 days
<i>pediacare infants</i>	1	QL 30 / 1 days
<i>pharbetol</i>	1	
<i>pharbetol extra strength</i>	1	
<i>px childrens pain relief</i>	1	QL 30 / 1 days
<i>px pain relief extra strength</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc 8 hour arthritis pain</i>	1	
<i>qc 8 hour pain relief</i>	1	
<i>qc acetaminophen infants</i>	1	QL 30 / 1 days
<i>qc non-aspirin childrens 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>qc non-aspirin extra strength</i>	1	
<i>qc pain relief 325 mg tab</i>	1	
<i>qc pain relief childrens</i>	1	QL 30 / 1 days
<i>qc pain relief extra strength 500 mg tab</i>	1	
<i>qc pain relief infants</i>	1	QL 30 / 1 days
<i>ra acetaminophen</i>	1	
<i>ra acetaminophen ex st</i>	1	
<i>ra childrens fever/pain</i>	1	QL 30 / 1 days
<i>ra fever reducer/pain reliever</i>	1	QL 30 / 1 days
<i>ra pain relief acetaminophen</i>	1	
<i>sb non-aspirin 325 mg tab</i>	1	
<i>sb non-aspirin extra strength</i>	1	
<i>sb pain reliever childrens</i>	1	QL 30 / 1 days
<i>sb pain reliever ex st</i>	1	
<i>sm pain &amp; fever childrens</i>	1	QL 30 / 1 days
<i>sm pain &amp; fever infants</i>	1	QL 30 / 1 days
<i>sm pain relief</i>	1	
<i>sm pain relief extra strength</i>	1	
<i>sm pain reliever</i>	1	
<i>sm pain reliever childrens</i>	1	QL 30 / 1 days
<i>sm pain reliever ex st 500 mg tab</i>	1	
<i>tetrabenazine</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tylenol 325 mg tab</i>	1	
<i>tylenol 8 hour</i>	1	
<i>tylenol 8 hour arthritis pain</i>	1	
<i>tylenol childrens 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>tylenol childrens pain + fever 160 mg/5ml suspension</i>	1	QL 30 / 1 days
<i>tylenol extra strength</i>	1	
<i>tylenol for children + adults</i>	1	QL 30 / 1 days
<i>tylenol infants pain+fever</i>	1	QL 30 / 1 days
VTOL LQ	2	QLC 270 mL/30 days
XENAZINE	2	
<i>zebutal</i>	2	QLC Max 18 tabs/caps per month
<b>FIBROMYALGIA AGENTS</b>		
CYMBALTA (CYMBALTA 30 MG CP DR PART, CYMBALTA 60 MG CP DR PART)	2	QL 60 / 30 days
CYMBALTA 20 MG CP DR PART	2	QL 120 / 30 day(s)
DRIZALMA SPRINKLE	2	
<i>duloxetine hcl (duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	QL 60 / 30 days
<i>duloxetine hcl 20 mg cp dr part</i>	1	QL 120 / 30 day(s)
<i>duloxetine hcl 40 mg cp dr part</i>	2	QL 30 / 30 days
LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP)	2	QL 60 / 30 days
LYRICA (LYRICA 25 MG CAP, LYRICA 50 MG CAP, LYRICA 75 MG CAP, LYRICA 100 MG CAP, LYRICA 150 MG CAP, LYRICA 200 MG CAP)	2	QL 90 / 30 days
LYRICA 20 MG/ML SOLUTION	2	QLC 30 mL/day
LYRICA CR (LYRICA CR 82.5 MG TAB ER 24H, LYRICA CR 165 MG TAB ER 24H)	2	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYRICA CR 330 MG TAB ER 24H	2	QL 60 / 30 days
<i>pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	QL 60 / 30 days
<i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap)</i>	1	QL 90 / 30 days
<i>pregabalin 20 mg/ml solution</i>	1	QLC 30 mL/day
<i>pregabalin er</i>	2	
SAVELLA	2	
SAVELLA TITRATION PACK	2	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	2	QL 60 / 30 days
AUBAGIO	2	
AVONEX PEN	1	
AVONEX PREFILLED	1	
BAFIERTAM	2	QL 120 / 30 days
BETASERON	1	
BRIUMVI	1	PA
<i>cladribine (10 tabs)</i>	2	
<i>cladribine (4 tabs)</i>	2	
<i>cladribine (5 tabs)</i>	2	
<i>cladribine (6 tabs)</i>	2	
<i>cladribine (7 tabs)</i>	2	
<i>cladribine (8 tabs)</i>	2	
<i>cladribine (9 tabs)</i>	2	
COPAXONE 20 MG/ML SOLN PRSYR	2	QL 30 / 30 days
COPAXONE 40 MG/ML SOLN PRSYR	2	QL 12 / 28 days
<i>dalfampridine er</i>	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dimethyl fumarate (dimethyl fumarate 120 mg cap dr, dimethyl fumarate 240 mg cap dr)</i>	1	PA
<i>dimethyl fumarate starter pack</i>	1	PA
EXTAVIA	2	
<i>fingolimod hcl</i>	1	
GILENYA 0.25 MG CAP	2	
GILENYA 0.5 MG CAP	2	PA
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL 30 / 30 days
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL 12 / 28 days
<i>glatopa 20 mg/ml soln prsyr</i>	1	QL 30 / 30 days
<i>glatopa 40 mg/ml soln prsyr</i>	1	QL 12 / 28 days
KESIMPTA	1	PA
LEMTRADA	2	
MAVENCLAD (10 TABS)	2	
MAVENCLAD (4 TABS)	2	
MAVENCLAD (5 TABS)	2	
MAVENCLAD (6 TABS)	2	
MAVENCLAD (7 TABS)	2	
MAVENCLAD (8 TABS)	2	
MAVENCLAD (9 TABS)	2	
MAYZENT 0.25 MG TAB	2	QL 120 / 30 days
MAYZENT 1 MG TAB	2	
MAYZENT 2 MG TAB	2	QL 30 / 30 days
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QLC 1 fill per lifetime
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	
OCREVUS	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OCREVUS ZUNOVO	1	PA
PLEGRIDY	2	
PLEGRIDY STARTER PACK	2	
PONVORY	2	QL 30 / 30 days
PONVORY STARTER PACK	2	QL 14 / 14 days
REBIF	1	
REBIF REBIDOSE	1	
REBIF REBIDOSE TITRATION PACK	1	
REBIF TITRATION PACK	1	
TASCENSO ODT	2	
TECFIDERA	2	
<i>teriflunomide</i>	1	QL 30 / 30 days PA
TYRUKO	2	
TYSABRI	1	PA
VUMERITY	2	QL 120 / 30 days
ZEPOSIA	2	QL 30 / 30 days
ZEPOSIA 7-DAY STARTER PACK	2	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline hcl</i>	1	QL 90 / 30 day(s)
<i>chlorhexidine gluconate 0.12 % solution</i>	1	QL 946 mL / 30 day(s)
DENTA 5000 PLUS	1	
<i>dentagel</i>	1	
<i>just right 5000 1.1 % gel</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>periogard</i>	1	QL 946 mL / 30 day(s)
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	QL 4 / 1 days
<i>triamcinolone acetonide 0.1 % paste</i>	1	
<b>DERMATOLOGICAL AGENTS</b>		
<b>ACNE AND ROSACEA AGENTS</b>		
ABSORICA	2	PA
ABSORICA LD	2	
ACANYA	2	
<i>accutane</i>	2	PA
<i>acitretin</i>	1	
<i>acne medication</i>	1	
<i>acne medication 10 (acne medication 10 10 % gel, acne medication 10 10 % lotion)</i>	1	
<i>acne medication 2.5</i>	1	
<i>acne medication 5 (acne medication 5 5 % gel, acne medication 5 5 % lotion)</i>	1	
<i>adapalene 0.1 % cream</i>	2	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>adapalene 0.1 % gel</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
ADAPALENE 0.1 % SOLUTION	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>adapalene 0.3 % gel pump</i>	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>adapalene 0.3 % gel tube</i>	1	AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>adapalene treatment</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	1	AL1 Up to 20 yrs old c Age restriction, clinical PA required
AKLIEF	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
ALTRENO	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>amnesteem</i>	1	PA
AMZEEQ	2	
ARAZLO	2	
ATRALIN	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>avita 0.025 % cream</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>avita 0.025 % gel</i>	2	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>azelaic acid 15 % gel</i>	1	QL 50 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AZELEX	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
BENZAMYCIN	2	
<i>benzoyl peroxide (benzoyl peroxide 2.5 % gel, benzoyl peroxide 5 % gel, benzoyl peroxide 5 % lotion, benzoyl peroxide 10 % gel, benzoyl peroxide 10 % lotion)</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
BPO	2	
CABTREO	2	
<i>claravis</i>	1	PA
CLINDACIN ETZ 1 % KIT	2	
CLINDACIN PAC	2	
<i>clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-3.75 % gel)</i>	2	
<i>clindamycin phos-benzoyl perox 1-5 % gel pump</i>	2	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	
<i>clindamycin-tretinoin</i>	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
CLINDAVIX	2	
<i>cvs adapalene</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required
DIFFERIN 0.1 % CREAM	1	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required
<i>differin 0.1 % gel</i>	1	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIFFERIN 0.1 % LOTION	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
DIFFERIN 0.3 % GEL	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
EPIDUO	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
EPIDUO FORTE	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
FABIOR	2	
<i>isotretinoin (isotretinoin 10 mg cap, isotretinoin 20 mg cap, isotretinoin 30 mg cap, isotretinoin 40 mg cap)</i>	1	PA
<i>isotretinoin (isotretinoin 25 mg cap, isotretinoin 35 mg cap)</i>	2	PA
KLARON	2	
<i>medpura benzoyl peroxide (medpura benzoyl peroxide 5 % gel, medpura benzoyl peroxide 10 % gel)</i>	1	
NEUAC (NEUAC 1.2-5 % GEL, NEUAC 1.2-5 % KIT)	2	
ONEXTON	2	
<i>panoxyl acne treatment</i>	1	
RETIN-A	1	QL 45 / 30 days AL1 Up to 20 yrs old c Age restriction, clinical PA required
RETIN-A MICRO	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required
RETIN-A MICRO PUMP	2	AL1 Up to 20 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium (acne)</i>	2	
<i>tazarotene (tazarotene 0.05 % cream, tazarotene 0.05 % gel, tazarotene 0.1 % foam, tazarotene 0.1 % gel)</i>	2	
<i>tazarotene 0.1 % cream</i>	2	QL 30 / 30 days
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel)</i>	2	QL 45 / 30 days
		AL1 Up to 20 yrs old
		C Age restriction, clinical PA required
<i>tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i>	1	QL 45 / 30 days
		AL1 Up to 20 yrs old
		C Age restriction, clinical PA required
<i>tretinoin 0.05 % gel</i>	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL)	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin microsphere 0.08 % gel</i>	2	
TRETINOIN MICROSPHERE PUMP (TRETINOIN MICROSPHERE PUMP 0.04 % GEL, TRETINOIN MICROSPHERE PUMP 0.1 % GEL)	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin microsphere pump 0.08 % gel</i>	2	
WINLEVI	2	
<i>zenatane</i>	1	PA
ZIANA	2	AL1 Up to 20 yrs old
		C Age restriction, clinical PA required
<b>DERMATITIS AND PRURITUS AGENTS</b>		
ADBRY	1	PA
<i>a/12</i>	1	
ALA SCALP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ala-cort</i>	2	QL 2 / 1 days
<i>alclometasone dipropionate 0.05 % cream</i>	2	QL 30 / 30 days
<i>alclometasone dipropionate 0.05 % ointment</i>	2	QL 60 / 24 days
<i>amcinonide (amcinonide 0.1 % cream, amcinonide 0.1 % lotion, amcinonide 0.1 % ointment)</i>	2	
<i>amlactin daily</i>	1	
<i>amlactin daily nourish</i>	1	
<i>ammonium lactate (ammonium lactate 12 % cream, ammonium lactate 12 % lotion)</i>	1	
<i>anti-itch 2-0.1 % cream</i>	1	QL 30 / 7 days
<i>anti-itch extra strength</i>	1	QL 30 / 7 days
<i>anti-itch maximum strength</i>	1	QL 2 / 1 days
APEXICON E	2	
<i>aquanil hc</i>	1	
<i>aquaphor itch relief children</i>	2	QL 30 / 7 days
<i>aquaphor itch relief max str</i>	2	QL 30 / 7 days
<i>banophen 2-0.1 % cream</i>	1	QL 30 / 7 days
<i>benadryl extra strength 2-0.1 % cream</i>	1	QL 30 / 7 days
<i>betamethasone dipropionate 0.05 % cream</i>	1	QL 45 / 28 days
<i>betamethasone dipropionate 0.05 % lotion</i>	1	
<i>betamethasone dipropionate 0.05 % ointment</i>	2	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % lotion)</i>	2	
<i>betamethasone dipropionate aug 0.05 % cream</i>	1	QL 30 / 30 days
<i>betamethasone dipropionate aug 0.05 % ointment</i>	2	QL 50 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>betamethasone valerate 0.1 % cream</i>	1	QL 45 / 24 days
BETAMETHASONE VALERATE 0.1 % LOTION	1	QL 60 / 27 days
<i>betamethasone valerate 0.1 % ointment</i>	1	
<i>betamethasone valerate 0.12 % foam</i>	2	
BRYHALI	2	
CAPEX	2	
<i>clobetasol prop emollient base</i>	2	QL 60 / 27 days
<i>clobetasol prop emollient base 0.05 % cream</i>	2	
<i>clobetasol propionate (clobetasol propionate 0.025 % cream, clobetasol propionate 0.05 % foam, clobetasol propionate 0.05 % liquid, clobetasol propionate 0.05 % lotion, clobetasol propionate 0.05 % shampoo)</i>	2	
<i>clobetasol propionate 0.05 % cream</i>	1	QL 60 / 27 days
<i>clobetasol propionate 0.05 % gel</i>	2	QL 60 / 24 days
<i>clobetasol propionate 0.05 % ointment</i>	1	QL 60 / 30 day(s)
<i>clobetasol propionate 0.05 % solution</i>	1	QL 50 / 30 days
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emulsion</i>	2	
CLOBEX	2	
CLOBEX SPRAY	2	
CLOCORTOLONE PIVALATE	2	
<i>clodan 0.05 % shampoo</i>	1	
CLODERM	2	
CORDRAN 4 MCG/SQCM TAPE	2	
<i>cortizone-10 feminine itch</i>	2	QL 2 / 1 days
<i>cortizone-10 intensive moisture</i>	2	QL 2 / 1 days
<i>cortizone-10 maximum strength</i>	2	
<i>cortizone-10 overnight itch</i>	2	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cortizone-10 psoriasis</i>	1	
<i>cortizone-10 sensitive skin</i>	2	QL 2 / 1 days
<i>cortizone-10 soothing aloe</i>	2	QL 2 / 1 days
<i>cortizone-10 ultra soothing</i>	2	QL 2 / 1 days
<i>cortizone-10 water resistant</i>	2	QL 30 / 7 days
<i>cortizone-10/aloe 1 % liquid</i>	2	
CUTIVATE	2	
<i>cvs cortisone maximum strength 1 % ointment</i>	1	QL 30 / 7 days
<i>cvs hydrating skin treatment</i>	1	
<i>cvs hydrocortisone anti-itch 0.5 % cream</i>	1	QL 30 / 7 days
<i>cvs itch relief extra strength</i>	1	QL 30 / 7 days
<i>cvs skin treatment</i>	1	
DERMA-SMOOTHIE/FS BODY	2	
DERMA-SMOOTHIE/FS SCALP	2	
<i>desonide 0.05 % cream</i>	2	QL 120 / 24 days
DESONIDE 0.05 % GEL	2	
<i>desonide 0.05 % lotion</i>	2	QL 118 / 24 days
<i>desonide 0.05 % ointment</i>	2	QL 60 / 27 days
DESOWEN	2	
<i>desoximetasone (desoximetasone 0.05 % cream, desoximetasone 0.05 % gel, desoximetasone 0.05 % ointment, desoximetasone 0.25 % cream, desoximetasone 0.25 % liquid, desoximetasone 0.25 % ointment)</i>	2	
<i>desrx</i>	2	
<i>diflorasone diacetate 0.05 % cream</i>	2	
<i>diflorasone diacetate 0.05 % ointment</i>	2	QL 60 / 27 days
<i>diphenhydramine-zinc acetate</i>	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIPROLENE	2	QL 50 / 30 days
EBGLYSS	1	PA
<i>eq hydrocortisone max st</i>	1	QL 2 / 1 days
EUCRISA	2	PA
<i>fluocinolone acetonide (fluocinolone acetonide 0.01 % cream, fluocinolone acetonide 0.01 % solution, fluocinolone acetonide 0.025 % cream)</i>	2	
<i>fluocinolone acetonide 0.025 % ointment</i>	2	QL 60 / 30 days
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution)</i>	1	QL 60 / 24 days
<i>fluocinonide 0.05 % cream</i>	1	QL 120 / 24 days
<i>fluocinonide 0.1 % cream</i>	1	
<i>fluocinonide emulsified base</i>	2	QL 60 / 24 days
<i>flurandrenolide (flurandrenolide 0.05 % cream, flurandrenolide 0.05 % lotion)</i>	2	
<i>fluticasone propionate (fluticasone propionate 0.005 % ointment, fluticasone propionate 0.05 % cream)</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	2	
<i>ft ammonium lactate</i>	1	
<i>ft anti-itch extra strength</i>	1	QL 30 / 7 days
<i>ft itch relief max strength 1 % cream</i>	1	QL 2 / 1 days
<i>ft itch relief max strength 1 % ointment</i>	1	QL 30 / 7 days
<i>ft itch relief/aloe max str</i>	1	QL 2 / 1 days
<i>gnp anti-itch 2-0.1 % cream</i>	1	QL 30 / 7 days
<i>gnp hydrocortisone</i>	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp hydrocortisone max st</i>	1	QL 30 / 7 days
<i>gnp hydrocortisone plus</i>	1	QL 2 / 1 days
<i>gnp hydrocortisone/aloe</i>	1	QL 2 / 1 days
<i>halcinonide (halcinonide 0.1 % cream, halcinonide 0.1 % solution)</i>	2	
<i>halobetasol propionate (halobetasol propionate 0.05 % cream, halobetasol propionate 0.05 % ointment)</i>	2	QL 50 / 30 days
<i>halobetasol propionate 0.05 % foam</i>	2	
HALOG (HALOG 0.1 % CREAM, HALOG 0.1 % OINTMENT, HALOG 0.1 % SOLUTION)	2	
<i>hm hydrocortisone plus</i>	1	QL 2 / 1 days
<i>hm hydrocortisone-aloe max st</i>	1	QL 2 / 1 days
HYDROCORT LOTION COMPLETE KIT	2	
<i>hydrocortisone (hydrocortisone 0.5 % cream, hydrocortisone 1 % ointment)</i>	1	QL 30 / 7 days
HYDROCORTISONE (HYDROCORTISONE 2 % LOTION, HYDROCORTISONE 2.5 % SOLUTION)	2	
<i>hydrocortisone (hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment)</i>	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone 1 % cream</i>	1	QL 2 / 1 days
HYDROCORTISONE 2.5 % LOTION	1	QL 118 / 24 days
HYDROCORTISONE ACETATE (HYDROCORTISONE ACETATE 1 % CREAM, HYDROCORTISONE ACETATE 1 % OINTMENT)	1	
HYDROCORTISONE ACETATE 2.5 % CREAM	2	
<i>hydrocortisone anti-itch</i>	1	QL 2 / 1 days
HYDROCORTISONE BUTYR LIPO BASE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE BUTYRATE (HYDROCORTISONE BUTYRATE 0.1 % CREAM, HYDROCORTISONE BUTYRATE 0.1 % LOTION, HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, HYDROCORTISONE BUTYRATE 0.1 % SOLUTION)	2	
<i>hydrocortisone max st 1 % cream</i>	1	QL 2 / 1 days
<i>hydrocortisone max st 1 % ointment</i>	1	QL 30 / 7 days
<i>hydrocortisone max st/12 moist</i>	1	QL 2 / 1 days
<i>hydrocortisone valerate</i>	2	QL 60 / 24 days
<i>hydrocortisone/aloe max str</i>	1	QL 2 / 1 days
HYDROXYM 2 % GEL	2	
IMPEKLO	2	
IMPOYZ	2	
<i>itch relief extra strength 2-0.1 % cream</i>	1	QL 30 / 7 days
KENALOG	2	
LEXETTE	2	
LOCOID	2	
LOCOID LIPOCREAM	2	
LUXIQ	2	
<i>medpura hydrocortisone</i>	1	QL 2 / 1 days
MICORT HC	2	
<i>mometasone furoate 0.1 % cream</i>	1	QL 45 / 30 days
<i>mometasone furoate 0.1 % ointment</i>	1	QL 45 / 19 days
<i>mometasone furoate 0.1 % solution</i>	1	QL 60 / 30 days
OLUX	2	
OLUX-E	2	
PANDEL	2	
<i>prednicarbate</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>procto-med hc</i>	1	
<i>proctocort 1 % cream</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
PROTOPIC	1	
PSORCON	2	
<i>qc anti-itch aloe</i>	1	QL 2 / 1 days
<i>qc anti-itch extra strength</i>	1	QL 30 / 7 days
<i>ra allergy 2-0.1 % cream</i>	1	QL 30 / 7 days
<i>ra anti-itch skin protectant</i>	1	QL 30 / 7 days
<i>scalpicin maximum strength</i>	1	
<i>selenium sulfide 2.5 % lotion</i>	1	
SERNIVO	2	
<i>sm anti-itch extra strength</i>	1	QL 30 / 7 days
<i>sm hydrocortisone 1 % cream</i>	1	QL 2 / 1 days
<i>sm hydrocortisone max st</i>	1	QL 30 / 7 days
<i>sm hydrocortisone plus</i>	1	QL 2 / 1 days
SYNALAR (SYNALAR 0.01 % SOLUTION, SYNALAR 0.025 % CREAM)	2	
SYNALAR 0.025 % OINTMENT	2	QL 60 / 30 days
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	1	
TEMOVATE 0.05 % CREAM	2	
TEMOVATE 0.05 % OINTMENT	2	QL 60 / 30 day(s)
TEXACORT	2	
TOPICORT	2	
TOPICORT SPRAY	2	
<i>tovet (tovet 0.05 % foam, tovet 0.05 % kit)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment)</i>	1	QL 456 / 24 days
<i>triamcinolone acetonide (triamcinolone acetonide 0.05 % ointment, triamcinolone acetonide 0.1 % lotion)</i>	1	
<i>triamcinolone acetonide 0.025 % lotion</i>	1	QL 120 / 24 days
<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	2	
<i>triamcinolone acetonide 0.5 % cream</i>	1	QL 60 / 27 days
<i>triamcinolone acetonide 0.5 % ointment</i>	1	QL 30 / 24 days
<i>triamcinolone in absorbase</i>	1	
<i>trianex</i>	2	
<i>triderm</i>	2	QL 60 / 27 days
<i>tritocin</i>	2	
ULTRAVATE	2	
VANOS	2	
VTAMA	2	
<i>wal-dryl</i>	1	QL 30 / 7 days
CLOBETEX	2	
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
a&d	1	
a+d prevent ointment	1	
ALDARA	2	
<i>amlactin intensive healing</i>	1	
ANZUPGO	2	
<i>aqua glycolic hand/body</i>	1	
<i>arthritis pain relieving</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AVAR CLEANSER	2	
AVAR-E EMOLLIENT	2	
<i>avar-e green</i>	2	
<i>avedana hemorrhoid pain relief 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>aveeno daily moisturizing lotion</i>	1	
<i>aveeno stress relief</i>	1	
<i>baby vitamin a &amp; d</i>	1	
<i>balmbarr hand &amp; body lotion</i>	1	
<i>beauty 360 advanced skin care</i>	1	
<i>beauty lotion</i>	1	
<i>bengay ultra strength 4-10-30 % cream</i>	1	
BENSAL HP	2	
BENZEPRO 5.8 % MISC	2	
<i>benzoyl peroxide 10 % liquid</i>	1	
<i>benzoyl peroxide wash</i>	1	
<i>beta care lotion</i>	1	
BP 10-1	2	
BP CLEANSING WASH	2	
BPO FOAMING CLOTHS	2	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	1	QL 60 / 30 days
CALCIPOTRIENE 0.005 % FOAM	2	
<i>calcipotriene 0.005 % solution</i>	1	
<i>calcipotriene-betameth diprop</i>	1	
<i>calcitrene</i>	2	QL 60 / 30 days
CALCITRIOL 3 MCG/GM OINTMENT	2	
CALSODORE (CALSODORE 0.005 % KIT, CALSODORE 0.005-5 % THER PACK)	2	
<i>capsaicin (capsaicin 0.035 % cream, capsaicin 0.05 % cream)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>capsaicin (capsaicin 0.075 % cream, capsaicin 0.1 % cream)</i>	1	
<i>capsaicin 0.025 % cream</i>	1	QL 60 / 20 days
<i>capsaicin hp</i>	1	
<i>capsaicin pain relief</i>	1	
<i>capzasin-hp</i>	2	
<i>capzix</i>	2	
<i>cerave acne foaming cream</i>	2	
<i>cerave am spf 30</i>	1	
<i>cerave daily moisturizing</i>	1	
<i>cerave pm</i>	1	
<i>cerave sa rough &amp; bumpy skin lotion</i>	1	
<i>cetaphil advanced relief</i>	1	
<i>cetaphil daily advance</i>	1	
<i>cetaphil daily facial spf 15</i>	1	
<i>cetaphil moisturizing lotion</i>	1	
<i>cetaphil restoraderm lotion</i>	1	
CIBINQO	1	PA
CLENIA PLUS	2	
<i>cln facial moisturizer nourish</i>	1	
CLODAN 0.05 % KIT	2	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL 45 / 28 days
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	2	
<i>cocoa butter lotion</i>	1	
<i>cocoa butter hand &amp; body</i>	1	
<i>complete moisture</i>	1	
<i>compound w fast acting/conseal</i>	1	
<i>compound w maximum strength</i>	1	
<i>corn huskers</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>corti-sav</i>	2	
<i>cutemol lotion</i>	1	
<i>cv's beauty 360 dry skin</i>	1	
<i>cv's capsaicin hp</i>	1	
<i>cv's daily ultra moisture</i>	1	
<i>cv's dry skin therapy lotion</i>	1	
<i>cv's extra moisturizing</i>	1	
<i>cv's gentle skin cleanser</i>	1	
<i>cv's hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>cv's intense dry skin therapy</i>	1	
<i>cv's moisturizing lotion</i>	1	
<i>cv's muscle rub ultra strength</i>	1	
<i>cv's skin therapy</i>	1	
<i>cv's special care</i>	1	
<i>cv's vitamin a&amp;d</i>	1	
<i>cv's wart remover pen</i>	1	
<i>daily moisturizing lotion</i>	1	
<i>dermacinrx capsaicin</i>	2	
<i>dermacinrx penetral</i>	2	QL 60 / 20 days
<i>dermal therapy extra strength</i>	1	
<i>dermal therapy face care</i>	1	
<i>dermal therapy foot massage</i>	1	
<i>dermal therapy hand/elbow</i>	1	
<i>dermal therapy heel care</i>	1	
<i>diabetiderm lotion</i>	1	
<i>dml</i>	1	
DOVONEX	2	QL 2 / 1 days
DRYSOL	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DUOBRII	2	
<i>emollia-lotion</i>	1	
ENSTILAR	2	
<i>epilyt</i>	1	
<i>eq pain relieving 4-10-30 % cream</i>	1	
<i>eq vitamins a &amp; d</i>	1	
<i>eq absolute moisture dry skin</i>	1	
<i>eq advanced recovery</i>	1	
<i>eq advanced skin therapy</i>	1	
<i>eq aloe after sun</i>	1	
<i>eq hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>eq ultra moisturizing daily</i>	1	
<i>eucerin baby</i>	1	
<i>eucerin daily hydration lotion</i>	1	
<i>eucerin daily hydration spf15</i>	1	
<i>eucerin daily protection/spf30</i>	1	
<i>eucerin intensive repair lotion</i>	1	
<i>eucerin original healing lotion</i>	1	
<i>eucerin roughness relief lotion</i>	1	
<i>eucerin smoothing repair</i>	1	
<i>flexitol sensitive skin</i>	1	
<i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % cream, fluorouracil 5 % solution)</i>	1	
<i>ft hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>gnp hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>gnp muscle rub ultra strength</i>	1	
<i>gold bond everyday moisture</i>	1	
<i>gold bond healing lotion</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gold bond medicated body</i>	1	
<i>gold bond medicated body ex st (gold bond medicated body ex st 0.5 % lotion, gold bond medicated body ex st 5-0.5 % lotion)</i>	1	
<i>gold bond pure moisture</i>	1	
<i>gold bond ult sheer ribbons</i>	1	
<i>gold bond ultimate lotion</i>	1	
<i>gold bond ultimate healing lotion</i>	1	
<i>gold bond ultimate overnight</i>	1	
<i>gold bond ultimate protection</i>	1	
<i>gold bond ultimate restoring</i>	1	
<i>gold bond ultimate softening</i>	1	
<i>gold bond ultimate soothing lotion</i>	1	
<i>goodsense hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>goodsense muscle rub 4-10-30 % cream</i>	1	
<i>gordomatic lotion</i>	1	
<i>hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>hm hemorrhoidal</i>	1	QL 114 / 30 days
<i>hydrocortisone-iodoquinol</i>	2	
<i>imiquimod 3.75 % cream</i>	2	
<i>imiquimod 5 % cream</i>	1	QL 48 / 365 days
<i>imiquimod pump</i>	2	
IODOQUINOL-HC-ALOE POLYSACCH	2	
<i>johnsons skin nourish moist</i>	1	
<i>keri nourishing shea butter</i>	1	
<i>keri original daily moisture</i>	1	
LITFULO	2	
<i>lubricating lotion</i>	1	
<i>lubri-derm</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lubriderm advanced therapy lotion</i>	1	
<i>lubriderm daily moisture</i>	1	
<i>lubriderm intense skin repair</i>	1	
<i>lubrisoft</i>	1	
<i>mederma ag hand &amp; body</i>	1	
<i>medpura benzoyl peroxide (medpura benzoyl peroxide 5 % liquid, medpura benzoyl peroxide 10 % liquid)</i>	1	
<i>medpura vitamin a &amp; d</i>	1	
MINERAL OIL-HYDROPHIL PETROLAT	1	
<i>minerin</i>	1	
<i>moisture</i>	1	
<i>moisture recovery</i>	1	
<i>moisture-all</i>	1	
<i>moisturizing lotion</i>	1	
<i>moisturizing sensitive skin</i>	1	
<i>msm skin</i>	1	
<i>muscle rub ultra strength</i>	1	
NEO-SYNALAR (NEO-SYNALAR 0.5-0.025 % CREAM, NEO-SYNALAR 0.5-0.025 % KIT)	2	
<i>neutrogena moisture sens skin</i>	1	
<i>nivea lotion</i>	1	
<i>nivea essentially enriched</i>	1	
<i>nivea in-shower</i>	1	
<i>nivea intense healing</i>	1	
<i>nivea shea nourish</i>	1	
<i>nutraderm lotion</i>	1	
<i>nutraderm advanced formula</i>	1	
<i>nystatin-triamcinolone</i>	1	
OPZELURA	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 10 & 20 & 30 MG TAB THPK)	1	PA
OTEZLA 20 MG TAB	1	QL 60 / 30 day(s) PA
OTEZLA 30 MG TAB	1	QL 60 / 30 days PA
OTEZLA XR	2	
OTEZLA/OTEZLA XR INITIATION PK	2	
<i>pain relieving ultra st 4-10-30 % cream</i>	1	
<i>palmers cocoa butter formula lotion</i>	1	
<i>palmers coconut oil body</i>	1	
<i>palmers stretch marks lotion</i>	1	
<i>panoxyl creamy wash</i>	1	
<i>panoxyl foaming wash</i>	1	
PLEXION	2	
PLEXION CLEANSER	2	
PLEXION CLEANSING CLOTH	2	
<i>podofilox 0.5 % solution</i>	1	
<i>preparation h 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
PROCTOFOAM HC	1	
<i>qc hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
<i>qc pain relieving</i>	1	
QUTENZA	2	
QUTENZA (2 PATCH)	2	
QUTENZA (4 PATCH)	2	
<i>ra wart remover 17 % gel</i>	1	
<i>radiaguard advanced lotion</i>	1	
<i>refreshing aloe</i>	1	
SALICYLIC ACID 3 % OINTMENT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SALICYLIC ACID WART REMOVER	1	
<i>sebasorb</i>	1	
<i>silver sulfadiazine 1 % cream</i>	1	
<i>skin repair</i>	1	
<i>sm dry skin therapy</i>	1	
<i>sm hemorrhoidal 0.25-14-74.9 % ointment</i>	1	QL 114 / 30 days
SODIUM SULFACETAMIDE WASH	2	
SORILUX	2	
<i>ssd</i>	1	
SSS 10-5 10-5 % CREAM	1	
SSS 10-5 10-5 % FOAM	2	
<i>studio 35 extra moisturizing</i>	1	
SULFACETAMIDE SOD-SULFUR WASH 9-4 % LIQUID	2	
SULFACETAMIDE SOD-SULFUR WASH 9-4.5 % LIQUID	1	
SULFACETAMIDE SODIUM (CLEANS)	2	
SULFACETAMIDE SODIUM 10 % LIQUID	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION, SULFACETAMIDE SODIUM- SULFUR 9-4 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % CREAM, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LIQUID, SULFACETAMIDE SODIUM- SULFUR 9.8-4.8 % LOTION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-1 % EMULSION, SULFACETAMIDE SODIUM- SULFUR 10-2 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 10-4 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION, SULFACETAMIDE SODIUM- SULFUR 10-5 % SUSPENSION)	2	
SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 9-4.5 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID)	1	
SULFACETAMIDE-SULFUR IN UREA	1	
SUMADAN	2	
SUMADAN WASH	2	
SUMADAN XLT	2	
SUMAXIN	2	
SUMAXIN CP	2	
SYNALAR (CREAM)	2	
SYNALAR (OINTMENT)	2	
SYNALAR TS	2	
<i>sync relief pro</i>	1	
TACLONEX 0.005-0.064 % OINTMENT	1	
TACLONEX 0.005-0.064 % SUSPENSION	2	
<i>thera-derm</i>	1	
TRILOCICLO	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TWYNEO	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 Up to 20 yrs old</li> <li>c Age restriction, clinical PA required</li> </ul>
<i>urea 40 % cream</i>	1	QL 227 / 30 day(s)
<i>vanicream lotion</i>	1	
VECTICAL	2	
<i>vitamin a &amp; d ointment</i>	1	
<i>vitamin a &amp; d skin protectant</i>	1	
<i>vitamin a&amp;d</i>	1	
<i>vitamins a &amp; d ointment</i>	1	
<i>wart remover</i>	1	
<i>wart remover maximum strength 17 % gel</i>	1	
<i>wibi</i>	1	
WYNZORA	2	
XERESE	2	
ZORYVE (ZORYVE 0.05 % CREAM, ZORYVE 0.15 % CREAM)	2	PA
ZORYVE 0.3 % CREAM	1	PA
ZORYVE 0.3 % FOAM	1	<ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li>PA</li> </ul>
<i>zostrix hp</i>	1	
ZYCLARA	2	
ZYCLARA PUMP	2	
<b>PEDICULICIDES/SCABICIDES</b>		
<i>crotan</i>	2	
<i>cvs ivermectin lice treatment</i>	2	
<i>cvs lice killing</i>	1	
<i>cvs lice solution 3-step</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELIMITE	2	
<i>gnp lice treatment (gnp lice treatment 0.33-4 % shampoo, gnp lice treatment 1 % liquid)</i>	1	
<i>goodsense lice killing</i>	1	
<i>goodsense lice killing max str</i>	1	
<i>hm lice killing max st</i>	1	
<i>hm lice treatment</i>	1	
<i>ivermectin 0.5 % lotion</i>	2	
<i>lice killing</i>	1	
<i>lice killing maximum strength</i>	1	
<i>lice killing shampoo max str</i>	1	
<i>lice treatment creme rinse</i>	1	
<i>malathion</i>	2	QL 118 / 30 days
NATROBA	1	QL 240 / 30 day(s)
OVIDE	2	
PERMETHRIN 5 % CREAM	1	
<i>pruradik</i>	2	
<i>sm lice killing max strength</i>	1	
<i>sm lice solution kit 3-step</i>	1	
<i>sm lice treatment</i>	1	
<i>spinosad</i>	2	QL 240 / 30 day(s)
VANALICE	2	
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>acyclovir 5 % cream</i>	2	
<i>acyclovir 5 % ointment</i>	1	
ACZONE	2	
<i>benzefoam</i>	2	
BENZEPRO 5.2 % FOAM	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTANY	2	
CENTANY AT	2	
<i>ciclodan</i>	2	QL 6.6 / 30 days
<i>ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)</i>	2	
<i>ciclopirox 8 % solution</i>	1	QL 6.6 / 30 days
<i>ciclopirox olamine (ciclopirox olamine 0.77 % cream, ciclopirox olamine 0.77 % suspension)</i>	1	
CICLOPIROX TREATMENT	2	
CLEOCIN-T	2	
<i>clindacin</i>	2	
<i>clindacin etz 1 % swab</i>	2	
<i>clindacin-p</i>	2	
CLINDAGEL	2	QL 120 / 30 days
<i>clindamycin phos (once-daily)</i>	2	QL 120 / 30 days
<i>clindamycin phos (twice-daily)</i>	1	QL 120 / 30 days
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % swab)</i>	1	
<i>clindamycin phosphate 1 % foam</i>	2	
<i>clindamycin phosphate 1 % solution</i>	1	QL 120 / 30 days
<i>cvs antibiotic</i>	1	QL 30 / 10 days
<i>cvs antibiotic/pain relief</i>	1	
<i>dapsone (dapsone 5 % gel, dapsone 7.5 % gel)</i>	2	
DENAVIR	2	
<i>double antibiotic</i>	1	QL 30 / 10 days
<i>ery</i>	1	
ERYGEL	2	
<i>erythromycin 2 % gel</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>erythromycin 2 % solution</i>	1	
EVOCLIN	2	
<i>ft antibiotic + pain relief</i>	1	
<i>ft double antibiotic</i>	1	QL 30 / 10 days
<i>ft triple antibiotic</i>	1	QL 30 / 10 days
<i>ft triple antibiotic + pain</i>	1	QL 30 / 10 days
<i>gnp antibiotic/pain relief</i>	1	
<i>gnp triple antibiotic</i>	1	QL 30 / 10 days
<i>gnp triple antibiotic plus</i>	1	QL 30 / 10 days
<i>goodsense antibiotic/pain</i>	1	
<i>goodsense first aid antibiotic</i>	1	QL 30 / 10 days
<i>hm double antibiotic</i>	1	QL 30 / 10 days
<i>hm triple antibiotic</i>	1	QL 30 / 10 days
<i>hm triple antibiotic max st</i>	1	QL 30 / 10 days
<i>lintera wash</i>	2	
LOPROX (LOPROX 0.77 % (SUSP) KIT, LOPROX 0.77 % CREAM, LOPROX 0.77 % KIT, LOPROX 0.77 % SUSPENSION, LOPROX 1 % SHAMPOO)	2	
<i>multi antibiotic plus</i>	1	
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium</i>	2	
<i>neosporin original 3.5-400-5000 ointment</i>	2	QL 30 / 10 days
<i>neosporin plus pain relief ms</i>	2	
<i>neosporin/burn relief</i>	2	QL 30 / 10 days
<i>penciclovir</i>	2	
<i>poly bacitracin</i>	1	QL 30 / 10 days
<i>polysporin</i>	2	QL 30 / 10 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc triple antibiotic max st</i>	1	QL 30 / 10 days
<i>ra antibiotic plus</i>	1	
<i>sm antibiotic plus pain relief</i>	1	
<i>sm double antibiotic</i>	1	QL 30 / 10 days
<i>sm triple antibiotic</i>	1	QL 30 / 10 days
<i>sm triple antibiotic max st</i>	1	QL 30 / 10 days
<i>sm triple antibiotic original</i>	1	QL 30 / 10 days
<i>triple antibiotic</i>	1	QL 30 / 10 days
<i>triple antibiotic pain relief</i>	1	QL 30 / 10 days
<i>triple antibiotic plus</i>	1	QL 30 / 10 days
<i>triple antibiotic+pain relief</i>	1	QL 30 / 10 days
XEPI	2	
ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT)	2	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ACTIVE FE	2	
<i>advantage care electrolyte ped</i>	1	QL 1014 / 1 days
AIRBORNE CHEW TAB	1	QL 60 / 30 days
AIRBORNE ELDERBERRY	1	QL 60 / 30 days
ALIVE DAILY ENERGY	1	
ALIVE IMMUNE/ELDERBERRY	1	QL 60 / 30 days
ALPHA BETIC TAB	1	
ATABEX ONE	2	
BARIATRIC MULTIVITAMIN/IRON	1	QL 60 / 30 days
BARIATRIC MULTIVITAMINS CHEW TAB	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BARIATRIC MULTIVITAMINS/IRON CHEW TAB	1	QL 60 / 30 days
BENTIVITE	2	
<i>biolyte solution</i>	1	QL 1014 / 1 days
<i>bprotected pedia iron</i>	1	
CENTRATEX	2	
CENTRUM ADULT 50+ MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM ADULTS MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM DUAL ACT MULTI+ BEAUTY	1	QL 60 / 30 days
CENTRUM DUAL ACT MULTI+OMEGA-3	1	QL 60 / 30 days
CENTRUM MEN 50+ MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM MEN MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM MULTI+ MENTAL FOCUS	1	QL 60 / 30 days
CENTRUM POSTNATAL GUMMIES	1	QL 60 / 30 days
CENTRUM WOMEN 50+ MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM WOMEN MULTIGUMMIES	1	QL 60 / 30 days
<i>ceralyte 70 solution</i>	1	QL 1014 / 1 days
<i>cerasport solution</i>	1	QL 1014 / 1 days
<i>cerasport ex1 solution</i>	1	QL 1014 / 1 days
CHROMAGEN	2	
CITRANATAL ASSURE	2	
CITRANATAL DHA	2	
COMPLETE NATAL DHA	1	
CORVITA 150	2	
CORVITE 150 TAB	2	
CORVITE FE	2	
CULTURELLE PROBIOTICS + MULTIV	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS ADULT MULTIVITAMIN	1	QL 60 / 30 days
<i>cvs electrolyte solution</i>	1	QL 1014 / 1 days
<i>cvs iron 240 (27 fe) mg tab</i>	1	QL 30 / 30 days
<i>cvs iron 325 (65 fe) mg tab</i>	1	
<i>cvs ped electrolyte freeze pop</i>	1	QL 1014 / 1 days
<i>cvs pediatric electrolyte</i>	1	QL 1014 / 1 days
CVS PRENATAL MULTIVITAMIN	2	
<i>cvs slow release iron</i>	1	
EFFER-K 25 MEQ EFFER TAB	1	QL 4 / 1 days
EMERGEN-C APPLE CIDER VINEGAR CHEW TAB	1	QL 60 / 30 days
EMERGEN-C ASHWAGANDHA CHEW TAB	1	QL 60 / 30 days
EMERGEN-C IMMUNE+ CHEW TAB	1	QL 60 / 30 days
EMERGEN-C IMMUNE+ ELDERBERRY	1	QL 60 / 30 days
EMERGEN-C TURMERIC & GINGER CHEW TAB	1	QL 60 / 30 days
<i>enfamil enfalyte</i>	1	QL 1014 / 1 days
<i>eql iron supplement therapy</i>	1	
<i>equalyte</i>	1	QL 1014 / 1 days
EYE HEALTH GUMMIES	1	QL 60 / 30 days
<i>fe c tab</i>	2	
<i>fe tabs</i>	1	
<i>fe-vite iron</i>	1	
<i>feosol</i>	1	
FEOSOL BIFERA	2	
<i>fer-in-sol</i>	1	
FERAHEME	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ferate</i>	1	QL 30 / 30 days
<i>fergon</i>	1	QL 30 / 30 days
FERIVA 21/7	2	
FERIVA 21/7 (WITH DOCUSATE)	2	
FERIVAFA	2	
<i>ferocon</i>	2	
<i>ferosul</i>	1	
FERRALET 90	2	
FERREX 150 FORTE	1	
FERRLECIT	1	
FERRO-SEQUELS	2	
<i>ferrocite plus</i>	2	
<i>ferrotabs</i>	1	QL 30 / 30 days
<i>ferrous gluconate 240 (27 fe) mg tab</i>	1	QL 30 / 30 days
<i>ferrous gluconate 324 (38 fe) mg tab</i>	1	QL 90 / 30 days
<i>ferrous sulfate (ferrous sulfate 220 (44 fe) mg/5ml solution, ferrous sulfate 300 mg/6.8ml solution)</i>	1	QL 15 / 1 day(s)
<i>ferrous sulfate (ferrous sulfate 75 (15 fe) mg/ml solution, ferrous sulfate 300 (60 fe) mg/5ml solution, ferrous sulfate 324 mg tab dr, ferrous sulfate 325 (65 fe) mg tab, ferrous sulfate 325 (65 fe) mg tab dr)</i>	1	
<i>ferumoxytol</i>	2	
FOLITAB 500	2	
FOLIVANE-F	1	
FOLIVANE-PLUS	2	
FT ADULT MULTI GUMMIES	1	QL 60 / 30 days
<i>ft electrolyte</i>	1	QL 1014 / 1 days
FT IMMUNE SUPPORT	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft iron</i>	1	
FT PRENATAL	2	QL 30 / 30 days
FUSION	2	
FUSION PLUS	2	
GNP ADULT MINI	1	QL 60 / 30 days
GNP CENTURY ADULT	1	QL 30 / 30 day(s)
GNP CENTURY ADULT FORMULA	1	QL 30 / 30 days
GNP CENTURY MATURE MEN'S 50+	1	QL 30 / 30 days
<i>gnp electrolyte solution</i>	1	QL 1014 / 1 days
GNP HEALTHY EYES	1	QL 30 / 30 days
GNP IMMUNE SUPPORT CHEW TAB	1	QL 60 / 30 days
<i>gnp iron 200 (65 fe) mg tab</i>	1	
GNP MEGA MULTI FOR MEN	1	QL 30 / 30 days
GNP ONE DAILY MAXIMUM	1	QL 30 / 30 days
GNP PRENATAL/FOLIC ACID	2	QL 30 / 30 days
<i>goodsense electrolyte</i>	1	QL 1014 / 1 days
<i>goodsense electrolyte adv care</i>	1	QL 1014 / 1 days
<i>goodsense iron</i>	1	
h-e-b oral electrolyte	1	QL 1014 / 1 days
HEMATINIC PLUS VIT/MINERALS	1	
HEMATINIC/FOLIC ACID	2	
<i>hematogen</i>	2	
HEMATOGEN FA	2	
HEMATOGEN FORTE	2	
<i>hemax ezy-dose</i>	2	
HEMOCYTE PLUS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hemocyte-f</i>	1	
<i>hm pediatric electrolyte</i>	1	QL 1014 / 1 days
<i>hydralyte solution</i>	1	QL 1014 / 1 days
<i>hydralyte freezer pops</i>	1	QL 1014 / 1 days
<i>icar-c</i>	2	
<i>iferex 150 forte</i>	1	
INFED	1	
INJECTAFER	1	PA
INTEGRA	1	
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron (ferrous sulfate) (iron (ferrous sulfate) 75 (15 fe) mg/ml solution, iron (ferrous sulfate) 325 (65 fe) mg tab)</i>	1	
<i>iron 100/c</i>	2	
<i>iron 240 (27 fe) mg tab</i>	1	QL 30 / 30 days
<i>iron 27</i>	1	QL 30 / 30 days
<i>iron 325 (65 fe) mg tab</i>	1	
IRON FOLATE PLUS	2	
IRON FOLATE-F	1	
<i>iron high-potency 325 mg tab</i>	1	
<i>iron infant &amp; toddler</i>	1	
<i>iron infant/toddler</i>	1	
<i>iron sucrose</i>	2	
<i>iron supplement 15 mg/ml solution</i>	1	
<i>iron supplement 220 (44 fe) mg/5ml solution</i>	1	QL 15 / 1 day(s)
<i>iron supplement childrens</i>	1	
<i>iron-vitamin c 100-250 mg tab</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IROSPAN 24/6	2	
k-prime	1	QL 4 / 1 days
<i>kinderlyte solution</i>	1	QL 1014 / 1 days
<i>kinderlyte premax solution</i>	1	QL 1014 / 1 days
<i>klor-con</i>	1	QL 150 / 30 days
<i>klor-con 10</i>	1	QL 150 / 30 days
<i>klor-con m10</i>	1	QL 150 / 30 days
<i>klor-con m20</i>	1	QL 150 / 30 days
<i>klor-con/ef</i>	1	QL 4 / 1 days
<i>kp ferrous sulfate</i>	1	
KP PRENATAL MULTIVITAMINS	2	
MASONATAL	2	
<i>mejer ferrous sulfate</i>	1	
MENS MULTIVITAMIN GUMMIES	1	QL 60 / 30 days
MONOFERRIC	2	
MULTI + OMEGA-3 GUMMIES	1	QL 60 / 30 days
MULTI-MAC	2	
<i>multi-vit/iron/fluoride</i>	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
MULTIVITAMIN GUMMIES WOMENS	1	QL 60 / 30 days
<i>multivitamin w/fluoride</i>	1	QL 30 / 30 days
<i>multivitamin/fluoride (multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 1 mg chew tab)</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>multivitamin/fluoride/iron</i>	1	
MVW ORANGE CHEWABLES	1	QL 60 / 30 days
<i>na ferric gluc cplx in sucrose</i>	1	
<i>nafrinse</i>	1	QL 30 / 30 days
<i>nat-rul iron</i>	1	
NATAL PNV	2	
NEONATAL + DHA	2	
NEPHRON FA	2	
NESTABS DHA	2	
NIFEREX	2	
NOVAFERRUM YAY	2	
NUFERA	2	
ONE A DAY PRENATAL 27-0.8-200 MG CAP	2	
ONE A DAY PRENATAL ADVANCED	2	
<i>one vite ferrous sulfat</i>	1	QL 15 / 1 day(s)
ONE-A-DAY WOMENS VITACRAVES	1	QL 60 / 30 days
<i>oral electrolyte freezer pops</i>	1	QL 1014 / 1 days
<i>oral electrolytes</i>	1	QL 1014 / 1 days
<i>oralyte</i>	1	QL 1014 / 1 days
<i>oralyte freezer pops</i>	1	QL 1014 / 1 days
P2I PRENATAL WITH CHOLINE	2	
<i>pc pediatric iron drops</i>	1	
<i>ped electrolyte freeze pops</i>	1	QL 1014 / 1 days
<i>ped electrolyte freezer pops</i>	1	QL 1014 / 1 days
<i>pedia vance</i>	1	QL 1014 / 1 days
<i>pedialyte solution</i>	1	QL 1014 / 1 days
<i>pedialyte advanced care</i>	1	QL 1014 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pedialyte freezer pops</i>	1	QL 1014 / 1 days
<i>pedialyte immune support</i>	1	QL 1014 / 1 days
<i>pedialyte singles</i>	1	QL 1014 / 1 days
<i>pediatric electrolyte solution</i>	1	QL 1014 / 1 days
PNV PRENATAL PLUS MULTIVIT+DHA	2	
PNV TABS 20-1	2	
POLY-IRON 150 FORTE	2	
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i>	1	QL 1800 / 30 day(s)
<i>potassium chloride 20 meq packet</i>	1	QL 150 / 30 days
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	QL 150 / 30 days
<i>potassium chloride er (potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	1	QL 150 / 30 days
<i>potassium chloride er 8 meq cap er</i>	1	
<i>potassium citrate er (potassium citrate er 5 meq (540 mg) tab er, potassium citrate er 10 meq (1080 mg) tab er)</i>	1	QL 300 / 30 days
<i>potassium citrate er 15 meq (1620 mg) tab er</i>	1	
PREGEN DHA	2	
PRENATAL (PRENATAL 27-0.8 MG TAB, PRENATAL 28-0.8 MG TAB)	2	
PRENATAL (W/IRON & FA)	2	
PRENATAL 19 CHEW TAB	2	
PRENATAL ESSENTIALS	2	
PRENATAL MULTI +DHA 27-0.8-228 MG CAP	2	
PRENATAL-U	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATAL/FOLIC ACID+DHA	2	
PUREVIT DUALFE PLUS	2	
<i>px iron 200 (65 fe) mg tab</i>	1	
<i>qc ferrous sulfat</i>	1	
<i>ra iron 325 (65 fe) mg tab</i>	1	
<i>ra pediatric electrolyte</i>	1	QL 1014 / 1 days
<i>ra slow release iron</i>	1	
<i>rehydralyte</i>	1	QL 1014 / 1 days
<i>sb pediatric electrolyte</i>	1	QL 1014 / 1 days
SE-TAN PLUS	2	
SELECT-OB+DHA	2	
<i>slow release iron 45 mg tab er</i>	1	
<i>sm iron</i>	1	
<i>sm pediatric electrolyte</i>	1	QL 1014 / 1 days
<i>sodium fluoride (sodium fluoride 0.5 mg/ml solution, sodium fluoride 1.1 (0.5 f) mg/ml solution)</i>	1	QL 50 / 30 days
<i>sodium fluoride 0.55 (0.25 f) mg chew tab</i>	1	QL 4 / 1 days
<i>sodium fluoride 1.1 (0.5 f) mg chew tab</i>	1	QL 60 / 30 days
<i>sodium fluoride 2.2 (1 f) mg chew tab</i>	1	QL 30 / 30 days
<i>sv iron</i>	1	
TANDEM	1	
TANDEM PLUS	2	
TARON FORTE	2	
THERA-VITE MAX-M	1	QL 30 / 30 day(s)
<i>tl-hem 150</i>	2	
TRICON	2	
TRIGELS-F FORTE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>truelyte</i>	1	QL 1014 / 1 days
TULIVITE	2	
ULTRA PRENATAL VIT/MIN + DHA	2	
VENOFER	1	
VINATE DHA RF	2	
VITABEX IRON	2	
<i>vitafol</i>	2	
VITAFOL FE+	2	
VITAFOL-OB+DHA	2	
VITAFUSION MULTI WOMENS	1	QL 60 / 30 days
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAPEARL	2	
<i>vitron-c</i>	2	
VP-PNV-DHA	1	
WESNATAL DHA COMPLETE	1	
WOMENS MULTIVITAMIN + COLLAGEN	1	QL 60 / 30 days
WOMENS MULTIVITAMIN GUMMIES	1	QL 60 / 30 days
YUM-VS COMPLETE MULTIVITAMIN	1	QL 60 / 30 days
ZATEAN-PN DHA	2	
ZATEAN-PN PLUS	2	
ZIPHEX	2	
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
CHEMET	1	
<i>deferasirox</i>	1	PA
<i>deferasirox granules</i>	1	PA
<i>deferiprone</i>	2	
EXJADE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FERRIPROX (FERRIPROX 100 MG/ML SOLUTION, FERRIPROX 500 MG TAB, FERRIPROX 1000 MG TAB)	2	
FERRIPROX TWICE-A-DAY	2	
JADENU	2	
JADENU SPRINKLE	2	
<b>PHOSPHATE BINDERS</b>		
AURYXIA	2	
<i>calcium acetate (phos binder)</i>	1	QL 360 / 30 days
<i>calcium acetate 667 mg tab</i>	1	QL 360 / 30 days
<i>calphron</i>	1	QL 360 / 30 days
<i>ferric citrate</i>	2	
FOSRENOL	2	
<i>lanthanum carbonate</i>	2	
PHOSLYRA	1	
RENAGEL	2	QL 480 / 30 days
REVELA (REVELA 0.8 GM PACKET, REVELA 2.4 GM PACKET)	2	
REVELA 800 MG TAB	2	QL 510 / 30 days
<i>sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)</i>	2	
<i>sevelamer carbonate 800 mg tab</i>	1	QL 510 / 30 days
<i>sevelamer hcl</i>	2	
VELPHORO	2	
<b>POTASSIUM BINDERS</b>		
<i>kionex</i>	1	QL 240 / 1 days
LOKELMA 10 GM PACKET (NDCS 00310-1110-30, 00310-1110-39 ONLY)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOKELMA 5 GM PACKET (NDCS 00310-1105-30, 00310-1105-39 ONLY)	1	PA
<i>sodium polystyrene sulfonate powder</i>	1	QL 1800 / 30 day(s)
<i>sps (sodium polystyrene sulf)</i>	1	QL 240 / 1 days
VELTASSA (VELTASSA 1 GM PACKET, VELTASSA 16.8 GM PACKET)	1	PA
VELTASSA 25.2 GM PACKET	2	PA
VELTASSA 8.4 GM PACKET (NDCS 53436-0084-30, 53436-0084-01 ONLY)	1	PA
VITAMINS		
A THRU Z ADVANCED	1	QL 30 / 30 days
A THRU Z ADVANCED ADULT	1	QL 30 / 30 days
A THRU Z HIGH POTENCY	1	QL 30 / 30 days
A THRU Z SELECT CHEW TAB	1	QL 60 / 30 days
A THRU Z SELECT TAB	1	QL 30 / 30 days
A THRU Z SELECT 50+ ADVANCED	1	QL 30 / 30 days
A THRU Z SELECT 50+ MENS	1	QL 30 / 30 days
A THRU Z SELECT ADVANCED	1	QL 30 / 30 days
A THRU Z SELECT ULTIMATE WOMEN	1	QL 30 / 30 days
A THRU Z ULTIMATE MENS	1	QL 30 / 30 days
<i>actiflovit ear health</i>	1	
ACTIVITE	1	
ADEK GUMMIES PLUS ZN	1	QL 60 / 30 days
ADULT ONE DAILY GUMMIES	1	QL 60 / 30 days
ADVANCED MULTI EA	1	QL 60 / 30 days
<i>airborne chew tab</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AIRBORNE GUMMIES	1	QL 60 / 30 days
AIRBORNE KIDS	1	QL 60 / 30 days
AIRBORNE+GOOD REST CHEW TAB	1	QL 60 / 30 days
AIRBORNE+PROBIOTIC	1	QL 60 / 30 days
ALIVE GUMMIES FOR CHILDREN	1	
ALIVE HAIR, SKIN & NAILS CHEW TAB	1	QL 60 / 30 days
ALIVE MULTI-VITAMIN CHEW TAB	1	QL 60 / 30 days
ALIVE MULTI-VITAMIN CHILDRENS	1	
ALIVE PRENATAL	2	
ALIVE WOMENS 50+	1	QL 60 / 30 days
ALIVE WOMENS 50+ GUMMY	1	QL 60 / 30 days
ALIVE WOMENS GUMMY	1	QL 60 / 30 days
ALTRIXA OB	2	
ANTI-OXIDANT	1	QL 30 / 30 days
ANTIOXIDANT A/C/E/SELENIUM	1	QL 30 / 30 days
<i>antioxidant protection formula</i>	1	QL 30 / 30 days
ANTIOXIDANT VITAMINS	1	QL 30 / 30 days
b complex	1	
b complex (folic acid)	1	
b complex (lipotropics)	1	
b complex formula 1 (lipotrop)	1	
b complex formula 1 (w/ fa)	1	
b complex vitamins	1	
b complex-b12	1	
b-12 1000 mcg tab er	1	
b-12 slow release	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
b-12 tr 1000 mcg tab er	1	
b-complex (folic acid)	1	
b-complex plus b-12	1	
b-complex/b-12 tab	1	
b-complex/electrolytes	1	
B-PLEX PLUS	1	QL 30 / 30 days
<i>balance b-100</i>	1	
<i>balanced b-50 complex tab</i>	1	
BARIATRIC FUSION	1	QL 60 / 30 days
<i>big 100</i>	1	
BIOCEL	1	QL 30 / 30 days
C-NATE DHA	2	
<i>caffeine citrate 60 mg/3ml solution</i>	1	
CELEBRATE MULTI-COMPLETE 18 CHEW TAB	1	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 36 CHEW TAB	1	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 45 CHEW TAB	1	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 60 CHEW TAB	1	QL 60 / 30 days
CENTAVITE A-Z COMPLETE-MINERAL	1	QL 30 / 30 days
CENTRAVITES	1	QL 30 / 30 days
CENTRAVITES 50 PLUS	1	QL 30 / 30 days
CENTRUM FLAVOR BURST	1	QL 60 / 30 days
CENTRUM FLAVOR BURST ADULT	1	QL 60 / 30 days
CENTRUM FRESH/FRUITY 50+	1	QL 60 / 30 days
CENTRUM FRESH/FRUITY ADULT	1	QL 60 / 30 days
CENTRUM MULTI + OMEGA 3	1	QL 60 / 30 days
CENTRUM SILVER CHEW TAB	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTRUM VITAMINTS	1	QL 60 / 30 days
CENTURY	1	QL 30 / 30 days
CENTURY MATURE	1	QL 30 / 30 days
CEROVITE JR	1	
CEROVITE SENIOR	1	QL 30 / 30 days
<i>certa plus</i>	1	QL 30 / 30 days
CERTAVITE/ANTIOXIDANTS	1	QL 30 / 30 days
CHILDRENS ANIMAL SHAPES	1	
CHILDRENS GUMMIES	1	
CHOICEFUL MULTIVITAMIN CHEW TAB	1	QL 60 / 30 days
CITRANATAL 90 DHA	2	
CITRANATAL B-CALM	2	
CITRANATAL BLOOM	2	
CITRANATAL HARMONY	2	
COMPANION	1	QL 30 / 30 days
COMPETE	1	QL 30 / 30 days
COMPLETENATE	2	
CONCEPT DHA	2	
CONCEPT OB	2	
CVS AIRSHIELD	1	QL 60 / 30 days
CVS AIRSHIELD IMMUNITY SUPPORT	1	QL 60 / 30 days
<i>cvS balanced b50</i>	1	
CVS CHEWABLE CHILDRENS VITAMIN	1	
CVS CHILDRENS COMPLETE	1	
CVS DAILY GUMMIES	1	QL 60 / 30 days
CVS DAILY GUMMIES ADULT	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS DAILY MULTIPLE FOR MEN	1	QL 30 / 30 days
CVS DAILY MULTIPLE WOMEN 50+	1	QL 30 / 30 days
CVS EYE HEALTH & LUTEIN	1	QL 30 / 30 days
CVS GUMMY DINOS	1	
CVS GUMMY MULTIVITAMIN KIDS	1	
<i>cv's inner ear plus</i>	1	
CVS MENS DAILY GUMMIES	1	QL 60 / 30 days
CVS ONE DAILY ESSENTIAL	1	QL 30 / 30 days
CVS ONE DAILY MENS FORMULA	1	QL 30 / 30 days
CVS ONE DAILY WOMENS FORMULA	1	QL 30 / 30 days
CVS PRENATAL GUMMY 0.18-25 MG CHEW TAB	2	
CVS SPECTRAVITE ADULT 50+ CHEW TAB	1	QL 60 / 30 days
CVS SPECTRAVITE ADVANCED	1	QL 30 / 30 days
CVS SPECTRAVITE MEN	1	QL 30 / 30 days
CVS SPECTRAVITE MEN 50+	1	QL 30 / 30 days
CVS SPECTRAVITE SENIOR	1	QL 30 / 30 days
CVS SPECTRAVITE ULTRA MENS	1	QL 30 / 30 days
CVS SPECTRAVITE WOMEN CHEW TAB	1	QL 60 / 30 days
CVS SPECTRAVITE WOMEN TAB	1	QL 30 / 30 days
CVS SPECTRAVITE WOMEN 50+	1	QL 30 / 30 days
CVS SPECTRAVITE WOMENS SENIOR	1	QL 30 / 30 days
<i>cv's vitamin b12 1000 mcg tab er</i>	1	
CVS WOMENS ACTIVE DAILY	1	QL 30 / 30 days
CVS WOMENS DAILY GUMMIES	1	QL 60 / 30 days
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DAILY BETIC	1	QL 30 / 30 days
DAILY COMBO MULTI VITAMINS	1	QL 30 / 30 days
<i>daily mens health formula</i>	1	QL 30 / 30 days
<i>daily multiple vitamins</i>	1	QL 30 / 30 days
DAILY MULTIPLE VITAMINS/MIN	1	QL 30 / 30 days
DAILY VALUE MULTIVITAMIN	1	QL 30 / 30 days
<i>daily vitamin</i>	1	QL 30 / 30 days
<i>daily vitamin formula+minerals</i>	1	QL 30 / 30 days
DAILY VITAMINS	1	QL 30 / 30 days
DAILY VITE	1	QL 30 / 30 days
DAILY VITES	1	QL 30 / 30 days
<i>daily womens health formula</i>	1	QL 30 / 30 days
<i>daily-vitamin</i>	1	QL 30 / 30 days
<i>daily-vitamin maximum formula</i>	1	QL 30 / 30 days
DAILY-VITE	1	QL 30 / 30 days
DAILY-VITE MULTIVITAMIN	1	QL 30 / 30 days
DEKAS BARIATRIC	1	QL 60 / 30 days
DEKAS PLUS CHEW TAB	1	QL 60 / 30 days
DERMACINRX PRETRATE	2	
DERMACINRX RIBOTIN-E	2	
DERMACINRX ZINTREXYL-C	2	
DIABETES HEALTH FORMULA	1	QL 30 / 30 days
DIALYVITE	1	
DIALYVITE 800/ULTRA D	1	QL 30 / 30 days
<i>dodex</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ear health formula</i>	1	
<i>ear health plus</i>	1	
<i>elite-ob</i>	2	
EMBRIVA	2	
EMERGEN-C IMMUNE PLUS/VIT D	1	QL 60 / 30 days
EMERGEN-C VITAMIN C CHEW TAB	1	QL 60 / 30 days
ENBRACE HR	2	
EQ COMPLETE MULTIVIT ADULT 50+	1	QL 30 / 30 days
EQ COMPLETE MULTIVITAMIN CHILD	1	
EQ MULTIVITAMIN GUMMIES	1	
EQ MULTIVITAMINS ADULT GUMMY	1	QL 60 / 30 days
EQ MULTIVITAMINS GUMMY CHILD	1	
EQ ONE DAILY WOMENS HEALTH	1	QL 30 / 30 days
EQL CENTURY	1	QL 30 / 30 days
EQL CENTURY MATURE	1	QL 30 / 30 days
EQL CENTURY MATURE MEN 50+	1	QL 30 / 30 days
EQL CENTURY MATURE WOMEN 50+	1	QL 30 / 30 days
EQL CHILD MULTIVIT/MINERALS	1	
EQL GUMMIES CHILDRENS	1	
EQL ONE DAILY ADULT GUMMIES	1	QL 60 / 30 days
EQL ONE DAILY MENS 50+ ADVANCE	1	QL 30 / 30 days
EQL ONE DAILY MENS HEALTH	1	QL 30 / 30 days
EQL ONE DAILY WOMENS 50+ ADV	1	QL 30 / 30 days
EQL VISION FORMULA	1	QL 30 / 30 days
<i>eql vitamin b-12 tr</i>	1	
ESSENTIA	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESSENTIAL BALANCE	1	QL 30 / 30 days
EYE-VITES	1	QL 30 / 30 days
<i>eyeprotect</i>	1	QL 30 / 30 days
<i>fa-vitamin b-6-vitamin b-12</i>	1	
<i>fabb</i>	2	
<i>flavovit ear health</i>	1	
<i>flintstones complete (flintstones complete chew tab, flintstones complete 18 mg chew tab)</i>	1	
<i>flintstones gummies bone build</i>	1	
FLINTSTONES PLUS EXTRA IRON	1	
<i>flintstones w/iron</i>	1	
<i>folbic</i>	1	
<i>folic acid 1 mg tab</i>	1	QL 4 / 1 days
FOLIFLEX	2	
<i>folika-bc</i>	1	
FOLITIN-Z	2	
FOLIVANE-OB	2	
FOLPLEX 2.2	1	
<i>ft vitamin b-12 pr</i>	1	
<i>genicin vita-s</i>	1	
GERIVITE COMPLETE	1	QL 30 / 30 days
GESTYRA	2	
GNP CENTURY MATURE WOMEN'S 50+	1	QL 30 / 30 days
GNP ESSENTIAL ONE DAILY	1	QL 30 / 30 days
GNP HAIR/SKIN/NAILS	1	QL 30 / 30 days
GNP MEGA MULTI FOR WOMEN	1	QL 30 / 30 days
GNP ONE DAILY MENS HEALTH 50+	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP ONE DAILY MENS/LYCOPENE	1	QL 30 / 30 days
GNP ONE DAILY WOMENS	1	QL 30 / 30 days
GNP ONE DAILY WOMENS 50+	1	QL 30 / 30 days
GNP THERAPEUTIC-M	1	QL 30 / 30 days
<i>gnp vitamin b-12 1000 mcg tab er</i>	1	
GOOD START PRENATAL NOURISH	2	
GUMMI BEAR MULTIVITAMIN/MIN	1	
<i>hair formula extra strength</i>	1	QL 30 / 30 days
HAIR SKIN AND NAILS FORMULA	1	QL 30 / 30 days
HAIR/SKIN/NAILS TAB	1	QL 30 / 30 days
HEALTHY EYES	1	QL 30 / 30 days
HEALTHY HAIR/SKIN/NAILS	1	QL 30 / 30 days
<i>healthy kids overall health</i>	1	
HI-KOVITE 2-PART FORMULA	1	QL 30 / 30 days
<i>hi-potency multi-vitamin</i>	1	QL 30 / 30 days
<i>hm complete women</i>	1	QL 30 / 30 days
<i>hm womens 50+ advanced daily</i>	1	QL 30 / 30 days
I-VITE	1	QL 30 / 30 days
ICAPS MV	1	QL 30 / 30 days
IMMUNE SUPPORT	1	QL 60 / 30 days
<i>kobee</i>	1	
KP ADULTS 50+ DAILY FORMULA	1	QL 30 / 30 days
KP ADULTS DAILY FORMULA	1	QL 30 / 30 days
<i>kp folic acid 1 mg tab</i>	1	QL 4 / 1 days
KP MENS 50+ DAILY FORMULA	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KP MENS DAILY FORMULA	1	QL 30 / 30 days
KP VISION FORMULA	1	QL 30 / 30 days
KP VISION FORMULA/LUTEIN	1	QL 30 / 30 days
KP WOMENS 50+ DAILY FORMULA	1	QL 30 / 30 days
KP WOMENS DAILY FORMULA	1	QL 30 / 30 days
<i>levocarnitine 1 gm/10ml solution</i>	1	
<i>levocarnitine sf</i>	1	
<i>lipo flavonoid advanced balanc</i>	1	
<i>lipo flavonoid plus</i>	1	
<i>lipoflavovit</i>	1	
<i>lipotriad</i>	1	
LYSIPLEX PLUS TAB	1	QL 30 / 30 days
M-NATAL PLUS	1	QL 30 / 30 days
MACUVITE	1	QL 30 / 30 days
MACUVITE EYE CARE	1	QL 30 / 30 days
<i>macuvite/lutein</i>	1	QL 30 / 30 days
MATERNACEL	2	
MATERVIA	2	
MATRONEX	2	QL 30 / 30 days
MAXIMUM DAILY GREEN	1	QL 30 / 30 days
<i>mega multiple/chelated mineral</i>	1	
MEIJER ADVANCED FORMULA	1	QL 30 / 30 days
MENS LIFE PACK	1	QL 30 / 30 days
MENS MULTIVITAMIN CHEW TAB	1	QL 60 / 30 days
MI-VITE RX	1	
<i>milltrium advanced formula</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>miltrium cardio</i>	1	QL 30 / 30 days
<i>miltrium senior</i>	1	QL 30 / 30 days
MULTI + OMEGA-3 ADULT GUMMIES	1	QL 60 / 30 days
MULTI ADULT GUMMIES	1	QL 60 / 30 days
MULTI COMPLETE/IRON	1	QL 30 / 30 days
MULTI FOR HER TAB	1	QL 30 / 30 days
MULTI FOR HER 50+ TAB	1	QL 30 / 30 days
MULTI FOR HIM TAB	1	QL 30 / 30 days
MULTI FOR HIM 50+	1	QL 30 / 30 days
MULTI VITAMIN	1	QL 30 / 30 days
<i>multi vitamin daily</i>	1	QL 30 / 30 days
MULTI VITAMIN/MINERALS	1	QL 30 / 30 days
<i>multi-lean</i>	1	QL 30 / 30 days
MULTI-VITAMIN	1	QL 30 / 30 days
<i>multi-vitamin daily</i>	1	QL 30 / 30 days
MULTI-VITAMIN GUMMIES	1	QL 60 / 30 days
<i>multi-vitamin menopausal</i>	1	QL 30 / 30 days
MULTI-VITAMIN/MINERALS	1	QL 30 / 30 days
MULTIPLE VIT/MINERALS/NO IRON	1	QL 30 / 30 days
MULTIPLE VITAMIN-FOLIC ACID	1	QL 30 / 30 days
MULTIPLE VITAMINS	1	QL 30 / 30 days
MULTIPLE VITAMINS ESSENTIAL	1	QL 30 / 30 days
MULTIPLE VITAMINS/WOMENS	1	QL 30 / 30 days
MULTIVIT-MIN GUMMIES CHILDRENS	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MULTIVITAMIN ADULT	1	QL 30 / 30 days
MULTIVITAMIN ADULTS	1	QL 30 / 30 days
MULTIVITAMIN ADULTS 50+	1	QL 30 / 30 days
MULTIVITAMIN GUMMIES ADULT	1	QL 60 / 30 days
MULTIVITAMIN GUMMIES MENS	1	QL 60 / 30 days
MULTIVITAMIN IRON-FREE	1	QL 30 / 30 days
MULTIVITAMIN MEN 50+	1	QL 30 / 30 days
MULTIVITAMIN WOMEN	1	QL 30 / 30 days
MULTIVITAMIN WOMEN 50+	1	QL 30 / 30 days
MULTIVITAMIN WOMENS 50+ ADV	1	QL 30 / 30 days
MVW COMPLETE FORMULATION CHEW TAB	1	
MVW COMPLETE FORMULATION SOLUTION	1	QL 60 / 30 days
MVW COMPLETE FORMULATION D3000 CHEW TAB	1	
MVW COMPLETE FORMULATION D5000 CHEW TAB	1	
MYAMULTI	1	QL 30 / 30 days
MYNEPHRON	1	QL 30 / 30 days
<i>nat-rul b-50</i>	1	
NEO-VITAL RX	2	
NEOMATERNA	2	
NEONATAL COMPLETE 29-1 MG TAB	2	
NEONATAL FE	2	
NEONATAL PLUS	2	QL 30 / 30 days
<i>nephronex tab</i>	1	
NESTABS	2	
NESTABS ONE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>niva-fol</i>	1	
NIVA-PLUS	1	QL 30 / 30 days
NUTRIFAC ZX	1	QL 30 / 30 days
OB COMPLETE	2	
OB COMPLETE ONE	2	
OB COMPLETE PETITE	2	
OB COMPLETE PREMIER	2	
OB COMPLETE/DHA	2	
OCUTABS	1	QL 30 / 30 days
OCUTABS-LUTEIN	1	QL 30 / 30 days
OCUVITE EXTRA	1	QL 30 / 30 days
OCUVITE EYE + MULTI	1	QL 30 / 30 days
OCUVITE EYE HEALTH GUMMIES	1	QL 60 / 30 days
OCUVITE-LUTEIN TAB	1	QL 30 / 30 days
ONCE DAILY	1	QL 30 / 30 days
ONE A DAY IMMUNITY DEFENSE	1	QL 60 / 30 days
ONE A DAY MENS VITACRAVES	1	QL 60 / 30 days
ONE A DAY PRENATAL 0.4-25 MG CHEW TAB	2	
ONE A DAY WOMEN 50 PLUS CHEW TAB	1	QL 60 / 30 days
ONE DAILY	1	QL 30 / 30 days
ONE DAILY 50 PLUS	1	QL 30 / 30 days
ONE DAILY CALCIUM/IRON	1	QL 30 / 30 days
ONE DAILY COMPLETE	1	QL 30 / 30 days
ONE DAILY COMPLETE FOR MEN	1	QL 30 / 30 days
ONE DAILY ESSENTIAL	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONE DAILY FOR MEN 50+ ADVANCED	1	QL 30 / 30 days
ONE DAILY FOR MEN/LYCOPENE	1	QL 30 / 30 days
ONE DAILY FOR WOMEN	1	QL 30 / 30 days
ONE DAILY FOR WOMEN 50+ ADV	1	QL 30 / 30 days
ONE DAILY HEALTHY WEIGHT	1	QL 30 / 30 days
ONE DAILY HEALTHY WEIGHT ADV	1	QL 30 / 30 days
ONE DAILY MAXIMUM	1	QL 30 / 30 days
ONE DAILY MENS	1	QL 30 / 30 days
ONE DAILY MENS 50+ MULTIVIT	1	QL 30 / 30 days
ONE DAILY MENS 50+/LYCOPENE	1	QL 30 / 30 days
ONE DAILY MENS HEALTH	1	QL 30 / 30 days
ONE DAILY MULTIVIT/IRON-FREE	1	QL 30 / 30 days
ONE DAILY MULTIVITAMIN ADULT	1	QL 30 / 30 days
ONE DAILY MULTIVITAMIN MEN	1	QL 30 / 30 days
ONE DAILY MULTIVITAMIN WOMEN	1	QL 30 / 30 days
ONE DAILY WOMENS	1	QL 30 / 30 days
ONE DAILY WOMENS 50 PLUS	1	QL 30 / 30 days
ONE DAILY WOMENS 50+	1	QL 30 / 30 days
ONE DAILY/MINERALS	1	QL 30 / 30 days
ONE-A-DAY FOR HER VITACRAVES	1	QL 60 / 30 days
ONE-A-DAY FOR HIM VITACRAVES	1	QL 60 / 30 days
ONE-A-DAY MENS VITACRAVES	1	QL 60 / 30 days
<i>one-a-day teen advantage/her</i>	1	QL 30 / 30 days
ONE-A-DAY VITACRAVES	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONE-A-DAY VITACRAVES ADULT	1	QL 60 / 30 days
ONE-A-DAY VITACRAVES IMMUNITY	1	QL 60 / 30 days
ONE-A-DAY VITACRAVES SOUR	1	QL 60 / 30 days
ONE-DAILY MULTI VITAMINS	1	QL 30 / 30 days
ONE-DAILY MULTI-VIT/MINERAL	1	QL 30 / 30 days
ONE-DAILY MULTI-VITAMIN	1	QL 30 / 30 days
ONENATAL RX	2	
OPTIC-VITES	1	QL 30 / 30 days
OPTIC-VITES WITH LUTEIN	1	QL 30 / 30 days
OPTIFAST POST BARIATRIC	1	QL 60 / 30 days
OPTIMUM AIRVITES	1	QL 60 / 30 days
OPTIMUM PMS	1	QL 30 / 30 days
OPTISOURCE POST BARIATRIC SURG	1	QL 60 / 30 days
OPURITY BYPASS OPTIMIZED	1	QL 60 / 30 days
OSTEOPRIME ULTRA	1	QL 30 / 30 days
<i>pnv-dha</i>	2	
PNV-DHA+DOCUSATE	2	
PNV-OMEGA	2	
<i>pnv-select</i>	2	
POLY-VI-SOL	1	
PRENAISSANCE	2	
PRENAISSANCE PLUS	2	
PRENATAL 27-1 MG TAB	1	QL 30 / 30 days
PRENATAL PLUS VITAMIN/MINERAL	1	QL 30 / 30 days
PRENATAL VITAMIN PLUS LOW IRON	1	QL 30 / 30 days
PRENATE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATE AM	2	
PRENATE DHA	2	
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE ESSENTIAL	2	
PRENATE MINI	2	
PRENATE PIXIE	2	
PRENATE RESTORE	2	
PRENATRIX	2	QL 30 / 30 days
PRENATRYL	2	QL 30 / 30 days
PREPLUS	1	QL 30 / 30 days
PRESERVISION AREDS 2 CHEW TAB	1	QL 60 / 30 days
PRIMACARE	2	
PROSIGHT	1	QL 30 / 30 days
PROVIDA OB	2	
<i>px advanced formula multivits</i>	1	QL 30 / 30 days
<i>px b-50</i>	1	
<i>px childrens vitamin</i>	1	
<i>px complete senior multivits</i>	1	QL 30 / 30 days
<i>px mens multivitamins</i>	1	QL 30 / 30 days
QC CHILDRENS COMPLETE	1	
QC DAILY MULTIVIT/MULTIMINERAL	1	QL 30 / 30 days
QC ESSENTIALS	1	QL 30 / 30 days
QC HAIR SKIN & NAILS	1	QL 30 / 30 days
QC MENS DAILY MULTIVITAMIN	1	QL 30 / 30 days
QC MULTI-VITE	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QC MULTI-VITE 50 & OVER	1	QL 30 / 30 days
QC THERIN-M	1	QL 30 / 30 days
<i>qc vitamin b12 1000 mcg tab er</i>	1	
QC WOMENS DAILY MULTIVITAMIN	1	QL 30 / 30 days
QUINTABS-M	1	QL 30 / 30 days
<i>ra b-complex</i>	1	
<i>ra b-complex with b-12</i>	1	
<i>ra central-vite mens mature</i>	1	QL 30 / 30 days
<i>ra central-vite womens mature</i>	1	QL 30 / 30 days
<i>ra one daily maximum</i>	1	QL 30 / 30 days
<i>ra one daily mens 50+ w/vit d3</i>	1	QL 30 / 30 days
<i>ra one daily mens multi</i>	1	QL 30 / 30 days
<i>ra one daily mens/vit d-3</i>	1	QL 30 / 30 days
<i>ra vitamin b-12 tr</i>	1	
<i>ra vitamins complete childrens</i>	1	
<i>rena-vite rx</i>	1	
RENAL	1	QL 30 / 30 days
RENAPLEX	1	QL 30 / 30 days
RENO CAPS	1	QL 30 / 30 days
<i>risanoid plus</i>	1	
SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB)	1	
SELECT-OB (SELECT-OB 29-0.6-0.4 MG CHEW TAB, SELECT-OB 29-1 MG CHEW TAB)	2	
SENIOR TABS	1	QL 30 / 30 days
SENTRY	1	QL 30 / 30 days
SENTRY SENIOR	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm animal shapes complete</i>	1	
<i>sm antioxidant vitamins</i>	1	QL 30 / 30 days
<i>sm balanced b-100</i>	1	
<i>sm balanced b-50</i>	1	
<i>sm complete</i>	1	QL 30 / 30 days
<i>sm complete 50+</i>	1	QL 30 / 30 days
<i>sm complete 50+ ultimate mens</i>	1	QL 30 / 30 days
<i>sm complete 50+ ultimate women</i>	1	QL 30 / 30 days
<i>sm complete advanced formula</i>	1	QL 30 / 30 days
<i>sm complete senior formula</i>	1	QL 30 / 30 days
<i>sm daily diet support</i>	1	QL 30 / 30 days
<i>sm hair/skin/nails</i>	1	QL 30 / 30 days
<i>sm multiple vitamins essential</i>	1	QL 30 / 30 days
<i>sm opti-vitamins</i>	1	QL 30 / 30 days
<i>sm vitamin b12 tr 1000 mcg tab er</i>	1	
SMARTY PANTS KIDS COMPLETE	1	
SPONGEBOB SQUAREPANTS GUMMIES	1	
STRESS B COMPLEX/ANTIOXID/ZINC	1	QL 30 / 30 days
<i>stress formula</i>	1	QL 30 / 30 days
<i>stress formula/zinc</i>	1	QL 30 / 30 days
STRESSTABS ADVANCED	1	QL 30 / 30 days
STRESSTABS ENERGY	1	QL 30 / 30 days
SUPER AYTINAL	1	QL 30 / 30 days
SUPER AYTINAL 50 PLUS	1	QL 30 / 30 days
<i>super multiple</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>super nu-thera tab</i>	1	QL 30 / 30 days
SUPER THERA VITE M	1	QL 30 / 30 days
SUPER VITA-MINS	1	QL 30 / 30 days
<i>sv vitamin b-12 er</i>	1	
SYSTANE ICAPS AREDS2 CHEW TAB	1	QL 60 / 30 days
TAB-A-VITE	1	QL 30 / 30 days
TAB-A-VITE/BETA CAROTENE	1	QL 30 / 30 days
TARON-C DHA	2	
THERA VITAL M	1	QL 30 / 30 days
THERA VITAL-M	1	QL 30 / 30 days
<i>thera-m</i>	1	QL 30 / 30 days
<i>thera-mill</i>	1	QL 30 / 30 days
<i>thera-mill m</i>	1	QL 30 / 30 days
THERA-TABS	1	QL 30 / 30 days
THERABASIC-M	1	QL 30 / 30 days
<i>theradex m</i>	1	QL 30 / 30 days
<i>theradex m/beta carotene</i>	1	QL 30 / 30 days
THERAPEUTIC FORMULA/HEMATINICS	1	QL 30 / 30 days
THERAPEUTIC-M	1	QL 30 / 30 days
THERATRUM COMPLETE	1	QL 30 / 30 days
THERATRUM COMPLETE 50 PLUS	1	QL 30 / 30 days
THRIVE FOR LIFE WOMENS	1	QL 30 / 30 days
THRIVITE 19	2	
THRIVITE RX	1	QL 30 / 30 days
<i>tinnitus relief</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TM-VITE RX	1	
TRI-VI-SOL A/C/D	1	
TRICARE	2	QL 30 / 30 days
TRINATAL RX 1	1	QL 30 / 30 days
TRIPHROCAPS	1	QL 30 / 30 days
TRISTART DHA	2	
TRONVITE	1	
TRUE DAILY VITE	1	QL 30 / 30 days
<i>true folic acid 1 mg tab</i>	1	QL 4 / 1 days
<i>ultra b-100 complex</i>	1	
ULTRA CHOICE MULTIVITAMIN KIDS	1	
ULTRA FREEDA	1	QL 30 / 30 days
ULTRA FREEDA/IRON	1	QL 30 / 30 days
ULTRACHOICE ADV FORMULA MATURE	1	QL 30 / 30 days
ULTRACHOICE ADVANCED FORMULA	1	QL 30 / 30 days
VENEXA FE	2	
VENTRIXYL FE	2	
VIRT-C DHA	1	
<i>virt-caps</i>	1	QL 30 / 30 days
<i>virt-gard</i>	1	
VIRT-NATE DHA	2	
VIRT-PN DHA	2	
VISION FORMULA/LUTEIN	1	QL 30 / 30 days
VISION VITAMINS	1	QL 30 / 30 days
<i>visivites</i>	1	QL 30 / 30 days
<i>visivites/lutein</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIT E-VIT C-BETA CAROTENE	1	QL 30 / 30 days
VITA HAIR	1	QL 30 / 30 days
VITA S FORTE	1	QL 30 / 30 days
VITABASIC COMPLETE	1	QL 30 / 30 days
VITABASIC SENIOR	1	QL 30 / 30 days
VITACEL	1	QL 30 / 30 days
VITACHEW ADULT MULTI VITAMIN	1	QL 60 / 30 days
VITACHEW MULTIPLE VITAMIN	1	
VITAFOL GUMMIES	2	
VITAFOL ULTRA	2	
VITAFOL-OB	2	
VITAFOL-ONE	2	
VITAFUSION PRENATAL	2	
VITALARA	2	
VITALEE	1	QL 30 / 30 days
VITAMIN A-C-D INFANT	1	
VITAMIN A/C/D/ INFANT/TODDLER	1	
<i>vitamin b complex</i>	1	
<i>vitamin b complex w/b-12</i>	1	
<i>vitamin b-12 er 1000 mcg tab er</i>	1	
<i>vitamin b-complex</i>	1	
<i>vitamin b1 100 mg tab</i>	1	
<i>vitamin b12 1000 mcg tab er</i>	1	
<i>vitamin-b complex</i>	1	
VITAMINS A-D-E/SELENIUM	1	QL 30 / 30 days
VITASURE	1	
<i>vitatum chew tab</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitatrum complete</i>	1	QL 30 / 30 days
VITRANOL FE	2	
VITREXATE FE	2	
VITREXYL + IRON	2	
<i>vitrum senior</i>	1	QL 30 / 30 days
<i>vp-vite rx</i>	1	
WAL-BORN VITAMIN C	1	QL 60 / 30 days
WESCAP-C DHA	2	
WESCAP-PN DHA	2	
WESCAPS	1	QL 30 / 30 days
WESNATE DHA	2	
<i>westab max</i>	1	
<i>westab mini</i>	2	
WESTAB PLUS	1	QL 30 / 30 days
WESTGEL DHA	2	
<i>womens daily form/fa/ca/fe</i>	1	QL 30 / 30 days
WOMENS DAILY FORMULA	1	QL 30 / 30 days
WOMENS LIFE PACK	1	QL 30 / 30 days
WOMENS MULTI GUMMIES	1	QL 60 / 30 days
WOMENS MULTIVITAMIN	1	QL 30 / 30 days
<i>xvite</i>	1	
YOUR LIFE MULTI ADULT GUMMIES	1	QL 60 / 30 days
YUMVS MULTI ZERO	1	QL 60 / 30 days
YUMVS ZERO DIABETIC MULTIVITAM	1	QL 60 / 30 days
ZOO FRIENDS MULTI GUMMIES	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
AMITIZA	2	QL 60 / 30 days PA
<i>avedana glycerin (adult)</i>	1	QL 12 / 22 days
<i>clearlax</i>	1	
<i>colace</i>	1	QL 4 / 1 days
<i>colace 2-in-1</i>	1	QL 4 / 1 days
<i>constulose</i>	1	QL 120 / 1 days
<i>cvts glycerin adult 2 gm suppos</i>	1	QL 12 / 22 days
<i>cvts mineral oil</i>	1	QL 45 / 1 days
<i>cvts natural daily fiber (cvts natural daily fiber 51.7 % powder, cvts natural daily fiber 58.6 % powder)</i>	1	
<i>cvts purelax 17 gm packet</i>	1	QL 60 / 30 days
<i>cvts senna plus</i>	1	QL 4 / 1 days
<i>cvts stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>cvts stool softener/laxative</i>	1	QL 4 / 1 days
<i>docusate sodium 100 mg cap</i>	1	QL 4 / 1 days
<i>docuzen</i>	1	QL 4 / 1 days
<i>dss 100 mg cap</i>	1	QL 4 / 1 days
<i>dulcolax 5 mg tab dr</i>	1	
<i>dulcolax pink laxative</i>	1	
<i>dulcolax pink stool softener</i>	1	QL 4 / 1 days
<i>dulcolax stool softener</i>	1	QL 4 / 1 days
<i>easy-lax</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>easy-lax plus</i>	1	QL 4 / 1 days
<i>enemeez mini</i>	1	
<i>enulose</i>	1	QL 120 / 1 days
<i>eq laxative</i>	1	QL 60 / 30 days
<i>eq mineral oil</i>	1	QL 45 / 1 days
<i>eq senna-s</i>	1	QL 4 / 1 days
<i>eq stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>eq stool softener/laxative</i>	1	QL 4 / 1 days
<i>eq fiber therapy 28.3 % powder</i>	1	
<i>eq natural fiber</i>	1	
<i>eq senna-s</i>	1	QL 4 / 1 days
<i>eq stool softener</i>	1	QL 4 / 1 days
<i>fiber 28.3 % powder</i>	1	
<i>fiber laxative</i>	1	
<i>fleet laxative mineral oil</i>	1	QL 45 / 1 days
<i>fleet oil</i>	1	
<i>fleet stimulant</i>	1	
<i>fleet stool softener</i>	1	QL 4 / 1 days
<i>freskaro magnesium citrate</i>	1	
<i>ft enema mineral oil</i>	1	
<i>ft mineral oil</i>	1	QL 45 / 1 days
<i>ft senna-s</i>	1	QL 4 / 1 days
<i>ft stool softener (ft stool softener 50-8.6 mg tab, ft stool softener 100 mg cap)</i>	1	QL 4 / 1 days
<i>gavilax</i>	1	
<i>generlac</i>	1	QL 120 / 1 days
<i>glycerin (adult) 2 gm suppos</i>	1	QL 12 / 22 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glycerin adult</i>	1	QL 12 / 22 days
<i>glycolax</i>	1	
<i>gnp clearlax 17 gm packet</i>	1	QL 60 / 30 days
<i>gnp clearlax 17 gm/scoop powder</i>	1	
<i>gnp gentle laxative 5 mg tab dr</i>	1	
<i>gnp mineral oil</i>	1	QL 45 / 1 days
<i>gnp natural fiber 28.3 % powder</i>	1	
<i>gnp senna plus</i>	1	QL 4 / 1 days
<i>gnp stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>gnp stool softener/laxative</i>	1	QL 4 / 1 days
<i>goodsense clearlax</i>	1	
<i>goodsense fiber laxative</i>	1	
<i>goodsense mineral oil</i>	1	QL 45 / 1 days
<i>goodsense stimulant lax plus</i>	1	QL 4 / 1 days
<i>goodsense stimulant laxative</i>	1	QL 4 / 1 days
<i>goodsense stool softener</i>	1	QL 4 / 1 days
<i>healthylax</i>	1	QL 60 / 30 days
<i>hm clearlax 17 gm packet</i>	1	QL 60 / 30 days
<i>hm clearlax 17 gm/scoop powder</i>	1	
<i>hm mineral oil</i>	1	QL 45 / 1 days
<i>hm senna-s</i>	1	QL 4 / 1 days
<i>hm stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>hm stool softener/laxative</i>	1	QL 4 / 1 days
<i>hydrocil 95 % powder</i>	1	
IBSRELA	2	
<i>kls stool softener</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>konsyl daily fiber (konsyl daily fiber 28.3 % powder, konsyl daily fiber 60.3 % packet)</i>	1	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	QL 120 / 1 days
<i>lactulose encephalopathy</i>	1	QL 120 / 1 days
<i>laxacin</i>	1	QL 4 / 1 days
LINZESS	1	QL 30 / 30 days PA
<i>lubiprostone</i>	1	QL 60 / 30 days PA
<i>magnesium citrate 1.745 gm/30ml solution</i>	1	
<i>medi-natural plus</i>	1	QL 4 / 1 days
<i>metamucil smooth texture</i>	1	
<i>mineral oil</i>	1	QL 45 / 1 days
<i>mineral oil lubricant laxative</i>	1	QL 45 / 1 days
<i>miralax mix-in pax</i>	1	QL 60 / 30 days
<i>mm stool softener</i>	1	QL 4 / 1 days
<i>mm stool softener laxative</i>	1	QL 4 / 1 days
MOTTEGRITY	2	QL 30 / 30 days
MOVANTIK	1	QL 30 / 30 days PA
<i>natural fiber</i>	1	
<i>natural fiber laxative (natural fiber laxative 28.3 % powder, natural fiber laxative 58.6 % powder)</i>	1	
<i>onelax magnesium citrate</i>	1	
<i>peg 3350 17 gm packet</i>	1	QL 60 / 30 days
<i>peg 3350 17 gm/scoop powder</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>phillips stool softener</i>	1	QL 4 / 1 days
<i>polyethylene glycol 3350 17 gm packet</i>	1	QL 60 / 30 days
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	1	
<i>proctozone-gmax adult</i>	1	QL 12 / 22 days
<i>prucalopride succinate</i>	2	
<i>px docusate sodium</i>	1	QL 4 / 1 days
<i>qc gentle laxative 5 mg tab dr</i>	1	
<i>qc laxative</i>	1	
<i>qc magnesium citrate</i>	1	
<i>qc mineral oil heavy</i>	1	QL 45 / 1 days
<i>qc natura-lax</i>	1	
<i>qc natural vegetable</i>	1	
<i>qc senna-s</i>	1	QL 4 / 1 days
<i>qc stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>qc stool softener pls laxative</i>	1	QL 4 / 1 days
<i>ra 2-in-1 lax/stool softener</i>	1	QL 4 / 1 days
<i>ra col-rite 100 mg cap</i>	1	QL 4 / 1 days
<i>ra mineral oil</i>	1	QL 45 / 1 days
<i>ra multihealth fiber 58.6 % powder</i>	1	
<i>ra p col-rite</i>	1	QL 4 / 1 days
<i>ra stool softener</i>	1	QL 4 / 1 days
<i>reguloid 28.3 % powder</i>	1	
RELISTOR (RELISTOR 8 MG/0.4ML SOLN PRSYR, RELISTOR 12 MG/0.6ML SOLN PRSYR, RELISTOR 12 MG/0.6ML SOLUTION)	2	
RELISTOR 150 MG TAB	2	QL 90 / 30 days
<i>sb docusate sodium</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sb docusate sodium/senna</i>	1	QL 4 / 1 days
<i>sb polyethylene glycol 3350</i>	1	
<i>senexon-s</i>	1	QL 4 / 1 days
<i>senna plus 8.6-50 mg tab</i>	1	QL 4 / 1 days
<i>senna s</i>	1	QL 4 / 1 days
<i>senna-docusate sodium</i>	1	QL 4 / 1 days
<i>senna-plus</i>	1	QL 4 / 1 days
<i>senna-s 8.6-50 mg tab</i>	1	QL 4 / 1 days
<i>senna-time s</i>	1	QL 4 / 1 days
<i>sennosides-docusate sodium</i>	1	QL 4 / 1 days
<i>senokot s</i>	1	QL 4 / 1 days
<i>sm clearlax</i>	1	
<i>sm fiber (sm fiber 28.3 % powder, sm fiber 58.6 % powder)</i>	1	
<i>sm mineral oil oil</i>	1	QL 45 / 1 days
<i>sm senna-s</i>	1	QL 4 / 1 days
<i>sm stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>sm stool softener/laxative</i>	1	QL 4 / 1 days
<i>smooth lax 17 gm packet</i>	1	QL 60 / 30 days
<i>stimulant laxative</i>	1	QL 4 / 1 days
<i>stool softener 100 mg cap</i>	1	QL 4 / 1 days
<i>stool softener laxative (stool softener laxative 8.6-50 mg tab, stool softener laxative 100 mg cap)</i>	1	QL 4 / 1 days
<i>stool softener plus laxative</i>	1	QL 4 / 1 days
<i>stool softener/laxative 50-8.6 mg tab</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYMPROIC	2	QL 30 / 30 days
<i>true laxative</i>	1	
TRULANCE	2	QL 30 / 30 days
<i>vegetable lax+stool softener</i>	1	QL 4 / 1 days
<i>wal-mucil (wal-mucil 28.3 % powder, wal-mucil 58.6 % powder)</i>	1	
ZELNORM	2	
<b>ANTI-DIARRHEAL AGENTS</b>		
AEMCOLO	2	
<i>alosetron hcl</i>	2	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	QL 8 / 1 days
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	1	QL 40 / 1 days
LOTRONEX	2	
VIBERZI	2	QL 60 / 30 days
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	1	QL 240 / 30 days
<i>glycopyrrolate 1 mg tab</i>	1	QL 180 / 30 days
<i>glycopyrrolate 1 mg/5ml solution</i>	1	
<i>glycopyrrolate 2 mg tab</i>	1	QL 4 / 1 days
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<i>amoxicill-clarithro-lansopraz</i>	2	
<i>bis subcit-metronid-tetracyc</i>	2	
<i>bismuth/metronidaz/tetracyclin</i>	2	
CHENODAL	2	
CTEXLI	2	
<i>cvs stomach relief 262 mg tab</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq stomach relief 262 mg tab</i>	1	
<i>ft stomach relief 262 mg tab</i>	1	
<i>gas-x extra strength 125 mg chew tab</i>	1	
<i>gavilyte-c</i>	1	QL 4000 / 30 days
<i>gavilyte-g</i>	1	QL 4000 / 30 days
<i>gavilyte-n with flavor pack</i>	1	QL 4000 / 30 days
<i>gelusil</i>	1	
<i>gnp gas relief extra strength 125 mg chew tab</i>	1	
HELIDAC THERAPY	2	
<i>kaopectate 262 mg tab</i>	1	
<i>mintox plus</i>	1	
<i>mylicon infants gas relief</i>	1	
OCALIVA	2	
OMECLAMOX-PAK	2	
OMVOH	2	
OMVOH (300 MG DOSE)	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	QL 4000 / 30 days
<i>peg-3350/electrolytes</i>	1	QL 4000 / 30 days
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
<i>pepto-bismol 262 mg tab</i>	1	
PYLERA	2	
<i>qc stomach relief 262 mg tab</i>	1	
RELTONE	2	
<i>simethicone 20 mg/0.3ml suspension</i>	1	
<i>sodium bicarbonate (sodium bicarbonate 325 mg tab, sodium bicarbonate 650 mg tab)</i>	1	
<i>soothe 262 mg tab</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TALICIA	2	
URSO 250	2	
URSO FORTE	2	
<i>ursodiol (ursodiol 200 mg cap, ursodiol 250 mg tab, ursodiol 400 mg cap, ursodiol 500 mg tab)</i>	1	
<i>ursodiol 300 mg cap</i>	1	QL 90 / 30 days
VOQUEZNA	2	
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
ZINPLAVA	2	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>acid reducer 10 mg tab</i>	1	
<i>acid reducer complete</i>	1	
<i>acid reducer maximum strength</i>	1	QL 120 / 30 days
<i>cimetidine 200 mg tab</i>	1	QL 120 / 30 days
<i>cimetidine 300 mg tab</i>	1	QL 240 / 30 days
<i>cimetidine 400 mg tab</i>	1	QL 180 / 30 days
<i>cimetidine 800 mg tab</i>	1	QL 90 / 30 days
<i>cimetidine hcl</i>	2	
<i>cvs acid controller</i>	1	
<i>cvs dual action complete</i>	1	
<i>cvs heartburn relief 200 mg tab</i>	1	QL 120 / 30 days
<i>eq acid reducer complete</i>	1	
<i>eq famotidine max st</i>	1	QL 120 / 30 days
<i>eq dual action complete</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FAMOTIDINE (FAMOTIDINE 10 MG TAB, FAMOTIDINE 20 MG/5ML SOLUTION, FAMOTIDINE 40 MG/10ML SOLUTION, FAMOTIDINE 40 MG/4ML SOLUTION, FAMOTIDINE 40 MG/5ML RECON SUSP, FAMOTIDINE 200 MG/20ML SOLUTION, FAMOTIDINE 200 MG/50ML SOLUTION)	1	
<i>famotidine (pf)</i>	1	
<i>famotidine 20 mg tab</i>	1	QL 120 / 30 days
<i>famotidine 40 mg tab</i>	1	QL 60 / 30 days
<i>famotidine maximum strength</i>	1	QL 120 / 30 days
<i>famotidine orig st</i>	1	
<i>famotidine premixed</i>	1	
<i>ft acid reducer + antacid</i>	1	
<i>ft acid reducer 10 mg tab</i>	1	
<i>ft acid reducer max strength</i>	1	QL 120 / 30 days
<i>gnp acid reducer</i>	1	
<i>gnp acid reducer max st</i>	1	QL 120 / 30 days
<i>heartburn relief</i>	1	
<i>heartburn relief max st</i>	1	QL 120 / 30 days
<i>hm dual action complete</i>	1	
<i>hm famotidine 10 mg tab</i>	1	
<i>hm famotidine 20 mg tab</i>	1	QL 120 / 30 days
<i>mm acid-pep maximum strength</i>	1	QL 120 / 30 days
<i>nizatidine (nizatidine 150 mg cap, nizatidine 300 mg cap)</i>	2	
NIZATIDINE 15 MG/ML SOLUTION	1	
PEPCID 20 MG TAB	2	
PEPCID 40 MG TAB	2	QL 60 / 30 days
<i>pepcid ac</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>px dual action</i>	1	
<i>qc acid controller</i>	1	
<i>qc acid controller max st</i>	1	QL 120 / 30 days
<i>qc famotidine acid reducer 20 mg tab</i>	1	QL 120 / 30 days
<i>ra dual action complete</i>	1	
RANITIDINE HCL	2	
<i>sm acid reducer 10 mg tab</i>	1	
<i>sm acid reducer 200 mg tab</i>	1	QL 120 / 30 days
<i>sm acid reducer max st</i>	1	QL 120 / 30 days
<i>tagamet hb</i>	2	QL 120 / 30 days
<i>zantac 360 10 mg tab</i>	2	
<i>zantac 360 20 mg tab</i>	2	QL 120 / 30 days
<i>zantac 360 max st</i>	2	QL 120 / 30 days
<b>PROTECTANTS</b>		
<i>misoprostol 100 mcg tab</i>	1	QL 240 / 30 days
<i>misoprostol 200 mcg tab</i>	1	QL 4 / 1 days
<i>sucalfate 1 gm tab</i>	1	QL 4 / 1 days
<i>sucalfate 1 gm/10ml suspension</i>	1	QL 40 / 1 days
<b>PROTON PUMP INHIBITORS</b>		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	2	QL 60 / 30 days
ACIPHEX	2	QL 60 / 30 days
<i>cvs esomeprazole magnesium</i>	1	<div style="background-color: black; color: white; padding: 2px; display: inline-block;">C</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
		QL 30 / 30 days
<i>cvs lansoprazole 15 mg tab dr disp</i>	1	<div style="background-color: green; color: white; padding: 2px; display: inline-block;">AL1</div> At least 6 yrs old <div style="background-color: black; color: white; padding: 2px; display: inline-block;">C</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs omeprazole 20 mg tab dr disp</i>	2	
<i>cvs omeprazole magnesium</i>	2	QL 60 / 30 days
DEXILANT	2	
<i>dexlansoprazole</i>	2	
<i>eq omeprazole 20 mg tab dr</i>	2	QL 60 / 30 days
<i>eq omeprazole 20 mg tab dr disp</i>	2	
		QL 60 / 30 days
<i>eq lansoprazole</i>	1	AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>esomeprazole magnesium (esomeprazole magnesium 2.5 mg packet, esomeprazole magnesium 5 mg packet, esomeprazole magnesium 10 mg packet, esomeprazole magnesium 40 mg packet)</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>esomeprazole magnesium 20 mg cap dr</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>esomeprazole magnesium 20 mg packet</i>	1	
<i>esomeprazole magnesium 20 mg tab dr</i>	2	
		AL1 At least 6 yrs old
<i>esomeprazole magnesium 40 mg cap dr</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
ESOMEPRAZOLE STRONTIUM	2	
		QL 60 / 30 days
<i>ft acid reducer 15 mg cap dr</i>	1	AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft acid reducer 20 mg cap dr</i>	1	<div style="background-color: #333; color: white; padding: 2px; display: inline-block;">C</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>ft omeprazole</i>	2	<div style="background-color: #666699; color: white; padding: 2px; display: inline-block;">QL</div> 60 / 30 days
<i>gnp esomeprazole magnesium</i>	1	<div style="background-color: #333; color: white; padding: 2px; display: inline-block;">C</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>gnp lansoprazole</i>	1	<div style="background-color: #666699; color: white; padding: 2px; display: inline-block;">QL</div> 60 / 30 days
		<div style="background-color: #336633; color: white; padding: 2px; display: inline-block;">AL1</div> At least 6 yrs old
<i>gnp omeprazole (gnp omeprazole 20 mg tab dr, gnp omeprazole 20.6 (20 base) mg cap dr)</i>	2	<div style="background-color: #666699; color: white; padding: 2px; display: inline-block;">QL</div> 60 / 30 days
<i>gnp omeprazole 20 mg tab dr disp</i>	2	
<i>goodsense esomeprazole</i>	1	<div style="background-color: #333; color: white; padding: 2px; display: inline-block;">C</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>goodsense lansoprazole 15 mg cap dr</i>	1	<div style="background-color: #666699; color: white; padding: 2px; display: inline-block;">QL</div> 60 / 30 days
		<div style="background-color: #336633; color: white; padding: 2px; display: inline-block;">AL1</div> At least 6 yrs old
<i>goodsense lansoprazole 15 mg tab dr disp</i>	1	<div style="background-color: #333; color: white; padding: 2px; display: inline-block;">C</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
		<div style="background-color: #666699; color: white; padding: 2px; display: inline-block;">QL</div> 30 / 30 days
<i>goodsense omeprazole 20 mg tab dr disp</i>	1	<div style="background-color: #336633; color: white; padding: 2px; display: inline-block;">AL1</div> At least 6 yrs old
		<div style="background-color: #333; color: white; padding: 2px; display: inline-block;">C</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>goodsense omeprazole 20 mg tab dr disp</i>	2	
<i>hm esomeprazole magnesium dr</i>	1	<div style="background-color: #333; color: white; padding: 2px; display: inline-block;">C</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm lansoprazole</i>	1	<p>QL 60 / 30 days</p> <p>AL1 At least 6 yrs old</p> <p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>
<i>hm omeprazole</i>	2	QL 60 / 30 days
<i>kls lansoprazole</i>	1	<p>QL 60 / 30 days</p> <p>AL1 At least 6 yrs old</p> <p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>
KONVOMEF	2	
<i>lansoprazole (lansoprazole 15 mg tab dr disp, lansoprazole 30 mg tab dr disp)</i>	1	<p>QL 30 / 30 days</p> <p>AL1 At least 6 yrs old</p> <p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>
<i>lansoprazole 15 mg cap dr</i>	1	<p>QL 60 / 30 days</p> <p>AL1 At least 6 yrs old</p> <p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>
<i>lansoprazole 30 mg cap dr</i>	1	<p>QL 60 / 30 days</p> <p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 40 MG PACKET)	1	<p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>
NEXIUM (NEXIUM 20 MG CAP DR, NEXIUM 40 MG CAP DR)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEXIUM 20 MG PACKET	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>omeprazole 10 mg cap dr</i>	1	QL 60 / 30 day(s) C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>omeprazole 20 mg cap dr</i>	1	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>omeprazole 20 mg tab dr</i>	2	QL 60 / 30 days
<i>omeprazole 20 mg tab dr disp</i>	2	
<i>omeprazole 40 mg cap dr</i>	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>omeprazole magnesium 20 mg tab dr</i>	2	
<i>omeprazole magnesium 20.6 (20 base) mg cap dr</i>	2	QL 60 / 30 days
<i>omeprazole-sodium bicarbonate</i>	2	
<i>pantoprazole sodium 20 mg tab dr</i>	1	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>pantoprazole sodium 40 mg packet</i>	1	
<i>pantoprazole sodium 40 mg tab dr</i>	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREVACID	2	QL 60 / 30 days
PREVACID 24HR	2	QL 60 / 30 days
<i>prevacid 24hr</i>	2	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
PREVACID SOLUTAB	2	QL 30 / 30 days
PRILOSEC	2	QL 60 / 30 days
PROTONIX (PROTONIX 20 MG TAB DR, PROTONIX 40 MG TAB DR)	2	QL 60 / 30 days
PROTONIX 40 MG PACKET	2	
<i>qc esomeprazole magnesium</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>qc lansoprazole</i>	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>qc omeprazole magnesium</i>	2	QL 60 / 30 days
<i>rabeprazole sodium 20 mg tab dr</i>	1	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>sm esomeprazole magnesium</i>	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>sm lansoprazole</i>	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm omeprazole</i>	2	QL 60 / 30 days
ZEGERID	2	
<i>zegerid otc</i>	2	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
ADAKVEO	2	
AGAMREE	2	
BUPHENYL (BUPHENYL 3 GM/TSP POWDER, BUPHENYL 500 MG TAB)	1	
CERDELGA	1	PA
CEREZYME	1	PA
CHOLBAM	1	PA
CREON	1	
<i>dairy relief 3000 unit tab</i>	1	
ELELYSO	1	PA
ENDARI	2	QL 180 / 30 days
<i>glycerol phenylbutyrate</i>	2	
l-glutamine 5 gm packet	2	
<i>lactaid</i>	1	
<i>lactase enzyme 3000 unit tab</i>	1	
<i>miglustat</i>	1	PA
OLPRUVA (2 GM DOSE)	2	
OLPRUVA (3 GM DOSE)	2	
OLPRUVA (4 GM DOSE)	2	
OLPRUVA (5 GM DOSE)	2	
OLPRUVA (6 GM DOSE)	2	
OLPRUVA (6.67 GM DOSE)	2	
OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB)	2	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXBRYTA 300 MG TAB SOL	2	QL 150 / 30 days
PANCREAZE	2	
PERTZYE (PERTZYE 4000 UNIT CP DR PART, PERTZYE 8000 UNIT CP DR PART, PERTZYE 16000 UNIT CP DR PART, PERTZYE 24000-86250 UNIT CP DR PART)	2	
PHEBURANE	2	
RAVICTI	2	
<i>sodium phenylbutyrate (sodium phenylbutyrate 3 gm/tsp powder, sodium phenylbutyrate 500 mg tab)</i>	1	
VIOKACE	2	
VPRIV	1	PA
XROMI	1	
<i>yargesa</i>	1	PA
ZAVESCA	1	PA
ZENPEP	1	
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>darifenacin hydrobromide er</i>	1	
DETROL	2	QL 60 / 30 days
DETROL LA	2	QL 30 / 30 days
DITROPAN XL	2	QL 30 / 30 days
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	2	
GELNIQUE	2	
GEMTESA	2	QL 30 / 30 days
<i>mirabegron er</i>	2	
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYRBETRIQ 8 MG/ML SRER	2	
OXYBUTYNIN CHLORIDE 2.5 MG TAB	2	
<i>oxybutynin chloride 5 mg tab</i>	1	QL 4 / 1 days
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	QL 600 / 30 days
<i>oxybutynin chloride er (oxybutynin chloride er 5 mg tab er 24h, oxybutynin chloride er 10 mg tab er 24h, oxybutynin chloride er 15 mg tab er 24h)</i>	1	QL 30 / 30 days
OXYTROL	2	
OXYTROL FOR WOMEN	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	QL 60 / 30 days
<i>tolterodine tartrate er</i>	1	QL 30 / 30 days
TOVIAZ	2	
<i>trospium chloride</i>	1	QL 60 / 30 days
<i>trospium chloride er</i>	2	QL 30 / 30 days
VESICARE	2	
VESICARE LS	2	
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	QL 30 / 30 days
AVODART	2	QL 30 / 30 days
CARDURA XL	2	
CIALIS (CIALIS 10 MG TAB, CIALIS 20 MG TAB)	2	
CIALIS (CIALIS 2.5 MG TAB, CIALIS 5 MG TAB)	2	QL 30 / 30 days
<i>dutasteride 0.5 mg cap</i>	1	QL 30 / 30 days
<i>dutasteride-tamsulosin hcl</i>	2	
ENTADFI	2	
<i>finasteride 5 mg tab</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOMAX	2	QL 60 / 30 days
JALYN	2	
PROSCAR	2	
RAPAFLO	2	
<i>silodosin</i>	2	
<i>tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)</i>	2	
<i>tadalafil (tadalafil 2.5 mg tab, tadalafil 5 mg tab)</i>	2	QL 30 / 30 days
<i>tamsulosin hcl</i>	1	QL 60 / 30 days
TEZRULY	2	
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride (bethanechol chloride 5 mg tab, bethanechol chloride 10 mg tab, bethanechol chloride 25 mg tab, bethanechol chloride 50 mg tab)</i>	1	QL 4 / 1 days
<i>cytra-2</i>	1	QL 120 / 1 days
ELMIRON	1	QL 90 / 30 days
ORACIT	1	QL 120 / 1 days
ORAL CITRATE	1	QL 120 / 1 days
PHOSPHA 250 NEUTRAL	1	
<i>phospho-trin 250 neutral</i>	1	
<i>phosphorous</i>	1	
<i>sod citrate-citric acid</i>	1	QL 120 / 1 days
<i>sodium chloride 0.9 % solution</i>	1	
SODIUM CITRATE-CITRIC ACID	1	QL 120 / 1 days
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
CORTISONE ACETATE 25 MG TAB	2	
<i>decadron</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>deflazacort (deflazacort 6 mg tab, deflazacort 18 mg tab, deflazacort 22.75 mg/ml suspension, deflazacort 30 mg tab, deflazacort 36 mg tab)</i>	2	
DEPO-MEDROL 20 MG/ML SUSPENSION	1	QL 8 / 1 days
DEXABLISS	2	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.5 mg/5ml solution, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
<i>dexamethasone (dexamethasone 1.5 mg (21) tab thpk, dexamethasone 1.5 mg (35) tab thpk, dexamethasone 1.5 mg (51) tab thpk)</i>	2	
DEXAMETHASONE INTENSOL	1	
DXEVO 11-DAY	2	
EMFLAZA (EMFLAZA 6 MG TAB, EMFLAZA 18 MG TAB, EMFLAZA 22.75 MG/ML SUSPENSION, EMFLAZA 30 MG TAB, EMFLAZA 36 MG TAB)	2	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	QL 2 / 1 days
HEMADY	2	
<i>hydrocortisone sod suc (pf)</i>	1	
<i>jaythari (jaythari 6 mg tab, jaythari 18 mg tab, jaythari 22.75 mg/ml suspension, jaythari 30 mg tab, jaythari 36 mg tab)</i>	2	
KENALOG-10	1	
KENALOG-40	1	
<i>kymbee</i>	2	
MEDROL (MEDROL 4 MG TAB, MEDROL 4 MG TAB THPK, MEDROL 8 MG TAB, MEDROL 16 MG TAB)	2	
MEDROL 2 MG TAB	2	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab)</i>	1	QL 4 / 1 days
<i>methylprednisolone 32 mg tab</i>	1	QL 2 / 1 days
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone acetate 40 mg/ml suspension</i>	1	QL 4 / 1 days
<i>methylprednisolone acetate 80 mg/ml suspension</i>	1	QL 2 / 1 days
<i>methylprednisolone sodium succ (methylprednisolone sodium succ 40 mg recon soln, methylprednisolone sodium succ 500 mg recon soln, methylprednisolone sodium succ 1000 mg recon soln)</i>	1	
MILLIPRED	2	QL 12 / 1 days
<i>millipred</i>	2	
ORAPRED ODT	2	
PEDIAPRED	2	
<i>prednisolone 15 mg/5ml solution</i>	1	QL 20 / 1 days
<i>prednisolone 5 mg tab</i>	2	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP, PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP, PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP)	2	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 5 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	1	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	QL 20 / 1 days
PREDNISONONE (PREDNISONONE 1 MG TAB DR, PREDNISONONE 2 MG TAB DR)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab)</i>	1	QL 8 / 1 days
<i>prednisone (prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
<i>prednisone 10 mg tab</i>	1	QL 6 / 1 days
<i>prednisone 20 mg tab</i>	1	QL 3 / 1 days
<i>prednisone 5 mg/5ml solution</i>	1	QL 60 / 1 day(s)
<i>prednisone 50 mg tab</i>	1	QL 1 / 1 days
PREDNISONE INTENSOL	1	QL 12 / 1 days
<i>pyquvi</i>	2	
RAYOS	2	
SOLU-CORTEF 100 MG RECON SOLN	1	
TAPERDEX 12-DAY	2	
<i>taperdex 6-day</i>	2	
TAPERDEX 7-DAY	2	
TARPEYO	2	QL 120 / 30 days
<i>triamcinolone acetonide 40 mg/ml suspension</i>	1	
ZCORT 7-DAY	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig</i>	1	QL 15 / 26 days
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	QL 180 / 30 days
<i>desmopressin acetate spray</i>	1	QL 15 / 26 days
GENOTROPIN	1	PA
GENOTROPIN MINIQUICK	1	PA
HUMATROPE	2	
MYFEMBREE	1	QL 30 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NGENLA	2	
NORDITROPIN FLEXPRO	1	PA
NUTROPIN AQ NUSPIN 10	2	
NUTROPIN AQ NUSPIN 20	2	
NUTROPIN AQ NUSPIN 5	2	
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	2	PA
SAIZEN	2	
SAIZENPREP	2	
SEROSTIM	2	
SKYTROFA	1	PA
SOGROYA	1	PA
ZOMACTON	2	
ZOMACTON (FOR ZOMA-JET 10)	2	
ZORBTIVE	2	

### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

#### ANABOLIC STEROIDS

<i>oxandrolone 10 mg tab</i>	2	QL 60 / 30 days
<i>oxandrolone 2.5 mg tab</i>	2	QL 240 / 30 days

#### ANDROGENS

ANDRODERM	2	
ANDROGEL (ANDROGEL 20.25 MG/1.25GM (1.62%) GEL, ANDROGEL 40.5 MG/2.5GM (1.62%) GEL)	2	QL 150 / 30 days
ANDROGEL (ANDROGEL 25 MG/2.5GM (1%) GEL, ANDROGEL 50 MG/5GM (1%) GEL)	2	QL 300 / 30 days
ANDROGEL PUMP	2	QL 150 / 30 days
AVEED	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AZMIRO	2	
<i>depo-testosterone</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>10 / 30 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; margin-top: 2px; margin-left: 10px;">PA</div>
FORTESTA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QLC</div> <div>3.51 grams/day</div> </div>
JATENZO	2	
KYZATREX	2	
METHITEST	2	
<i>methyltestosterone 10 mg cap</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>150 / 30 days</div> </div>
NATESTO	2	
TESTIM	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>300 / 30 days</div> </div>
TESTOPEL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>6 / 180 day(s)</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; margin-top: 2px; margin-left: 10px;">PA</div>
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>150 / 30 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; margin-top: 2px; margin-left: 10px;">PA</div>
TESTOSTERONE (TESTOSTERONE 100 MG PELLETT, TESTOSTERONE 200 MG PELLETT)	2	
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>150 / 30 days</div> </div>
<i>testosterone (testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>300 / 30 days</div> </div>
TESTOSTERONE 10 MG/ACT (2%) GEL	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QLC</div> <div>3.51 grams/day</div> </div>
<i>testosterone 30 mg/act solution</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QLC</div> <div>6 mL/day</div> </div>
<i>testosterone cypionate (testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>10 / 30 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; margin-top: 2px; margin-left: 10px;">PA</div>
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	<div style="background-color: #8b5722; color: white; padding: 2px 5px; margin-left: 10px;">PA</div>
<i>testosterone enanthate 200 mg/ml solution</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>5 / 30 days</div> </div>
TLANDO	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNDECATREX	2	
VOGELXO	2	QL 300 / 30 days
VOGELXO PUMP	2	QL 150 / 30 days
XYOSTED	2	
<b>ESTROGENS</b>		
<i>abigale</i>	2	
<i>abigale lo</i>	2	
ACTIVELLA	2	
<i>afirmelle</i>	1	QL 1 / 1 days
ALORA (ALORA 0.025 MG/24HR PATCH TW, ALORA 0.05 MG/24HR PATCH TW)	1	
<i>altavera</i>	1	QL 1 / 1 days
<i>alyacen 1/35</i>	1	QL 1 / 1 days
<i>alyacen 7/7/7</i>	1	QL 28 / 28 days
<i>amabelz</i>	2	
<i>amethia</i>	1	
<i>amethyst</i>	1	QL 1 / 1 days
ANGELIQ	1	
ANNOVERA	2	
<i>apri</i>	1	QL 1 / 1 days
ARANELLE	1	QL 1 / 1 days
<i>ashlyna</i>	1	
<i>aubra</i>	1	QL 1 / 1 days
<i>aubra eq</i>	1	QL 1 / 1 days
<i>aurovela 1.5/30</i>	1	QL 1 / 1 days
<i>aurovela 1/20</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	QL 1 / 1 days
<i>aurovela fe 1/20</i>	1	QL 1 / 1 days
AVERI	2	
<i>aviane</i>	1	QL 1 / 1 days
<i>ayuna</i>	1	QL 1 / 1 days
<i>azurette</i>	1	QL 1 / 1 days
BALCOLTRA	2	
<i>balziva</i>	1	QL 1 / 1 days
BEYAZ	2	
BIJUVA 1-100 MG CAP	2	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	QL 1 / 1 days
<i>blisovi fe 1/20</i>	1	QL 1 / 1 days
<i>briellyn</i>	1	QL 1 / 1 days
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>caziant</i>	1	QL 1 / 1 days
<i>charlotte 24 fe</i>	1	
<i>chateal</i>	1	QL 1 / 1 days
<i>chateal eq</i>	1	QL 1 / 1 days
CLIMARA	2	
CLIMARA PRO	1	
COMBIPATCH	1	
COVARYX	2	
COVARYX HS	2	
<i>cryselle</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cryselle-28</i>	1	QL 1 / 1 days
<i>cyklaferm 1/35</i>	1	QL 1 / 1 days
<i>cyklaferm 7/7/7</i>	1	QL 28 / 28 days
<i>cyred</i>	1	QL 1 / 1 days
<i>cyred eq</i>	1	QL 1 / 1 days
<i>dasetta 1/35</i>	1	QL 1 / 1 days
<i>dasetta 7/7/7</i>	1	QL 28 / 28 days
<i>daysee</i>	1	
DELESTROGEN	1	
DEPO-ESTRADIOL	1	
<i>desogestrel-ethinyl estradiol (desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab, desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab)</i>	1	QL 1 / 1 days
DIVIGEL (DIVIGEL 0.25 MG/0.25GM GEL, DIVIGEL 0.5 MG/0.5GM GEL, DIVIGEL 0.75 MG/0.75GM GEL, DIVIGEL 1 MG/GM GEL, DIVIGEL 1.25 MG/1.25GM GEL)	2	
<i>dolishale</i>	1	QL 1 / 1 days
<i>dotti</i>	2	QL 8 / 28 days
<i>drospiren-eth estrad-levomefol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	1	QL 1 / 1 days
EEMT	2	
EEMT HS	2	
ELESTRIN	1	
<i>elinest</i>	1	QL 1 / 1 days
<i>eluryng</i>	1	QL 1 / 28 days
<i>enilloring</i>	1	QL 1 / 28 days
<i>enpresse-28</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enskyce</i>	1	QL 1 / 1 days
<i>est estrogens-methyltest (est estrogens-methyltest, est estrogens-methyltest 1.25-2.5 mg tab)</i>	2	
<i>est estrogens-methyltest ds</i>	2	
<i>est estrogens-methyltest hs</i>	2	
<i>estarylla</i>	1	QL 1 / 1 days
ESTRACE (ESTRACE 1 MG TAB, ESTRACE 2 MG TAB)	2	QL 90 / 30 days
ESTRACE 0.01 % CREAM	2	QLC 42.5 grams/30 days
ESTRACE 0.5 MG TAB	2	
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch tw, estradiol 0.05 mg/24hr patch tw, estradiol 0.075 mg/24hr patch tw, estradiol 0.1 mg/24hr patch tw)</i>	1	QL 8 / 28 days
<i>estradiol (estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch wk)</i>	1	QL 4 / 28 days
<i>estradiol (estradiol 0.25 mg/0.25gm gel, estradiol 0.5 mg/0.5gm gel, estradiol 0.75 mg/0.75gm gel, estradiol 0.75 mg/1.25 gm (0.06%) gel, estradiol 1 mg/gm gel, estradiol 1.25 mg/1.25gm gel)</i>	2	
<i>estradiol (estradiol 0.5 mg tab, estradiol 10 mcg tab)</i>	1	
<i>estradiol (estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	QL 90 / 30 days
<i>estradiol 0.01 % cream</i>	1	QLC 42.5 grams/30 days
<i>estradiol valerate (estradiol valerate 10 mg/ml oil, estradiol valerate 20 mg/ml oil, estradiol valerate 40 mg/ml oil)</i>	1	
<i>estradiol-norethindrone acet</i>	2	
<i>estratest f.s.</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESTRATEST H.S.	2	
ESTRING	1	
ESTROGEL	2	
<i>estrogens conjugated</i>	2	
ESTROSTEP FE	2	QL 1 / 1 days
<i>ethynodiol diac-eth estradiol</i>	1	QL 1 / 1 days
<i>etonogestrel-ethinyl estradiol</i>	1	QL 1 / 28 days
EVAMIST	1	
<i>falmina</i>	1	QL 1 / 1 days
<i>fayosim</i>	2	
<i>feirza 1.5/30</i>	1	QL 1 / 1 days
<i>feirza 1/20</i>	1	QL 1 / 1 days
FEMHRT	2	
FEMLYV	2	
FEMRING	1	
<i>femynor</i>	1	QL 1 / 1 days
<i>finzala</i>	1	
<i>fyavolv</i>	1	
<i>galbriela</i>	2	
<i>gemmily</i>	2	
GENERESS FE	2	
<i>hailey 1.5/30</i>	1	QL 1 / 1 days
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	QL 1 / 1 days
<i>hailey fe 1/20</i>	1	QL 1 / 1 days
<i>haloette</i>	1	QL 1 / 28 days
<i>iclevia</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>introvale</i>	1	
<i>isibloom</i>	1	QL 1 / 1 days
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	QL 1 / 1 days
<i>jinteli</i>	1	
<i>jolessa</i>	1	
<i>joyeaux</i>	2	
<i>juleber</i>	1	QL 1 / 1 days
<i>junel 1.5/30</i>	1	QL 1 / 1 days
<i>junel 1/20</i>	1	QL 1 / 1 days
<i>junel fe 1.5/30</i>	1	QL 1 / 1 days
<i>junel fe 1/20</i>	1	QL 1 / 1 days
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	1	QL 1 / 1 days
<i>kariva</i>	1	QL 1 / 1 days
<i>kelnor 1/35</i>	1	QL 1 / 1 days
<i>kelnor 1/50</i>	1	QL 1 / 1 days
<i>kurvelo</i>	1	QL 1 / 1 days
<i>larin 1.5/30</i>	1	QL 1 / 1 days
<i>larin 1/20</i>	1	QL 1 / 1 days
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	QL 1 / 1 days
<i>larin fe 1/20</i>	1	QL 1 / 1 days
<i>larissia</i>	1	QL 1 / 1 days
<i>layolis fe</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>leena</i>	1	QL 1 / 1 days
<i>lessina</i>	1	QL 1 / 1 days
<i>levonest</i>	1	QL 1 / 1 days
<i>levonorg-eth estrad triphasic</i>	1	QL 1 / 1 days
<i>levonorgest-eth est &amp; eth est</i>	2	
<i>levonorgest-eth estrad 91-day</i>	1	
<i>levonorgest-eth estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	1	QL 1 / 1 days
<i>levora 0.15/30 (28)</i>	1	QL 1 / 1 days
<i>lillow</i>	1	QL 1 / 1 days
LO LOESTRIN FE	1	
<i>lo-zumandimine</i>	1	QL 1 / 1 days
<i>loestrin 1.5/30 (21)</i>	2	QL 1 / 1 days
<i>loestrin 1/20 (21)</i>	2	QL 1 / 1 days
<i>loestrin fe 1.5/30</i>	2	QL 1 / 1 days
<i>loestrin fe 1/20</i>	2	QL 1 / 1 days
<i>lojaimiess</i>	1	
<i>loryna</i>	1	QL 1 / 1 days
LOSEASONIQUE	2	
<i>low-ogestrel</i>	1	QL 1 / 1 days
<i>luizza 1.5/30</i>	1	QL 1 / 1 days
<i>luizza 1/20</i>	1	QL 1 / 1 days
<i>lutera</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lyllana</i>	2	QL 8 / 28 days
<i>marlissa</i>	1	QL 1 / 1 days
MENEST (MENEST 0.3 MG TAB, MENEST 0.625 MG TAB, MENEST 1.25 MG TAB)	2	QL 30 / 30 days
MENEST 2.5 MG TAB	2	
MENOSTAR	2	
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	1	QL 1 / 1 days
<i>microgestin 1/20</i>	1	QL 1 / 1 days
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	QL 1 / 1 days
<i>microgestin fe 1/20</i>	1	QL 1 / 1 days
<i>mili</i>	1	QL 1 / 1 days
<i>mimvey</i>	2	
MINASTRIN 24 FE	2	
MINIVELLE	2	QL 8 / 28 days
<i>minzoya</i>	2	
MIRCETTE	2	QL 1 / 1 days
<i>mono-linyah</i>	1	QL 1 / 1 days
NATAZIA	2	
<i>necon 0.5/35 (28)</i>	1	QL 1 / 1 days
NEXTSTELLIS	2	
<i>nikki</i>	1	QL 1 / 1 days
<i>norelgestromin-eth estradiol</i>	2	QL 3 / 28 days
<i>norethin ace-eth estrad-fe (norethin ace-eth estrad-fe 1-20 mg-mcg tab, norethin ace-eth estrad-fe 1.5-30 mg-mcg tab)</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	2	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab</i>	1	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	1	QL 1 / 1 days
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	2	
<i>norethindron-ethinyl estrad-fe</i>	2	QL 1 / 1 days
<i>norethindrone acet-ethinyl est</i>	1	QL 1 / 1 days
<i>norethindrone-eth estradiol</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	QL 1 / 1 days
<i>norgestimate-eth estradiol</i>	1	QL 1 / 1 days
<i>nortrel 0.5/35 (28)</i>	1	QL 1 / 1 days
<i>nortrel 1/35 (21)</i>	1	QL 1 / 1 days
<i>nortrel 1/35 (28)</i>	1	QL 1 / 1 days
<i>nortrel 7/7/7</i>	1	QL 28 / 28 days
NUVARING	1	QL 1 / 28 days
<i>nylia 1/35</i>	1	QL 1 / 1 days
<i>nylia 7/7/7</i>	1	QL 28 / 28 days
<i>nymyo</i>	1	QL 1 / 1 days
<i>ocella</i>	1	QL 1 / 1 days
<i>orsythia</i>	1	QL 1 / 1 days
<i>philith</i>	1	QL 1 / 1 days
<i>pimtrea</i>	1	QL 1 / 1 days
<i>pirmella 1/35</i>	1	QL 1 / 1 days
<i>pirmella 7/7/7</i>	1	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>portia-28</i>	1	QL 1 / 1 days
PREFEST	2	
PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB)	1	QL 30 / 30 days
PREMARIN (PREMARIN 0.625 MG/GM CREAM, PREMARIN 1.25 MG TAB)	1	
PREMARIN 25 MG RECON SOLN	2	
PREMPHASE	1	QL 1 / 1 days
PREMPRO	1	QL 1 / 1 days
<i>previfem</i>	1	QL 1 / 1 days
QUARTETTE	2	
<i>reclipsen</i>	1	QL 1 / 1 days
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
SAFYRAL	2	
SEASONIQUE	2	
<i>setlakin</i>	1	
<i>simliya</i>	1	QL 1 / 1 days
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	QL 1 / 1 days
<i>sronyx</i>	1	QL 1 / 1 days
<i>syeda</i>	1	QL 1 / 1 days
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	QL 1 / 1 days
<i>tarina fe 1/20 eq</i>	1	QL 1 / 1 days
<i>taysofy</i>	2	
TAYTULLA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tilia fe</i>	2	QL 1 / 1 days
<i>tri femynor</i>	1	QL 1 / 1 days
<i>tri-estarylla</i>	1	QL 1 / 1 days
<i>tri-legest fe</i>	2	QL 1 / 1 days
<i>tri-linyah</i>	1	QL 1 / 1 days
<i>tri-lo-estarylla</i>	1	QL 1 / 1 days
<i>tri-lo-marzia</i>	1	QL 1 / 1 days
<i>tri-lo-mili</i>	1	QL 1 / 1 days
<i>tri-lo-sprintec</i>	1	QL 1 / 1 days
<i>tri-mili</i>	1	QL 1 / 1 days
<i>tri-nymyo</i>	1	QL 1 / 1 days
<i>tri-previfem</i>	1	QL 1 / 1 days
<i>tri-sprintec</i>	1	QL 1 / 1 days
<i>tri-vylibra</i>	1	QL 1 / 1 days
<i>tri-vylibra lo</i>	1	QL 1 / 1 days
<i>trivora (28)</i>	1	QL 1 / 1 days
<i>turqoz</i>	1	QL 1 / 1 days
TWIRLA	2	
TYBLUME	1	
<i>tydemy</i>	2	
VAGIFEM	1	
<i>valtya 1/35</i>	1	QL 1 / 1 days
<i>valtya 1/50</i>	1	QL 1 / 1 days
<i>velivet</i>	1	QL 1 / 1 days
<i>vestura</i>	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vienna</i>	1	QL 1 / 1 days
<i>viorele</i>	1	QL 1 / 1 days
VIVELLE-DOT	2	QL 8 / 28 days
<i>volnea</i>	1	QL 1 / 1 days
<i>vyfemla</i>	1	QL 1 / 1 days
<i>vylibra</i>	1	QL 1 / 1 days
<i>wera</i>	1	QL 1 / 1 days
<i>wymzya fe</i>	1	QL 1 / 1 days
<i>xarah fe</i>	2	QL 1 / 1 days
<i>xelria fe</i>	1	QL 1 / 1 days
<i>xulane</i>	1	QL 3 / 28 days
YASMIN 28	1	QL 1 / 1 days
YAZ	2	QL 1 / 1 days
<i>yuvafem</i>	1	
<i>zafemy</i>	2	QL 3 / 28 days
<i>zovia 1/35 (28)</i>	1	QL 1 / 1 days
<i>zovia 1/35e (28)</i>	1	QL 1 / 1 days
<i>zumandimine</i>	1	QL 1 / 1 days
<b>PROGESTINS</b>		
<i>aftera</i>	1	QL 1 / 1 fill
<i>afterpill</i>	1	QL 1 / 1 fill
AYGESTIN	2	QL 90 / 30 days
<i>camila</i>	1	QL 1 / 1 days
CRINONE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>curae</i>	1	QL 1 / 1 fill
<i>deblitane</i>	1	QL 1 / 1 days
DEPO-PROVERA 150 MG/ML SUSP PRSYR	2	
DEPO-PROVERA 150 MG/ML SUSPENSION	1	
DEPO-SUBQ PROVERA 104	1	QL 1 / 84 days
<i>econtra ez</i>	1	QL 1 / 1 fill
<i>econtra one-step</i>	1	QL 1 / 1 fill
ELLA	1	QL 1 / 1 fill
<i>emzahh</i>	1	QL 1 / 1 days
<i>errin</i>	1	QL 1 / 1 days
<i>gallifrey</i>	1	QL 90 / 30 days
<i>heather</i>	1	QL 1 / 1 days
<i>her style</i>	1	QL 1 / 1 fill
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	1	
<i>incassia</i>	1	QL 1 / 1 days
<i>jencycla</i>	1	QL 1 / 1 days
KYLEENA	1	
<i>levonorgestrel</i>	1	QL 1 / 1 fill
LILETTA (52 MG)	1	
<i>lyleq</i>	1	QL 1 / 1 days
<i>lyza</i>	1	QL 1 / 1 days
<i>medroxyprogesterone acetate</i> ( <i>medroxyprogesterone acetate 150 mg/ml</i> <i>susp prsy, medroxyprogesterone acetate 150</i> <i>mg/ml suspension</i> )	1	QL 1 / 84 days
<i>medroxyprogesterone acetate</i> ( <i>medroxyprogesterone acetate 5 mg tab,</i> <i>medroxyprogesterone acetate 10 mg tab</i> )	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate 2.5 mg tab</i>	1	QL 1 / 1 days
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	1	QL 240 / 30 days
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	1	
<i>meleya</i>	1	QL 1 / 1 days
MIRENA (52 MG)	1	
<i>my choice</i>	1	QL 1 / 1 fill
<i>my way</i>	1	QL 1 / 1 fill
<i>new day</i>	1	QL 1 / 1 fill
NEXPLANON	1	
<i>nora-be</i>	1	QL 1 / 1 days
<i>norethindrone 0.35 mg tab</i>	1	QL 1 / 1 days
<i>norethindrone acetate 5 mg tab</i>	1	QL 90 / 30 days
<i>norlyda</i>	1	QL 1 / 1 days
<i>opcicon one-step</i>	1	QL 1 / 1 fill
OPILL	1	
<i>option 2</i>	1	QL 1 / 1 fill
<i>orquidea</i>	1	QL 1 / 1 days
<i>plan b one-step</i>	1	QL 1 / 1 fill
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	QL 60 / 30 days
<i>progesterone 50 mg/ml oil</i>	1	
PROMETRIUM	2	QL 60 / 30 days
PROVERA (PROVERA 5 MG TAB, PROVERA 10 MG TAB)	2	QL 90 / 30 days
PROVERA 2.5 MG TAB	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>react</i>	1	QL 1 / 1 fill
<i>sharobel</i>	1	QL 1 / 1 days
<i>shewise</i>	1	QL 1 / 1 fill
SKYLA	1	
SLYND	2	
<i>take action</i>	1	QL 1 / 1 fill
<i>tulana</i>	1	QL 1 / 1 days
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
DUAVEE	2	
EVISTA	2	
<i>raloxifene hcl</i>	2	QL 30 / 30 days
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
ADTHYZA	2	
ARMOUR THYROID	1	
CYTOMEL 25 MCG TAB	1	QL 90 / 30 days
CYTOMEL 5 MCG TAB	1	QL 4 / 1 days
CYTOMEL 50 MCG TAB	1	QL 60 / 30 days
ERMEZA	1	
<i>euthyrox</i>	2	
EVEXITHROID	2	
<i>levo-t</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 100 MCG RECON SOLN, LEVOTHYROXINE SODIUM 100 MCG/5ML SOLUTION, LEVOTHYROXINE SODIUM 100 MCG/ML SOLUTION, 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, LEVOTHYROXINE SODIUM 200 MCG RECON SOLN, LEVOTHYROXINE SODIUM 500 MCG RECON SOLN)	2	
<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liomny 25 mcg tab</i>	1	QL 90 / 30 days
<i>liomny 5 mcg tab</i>	1	QL 4 / 1 days
<i>liomny 50 mcg tab</i>	1	QL 60 / 30 days
LIOTHYRONINE SODIUM 10 MCG/ML SOLUTION	2	
<i>liothyronine sodium 25 mcg tab</i>	1	QL 90 / 30 days
<i>liothyronine sodium 5 mcg tab</i>	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>liothyronine sodium 50 mcg tab</i>	1	QL 60 / 30 days
NIVA THYROID	1	
NP THYROID	1	
RENTHYROID (RENTHYROID 15 MG TAB, RENTHYROID 30 MG TAB, RENTHYROID 60 MG TAB, RENTHYROID 90 MG TAB, RENTHYROID 120 MG TAB)	1	
RENTHYROID (RENTHYROID 45 MG TAB, RENTHYROID 75 MG TAB)	2	
SYNTHROID	2	
THYQUIDITY	2	
THYROID (THYROID 15 MG TAB, THYROID 30 MG TAB, THYROID 60 MG TAB, THYROID 90 MG TAB, THYROID 120 MG TAB)	1	
TIROSINT	2	
TIROSINT-SOL	2	
TRIOSTAT	2	
<i>unithroid</i>	2	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>		
<i>cabergoline</i>	1	QL 16 / 30 days
CAMCEVI	2	
ELIGARD 22.5 MG KIT	1	QL 1 / 90 days PA
ELIGARD 30 MG KIT	1	QL 1 / 120 days PA
ELIGARD 45 MG KIT	1	QL 1 / 180 days PA
ELIGARD 7.5 MG KIT	1	QL 1 / 30 days PA
FENSOLVI (6 MONTH)	1	QL 1 / 180 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIRMAGON	1	PA
FIRMAGON (240 MG DOSE)	1	PA
<i>leuprolide acetate (3 month)</i>	1	PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	QL 2 / 28 days PA
LUPRON DEPOT (1-MONTH)	1	QL 1 / 30 days PA
LUPRON DEPOT (3-MONTH)	1	QL 1 / 90 days PA
LUPRON DEPOT (4-MONTH)	1	QL 1 / 120 days PA
LUPRON DEPOT (6-MONTH)	1	QL 1 / 180 days PA
LUPRON DEPOT-PED (1-MONTH)	1	QL 1 / 30 days PA
LUPRON DEPOT-PED (3-MONTH)	1	QL 1 / 90 days PA
LUPRON DEPOT-PED (6-MONTH)	1	PA
LUTRATE DEPOT	1	PA
ORIAHNN	2	QL 56 / 28 days PA
ORILISSA 150 MG TAB	1	QL 30 / 30 days PA
ORILISSA 200 MG TAB	1	QL 60 / 30 days PA
SUPPRELIN LA	2	
SYNAREL	2	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	2	QL 1 / 84 days
TRELSTAR MIXJECT 22.5 MG RECON SUSP	2	QL 1 / 168 days
TRELSTAR MIXJECT 3.75 MG RECON SUSP	2	QL 1 / 28 days
TRIPTODUR	1	QL 1 / 168 days PA
VABRINTY 22.5 MG KIT	2	QL 1 / 90 days PA
VABRINTY 30 MG KIT	2	QL 1 / 120 days PA
VABRINTY 45 MG KIT	2	QL 1 / 180 days PA
ZOLADEX 10.8 MG IMPLANT	1	QL 1 / 84 days PA
ZOLADEX 3.6 MG IMPLANT	1	QL 1 / 28 days PA

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

<i>methimazole 10 mg tab</i>	1	QL 180 / 30 days
<i>methimazole 5 mg tab</i>	1	QL 270 / 30 days
<i>propylthiouracil 50 mg tab</i>	1	QL 270 / 30 days

### IMMUNOLOGICAL AGENTS

#### ANGIOEDEMA AGENTS

ANDEMBRY	2	
BERINERT	1	PA
CINRYZE	1	PA
DAWNZERA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EKTERLY	2	
FIRAZYR	2	
HAEGARDA	1	PA
<i>icatibant acetate</i>	1	PA
KALBITOR	1	PA
ORLADEYO	1	PA
RUCONEST	1	PA
<i>sajazir</i>	2	PA
TAKHZYRO	1	PA
<b>IMMUNOGLOBULINS</b>		
HYPERRHO	1	
RHOGAM ULTRA-FILTERED PLUS	1	
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
ACTEMRA	2	
ACTEMRA ACTPEN	2	
ARCALYST	2	QLC 8 vials/28 days
AVTOZMA (AVTOZMA 162 MG/0.9ML SOLN A-INJ, AVTOZMA 162 MG/0.9ML SOLN PRSYR)	2	
BIMZELX	2	
COSENTYX (300 MG DOSE)	2	
COSENTYX (COSENTYX 125 MG/5ML SOLUTION, COSENTYX 150 MG/ML SOLN PRSYR)	2	
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	QLC 2 mL/28 days
COSENTYX SENSOREADY (300 MG)	2	
COSENTYX SENSOREADY PEN	2	
COSENTYX UNOREADY	2	
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	1	QL 4.56 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	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;">8 / 28 days</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
DUPIXENT 100 MG/0.67ML SOLN PRSYR	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;">1.34 / 28 days</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
ENTYVIO	2	
ENTYVIO PEN	2	
ILARIS	2	
ILUMYA	2	
IMULDOSA (IMULDOSA 45 MG/0.5ML SOLN PRSYR, IMULDOSA 90 MG/ML SOLN PRSYR, IMULDOSA 130 MG/26ML SOLUTION)	2	
KEVZARA	2	
KINERET	1	<div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
NEMLUVIO	2	
OLUMIANT	2	
ORENCIA 125 MG/ML SOLN PRSYR	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>
ORENCIA 50 MG/0.4ML SOLN PRSYR	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;">1.6 / 28 days</div> </div>
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	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;">2.8 / 28 days</div> </div>
ORENCIA CLICKJECT	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;">4 / 28 days</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OTULFI (OTULFI 45 MG/0.5ML SOLN PRSYR, OTULFI 45 MG/0.5ML SOLUTION)	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;">0.5 mL / 28 day(s)</div> </div>
OTULFI 130 MG/26ML SOLUTION	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;">104 mL / 56 day(s)</div> </div>
OTULFI 90 MG/ML SOLN PRSYR	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;">1 mL / 28 day(s)</div> </div>
PYZCHIVA (PYZCHIVA 45 MG/0.5ML SOLN A-INJ, PYZCHIVA 90 MG/ML SOLN A-INJ)	2	<div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
PYZCHIVA 130 MG/26ML SOLUTION (ONLY SANDOZ PREFERRED)	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;">104 mL / 56 day(s)</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
PYZCHIVA 45 MG/0.5ML SOLN PRSYR (ONLY SANDOZ PREFERRED)	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;">0.5 mL / 28 day(s)</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PYZCHIVA 45 MG/0.5ML SOLUTION (ONLY SANDOZ PREFERRED)	1	QL 0.5 mL / 28 day(s) PA
PYZCHIVA 90 MG/ML SOLN PRSYR (ONLY SANDOZ PREFERRED)	1	QL 1 mL / 28 day(s) PA
RINVOQ (RINVOQ 30 MG TAB ER 24H, RINVOQ 45 MG TAB ER 24H)	2	
RINVOQ 15 MG TAB ER 24H	2	QL 30 / 30 days
RINVOQ LQ	2	
SELARSDI 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s)
SELARSDI 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s)
SELARSDI 45 MG/0.5ML SOLUTION	2	
SELARSDI 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
SILIQ	2	
SKYRIZI (150 MG DOSE)	1	QL 1 mL / 28 day(s) PA
SKYRIZI 150 MG/ML SOLN PRSYR	1	QL 1 mL / 28 day(s) PA
SKYRIZI 180 MG/1.2ML SOLN CART	1	QL 1.2 mL / 56 day(s) PA
SKYRIZI 360 MG/2.4ML SOLN CART	1	QL 2.4 mL / 56 day(s) PA
SKYRIZI 600 MG/10ML SOLUTION	1	PA
SKYRIZI PEN	1	QL 1 mL / 28 day(s) PA
SOTYKTU	2	
STARJEMZA (STARJEMZA 45 MG/0.5ML SOLN PRSYR, STARJEMZA 45 MG/0.5ML SOLUTION, STARJEMZA 90 MG/ML SOLN PRSYR, STARJEMZA 130 MG/26ML SOLUTION)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)
STELARA 130 MG/26ML SOLUTION	2	QL 104 MI / 56 day(s)
STELARA 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
STEQEYMA 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s)
STEQEYMA 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s)
STEQEYMA 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	1	QL 4 / 28 day(s) PA
TALTZ 20 MG/0.25ML SOLN PRSYR	1	QL 0.25 / 28 day(s) PA
TALTZ 40 MG/0.5ML SOLN PRSYR	1	QL 0.5 / 28 day(s) PA
TOFIDENCE	2	
TREMFYA (TREMFYA 100 MG/ML SOLN PRSYR, TREMFYA 200 MG/20ML SOLUTION, TREMFYA 200 MG/2ML SOLN PRSYR)	2	
TREMFYA ONE-PRESS	2	
TREMFYA PEN (TREMFYA PEN 100 MG/ML SOLN A-INJ, TREMFYA PEN 200 MG/2ML SOLN A-INJ)	2	
TREMFYA-CD/UC INDUCTION	2	
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR)	1	QL 3.6 mL / 28 day(s) PA
TYENNE (TYENNE 80 MG/4ML SOLUTION, TYENNE 200 MG/10ML SOLUTION, TYENNE 400 MG/20ML SOLUTION)	1	PA
USTEKINUMAB (USTEKINUMAB 45 MG/0.5ML SOLN PRSYR, USTEKINUMAB 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)
USTEKINUMAB 130 MG/26ML SOLUTION	2	QL 104 MI / 56 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
USTEKINUMAB 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
USTEKINUMAB-AAUZ 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s)
USTEKINUMAB-AAUZ 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
USTEKINUMAB-TTWE (USTEKINUMAB-TTWE 45 MG/0.5ML SOLN PRSYR, USTEKINUMAB-TTWE 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s) PA
USTEKINUMAB-TTWE 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s) PA
USTEKINUMAB-TTWE 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s) PA
VELSIPITY	2	
WAYRILZ	2	
WEZLANA (WEZLANA 45 MG/0.5ML SOLN PRSYR, WEZLANA 45 MG/0.5ML SOLUTION, WEZLANA 90 MG/ML SOLN PRSYR, WEZLANA 130 MG/26ML SOLUTION)	2	
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	1	QL 60 / 30 days PA
XELJANZ 1 MG/ML SOLUTION	1	PA QLC 10 mL/day
XELJANZ XR	1	QL 30 / 30 days PA
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR, XOLAIR 150 MG RECON SOLN, XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR, XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	1	PA
YESINTEK (YESINTEK 45 MG/0.5ML SOLN PRSYR, YESINTEK 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
YESINTEK 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s)
YESINTEK 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
<b>IMMUNOSTIMULANTS</b>		
PEGASYS	2	
<b>IMMUNOSUPPRESSANTS</b>		
ABRILADA (1 PEN)	2	
ABRILADA (2 PEN)	2	
ABRILADA (2 SYRINGE)	2	
ADALIMUMAB-AACF (2 PEN)	2	QL 6 / 28 day(s)
ADALIMUMAB-AACF (2 SYRINGE)	2	QL 3 / 28 day(s)
ADALIMUMAB-AACF(CD/UC/HS STRT)	2	QL 6 / 28 day(s)
ADALIMUMAB-AACF(PS/UV STARTER)	2	QL 6 / 28 day(s)
ADALIMUMAB-AATY (1 PEN)	1	PA
ADALIMUMAB-AATY (2 PEN)	1	PA
ADALIMUMAB-AATY (2 SYRINGE)	1	PA
ADALIMUMAB-AATY CD/UC/HS START	1	PA
ADALIMUMAB-ADAZ (ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ, ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR, ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ)	2	QL 6 / 28 day(s)
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	2	
ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR	2	QL 3 / 28 day(s)
ADALIMUMAB-ADB (2 PEN)	2	QL 6 / 28 day(s)
ADALIMUMAB-ADB (2 SYRINGE) (ADALIMUMAB-ADB (2 SYRINGE) 20 MG/0.4ML PREF SY KT, ADALIMUMAB-ADB (2 SYRINGE) 40 MG/0.4ML PREF SY KT, ADALIMUMAB-ADB (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	2	QL 6 / 28 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-ADBM (2 SYRINGE) 10 MG/0.2ML PREF SY KT	2	QL 12 / 28 day(s)
ADALIMUMAB-ADBM(CD/UC/HS STRT)	2	QL 6 / 28 day(s)
ADALIMUMAB-ADBM(PS/UV STARTER)	2	QL 6 / 28 day(s)
ADALIMUMAB-BWWD	2	QL 6 / 28 day(s)
ADALIMUMAB-FKJP (2 PEN)	1	QL 6 / 28 day(s) PA
ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PREF SY KT	1	QL 2 / 28 day(s) PA
ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	QL 6 / 28 day(s) PA
ADALIMUMAB-RYVK (1 PEN)	2	QL 3 / 28 day(s) PA
ADALIMUMAB-RYVK (2 PEN)	2	QL 6 / 28 day(s) PA
ADALIMUMAB-RYVK (2 SYRINGE)	2	QL 6 / 28 day(s) PA
AMJEVITA (AMJEVITA 10 MG/0.2ML SOLN PRSYR, AMJEVITA 40 MG/0.8ML SOLN A-INJ, AMJEVITA 40 MG/0.8ML SOLN PRSYR)	2	
AMJEVITA (AMJEVITA 20 MG/0.2ML SOLN PRSYR, AMJEVITA 80 MG/0.8ML SOLN A-INJ)	2	QL 3 / 28 day(s)
AMJEVITA (AMJEVITA 40 MG/0.4ML SOLN A-INJ, AMJEVITA 40 MG/0.4ML SOLN PRSYR)	2	QL 6 / 28 day(s)
AMJEVITA-PED 15KG TO <30KG 20 MG/0.2ML SOLN PRSYR	2	QL 3 / 28 day(s)
AMJEVITA-PED 15KG TO <30KG 20 MG/0.4ML SOLN PRSYR	2	
ASTAGRAF XL	2	
AVSOLA	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>azasan</i>	2	
<i>azathioprine (azathioprine 75 mg tab, azathioprine 100 mg tab)</i>	2	
<i>azathioprine 50 mg tab</i>	1	
CELLCEPT (CELLCEPT 200 MG/ML RECON SUSP, CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB)	2	
CIMZIA	2	
CIMZIA (2 SYRINGE)	2	
CIMZIA-STARTER	2	QLC 1 starter pack/lifetime
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	1	
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	1	
CYLTEZO (2 PEN)	2	
CYLTEZO (2 SYRINGE)	2	
CYLTEZO-CD/UC/HS STARTER	2	
CYLTEZO-PSORIASIS/UV STARTER	2	
ENBREL	1	PA
ENBREL MINI	1	QL 8 / 28 days PA
ENBREL SURECLICK	1	PA
ENVARUSUS XR	2	
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	2	
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	2	
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	QL 6 / 28 day(s)
HADLIMA 40 MG/0.8ML SOLN PRSYR	1	QL 6 / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	QL 6 / 28 day(s)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	1	QL 6 / 28 day(s) PA
HULIO (2 PEN)	2	
HULIO (2 SYRINGE)	2	
HUMIRA	2	QL 2 / 28 days
HUMIRA (1 PEN)	2	QL 3 / 28 days
HUMIRA (2 PEN) (HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT, HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT)	2	QL 6 / 28 day(s)
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	QL 3 / 28 days
HUMIRA (2 SYRINGE)	2	QL 2 / 28 days
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	QL 6 / 28 day(s)
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	QL 3 / 28 days
HUMIRA-PED<40KG CROHNS STARTER	2	QL 2 / 28 days
HUMIRA-PED>=40KG CROHNS START	2	QL 3 / 28 days
HUMIRA-PSORIASIS/UEVIT STARTER	2	QL 3 / 28 days
HYRIMOZ	2	
HYRIMOZ-CROHNS/UC STARTER	2	
HYRIMOZ-CROHNS/UC STARTER PACK	2	
HYRIMOZ-PED CROHNS STARTER	2	
HYRIMOZ-PLAQ PSOR/UEVIT START	2	
HYRIMOZ-PLAQUE PSORIASIS START	2	
IDACIO (2 PEN)	2	
IDACIO (2 SYRINGE)	2	QL 3 / 28 day(s)
IDACIO-CROHNS/UC STARTER	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IDACIO-PSORIASIS STARTER	2	
IMURAN	2	
INFLECTRA	2	
INFLIXIMAB	1	PA
JYLAMVO	2	
<i>leflunomide 10 mg tab</i>	1	QL 30 / 30 days
<i>leflunomide 20 mg tab</i>	1	QL 150 / 30 days
LUPKYNIS	2	QL 180 / 30 days
METHOTREXATE 1000 MG/40ML SOLUTION	1	
<i>methotrexate sodium (methotrexate sodium 1 gm recon soln, methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution, methotrexate sodium 250 mg/10ml solution)</i>	1	
<i>methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)</i>	1	
<i>mycophenolate mofetil (mycophenolate mofetil 200 mg/ml recon susp, mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	
<i>mycophenolate sodium 180 mg tab dr</i>	1	QL 240 / 30 days
<i>mycophenolate sodium 360 mg tab dr</i>	1	QL 120 / 30 days
<i>mycophenolic acid 180 mg tab dr</i>	1	QL 240 / 30 days
<i>mycophenolic acid 360 mg tab dr</i>	1	QL 120 / 30 days
MYFORTIC 180 MG TAB DR	2	QL 240 / 30 days
MYFORTIC 360 MG TAB DR	2	QL 120 / 30 days
MYHIBBIN	2	
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORENCIA 250 MG RECON SOLN	1	PA
OTREXUP	2	QLC 1.6 mL/28 days
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 1 MG PACKET, PROGRAF 5 MG CAP)	2	
RAPAMUNE (RAPAMUNE 0.5 MG TAB, RAPAMUNE 1 MG TAB, RAPAMUNE 1 MG/ML SOLUTION, RAPAMUNE 2 MG TAB)	1	
RASUVO 10 MG/0.2ML SOLN A-INJ	2	QLC 0.8 mL/28 days
RASUVO 12.5 MG/0.25ML SOLN A-INJ	2	QLC 1 mL/28 days
RASUVO 15 MG/0.3ML SOLN A-INJ	2	QLC 1.2 mL/28 days
RASUVO 17.5 MG/0.35ML SOLN A-INJ	2	QLC 1.4 mL/28 days
RASUVO 20 MG/0.4ML SOLN A-INJ	2	QLC 1.6 mL/28 days
RASUVO 22.5 MG/0.45ML SOLN A-INJ	2	QLC 1.8 mL/28 days
RASUVO 25 MG/0.5ML SOLN A-INJ	2	QLC 2 mL/28 days
RASUVO 30 MG/0.6ML SOLN A-INJ	2	QLC 2.4 mL/28 days
RASUVO 7.5 MG/0.15ML SOLN A-INJ	2	QLC 0.6 mL/28 days
REDITREX	2	
REMICADE	2	PA
RENFLIXIS	2	
REZUROCK	2	QL 30 / 30 days
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP)	2	
SANDIMMUNE 100 MG/ML SOLUTION	1	
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	1	QL 6 / 28 day(s) PA
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	1	QL 3 / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SIMLANDI (1 SYRINGE)	1	PA
SIMLANDI (2 PEN)	1	QL 6 / 28 day(s) PA
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PEF SY KT	1	PA
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PEF SY KT	1	QL 6 / 28 day(s) PA
SIMPONI	1	PA
SIMPONI ARIA	2	
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 1 mg/ml solution, sirolimus 2 mg tab)</i>	1	
SPEVIGO	2	
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	
TREXALL	2	
XATMEP	2	
YUFLYMA (1 PEN)	2	PA
YUFLYMA (2 PEN)	2	PA
YUFLYMA (2 SYRINGE)	2	PA
YUFLYMA-CD/UC/HS STARTER	2	PA
YUSIMRY	2	QL 6 / 28 day(s)
ZORTRESS	2	
ZYMFENTRA (1 PEN)	2	
ZYMFENTRA (2 PEN)	2	
ZYMFENTRA (2 SYRINGE)	2	
<b>VACCINES</b>		
ADACEL	1	
AFLURIA QUADRIVALENT	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BOOSTRIX	1	
ENGERIX-B	1	
FLUAD	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL QUADRIVALENT	1	
FLUZONE HIGH-DOSE	1	
FLUZONE QUADRIVALENT	1	
HAVRIX	1	
PNEUMOVAX 23	1	
PREVNAR 13	1	QL 1 / lifetime
RECOMBIVAX HB	1	
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	QL 2 / lifetime
TWINRIX	1	
VAQTA	1	
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
ASACOL HD	2	QL 180 / 30 days
AZULFIDINE	2	
AZULFIDINE EN-TABS	2	
<i>balsalazide disodium</i>	1	QL 270 / 30 days
CANASA	2	QL 30 / 30 days
COLAZAL	2	
DELZICOL	1	QL 180 / 30 days
DIPENTUM	2	
LIALDA	2	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mesalamine 1.2 gm tab dr</i>	1	QL 4 / 1 days
<i>mesalamine 1000 mg suppos</i>	1	QL 30 / 30 days
<i>mesalamine 4 gm enema</i>	1	QL 1800 / 30 day(s)
<i>mesalamine 400 mg cap dr</i>	1	QL 180 / 30 days
<i>mesalamine 800 mg tab dr</i>	2	QL 180 / 30 days
<i>mesalamine er 0.375 gm cap er 24h</i>	1	QL 120 / 30 days
<i>mesalamine er 500 mg cap er</i>	2	
<i>mesalamine-cleanser</i>	2	
PENTASA	1	QL 240 / 30 days
ROWASA	2	
SFROWASA	2	
<i>sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)</i>	1	QL 360 / 30 days
<b>GLUCOCORTICOIDS</b>		
ALKINDI SPRINKLE	2	
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	2	
<i>budesonide 3 mg cp dr part</i>	1	QL 90 / 30 day(s)
<i>budesonide er</i>	1	QL 30 / 30 day(s)
CORTEF	2	
EOHILIA	2	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	QL 12 / 1 days
<i>hydrocortisone 100 mg/60ml enema</i>	1	QL 240 / 1 days
KHINDIVI	2	
ORTIKOS	2	
UCERIS 2 MG/ACT FOAM	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UCERIS 9 MG TAB ER 24H	2	QL 30 / 30 day(s)
<b>METABOLIC BONE DISEASE AGENTS</b>		
ACTONEL 150 MG TAB	2	QL 1 / 28 days
ACTONEL 35 MG TAB	2	QL 4 / 28 days
<i>alendronate sodium (alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	1	QL 4 / 28 days
<i>alendronate sodium 10 mg tab</i>	1	QL 30 / 30 days
<i>alendronate sodium 70 mg/75ml solution</i>	2	QL 10.7 / 1 days
<i>aqueous vitamin d</i>	1	QL 150 / 30 days
AELVIA	2	
BILDYOS	2	
BILPREVDA	2	
BINOSTO	2	
BOMYNTRA	2	
BONIVA	2	
BONSITY	2	
BOSAYA	2	
<i>bprotected pedia d-vite</i>	1	QL 150 / 30 days
<i>calcitonin (salmon)</i>	2	
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	2	QL 60 / 30 days
CALCITRIOL INJ 1 MCG/ML	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	QL 60 / 30 days
<i>cinacalcet hcl</i>	1	QL 60 / 30 days
CONEXENCE	2	
d-1000	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
d-1000 extra strength	1	
d-vi-sol	1	QL 150 / 30 days
d-vite pediatric	1	QL 150 / 30 days
d3-1000 25 mcg (1000 ut) tab	1	
<i>dialyvite vitamin d 5000</i>	1	
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	2	
<i>doxercalciferol 4 mcg/2ml solution</i>	1	
ENOBY	2	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	QL 8 / 30 days
EVENITY	2	
FORTEO	2	
FOSAMAX	2	
FOSAMAX PLUS D	2	
<i>ft vitamin d3 25 mcg (1000 ut) tab</i>	1	
<i>gnp vitamin d 25 mcg (1000 ut) tab</i>	1	
<i>gnp vitamin d3 extra strength</i>	1	
HECTOROL	1	
<i>hm vitamin d3</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL 1 / 30 days
<i>ibandronate sodium 3 mg/3ml solution</i>	2	
JUBBONTI	1	PA
MIACALCIN	2	
<i>nat-rul vitamin d 25 mcg (1000 ut) tab</i>	1	
OSENVELT	2	
OSPOMYV	2	
PAMIDRONATE DISODIUM (PAMIDRONATE DISODIUM 6 MG/ML SOLUTION, PAMIDRONATE DISODIUM 90 MG/10ML SOLUTION)	1	QLC 10 mL/fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pamidronate disodium 30 mg/10ml solution</i>	1	QLC 30 mL/fill
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	2	
<i>paricalcitol (paricalcitol 2 mcg/ml solution, paricalcitol 5 mcg/ml solution)</i>	1	
<i>pharmacist choice d-vitamin</i>	1	QL 150 / 30 days
PROLIA	2	QL 1 / 180 days
<i>qc vitamin d3 25 mcg (1000 ut) tab</i>	1	
<i>ra vitamin d-3 25 mcg (1000 ut) tab</i>	1	
RAYALDEE	2	
RECLAST	2	QL 100 mL / 365 day(s)
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab)</i>	2	QL 30 / 30 days
<i>risedronate sodium 150 mg tab</i>	2	QL 1 / 28 days
<i>risedronate sodium 35 mg tab</i>	2	QL 4 / 28 days
<i>risedronate sodium 35 mg tab dr</i>	2	
ROCALTROL (ROCALTROL 0.25 MCG CAP, ROCALTROL 0.5 MCG CAP)	2	
ROCALTROL 1 MCG/ML SOLUTION	2	QL 60 / 30 days
<i>sm vitamin d3 25 mcg (1000 ut) tab</i>	1	
STOBOCLO	2	
<i>teriparatide</i>	2	
<i>true vitamin d3 (true vitamin d3 125 mcg (5000 ut) cap, true vitamin d3 25 mcg (1000 ut) tab)</i>	1	
TYMLOS	2	
<i>vitamin d (cholecalciferol) 25 mcg (1000 ut) tab</i>	1	
<i>vitamin d (ergocalciferol) (vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap, vitamin d (ergocalciferol) 50000 unit cap)</i>	1	QL 8 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin d 10 mcg/ml liquid</i>	1	QL 150 / 30 days
<i>vitamin d 25 mcg (1000 ut) tab</i>	1	
<i>vitamin d infant</i>	1	QL 150 / 30 days
<i>vitamin d-1000 max st</i>	1	
<i>vitamin d3 (vitamin d3 125 mcg (5000 ut) cap, vitamin d3 25 mcg tab)</i>	1	
<i>vitamin d3 10 mcg/ml liquid</i>	1	QL 150 / 30 days
<i>well vitamin d3 125 mcg (5000 ut) cap</i>	1	
WYOST	1	PA
XGEVA	2	QLC 5.1 mL/28 days
XTRENBO	2	
ZEMPLAR (ZEMPLAR 1 MCG CAP, ZEMPLAR 2 MCG CAP, ZEMPLAR 2 MCG/ML SOLUTION, ZEMPLAR 5 MCG/ML SOLUTION)	2	
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	1	QL 400 MI / 28 day(s)
<i>zoledronic acid 4 mg/5ml conc</i>	1	QL 20 mL / 28 day(s)
<i>zoledronic acid 5 mg/100ml solution</i>	1	QL 100 mL / 365 day(s)
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
1ST TIER UNILET COMFORTOUCH	1	QL 200 / 30 days
ACCU-CHEK AVIVA PLUS STRIP	2	
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	2	QL 1 / 365 days
ACCU-CHEK FASTCLIX LANCETS	1	QL 200 / 30 days
ACCU-CHEK GUIDE	1	QL 1 / 365 days
ACCU-CHEK GUIDE ME	1	QL 1 / 365 days
ACCU-CHEK GUIDE TEST	1	QL 150 / 30 DAYS
ACCU-CHEK SAFE-T PRO LANCETS	1	QL 200 / 30 days
ACCU-CHEK SMARTVIEW	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACCU-CHEK SOFTCLIX LANCETS	1	QL 200 / 30 days
ACCUTREND GLUCOSE	2	
ACTI-LANCE 28G	1	QL 200 / 30 days
ACTI-LANCE LITE LANCETS 28G	1	QL 200 / 30 days
ACTI-LANCE SPECIAL LANCETS 17G	1	QL 200 / 30 days
ACTI-LANCE UNIVERSAL 23G	1	QL 200 / 30 days
ADVANCED MOBILE LANCET	1	QL 200 / 30 days
ADVANTAGE SAFETY LANCETS 28G	1	QL 200 / 30 days
ADVOCATE ALCOHOL PREP PADS	1	
ADVOCATE BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
ADVOCATE BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
ADVOCATE INSULIN SYRINGE (ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ADVOCATE LANCETS	1	QL 200 / 30 days
ADVOCATE LANCETS 30G	1	QL 200 / 30 days
ADVOCATE REDI-CODE STRIP	2	
ADVOCATE REDI-CODE (ADVOCATE REDI-CODE DEVICE, ADVOCATE REDI-CODE W/DEVICE KIT)	2	QL 1 / 365 days
ADVOCATE REDI-CODE+	2	QL 1 / 365 days
ADVOCATE REDI-CODE+ TEST	2	
ADVOCATE SAFETY LANCETS	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 21G	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 23G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADVOCATE SAFETY LANCETS 26G	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 28G	1	QL 200 / 30 days
ADVOCATE TEST	2	
AEROCHAMBER MV	1	
AEROCHAMBER PLUS FLO-VU	1	
AEROCHAMBER PLUS FLO-VU INTERM	1	
AEROCHAMBER PLUS FLO-VU LARGE	1	
AEROCHAMBER PLUS FLO-VU MEDIUM	1	
AEROCHAMBER PLUS FLO-VU SMALL	1	
AEROCHAMBER PLUS FLO-VU W/MASK	1	
AEROCHAMBER PLUS FLOW VU	1	
AEROCHAMBER W/FLOWSIGNAL	1	
AEROCHAMBER Z-STAT PLUS CHAMBR	1	
AEROCHAMBER Z-STAT PLUS/LARGE	1	
AEROCHAMBER Z-STAT PLUS/MEDIUM	1	
AEROCHAMBER2GO ANTI-STATIC	1	
AEROECLIPSE II NEBULIZER	1	
AGAMATRIX AMP	2	QL 1 / 365 days
AGAMATRIX AMP TEST	2	
AGAMATRIX JAZZ TEST	2	
AGAMATRIX JAZZ WIRELESS 2	2	QL 1 / 365 days
AGAMATRIX PRESTO	2	QL 1 / 365 days
AGAMATRIX PRESTO PRO METER	2	QL 1 / 365 days
AGAMATRIX PRESTO TEST	2	
AGAMATRIX ULTRA-THIN LANCETS	1	QL 200 / 30 days
AIMSCO TWIST LANCETS 32G	1	QL 200 / 30 days
AIMSCO TWIST LANCETS 33G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALCOH-GLOVE CONTOURED WIPE	1	
ALCOHOL PADS	1	
ALCOHOL PREP	1	
ALCOHOL PREP PADS	1	
ALCOHOL SWABS	1	
ALCOHOL SWABSTICK	1	
<i>alcohol wipes</i>	1	
AQ INSULIN SYRINGE	1	
AQUALANCE LANCETS 30G	1	QL 200 / 30 days
ARGYLE STERILE WATER	1	
ASSURE 4 TEST	2	
ASSURE COMFORT LANCETS 28G	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS HIGH	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS LOW	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS MICRO	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS NORMAL	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS PED	1	QL 200 / 30 days
ASSURE LANCE LANCETS	1	QL 200 / 30 days
ASSURE LANCE LANCETS 21G	1	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 25G	1	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 30G	1	QL 200 / 30 days
ASSURE LANCE SAFETY LANCET 28G	1	QL 200 / 30 days
ASSURE PLATINUM	2	
ASSURE PLATINUM METER	2	QL 1 / 365 days
ASSURE PRISM MULTI METER	2	QL 1 / 365 days
ASSURE PRISM MULTI TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ASSURE TITANIUM	2	
ASSURE TITANIUM BLOOD GLUCOSE	2	
AUM ALCOHOL PREP PADS	1	
AURORA LANCET SUPER THIN 30G	1	QL 200 / 30 days
AURORA LANCET THIN 23G	1	QL 200 / 30 days
BD BLUNT FILL NEEDLE 18G X 1" MISC	1	
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
BD HYPODERMIC NEEDLE 18G X 1" MISC	1	
BD INSULIN SYRINGE (BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	1	
BD INSULIN SYRINGE ULTRAFINE (BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC)	1	
BD INTEGRA SYRINGE 23G X 1" 3 ML MISC	1	
BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC	1	
BD MICROTAINER LANCETS	1	QL 200 / 30 days
BD SAFETYGLIDE INSULIN SYRINGE (BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC)	1	
BD SWAB SINGLE USE REGULAR	1	
BD SWABS SINGLE USE BUTTERFLY	1	
BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
BIOTEL CARE BLOOD GLUCOSE	2	QL 1 / 365 days
BIOTEL CARE TEST STRIPS	2	
BLOOD GLUCOSE MONITOR SYSTEM	2	QL 1 / 365 days
BLOOD GLUCOSE MONITORING 333	2	QL 1 / 365 days
BLOOD GLUCOSE TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BLOOD GLUCOSE TEST STRIPS 333	2	
BLULINK GLUCOSE MONITORING SYS	2	QL 1 / 365 days
BLULINK GLUCOSE TEST	2	
CAREONE BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
CAREONE BLOOD GLUCOSE TEST	2	
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
CAREONE LANCET SUPER THIN 30G	1	QL 200 / 30 days
CAREONE LANCET THIN 23G	1	QL 200 / 30 days
CAREPOINT POLY HUB NEEDLE 18G X 1" MISC	1	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC	1	
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC	1	
CARESENS LANCETS	1	QL 200 / 30 days
CARESENS LANCETS 30G	1	QL 200 / 30 days
CARESENS N FELIZ	2	QL 1 / 365 days
CARESENS N FELIZ BT	2	QL 1 / 365 days
CARESENS N GLUCOSE SYSTEM	2	QL 1 / 365 days
CARESENS N GLUCOSE TEST	2	
CARESENS S FIT BLOOD GLUC MON	2	QL 1 / 365 days
CARESENS S FIT BT BLOOD GLUC	2	QL 1 / 365 days
CARESENS S GLUCOSE TEST	2	
CARETOUCH ALCOHOL PREP	1	
CARETOUCH INSULIN SYRINGE (CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARETOUCH MONITOR SYSTEM	2	QL 1 / 365 days
CARETOUCH SAFETY LANCETS	1	QL 200 / 30 days
CARETOUCH SAFETY LANCETS 26G	1	QL 200 / 30 days
CARETOUCH TEST	2	
CARETOUCH TWIST LANCETS 28G	1	QL 200 / 30 days
CARETOUCH TWIST LANCETS 30G	1	QL 200 / 30 days
CARETOUCH TWIST LANCETS 33G	1	QL 200 / 30 days
CARETOUCH TWIST MC LANCETS 30G	1	QL 200 / 30 days
CEQUR SIMPLICITY 2U	1	
CEQUR SIMPLICITY INSERTER	1	
CHOSEN LANCETS 30G	1	QL 200 / 30 days
CHOSEN SAFETY LANCETS 28G	1	QL 200 / 30 days
CLEANLET LANCETS 28G	1	QL 200 / 30 days
CLEVER CHEK AUTO-CODE	2	
CLEVER CHEK AUTO-CODE SYSTEM	2	QL 1 / 365 days
CLEVER CHEK AUTO-CODE TEST	2	
CLEVER CHEK AUTO-CODE VOICE DEVICE	2	QL 1 / 365 days
CLEVER CHEK AUTO-CODE VOICE STRIP	2	
CLEVER CHEK LANCETS	1	QL 200 / 30 days
CLEVER CHEK SYSTEM	2	QL 1 / 365 days
CLEVER CHEK TEST	2	
CLEVER CHOICE AUTO-CODE SYSTEM	2	QL 1 / 365 days
CLEVER CHOICE AUTO-CODE TEST	2	
CLEVER CHOICE COMFORT EZ MISC	1	QL 200 / 30 days
CLEVER CHOICE LANCETS 21G	1	QL 200 / 30 days
CLEVER CHOICE LANCETS 23G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE LANCETS 28G	1	QL 200 / 30 days
CLEVER CHOICE MICRO SYSTEM	2	QL 1 / 365 days
CLEVER CHOICE MICRO TEST	2	
CLEVER CHOICE MINI SYSTEM	2	QL 1 / 365 days
CLEVER CHOICE NO CODING	2	
CLEVER CHOICE TALK SYSTEM DEVICE	2	QL 1 / 365 days
CLEVER CHOICE TALK SYSTEM STRIP	2	
COAGUCHEK LANCETS	1	QL 200 / 30 days
COMFORT ASSURED LANCETS 28G	1	QL 200 / 30 days
COMFORT ASSURED LANCETS 33G	1	QL 200 / 30 days
COMFORT EZ INSULIN SYRINGE (COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
COMFORT LANCETS	1	QL 200 / 30 days
COMFORT TOUCH ALCOHOL PREP	1	
COMFORT TOUCH LANCETS 31G	1	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 28G	1	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 30G	1	QL 200 / 30 days
COMFORT TOUCH TWIST LANCET 30G	1	QL 200 / 30 days
COMP AIR COMPRESSOR NEBULIZER	1	
COMPACT SPACE CHAMBER	1	
COMPACT SPACE CHAMBER/LG MASK	1	
COMPACT SPACE CHAMBER/MED MASK	1	
COMPACT SPACE CHAMBER/SM MASK	1	
CONTOUR BLOOD GLUCOSE SYSTEM	1	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONTOUR MONITOR	1	QL 1 / 365 days
CONTOUR NEXT EZ	1	QL 1 / 365 days
CONTOUR NEXT GEN MONITOR	1	QL 1 / 365 days
CONTOUR NEXT LINK	2	QL 1 / 365 days
CONTOUR NEXT MONITOR	1	QL 1 / 365 days
CONTOUR NEXT ONE	1	QL 1 / 365 days
CONTOUR NEXT TEST	1	QL 150 / 30 DAYS
CONTOUR PLUS BLUE	1	QL 1 / 365 days
CONTOUR PLUS TEST	1	
CONTOUR TEST	1	QL 150 / 30 DAYS
COOL BLOOD GLUCOSE TEST STRIPS	2	
COOL MIST HUMIDIFIER	1	
COOL MIST HUMIDIFIER 1 GALLON	1	
COOL MIST HUMIDIFIER 1.2 GAL	1	
COOL MONITOR	2	QL 1 / 365 days
COOL MONITOR KIT	2	QL 1 / 365 days
CURITY ALCOHOL PREPS	1	
CVS ADVANCED GLUCOSE TEST	2	
CVS ALCOHOL PREP PADS	1	
CVS BLOOD GLUCOSE METER	2	QL 1 / 365 days
CVS GLUCOSE METER TEST STRIPS	2	
<i>cv's isopropyl alcohol wipes</i>	1	
CVS LANCETS 21G	1	QL 200 / 30 days
CVS LANCETS MICRO THIN 33G	1	QL 200 / 30 days
CVS LANCETS ORIGINAL	1	QL 200 / 30 days
CVS LANCETS THIN 26G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
CVS LANCETS ULTRA-THIN 30G	1	QL 200 / 30 days
CVS PREP	1	
CVS TRUE METRIX GLUCOSE TEST	2	
CVS ULTRA THIN LANCETS	1	QL 200 / 30 days
DEXCOM G6 RECEIVER	1	QL 1 / 365 day(s) PA
DEXCOM G6 TRANSMITTER	1	QL 1 / 90 day(s) PA
DEXCOM G7 RECEIVER	1	QL 1 / 365 day(s) PA
DIATHRIVE LANCET ULTRA THIN 30	1	QL 200 / 30 days
DIATHRIVE LANCETS	1	QL 200 / 30 days
DIATRUE PLUS BLOOD GLUCOSE	2	QL 1 / 365 days
DIATRUE PLUS TEST	2	
DROPLET INSULIN SYRINGE (DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC, DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
DROPLET LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
DROPLET PERSONAL LANCETS 30G	1	QL 200 / 30 days
DROPSAFE ACTI-LANCE 23G	1	QL 200 / 30 days
DROPSAFE ALCOHOL PREP	1	
DROPSAFE MEDLANCE LANCET 30G	1	QL 200 / 30 days
DROPSAFE SAFETY SYRINGE/NEEDLE (DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC, DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DRUG MART LANCETS THIN 26G	1	QL 200 / 30 days
DRUG MART ON-THE-GO LANCET 30G	1	QL 200 / 30 days
DRUG MART UNILET LANCETS 28G	1	QL 200 / 30 days
DRUG MART UNILET LANCETS 30G	1	QL 200 / 30 days
DRUG MART UNILET LANCETS 33G	1	QL 200 / 30 days
DUROLANE	1	QL 6 / 180 days PA
E-Z JECT LANCET MICRO-THIN 33G	1	QL 200 / 30 days
E-Z JECT LANCET SUPER THIN 30G	1	QL 200 / 30 days
E-Z JECT LANCETS	1	QL 200 / 30 days
E-Z JECT LANCETS 21G	1	QL 200 / 30 days
E-Z JECT LANCETS THIN 26G	1	QL 200 / 30 days
EASIVENT	1	
EASIVENT MASK LARGE	1	
EASIVENT MASK MEDIUM	1	
EASIVENT MASK SMALL	1	
EASY COMFORT ALCOHOL PADS	1	
EASY COMFORT INSULIN SYRINGE (EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
EASY COMFORT LANCETS	1	QL 200 / 30 days
EASY COMFORT LANCETS TWIST TOP	1	QL 200 / 30 days
EASY PLUS II GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY PLUS II GLUCOSE TEST	2	
EASY STEP GLUCOSE MONITOR	2	QL 1 / 365 days
EASY STEP TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TALK BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY TALK BLOOD GLUCOSE TEST	2	
EASY TALK PLUS II TEST STRIPS	2	
EASY TOUCH ALCOHOL PREP MEDIUM	1	
EASY TOUCH FLIPLOCK INSULIN SY (EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC)	1	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC	1	
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC	1	
EASY TOUCH GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC	1	
EASY TOUCH INSULIN SAFETY SYR (EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC)	1	
EASY TOUCH INSULIN SYRINGE (EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
EASY TOUCH LANCETS 21G	1	QL 200 / 30 days
EASY TOUCH LANCETS 23G	1	QL 200 / 30 days
EASY TOUCH LANCETS 26G	1	QL 200 / 30 days
EASY TOUCH LANCETS 28G	1	QL 200 / 30 days
EASY TOUCH LANCETS 28G/TWIST	1	QL 200 / 30 days
EASY TOUCH LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 30G/TWIST	1	QL 200 / 30 days
EASY TOUCH LANCETS 32G	1	QL 200 / 30 days
EASY TOUCH LANCETS 32G/TWIST	1	QL 200 / 30 days
EASY TOUCH LANCETS 33G/TWIST	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 21G	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 23G	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 26G	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 28G	1	QL 200 / 30 days
EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC	1	
EASY TOUCH SHEATHLOCK SYRINGE (EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC)	1	
EASY TOUCH TEST	2	
EASY TRAK BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY TRAK BLOOD GLUCOSE TEST	2	
EASY TRAK II BLOOD GLUCOSE SYS	2	QL 1 / 365 days
EASY TRAK II GLUCOSE TEST	2	
EASYGLUCO KIT	2	QL 1 / 365 days
EASYGLUCO STRIP	2	
EASYMAX 15 TEST	2	
EASYMAX NG BLOOD GLUCOSE	2	QL 1 / 365 days
EASYMAX TEST	2	
EASYMAX V BLOOD GLUCOSE	2	QL 1 / 365 days
EASYPOINT NEEDLE 18G X 1" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASYPPOINT NEEDLE/SYRINGE 23G X 1" 3 ML MISC	1	
ELEMENT COMPACT GLUCOSE SYSTEM	2	QL 1 / 365 days
ELEMENT COMPACT TEST	2	
ELEMENT COMPACT V GLUCOSE SYS	2	QL 1 / 365 days
ELEMENT PLUS	2	QL 1 / 365 days
ELEMENT TEST	2	
EMBECTA AUTOSHIELD DUO	1	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC	1	
EMBECTA INSULIN SYRINGE U/F (EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC, EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC, EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC, EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC)	1	
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE U/F	1	
EMBECTA PEN NEEDLE ULTRAFINE (EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM MISC, EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM MISC, EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM MISC)	1	
EMBRACE BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
EMBRACE BLOOD GLUCOSE TEST	2	
EMBRACE EVO BLOOD GLUCOSE TEST	2	
EMBRACE EVO GLUCOSE MONITOR	2	QL 1 / 365 days
EMBRACE EVO GLUCOSE MONITORING	2	QL 1 / 365 days
EMBRACE LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
EMBRACE PRESSURE ACTIVATED 21G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMBRACE PRESSURE ACTIVATED 28G	1	QL 200 / 30 days
EMBRACE PRO GLUCOSE METER	2	QL 1 / 365 days
EMBRACE PRO GLUCOSE TEST	2	
EMBRACE TALK BLOOD GLUCOSE	2	QL 1 / 365 days
EMBRACE TALK GLUCOSE TEST	2	
EMBRACE TALK MONITORING SYSTEM	2	QL 1 / 365 days
EMBRACE WAVE GLUCOSE METER	2	QL 1 / 365 days
EQ BLOOD GLUCOSE TEST	2	
EQL ALCOHOL SWABS	1	
EQL COLOR LANCETS 21G	1	QL 200 / 30 days
EQL COLOR LANCETS MICRO 33G	1	QL 200 / 30 days
EQL INSULIN SYRINGE (EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC, EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
EQL SUPER THIN LANCETS 30G	1	QL 200 / 30 days
EQL THIN LANCETS 26G	1	QL 200 / 30 days
EUFLEXXA	1	QL 12 / 180 days PA
EVERSENSE 365 SMART TRANSMIT	2	
EVERSENSE E3 SMART TRANSMITTER	2	
EVERSENSE SMART TRANSMITTER	2	
EVOLUTION AUTOCODE DEVICE	2	QL 1 / 365 days
EVOLUTION AUTOCODE STRIP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EXEL COMFORT POINT INSULIN SYR (EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML MISC)	1	
EZ-LETS LANCETS 21G	1	QL 200 / 30 days
EZ-LETS LANCETS 26G	1	QL 200 / 30 days
EZ-LETS LANCETS 28G	1	QL 200 / 30 days
EZ-LETS LANCETS 30G	1	QL 200 / 30 days
FIFTY50 ALCOHOL PREP	1	
FIFTY50 GLUCOSE METER 2.0	2	QL 1 / 365 days
FIFTY50 GLUCOSE TEST 2.0	2	
FIFTY50 SAFETY SEAL LANCETS	1	QL 200 / 30 days
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	1	
FIFTY50 UNILET LANCETS 33G	1	QL 200 / 30 days
FINE 30	1	QL 200 / 30 days
FINGERSTIX LANCETS	1	QL 200 / 30 days
FLAVOR PLUS	1	
FLAVOR SWEET	1	
FLAVOR SWEET DYE FREE	1	
FLAVOR SWEET SF DYE FREE	1	
FLAVOR SWEET-SF	1	
FONDCIRCLE BLOOD GLUCOSE MONIT	2	QL 1 / 365 days
FONDCIRCLE BLOOD GLUCOSE TEST	2	
FONDCIRCLE SINGLE USE LANCETS	1	QL 200 / 30 days
FORA 6 CONNECT	2	
FORA 6 CONNECT/GTEL TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA BLOOD GLUCOSE TEST	2	
FORA D15G BLOOD GLUCOSE TEST	2	
FORA D20 2-IN-1 MONITOR	2	
FORA D20 BLOOD GLUCOSE TEST	2	
FORA D40/G31 BLOOD GLUCOSE	2	
FORA G20 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA G20 BLOOD GLUCOSE TEST	2	
FORA G30/PREM V10 GLUCOSE TEST	2	
FORA G30A BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA GD20 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA GD20 TEST	2	
FORA GD50 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA GD50 BLOOD GLUCOSE TEST	2	
FORA GTEL BLOOD GLUCOSE TEST	2	
FORA LANCETS	1	QL 200 / 30 days
FORA PREMIUM V10 BLE SYSTEM	2	QL 1 / 365 days
FORA TEST N' GO MONITOR	2	QL 1 / 365 days
FORA TN'G ADVANCE PRO STRIP	2	
FORA TN'G VOICE	2	QL 1 / 365 days
FORA TN'G/TN'G VOICE	2	
FORA V10 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V10 BLOOD GLUCOSE TEST	2	
FORA V12 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V12 BLOOD GLUCOSE TEST	2	
FORA V20 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V20 BLOOD GLUCOSE TEST	2	
FORA V30A BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA V30A BLOOD GLUCOSE TEST	2	
FORACARE GD40 MONITOR	2	QL 1 / 365 days
FORACARE GD40 TEST	2	
FORACARE PREMIUM V10	2	QL 1 / 365 days
FORACARE PREMIUM V10 TEST	2	
FORACARE TEST N GO MONITOR	2	QL 1 / 365 days
FORACARE TEST N GO TEST	2	
FORTISCARE G1 TEST STRIP	2	
FORTISCARE T1 GLUCOSE SYSTEM	2	QL 1 / 365 days
FORTISCARE TEST	2	
FREDS PHARMACY UNILET LANC 28G	1	QL 200 / 30 days
FREDS PHARMACY UNILET LANC 30G	1	QL 200 / 30 days
FREESTYLE FREEDOM LITE	2	QL 1 / 365 days
FREESTYLE INSULINX TEST	2	
FREESTYLE LANCETS	1	QL 200 / 30 days
FREESTYLE LIBRE 14 DAY READER	1	PA
FREESTYLE LIBRE 2 READER	1	PA
FREESTYLE LIBRE 3 READER	1	PA
FREESTYLE LIBRE READER	1	PA
FREESTYLE LITE	2	QL 1 / 365 days
FREESTYLE LITE TEST	2	
FREESTYLE PRECISION NEO SYSTEM	2	QL 1 / 365 days
FREESTYLE PRECISION NEO TEST	2	
FREESTYLE TEST	2	
FREESTYLE UNISTICK II LANCETS	1	QL 200 / 30 days
GE100 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GE100 BLOOD GLUCOSE TEST	2	
GEL-ONE	2	
GELSYN-3	1	QL 12 / 180 days PA
GENTEEL BUTTERFLY TOUCH LANCET	1	QL 200 / 30 days
GENTLE-LET GP LANCETS	1	QL 200 / 30 days
GENTLE-LET LANCETS	1	QL 200 / 30 days
GENVISC 850	2	QL 15 / 180 days PA
GHT BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
GHT TEST	2	
GLOBAL ALCOHOL PREP EASE	1	
GLOBAL INJECT EASE INSULIN SYR (GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC)	1	
GLOBAL INJECT EASE LANCETS 28G	1	QL 200 / 30 days
GLOBAL INJECT EASE LANCETS 30G	1	QL 200 / 30 days
GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT	2	QL 1 / 365 days
GLUCOCARD 01 SENSOR PLUS	2	
GLUCOCARD EXPRESSION MONITOR	2	QL 1 / 365 days
GLUCOCARD EXPRESSION TEST	2	
GLUCOCARD SHINE	2	QL 1 / 365 days
GLUCOCARD SHINE CONNEX	2	QL 1 / 365 days
GLUCOCARD SHINE EXPRESS	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCARD SHINE TEST	2	
GLUCOCARD SHINE XL	2	QL 1 / 365 days
GLUCOCARD VITAL MONITOR	2	QL 1 / 365 days
GLUCOCARD VITAL TEST	2	
GLUCOCOM BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
GLUCOCOM LANCETS 28G	1	QL 200 / 30 days
GLUCOCOM LANCETS 30G	1	QL 200 / 30 days
GLUCOCOM LANCETS 33G	1	QL 200 / 30 days
GLUCOCOM MONITOR	2	QL 1 / 365 days
GLUCOCOM TEST	2	
GLUCONAVII BLOOD GLUCOSE TEST	2	
GLUCOPRO INSULIN SYRINGE (GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
GLUCOSE METER TEST	2	
GNP ALCOHOL SWABS	1	
GNP EASY TOUCH GLUCOSE METER	2	QL 1 / 365 days
GNP EASY TOUCH GLUCOSE TEST	2	
GNP INSULIN SYRINGE (GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
GNP INSULIN SYRINGES	1	
GNP INSULIN SYRINGES 29GX1/2"	1	
GNP LANCETS 21G	1	QL 200 / 30 days
GNP LANCETS THIN 26G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP STERILE LANCETS 28G	1	QL 200 / 30 days
GNP STERILE LANCETS 30G	1	QL 200 / 30 days
GNP STERILE LANCETS 33G	1	QL 200 / 30 days
GNP TRUE METRIX AIR METER	2	QL 1 / 365 days
GNP TRUE METRIX GLUCOSE METER	2	QL 1 / 365 days
GNP TRUETRACK TEST STRIPS	2	
GOJJI BLOOD GLUCOSE TEST	2	
GOJJI BLOOD TEST STRIP/LANCETS	2	
GOJJI STERILE LANCETS	1	QL 200 / 30 days
GOODSENSE ALCOHOL SWABS	1	
GOODSENSE BLOOD GLUCOSE STRIP	2	
GOODSENSE BLOOD GLUCOSE W/DEVICE KIT	2	QL 1 / 365 days
GOODSENSE COLOR LANCETS 33G	1	QL 200 / 30 days
GOODSENSE LANCETS 26G UNIV	1	QL 200 / 30 days
GOODSENSE LANCETS 30G	1	QL 200 / 30 days
GOODSENSE LANCETS 30G UNIV	1	QL 200 / 30 days
GOODSENSE LANCETS 33G	1	QL 200 / 30 days
GOODSENSE LANCETS 33G UNIV	1	QL 200 / 30 days
GRAPE SYRUP	1	
GUARDIAN 4 TRANSMITTER	2	
GUARDIAN CONNECT TRANSMITTER	2	
GUARDIAN LINK 3 TRANSMITTER	2	
GUARDIAN REAL-TIME REPLACE PED	1	PA
H-E-B INCONTROL ALCOHOL	1	
H-E-B INCONTROL LANCETS 28G	1	QL 200 / 30 days
H-E-B INCONTROL LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
H-E-B INCONTROL LANCETS 33G	1	QL 200 / 30 days
HAEMOLANCE	1	QL 200 / 30 days
HAEMOLANCE LOW FLOW LANCETS	1	QL 200 / 30 days
HAEMOLANCE PLUS	1	QL 200 / 30 days
HAEMOLANCE PLUS HIGH FLOW	1	QL 200 / 30 days
HAEMOLANCE PLUS LOW FLOW	1	QL 200 / 30 days
HAEMOLANCE PLUS MAX FLOW	1	QL 200 / 30 days
HAEMOLANCE PLUS PEDIATRIC FLOW	1	QL 200 / 30 days
HEALTHPRO BLOOD GLUCOSE MONITO	2	QL 1 / 365 days
HEALTHWISE INSULIN SYR/NEEDLE (HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC)	1	
HEALTHY ACCENTS UNILET LANCETS	1	QL 200 / 30 days
HM EMBRACE TALK SYSTEM	2	QL 1 / 365 days
HM STERILE ALCOHOL PREP	1	
HOMENEB WITH SIDESTREAM	1	
HUMIDIFIER	1	
HW EMBRACE PRO GLUCOSE METER	2	QL 1 / 365 days
HW EMBRACE PRO GLUCOSE TEST	2	
HW EMBRACE TALK BLOOD GLUCOSE	2	QL 1 / 365 days
HW EMBRACE TALK GLUCOSE TEST	2	
HY-VEE LANCETS	1	QL 200 / 30 days
HY-VEE THIN LANCETS	1	QL 200 / 30 days
HYALGAN 20 MG/2ML SOLN PRSYR	1	QL 12 / 180 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE COMPLETE KIT	2	
HYMOVIS	2	
HYMOVIS ONE	2	
HYPODERMIC NEEDLE 18G X 1" MISC	1	
IGLUOSE MONITORING SYSTEM	2	QL 1 / 365 days
IGLUOSE TEST STRIPS	2	
IHEALTH BLOOD GLUCOSE TEST STR	2	
IHEALTH GLUCO+ KIT 10	2	
IN TOUCH STERILE LANCETS 30G	1	QL 200 / 30 days
INFINITY BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
INFINITY BLOOD GLUCOSE TEST	2	
INFINITY VOICE STRIP	2	
INFINITY VOICE W/DEVICE KIT	2	QL 1 / 365 days
INNOSPIRE ESSENCE NEBULIZER	1	
INSULIN SYRINGE (INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE 29G X 1/2" 1 ML MISC, INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE 30G X 5/16" 1 ML MISC, INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
INSULIN SYRINGE-NEEDLE U-100 (INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC)	1	
IQIRVO	2	
<i>isopropyl alcohol 70 % misc</i>	1	
<i>isopropyl alcohol wipes</i>	1	
KAZ HEALTHMIST HUMIDIFIER	1	
KETO-DIASTIX	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KINNEY LANCETS	1	QL 200 / 30 days
KINNEY THIN LANCETS	1	QL 200 / 30 days
KINRAY INSULIN SYRINGE (KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
KROGER BLOOD GLUCOSE TEST	2	
KROGER HEALTHPRO GLUCOSE TEST	2	
KROGER HEALTHPRO LANCET 26G	1	QL 200 / 30 days
KROGER INSULIN SYRINGE (KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
KROGER LANCETS	1	QL 200 / 30 days
KROGER LANCETS 21G	1	QL 200 / 30 days
KROGER LANCETS MICRO THIN 33G	1	QL 200 / 30 days
KROGER LANCETS SUPER THIN	1	QL 200 / 30 days
KROGER LANCETS THIN	1	QL 200 / 30 days
KROGER LANCETS THIN 26G	1	QL 200 / 30 days
KROGER LANCETS ULTRATHIN 30G	1	QL 200 / 30 days
KROGER PREMIUM BLOOD GLUCOSE	2	QL 1 / 365 days
KROGER PREMIUM GLUCOSE TEST	2	
LANCETS	1	QL 200 / 30 days
LANCETS 28G THIN	1	QL 200 / 30 days
LANCETS 30G	1	QL 200 / 30 days
LANCETS 33G	1	QL 200 / 30 days
LANCETS MICRO THIN 33G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LANCETS SUPER THIN	1	QL 200 / 30 days
LANCETS SUPER THIN 28G	1	QL 200 / 30 days
LANCETS THIN	1	QL 200 / 30 days
LANCETS ULTRA THIN	1	QL 200 / 30 days
LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
LEADER INSULIN SYRINGE (LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
LEQSELVI	2	
LIBERTY MEDICAL LANCETS	1	QL 200 / 30 days
LITE TOUCH LANCETS	1	QL 200 / 30 days
LITETOUCH INSULIN SYRINGE (LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
LITETOUCH LANCETS	1	QL 200 / 30 days
LIVDELZI	2	
LIVE BETTER LANCET SUPER THIN	1	QL 200 / 30 days
LIVE BETTER LANCET ULTRA THIN	1	QL 200 / 30 days
LONGS LANCETS STANDARD	1	QL 200 / 30 days
LONGS LANCETS THIN	1	QL 200 / 30 days
LONGS LANCETS ULTRA THIN	1	QL 200 / 30 days
LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAGELLAN INSULIN SAFETY SYR (MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC)	1	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	
MEDICHOICE SAFETY LANCET	1	QL 200 / 30 days
MEDICHOICE SAFETY LANCET EXTRA	1	QL 200 / 30 days
MEDICHOICE SAFETY LANCET NORM	1	QL 200 / 30 days
MEDLANCE EXTRA 21G	1	QL 200 / 30 days
MEDLANCE LITE 25G	1	QL 200 / 30 days
MEDLANCE PLUS EXTRA 21G	1	QL 200 / 30 days
MEDLANCE PLUS LANCETS	1	QL 200 / 30 days
MEDLANCE PLUS LITE 25G	1	QL 200 / 30 days
MEDLANCE PLUS SPECIAL 0.8MM	1	QL 200 / 30 days
MEDLANCE PLUS SUPERLITE 30G	1	QL 200 / 30 days
MEDLANCE PLUS UNIVERSAL 21G	1	QL 200 / 30 days
MEDLANCE UNIVERSAL 21G	1	QL 200 / 30 days
<i>medpura alcohol pads</i>	1	
MEIJER ALCOHOL SWABS	1	
MEIJER BLOOD GLUCOSE	2	QL 1 / 365 days
MEIJER BLOOD GLUCOSE TEST	2	
MEIJER LANCETS	1	QL 200 / 30 days
MEIJER LANCETS THIN	1	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 21G	1	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEIJER LANCETS UNIVERSAL 33G	1	QL 200 / 30 days
MEIJER PREMIUM BLOOD GLUCOSE	2	QL 1 / 365 days
MEIJER SUPER THIN LANCETS	1	QL 200 / 30 days
MICRODOT BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
MICRODOT TEST	2	
MICROLET LANCETS	1	QL 200 / 30 days
MICROLET NEXT LANCETS	1	QL 200 / 30 days
MIUDELLA INTRAUTERINE COPPER	2	
MM BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
MM BLOOD GLUCOSE SYSTEM REFILL	2	QL 1 / 365 days
MM BLULINK GLUCOSE MONIT SYS	2	QL 1 / 365 days
MM BLULINK GLUCOSE TEST	2	
MM EASY TOUCH GLUCOSE	2	
MM EASY TOUCH GLUCOSE METER	2	QL 1 / 365 days
MM INSULIN SYRINGE/NEEDLE (MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC, MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC, MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC)	1	
MM TWIST LANCETS	1	QL 200 / 30 days
MOBILE LANCETS 30G	1	QL 200 / 30 days
MOMETACURE	2	
MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE (MONOJECT INSULIN SYRINGE 25G X 5/8" 1 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" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC	1	
MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC	1	
MONOJECT SYRINGE 23G X 1" 3 ML MISC	1	
MONOJECT ULTRA COMFORT SYRINGE (MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC)	1	
MONOLET LANCETS	1	QL 200 / 30 days
MONOLET OPD LANCETS	1	QL 200 / 30 days
MONOLETTOR SAFETY LANCETS	1	QL 200 / 30 days
MONOVISC	2	
MPD SAFETY LANCET 21G	1	QL 200 / 30 days
MPD SAFETY LANCET 23G	1	QL 200 / 30 days
MPD SAFETY LANCET 28G	1	QL 200 / 30 days
MPD SAFETY LANCET 30G	1	QL 200 / 30 days
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
MX-SOL	1	
MX-SOL SF	1	
MYGLUCOHEALTH BLOOD GLUCOSE	2	QL 1 / 365 days
MYGLUCOHEALTH LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYGLUCOHEALTH TEST	2	
NEB 200 COMPRESSOR NEBULIZER	1	
NEUTEK 2TEK TEST	2	
NOKOR VENTED NEEDLE	1	
NOVA MAX BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
NOVA MAX GLUCOSE TEST	2	
NOVA SAFETY LANCETS 23G	1	QL 200 / 30 days
NOVA SAFETY LANCETS 28G	1	QL 200 / 30 days
NOVA SUREFLEX LANCETS	1	QL 200 / 30 days
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	1	
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	
OMNIPOD 5 G7 INTRO (GEN 5)	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	1	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	
OMNIPOD CLASSIC PODS (GEN 3)	1	
OMNIPOD DASH INTRO (GEN 4)	1	
OMNIPOD DASH PDM (GEN 4)	1	
OMNIPOD DASH PODS (GEN 4)	1	
OMNIPOD GO	1	
ON CALL EXPRESS BLOOD GLUCOSE	2	
ON CALL EXPRESS MONITORING SYS	2	QL 1 / 365 days
ONETOUCH DELICA PLUS LANCET30G	1	QL 200 / 30 days
ONETOUCH DELICA PLUS LANCET33G	1	QL 200 / 30 days
ONETOUCH DELICA SAFETY LANCING	1	QL 200 / 30 days
ONETOUCH SOLUTIONS STARTER KIT	2	
ONETOUCH ULTRA	1	QL 150 / 30 DAYS

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONETOUCH ULTRA 2	1	QL 1 / 365 days
ONETOUCH ULTRA BLUE TEST	1	QL 150 / 30 DAYS
ONETOUCH ULTRA TEST	1	QL 150 / 30 DAYS
ONETOUCH ULTRASOFT 2 LANCETS	1	QL 200 / 30 days
ONETOUCH ULTRASOFT LANCETS	1	QL 200 / 30 days
ONETOUCH VERIO STRIP	1	QL 150 / 30 DAYS
ONETOUCH VERIO FLEX METER	1	QL 1 / 365 days
ONETOUCH VERIO FLEX STARTR KIT	2	QL 1 / 365 days
ONETOUCH VERIO REFLECT METER	1	QL 1 / 365 days
ONETOUCH VERIO REFLECT STR KIT	2	QL 1 / 365 days
OPTICHAMBER DIAMOND MISC	1	
OPTICHAMBER DIAMOND-LG MASK	1	
OPTICHAMBER DIAMOND-MD MASK	1	
OPTICHAMBER DIAMOND-SM MASK	1	
OPTIUMEZ TEST	2	
ORA-PLUS	1	
ORA-SWEET	1	
ORA-SWEET SF	1	
ORAL SUSPEND	1	
ORAL SYRUP	1	
ORAL SYRUP SF	1	
ORAPENN SD ANHYD SWEETENED	1	
ORAPENN SD ANYHYD UNSWEETEN	1	
ORTHOVISC	2	
PARAGARD INTRAUTERINE COPPER	1	
PARI LC PLUS NEBULIZER	1	
PC LANCETS SUPER THIN 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PCCA SWEET-SF	1	
PCCA SYRUP VEHICLE	1	
PERFECT LANCETS 28G	1	QL 200 / 30 days
PERFECT LANCETS 30G	1	QL 200 / 30 days
PERFECT POINT SAFETY LANCETS	1	QL 200 / 30 days
PHARMACIST CHOICE ALCOHOL	1	
PHARMACIST CHOICE AUTOCODE	2	
PHARMACIST CHOICE AUTOCODE SYS	2	QL 1 / 365 days
PHARMACIST CHOICE LANCETS	1	QL 200 / 30 days
PHARMACIST CHOICE MINI SYSTEM	2	QL 1 / 365 days
PHARMACIST CHOICE NO CODING	2	
PHARMACY COUNTER LANCETS	1	QL 200 / 30 days
PIP BLOOD GLUCOSE MONITORING	2	QL 1 / 365 days
PIP BLOOD GLUCOSE TEST STRIP	2	
PIP LANCETS 28G	1	QL 200 / 30 days
PIP LANCETS 30G	1	QL 200 / 30 days
POGO AUTOMATIC BLOOD GLUCOSE	2	QL 1 / 365 days
POGO AUTOMATIC TEST CARTRIDGES	2	
POLY HUB NEEDLE 18G X 1" MISC	1	
PRECISION THINS GP LANCETS	1	QL 200 / 30 days
PRECISION XTRA BLOOD GLUCOSE	2	
PRECISION XTRA-GLUCOSE/KETONE	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREFERRED PLUS INSULIN SYRINGE (PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
PREFERRED PLUS LANCETS COLORED	1	QL 200 / 30 days
PREFERRED PLUS LANCETS THIN	1	QL 200 / 30 days
PREMIUM BLOOD GLUCOSE TEST	2	
PRO COMFORT ALCOHOL	1	
PRO COMFORT INSULIN SYRINGE (PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
PRO COMFORT LANCETS 30G	1	QL 200 / 30 days
PRO COMFORT LANCETS 31G	1	QL 200 / 30 days
PRO COMFORT SAFETY LANCETS 30G	1	QL 200 / 30 days
PRO VOICE V8 GLUCOSE SYSTEM	2	QL 1 / 365 days
PRO VOICE V8/V9 GLUCOSE	2	
PRO VOICE V9 GLUCOSE SYSTEM	2	QL 1 / 365 days
PROCHAMBER VHC	1	
PRODIGY AUTOCODE BLOOD GLUCOSE	2	QL 1 / 365 days
PRODIGY LANCETS 28G	1	QL 200 / 30 days
PRODIGY NO CODING BLOOD GLUC STRIP	2	
PRODIGY POCKET BLOOD GLUCOSE	2	QL 1 / 365 days
PRODIGY SAFETY LANCETS 26G	1	QL 200 / 30 days
PRODIGY TWIST TOP LANCETS 28G	1	QL 200 / 30 days
PRODIGY VOICE BLOOD GLUCOSE	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PSS SELECT GP LANCETS	1	QL 200 / 30 days
PSS SELECT SAFETY LANCETS	1	QL 200 / 30 days
PULMONEB LT	1	
PURE COMFORT ALCOHOL PREP	1	
PURE COMFORT LANCETS 30G	1	QL 200 / 30 days
PURE COMFORT SAFETY LANCET 30G	1	QL 200 / 30 days
PX LANCETS MICROTHIN 33G	1	QL 200 / 30 days
PX LANCETS ULTRA THIN	1	QL 200 / 30 days
PX LANCETS ULTRA THIN 28G	1	QL 200 / 30 days
<i>qc alcohol</i>	1	
QC ALCOHOL SWABS	1	
QC LANCETS SUPER THIN 30G	1	QL 200 / 30 days
QC LANCETS ULTRA THIN	1	QL 200 / 30 days
QC UNILET LANCETS 28G	1	QL 200 / 30 days
QC UNILET LANCETS MICRO THIN	1	QL 200 / 30 days
QUINTET AC BLOOD GLUCOSE	2	QL 1 / 365 days
QUINTET AC BLOOD GLUCOSE TEST	2	
QUINTET BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
QUINTET BLOOD GLUCOSE TEST	2	
RA ALCOHOL SWABS	1	
RA E-ZJECT LANCETS 28G	1	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 26G	1	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 28G	1	QL 200 / 30 days
RA E-ZJECT LANCETS ULTRA THIN	1	QL 200 / 30 days
RA INSULIN SYRINGE	1	
<i>ra isopropyl alcohol wipes</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
READYLANCE SAFETY LANCETS	1	QL 200 / 30 days
REALITY INSULIN SYRINGE (REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	1	
REALITY LANCETS	1	QL 200 / 30 days
REALITY SWABS	1	
REALITY TRIGGER LANCETS	1	QL 200 / 30 days
REFUAH PLUS BLOOD GLUCOSE TEST	2	
REFUAH PLUS MONITORING SYSTEM	2	QL 1 / 365 days
RELION ALCOHOL SWABS	1	
RELION ALL-IN-ONE	2	
RELION BLOOD GLUCOSE TEST	2	
RELION CONFIRM GLUCOSE MONITOR	2	QL 1 / 365 days
RELION CONFIRM/MICRO TEST	2	
RELION INSULIN SYRINGE (RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
RELION LANCET DEVICES 30G	1	QL 200 / 30 days
RELION LANCETS	1	QL 200 / 30 days
RELION LANCETS MICRO-THIN 33G	1	QL 200 / 30 days
RELION LANCETS THIN 26G	1	QL 200 / 30 days
RELION LANCETS ULTRA-THIN 30G	1	QL 200 / 30 days
RELION MICRO	2	QL 1 / 365 days
RELION PREMIER BLU MONITOR	2	QL 1 / 365 days
RELION PREMIER CLASSIC	2	QL 1 / 365 days
RELION PREMIER TEST	2	
RELION PREMIER VOICE MONITOR	2	QL 1 / 365 days
RELION PRIME MONITOR	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELION PRIME TEST	2	
RELION TRUE MET AIR GLUC METER	1	QL 1 / 365 days
RELION TRUE METRIX TEST STRIPS	1	QL 150 / 30 DAYS
RELION ULTIMA GLUCOSE SYSTEM	2	QL 1 / 365 days
RELION ULTIMA TEST	2	
RELION ULTRA THIN LANCETS 30G	1	QL 200 / 30 days
RELION ULTRA THIN PLUS LANCETS	1	QL 200 / 30 days
REXALL BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
REXALL BLOOD GLUCOSE TEST	2	
REXALL LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
RIGHTEST GL300 LANCETS	1	QL 200 / 30 days
RIGHTEST GM100 BLOOD GLUCOSE	2	QL 1 / 365 days
RIGHTEST GM300 BLOOD GLUCOSE	2	QL 1 / 365 days
RIGHTEST GM550 BLOOD GLUCOSE	2	QL 1 / 365 days
RIGHTEST GS100 BLOOD GLUCOSE	2	
RIGHTEST GS300 BLOOD GLUCOSE	2	
RIGHTEST GS550 BLOOD GLUCOSE	2	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	2	QL 1 / 365 days
RIGHTEST GT333 BLOOD GLUCOSE STRIP	2	
RIGHTEST GT333 GLUCOSE TEST	2	
SAFE-T-LANCE	1	QL 200 / 30 days
SAFE-T-LANCE PLUS	1	QL 200 / 30 days
SAFETY INSULIN SYRINGES (SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML MISC, SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML MISC, SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML MISC)	1	
SAFETY LANCET 30G/PRESSURE ACT	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAFETY LANCETS	1	QL 200 / 30 days
SAFETY LANCETS 21G	1	QL 200 / 30 days
SAFETY LANCETS 23G	1	QL 200 / 30 days
SAFETY LANCETS 28G	1	QL 200 / 30 days
SAFETY SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
SAPS CARE ALCOHOL PREP	1	
SAPS HEALTH ALCOHOL PREP (SAPS HEALTH ALCOHOL PREP PAD, SAPS HEALTH ALCOHOL PREP 70 % PAD)	1	
SAPS HEALTH CARE ALCOHOL PREP	1	
SAPS HEALTH PLUS LANCETS	1	QL 200 / 30 days
SAPS HEALTH TWIST TOP LANCETS	1	QL 200 / 30 days
SAPS TWIST TOP LANCETS	1	QL 200 / 30 days
SAPSCARE TWIST TOP LANCETS	1	QL 200 / 30 days
SB ALCOHOL PREP	1	
SB INSULIN SYRINGE	1	
SB LANCETS THIN	1	QL 200 / 30 days
SB LANCETS ULTRA THIN	1	QL 200 / 30 days
SECURESAFE INSULIN SYRINGE	1	
SENSILANCE SAFETY LANCETS 21G	1	QL 200 / 30 days
SENSILANCE SAFETY LANCETS 26G	1	QL 200 / 30 days
SENSILANCE SAFETY LANCETS 28G	1	QL 200 / 30 days
SHOPKO ON-THE-GO LANCETS 30G	1	QL 200 / 30 days
SHOPKO UNILET LANCETS 28G	1	QL 200 / 30 days
SHOPKO UNILET LANCETS 30G	1	QL 200 / 30 days
SILA III	2	
SINGLE-LET	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SM ALCOHOL PREP (SM ALCOHOL PREP PAD, SM ALCOHOL PREP 70 % PAD)	1	
SM LANCETS 33G	1	QL 200 / 30 days
SMART SENSE COLOR LANCETS 33G	1	QL 200 / 30 days
SMART SENSE PREMIUM SYSTEM	2	QL 1 / 365 days
SMART SENSE PREMIUM TEST	2	
SMART SENSE STANDARD LANCETS	1	QL 200 / 30 days
SMART SENSE SUPER THIN LANCETS	1	QL 200 / 30 days
SMART SENSE THIN LANCETS 26G	1	QL 200 / 30 days
SMART SENSE VALUE GLUCOSE SYS	2	QL 1 / 365 days
SMART SENSE VALUE TEST	2	
SMARTEST BLOOD GLUCOSE TEST	2	
SMARTEST EJECT	2	QL 1 / 365 days
SMARTEST EJECT STARTER	2	QL 1 / 365 days
SMARTEST LANCETS 28G	1	QL 200 / 30 days
SMARTEST PERSONA STARTER	2	QL 1 / 365 days
SMARTEST PRONTO STARTER	2	QL 1 / 365 days
SMARTEST PROTEGE	2	QL 1 / 365 days
SMARTEST PROTEGE STARTER	2	QL 1 / 365 days
<i>sodium bicarbonate 8.4 % solution</i>	1	
SOLUS V2 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
SOLUS V2 LANCETS 28G	1	QL 200 / 30 days
SOLUS V2 TEST	2	
SOLUS V2 TWIST LANCETS 30G	1	QL 200 / 30 days
SORBITOL (SORBITOL SOLUTION, SORBITOL 70 % SOLUTION)	1	QL 480 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOSWEET	1	
STERILANCE TL	1	QL 200 / 30 days
STERILE WATER FOR IRRIGATION	1	
SUPARTZ FX	2	QL 15 / 180 days PA
SUPER THIN LANCETS	1	QL 200 / 30 days
SURE COMFORT ALCOHOL PREP	1	
SURE COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
SURE COMFORT LANCETS 18G	1	QL 200 / 30 days
SURE COMFORT LANCETS 21G	1	QL 200 / 30 days
SURE COMFORT LANCETS 23G	1	QL 200 / 30 days
SURE COMFORT LANCETS 28G	1	QL 200 / 30 days
SURE COMFORT LANCETS 30G	1	QL 200 / 30 days
SURELITE LANCETS	1	QL 200 / 30 days
SYNOJOYNT	2	QL 12 / 180 days PA
SYNVISC	2	
SYNVISC ONE	2	
SYRINGE 23G X 1" 3 ML MISC	1	
SYRINGE LUER LOCK 23G X 1" 3 ML MISC	1	
SYRPALTA SYRUP	1	
SYRPALTA (RED)	1	
SYRSPEND SF LIQUID	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYRUP VEHICLE	1	
SYRUP VEHICLE SF	1	
TECHLITE AST LANCETS	1	QL 200 / 30 days
TECHLITE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
TECHLITE LANCETS	1	QL 200 / 30 days
TECHLITE LANCETS 26G	1	QL 200 / 30 days
TECHLITE LANCETS 30G	1	QL 200 / 30 days
TGT BLOOD GLUCOSE MONITORING	2	QL 1 / 365 days
TGT BLOOD GLUCOSE TEST	2	
TGT LANCET MICRO THIN 33G	1	QL 200 / 30 days
TGT LANCET THIN 26G	1	QL 200 / 30 days
TGT LANCET ULTRA THIN 30G	1	QL 200 / 30 days
THINLETS GP LANCETS	1	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 28G	1	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 30G	1	QL 200 / 30 days
TOP FILL HUMIDIFIER	1	
TOPCARE LANCETS MICRO-THIN 33G	1	QL 200 / 30 days
TOPCARE ULTRA COMFORT INS SYR (TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC, TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC, TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC, TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC, TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC)	1	
TRAVEL LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRAVEL LANCETS ADVANCED 28G	1	QL 200 / 30 days
TRIAMVEX (CREAM)	2	
TRIASIL	2	
TRILURON	2	QL 12 / 180 days PA
TRIVISC	2	QL 15 / 180 days PA
TRUE COMFORT ALCOHOL PREP PADS	1	
TRUE COMFORT INSULIN SYRINGE (TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
TRUE COMFORT PRO ALCOHOL PREP	1	
TRUE COMFORT PRO INSULIN SYR (TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC, TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC, TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC)	1	
TRUE COMFORT SAFETY LANCETS	1	QL 200 / 30 days
TRUE COMFORT TWIST TOP LANCETS	1	QL 200 / 30 days
TRUE METRIX AIR GLUCOSE METER DEVICE(NDC: 56151-1494-01)	2	QL 1 / 365 days
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT(NDC: 11917-0173-89)	2	QL 1 / 365 days
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT(NDC: 56151-1490-02)	1	QL 1 / 365 days
TRUE METRIX BLOOD GLUCOSE TEST STRIP (NDC: 08528-1464-04, 11917-0166-90, 56151-1460-03, 56151-1463-04, 56151-1464-01, 96295-0142-04)	2	
TRUE METRIX BLOOD GLUCOSE TEST STRIP (NDC: 56151-1460-01, 56151-1460-04)	1	QL 150 / 30 DAYS
TRUE METRIX GO GLUCOSE METER	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUE METRIX METER DEVICE	2	QL 1 / 365 days
TRUE METRIX METER W/DEVICE KIT	1	QL 1 / 365 days
TRUE METRIX PRO BLOOD GLUCOSE	2	
TRUEPLUS INSULIN SYRINGE (TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
TRUEPLUS LANCETS 26G	1	QL 200 / 30 days
TRUEPLUS LANCETS 28G	1	QL 200 / 30 days
TRUEPLUS LANCETS 30G	1	QL 200 / 30 days
TRUEPLUS LANCETS 33G	1	QL 200 / 30 days
TRUEPLUS SAFETY LANCETS 28G	1	QL 200 / 30 days
TRUERESULT BLOOD GLUCOSE	2	QL 1 / 365 days
TRUETEST TEST	2	
TRUETRACK BLOOD GLUCOSE W/DEVICE KIT	2	QL 1 / 365 days
TRUETRACK SMART SYSTEM	2	QL 1 / 365 days
TRUETRACK TEST	2	
TWIST TOP LANCETS 30G	1	QL 200 / 30 days
ULTICARE ALCOHOL SWABS	1	
ULTICARE INSULIN SAFETY SYR	1	
ULTICARE INSULIN SYRINGE (ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTILET ALCOHOL SWABS	1	
ULTILET CLASSIC LANCETS	1	QL 200 / 30 days
ULTILET LANCETS	1	QL 200 / 30 days
ULTILET SAFETY LANCETS	1	QL 200 / 30 days
ULTILET SAFETY LANCETS 23G	1	QL 200 / 30 days
ULTRA FLO INSULIN SYRINGE (ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ULTRA THIN LANCETS 31G	1	QL 200 / 30 days
ULTRA-CARE ALCOHOL PREP PADS	1	
ULTRA-CARE LANCETS 30G	1	QL 200 / 30 days
ULTRA-THIN II AUTO LANCET	1	QL 200 / 30 days
ULTRA-THIN II INS SYR SHORT (ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC, ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC, ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC)	1	
ULTRA-THIN II INSULIN SYRINGE	1	
ULTRA-THIN II LANCETS	1	QL 200 / 30 days
ULTRACARE INSULIN SYRINGE (ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ULTRASONIC COOL MIST HUMIDIF	1	
UNILET COMFORTOUCH LANCET	1	QL 200 / 30 days
UNILET EXCELITE	1	QL 200 / 30 days
UNILET EXCELITE II	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNILET G.P. LANCET	1	QL 200 / 30 days
UNILET G.P. SUPERLITE LANCET	1	QL 200 / 30 days
UNILET GP 28 ULTRA THIN	1	QL 200 / 30 days
UNILET LANCET	1	QL 200 / 30 days
UNILET MICRO-THIN 33G	1	QL 200 / 30 days
UNILET SUPER-THIN 30G	1	QL 200 / 30 days
UNILET SUPERLITE LANCET	1	QL 200 / 30 days
UNILET ULTRA-THIN 28G	1	QL 200 / 30 days
UNISTIK 1	1	QL 200 / 30 days
UNISTIK 2	1	QL 200 / 30 days
UNISTIK 2 COMFORT	1	QL 200 / 30 days
UNISTIK 2 EXTRA	1	QL 200 / 30 days
UNISTIK 2 NEONATAL	1	QL 200 / 30 days
UNISTIK 2 NORMAL	1	QL 200 / 30 days
UNISTIK 2 SUPER	1	QL 200 / 30 days
UNISTIK 3	1	QL 200 / 30 days
UNISTIK 3 COMFORT	1	QL 200 / 30 days
UNISTIK 3 EXTRA	1	QL 200 / 30 days
UNISTIK 3 GENTLE	1	QL 200 / 30 days
UNISTIK 3 NEONATAL	1	QL 200 / 30 days
UNISTIK 3 NORMAL	1	QL 200 / 30 days
UNISTIK CZT COMFORT	1	QL 200 / 30 days
UNISTIK CZT NORMAL	1	QL 200 / 30 days
UNISTIK NORMAL	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNISTIK PRO SAFETY LANCET	1	QL 200 / 30 days
UNISTIK SAFETY LANCETS 28G	1	QL 200 / 30 days
UNISTIK SAFETY LANCETS 30G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 21G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 23G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 28G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 30G	1	QL 200 / 30 days
UNISTRIP1 GENERIC	2	
UNIVERSAL 1 LANCETS THIN 26G	1	QL 200 / 30 days
UNIVERSAL 1 LANCETS THIN 33G	1	QL 200 / 30 days
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL 200 / 30 days
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
VALUE HEALTH INSULIN SYRINGE	1	
VALUE PLUS LANCET STANDARD 21G	1	QL 200 / 30 days
VALUE PLUS LANCETS SUPER THIN	1	QL 200 / 30 days
VALUE PLUS LANCETS THIN 26G	1	QL 200 / 30 days
VALUMARK LANCET SUPER THIN 30G	1	QL 200 / 30 days
VALUMARK LANCET ULTRA THIN 28G	1	QL 200 / 30 days
VANISHPOINT INSULIN SYRINGE (VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC	1	
VANISHPOINT SYRINGE 23G X 1" 3 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VERASENS BLOOD GLUCOSE METER	2	QL 1 / 365 days
VERASENS BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
VERASENS BLOOD GLUCOSE TEST	2	
VERIFINE INSULIN SYRINGE (VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
VERIFINE SAFE LANCET MINI 21G	1	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 23G	1	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 28G	1	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 30G	1	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 28G	1	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 30G	1	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 33G	1	QL 200 / 30 days
VERSAFREE	1	
VERSAPLUS	1	
VIDA MIA UNILET LANCETS 28G	1	QL 200 / 30 days
VIDA MIA UNILET LANCETS 30G	1	QL 200 / 30 days
VIOS AEROSOL DELIVERY SYSTEM	1	
VIOS LC PLUS	1	
VIOS LC SPRINT	1	
VISCO-3	1	QL 15 / 180 days PA
VIVAGUARD INO GLUCOSE METER	2	QL 1 / 365 days
VIVAGUARD INO SMART GLUC METER	2	QL 1 / 365 days
VIVAGUARD INO TEST STRIPS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIVAGUARD LANCETS	1	QL 200 / 30 days
VIVAGUARD LANCETS 30G	1	QL 200 / 30 days
VIVAGUARD SAFETY LANCETS 28G	1	QL 200 / 30 days
VORTEX VALVE CHAMBER-PEDI MASK	1	
VORTEX VALVED HOLDING CHAMBER	1	
WALGREENS ADV TRAVEL LANCETS	1	QL 200 / 30 days
WALGREENS LANCETS	1	QL 200 / 30 days
WALGREENS LANCETS MICRO THIN	1	QL 200 / 30 days
WALGREENS LANCETS SUPER THIN	1	QL 200 / 30 days
WALGREENS THIN LANCETS	1	QL 200 / 30 days
WALGREENS ULTRA THIN LANCETS	1	QL 200 / 30 days
WARM MIST HUMIDIFIER	1	
<i>water for irrigation, sterile</i>	1	
WAVESENSE AMP	2	QL 1 / 365 days
WEBCOL ALCOHOL PREP LARGE	1	
WEBCOL ALCOHOL PREP MEDIUM	1	
XPHOZAH	2	
ZEVX INSULIN SYRINGE (ZEVX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ZEVX INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
ZEVX STERILE ALCOHOL PREP PAD	1	
ZEVX TWIST TOP LANCETS 30G	1	QL 200 / 30 days
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>ak-poly-bac</i>	1	QL 7 / 18 days
ALTAFRIN 2.5 % SOLUTION	1	
<i>artificial tears 0.1-0.3 % solution</i>	1	QL 15 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>artificial tears pf</i>	1	
ATROPINE SULFATE 1 % SOLUTION	1	QL 5 / 18 days
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
BACITRACIN-POLYMYXIN B	1	QL 7 / 18 days
BEOVU	2	
<i>bion tears pf</i>	1	
BLEPHAMIDE	2	QL 30 / 30 days
BLEPHAMIDE S.O.P.	2	QL 7 / 18 days
<i>brimonidine tartrate-timolol</i>	2	
BYOOVIZ	2	PA
CEQUA	2	
CIMERLI	1	PA
COMBIGAN	1	
COSOPT	2	
COSOPT PF	2	
<i>cyclopentolate hcl (cyclopentolate hcl 0.5 % solution, cyclopentolate hcl 2 % solution)</i>	1	QL 15 / 30 days
<i>cyclopentolate hcl 1 % solution</i>	1	QL 5 / 25 days
<i>cyclosporine 0.05 % emulsion</i>	2	QL 60 / 30 days
<i>dorzolamide hcl-timolol mal</i>	1	QL 10 / 18 days
<i>dorzolamide hcl-timolol mal pf</i>	2	
EYLEA	1	PA
EYLEA HD	2	
ISOPTO ATROPINE	1	QL 5 / 18 days
IZERVAY	2	
LACRISERT	2	
<i>loteprednol-tobramycin</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lubricating tears eye drops 0.1-0.3 % solution</i>	1	QL 15 / 15 days
LUCENTIS (LUCENTIS 0.3 MG/0.05ML SOLN PRSYR, LUCENTIS 0.5 MG/0.05ML SOLN PRSYR, LUCENTIS 0.5 MG/0.05ML SOLUTION)	1	PA
MAXITROL (MAXITROL 0.1 % SUSPENSION, MAXITROL 3.5-10000-0.1 OINTMENT, MAXITROL 3.5-10000-0.1 SUSPENSION)	2	
MIEBO	2	QL 3 / 30 day(s)
<i>naphcon-a</i>	1	QL 15 / 18 days
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)</i>	2	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 0.1 % suspension, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	QL 5 / 18 days
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	2	QL 10 / 15 days
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth suspension</i>	2	QL 10 / 15 days
PAVBLU	2	
<i>phenylephrine hcl 2.5 % solution</i>	1	
<i>polycin</i>	1	QL 7 / 18 days
<i>polyvinyl alcohol 1.4 % solution</i>	1	
PRED-G	1	
PRED-G S.O.P.	1	
RESTASIS	1	QL 60 / 30 days
RESTASIS MULTIDOSE	2	QL 5.5 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROCKLATAN	2	
<i>sulfacetamide-prednisolone</i>	1	QL 30 / 30 days
SUSVIMO (IMPLANT 1ST FILL)	2	
SUSVIMO (IMPLANT REFILL)	2	
SYFOVRE	1	PA
TOBRADEX 0.3-0.1 % OINTMENT	1	QL 3.5 / 18 days
TOBRADEX 0.3-0.1 % SUSPENSION	1	QL 5 / 18 days
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	2	QL 5 / 18 days
<i>tropicamide (tropicamide 0.5 % solution, tropicamide 1 % solution)</i>	1	QL 15 / 18 days
TRYPTYR	2	
TYRVAYA	2	
VABYSMO	1	PA
VISUDYNE	1	PA
XIIDRA	1	QL 60 / 30 day(s)
ZYLET	2	
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
<i>alaway</i>	1	QL 10 / 18 days
<i>alaway childrens allergy</i>	1	QL 10 / 18 days
ALOCRIL	2	QL 5 / 18 days
ALOMIDE	2	QL 10 / 18 days
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate</i>	2	
BEPREVE	2	
<i>cromolyn sodium 4 % solution</i>	1	QL 10 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs eye itch relief</i>	1	QL 10 / 18 days
<i>cvs olopatadine hcl</i>	1	
<i>epinastine hcl</i>	2	
<i>eye allergy itch relief</i>	1	
<i>eye allergy itch/redness rel</i>	1	
<i>eye itch relief</i>	1	QL 10 / 18 days
<i>ft eye allergy itch &amp; redness</i>	1	
<i>ft eye allergy itch relief</i>	1	
<i>gnp olopatadine hcl</i>	1	
<i>goodsense eye itch relief</i>	1	QL 10 / 18 days
<i>hm eye allergy itch relief</i>	1	
<i>hm eye allergy itch/red relief</i>	1	
<i>ketotifen fumarate 0.035 % solution</i>	1	QL 10 / 18 days
LASTACAFT	2	
<i>olopatadine hcl 0.1 % solution</i>	1	QL 5 / 25 days
<i>olopatadine hcl 0.2 % solution</i>	1	QL 2.5 / 30 days
<i>olopatadine hcl extra strength</i>	1	
<i>pataday</i>	2	
<i>qc olopatadine hcl</i>	1	
<i>retaine allergy</i>	1	
<i>sm eye itch relief</i>	1	QL 10 / 18 days
<i>sm olopatadine hcl</i>	1	
<i>zaditor</i>	1	QL 10 / 18 days
ZERVIAE	2	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE	2	
BLEPH-10	2	QL 15 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>erythromycin 5 mg/gm ointment</i>	1	QL 7 / 18 days
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>gatifloxacin 0.5 % solution</i>	1	
<i>gentak</i>	1	QL 7 / 18 days
<i>gentamicin sulfate 0.3 % solution</i>	1	QL 15 / 18 days
<i>levofloxacin (levofloxacin 0.5 % solution, levofloxacin 1.5 % solution)</i>	2	
<i>moxifloxacin hcl (2x day)</i>	2	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
OCUFLOX	2	
<i>ofloxacin 0.3 % solution</i>	1	QL 10 / 7 days
<i>polymyxin b-trimethoprim</i>	1	QL 10 / 15 days
POLYTRIM	2	
<i>sulfacetamide sodium 10 % ointment</i>	2	
SULFACETAMIDE SODIUM 10 % SOLUTION	2	QL 15 / 18 days
<i>tobramycin 0.3 % solution</i>	1	QL 5 / 18 days
TOBREX	2	QL 3.5 / 18 days
<i>trifluridine</i>	1	QL 7.5 / 18 days
VIGAMOX	2	
ZYMAXID	2	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
ACULAR	2	
ACULAR LS	2	
ACUVAIL	2	
ALREX	2	QL 5 / 18 days
<i>bromfenac sodium (bromfenac sodium 0.07 % solution, bromfenac sodium 0.075 % solution)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bromfenac sodium (once-daily)</i>	1	
BROMSITE	2	
CLOBETASOL PROPIONATE 0.05 % SUSPENSION	2	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	1	QL 5 / 10 days
DEXTENZA	2	
DEXYCU	2	
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>difluprednate</i>	1	
DUREZOL	2	
EYSUVIS	1	
FLAREX	1	QL 5 / 18 days
<i>fluorometholone</i>	1	QL 5 / 18 days
<i>flurbiprofen sodium</i>	1	QL 5 / 10 days
FML	1	QL 3.5 / 18 days
FML FORTE	1	QL 10 / 30 days
FML LIQUIFILM	2	
ILEVRO	2	
ILUVIEN	2	
INVELTYS	2	
<i>ketorolac tromethamine 0.4 % solution</i>	1	
<i>ketorolac tromethamine 0.5 % solution</i>	1	QL 5 / 18 days
LOTEMAX (LOTEMAX 0.5 % GEL, LOTEMAX 0.5 % SUSPENSION)	2	
LOTEMAX 0.5 % OINTMENT	1	
LOTEMAX SM	2	
<i>loteprednol etabonate (loteprednol etabonate 0.2 % suspension, loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAXIDEX	1	
NEVANAC	2	
OZURDEX	2	
PRED FORTE	2	
PRED MILD	1	QL 5 / 18 days
<i>prednisolone acetate 1 % suspension</i>	1	QL 10 / 18 days
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	QL 10 / 18 days
PROLENSA	2	
RETISERT	2	
TRIESENCE	2	
XIPERE	2	
YUTIQ	2	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>betaxolol hcl 0.5 % solution</i>	2	
BETIMOL	2	
BETOPTIC-S	2	
<i>carteolol hcl</i>	1	
ISTALOL	2	
<i>levobunolol hcl</i>	1	QL 5 / 18 days
<i>timolol hemihydrate</i>	2	
<i>timolol maleate (once-daily)</i>	2	QL 5 / 18 days
<i>timolol maleate (timolol maleate 0.25 % gel f soln, timolol maleate 0.5 % gel f soln)</i>	2	QL 5 / 18 days
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	QL 5 / 18 days
<i>timolol maleate ocudose</i>	2	
<i>timolol maleate pf</i>	2	
TIMOPTIC	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	2	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>acetazolamide er</i>	1	QL 60 / 30 days
ALPHAGAN P 0.1 % SOLUTION	1	QL 15 / 26 days
ALPHAGAN P 0.15 % SOLUTION	1	
<i>apraclonidine hcl</i>	2	
AZOPT	2	QL 10 / 24 days
<i>brimonidine tartrate 0.1 % solution</i>	2	
<i>brimonidine tartrate 0.15 % solution</i>	2	QL 15 / 26 days
<i>brimonidine tartrate 0.2 % solution</i>	1	QL 5 / 18 days
<i>brinzolamide</i>	2	
<i>dorzolamide hcl 2 % solution</i>	1	QL 10 / 18 days
IDOSE TR	2	
IOPIDINE	2	
ISOPTO CARPINE	2	
<i>methazolamide (methazolamide 25 mg tab, methazolamide 50 mg tab)</i>	1	QL 4 / 1 days
OMLONTI	2	
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	2	QL 15 / 18 days
RHOPRESSA	2	
SIMBRINZA	1	QL 8 / 25 days
TRUSOPT	2	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>bimatoprost 0.03 % solution</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DURYSTA	2	
IYUZEH	2	
<i>latanoprost 0.005 % solution</i>	1	QL 2.5 / 18 days
LUMIGAN	2	
<i>tafluprost (pf)</i>	2	
TRAVATAN Z	2	QL 5 / 18 days
<i>travoprost (bak free)</i>	2	
VYZULTA	2	
XALATAN	2	
XELPROS	2	
ZIOPTAN	2	
<b>OTIC AGENTS</b>		
<i>acetic acid 2 % solution</i>	1	
CIPRO HC	1	
CIPRODEX	1	
<i>ciprofloxacin hcl 0.2 % solution</i>	2	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>ciprofloxacin-fluocinolone pf</i>	2	
<i>ciprofloxacin-hydrocortisone</i>	2	
CORTISPORIN-TC	2	
<i>debrox</i>	1	
<i>ear drops earwax aid</i>	1	
<i>earwax removal</i>	1	
<i>earwax removal kit</i>	1	
<i>goodsense ear wax kit</i>	1	
<i>goodsense ear wax removal</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIPRIO	2	
OTOVEL	2	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
ALVESCO	2	
ARMONAIR DIGIHALER	2	
ARNUITY ELLIPTA	1	QL 30 / 30 days
ASMANEX (120 METERED DOSES)	1	
ASMANEX (14 METERED DOSES)	1	
ASMANEX (30 METERED DOSES)	1	
ASMANEX (60 METERED DOSES)	1	
ASMANEX HFA	1	
BECONASE AQ	2	
<i>budesonide 0.25 mg/2ml suspension</i>	1	QL 240 / 30 days
<i>budesonide 0.5 mg/2ml suspension</i>	1	QL 4 / 1 days
<i>budesonide 1 mg/2ml suspension</i>	2	QL 60 / 30 days
<i>budesonide 32 mcg/act suspension</i>	2	QL 8.43 / 30 days
<i>eq budesonide nasal</i>	2	QL 8.43 / 30 days
<i>flonase allergy relief</i>	2	QL 16 / 20 days
FLONASE SENSIMIST	2	
FLONASE SENSIMIST CHILDRENS	2	
FLOVENT DISKUS	2	QL 60 / 30 days
FLOVENT HFA (FLOVENT HFA 44 MCG/ACT AEROSOL, FLOVENT HFA 110 MCG/ACT AEROSOL)	2	
FLOVENT HFA 220 MCG/ACT AEROSOL	2	QL 24 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL 0.84 / 1 days
<i>fluticasone furoate ellipta</i>	2	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 16 / 20 days
<i>fluticasone propionate 50 mcg/act suspension (rx)</i>	1	QL 16 / 20 days
<i>fluticasone propionate diskus</i>	1	QL 60 / 30 day(s)
<i>fluticasone propionate hfa 110 mcg/act aerosol</i>	1	QL 12 / 30 day(s)
<i>fluticasone propionate hfa 220 mcg/act aerosol</i>	1	QL 24 / 30 day(s)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	1	QL 10.6 / 30 day(s)
<i>ft 24 hour nasal allergy</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>gnp 24 hour nasal allergy</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>gnp budesonide nasal spray</i>	2	QL 8.43 / 30 days
<i>goodsense nasal allergy spray</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>hm 24 hour nasal allergy</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>kls aller-cort</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>mometasone furoate 50 mcg/act suspension</i>	2	
<i>nasal allergy 24 hour</i>	2	QL 16.9 / 16 days C No PA required for children under 4 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nasonex 24hr</i>	2	
OMNARIS	2	
PULMICORT (PULMICORT 0.25 MG/2ML SUSPENSION, PULMICORT 0.5 MG/2ML SUSPENSION)	2	
PULMICORT 1 MG/2ML SUSPENSION	2	QL 60 / 30 days
PULMICORT FLEXHALER	2	QL 1 / 30 days
QNASL	2	
QNASL CHILDRENS	2	
QVAR REDHALER 40 MCG/ACT AERO BA	1	QL 10.6 / 30 days
QVAR REDHALER 80 MCG/ACT AERO BA	1	QL 2 inhalers / 30 day(s)
		QL 16.9 / 16 days
<i>triamcinolone acetonide 55 mcg/act aerosol</i>	2	C No PA required for children under 4 years old
XHANCE	2	
ZETONNA	2	
<b>ANTIHISTAMINES</b>		
12hr allergy relief	1	QL 60 / 30 days
24hr allergy relief	1	QL 30 / 30 days
<i>alavert</i>	2	
<i>aler-cap</i>	1	QL 6 / 1 days
<i>alertab</i>	1	QL 6 / 1 days
<i>alka-seltzer plus allergy</i>	1	QL 6 / 1 days
<i>all day allergy</i>	1	QL 120 / 30 days
<i>all day allergy childrens</i>	1	QL 300 / 30 days
<i>all-day allergy childrens</i>	1	QL 300 / 30 days
<i>allegra allergy 180 mg tab</i>	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>allegra allergy childrens 30 mg/5ml suspension</i>	2	
<i>allegra hives 24hr</i>	2	QL 30 / 30 days
<i>aller-ease</i>	1	QL 60 / 30 days
<i>allergy (cetirizine)</i>	1	QL 120 / 30 days
<i>allergy 24-hr</i>	1	QL 30 / 30 days
<i>allergy 25 mg cap</i>	1	QL 6 / 1 days
<i>allergy childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>allergy childrens 30 mg/5ml suspension</i>	1	
<i>allergy childrens 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>allergy rel child (loratadine)</i>	1	QL 300 / 30 days
<i>allergy relief (allergy relief 25 mg cap, allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>allergy relief (allergy relief 5 mg tab, allergy relief 10 mg tab, allergy relief 180 mg tab)</i>	1	QL 30 / 30 days
<i>allergy relief (cetirizine) 10 mg cap</i>	1	
<i>allergy relief (cetirizine) 10 mg tab</i>	1	QL 120 / 30 days
<i>allergy relief (loratadine) 10 mg tab</i>	1	QL 30 / 30 days
<i>allergy relief 25 mg/10ml liquid</i>	1	QL 30 / 1 days
<i>allergy relief 60 mg tab</i>	1	QL 60 / 30 days
<i>allergy relief ceterizine</i>	1	QL 30 / 30 days
<i>allergy relief cetirizine</i>	1	QL 120 / 30 days
<i>allergy relief childrens 1 mg/ml solution</i>	1	QL 300 / 30 days
<i>allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>anti-hist allergy</i>	1	QL 6 / 1 days
<i>aurodryl allergy childrens</i>	1	QL 30 / 1 days
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	QL 30 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>azelastine hcl 0.15 % solution</i>	2	
<i>banophen (banophen 25 mg cap, banophen 25 mg tab, banophen 50 mg cap)</i>	1	QL 6 / 1 days
<i>benadryl allergy</i>	1	QL 6 / 1 days
<i>benadryl allergy childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>benadryl allergy ultratabs</i>	1	QL 6 / 1 days
<i>cetirizine hcl (cetirizine hcl 1 mg/ml solution, cetirizine hcl 5 mg/5ml solution)</i>	1	QL 300 / 30 days
<i>cetirizine hcl (cetirizine hcl 5 mg chew tab, cetirizine hcl 10 mg chew tab)</i>	2	QL 30 / 30 days
<i>cetirizine hcl 10 mg tab</i>	1	QL 120 / 30 days
<i>cetirizine hcl 5 mg tab</i>	1	QL 30 / 30 days
<i>cetirizine hcl allergy child</i>	1	QL 300 / 30 days
<i>cetirizine hcl childrens alrgy</i>	1	QL 300 / 30 days
<i>childrens 24 hour allergy</i>	1	QL 300 / 30 days
<i>childrens loratadine</i>	1	QL 300 / 30 days
CLARINEX	2	
CLARITIN 10 MG CHEW TAB	2	
<i>claritin 10 mg tab</i>	2	QL 30 / 30 days
CLARITIN ALLERGY CHILDRENS	2	
<i>claritin childrens</i>	2	
CLARITIN REDITABS 10 MG TAB DISP	2	
<i>complete allergy medicine</i>	1	QL 6 / 1 days
<i>complete allergy relief</i>	1	QL 6 / 1 days
<i>curelief</i>	1	QL 30 / 1 days
<i>cvs allergy</i>	1	QL 6 / 1 days
<i>cvs allergy &amp; hives relief</i>	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs allergy childrens</i>	1	QL 300 / 30 days
<i>cvs allergy relief (cvs allergy relief 25 mg cap, cvs allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>cvs allergy relief 10 mg tab disp</i>	1	
<i>cvs allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>cvs allergy relief 25 mg/10ml liquid</i>	1	QL 30 / 1 days
<i>cvs allergy relief 60 mg tab</i>	1	QL 60 / 30 days
<i>cvs allergy relief adult</i>	1	QL 30 / 1 days
<i>cvs allergy relief childrens (cvs allergy relief childrens 5 mg chew tab, cvs allergy relief childrens 30 mg/5ml suspension)</i>	1	
<i>cvs allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>cvs allergy relief childrens 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>cvs allergy relief(cetirizine)</i>	1	QL 120 / 30 days
<i>cvs childrens allergy</i>	1	QL 30 / 1 days
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	1	QL 30 / 1 days
<i>cyproheptadine hcl 4 mg tab</i>	1	QL 240 / 30 days
<i>desloratadine (desloratadine 0.5 mg/ml solution, desloratadine 2.5 mg tab disp, desloratadine 5 mg tab disp)</i>	2	
<i>desloratadine 5 mg tab</i>	1	
<i>dimetane allergy relief</i>	1	QL 6 / 1 days
<i>dimetane allergy relief ex st</i>	1	QL 6 / 1 days
<i>diphen</i>	1	QL 6 / 1 days
<i>diphenhist</i>	1	QL 6 / 1 days
<i>diphenhydramine hcl (diphenhydramine hcl 12.5 mg/5ml elixir, diphenhydramine hcl 12.5 mg/5ml liquid, diphenhydramine hcl 25 mg/10ml liquid)</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diphenhydramine hcl (diphenhydramine hcl 25 mg cap, diphenhydramine hcl 25 mg tab, diphenhydramine hcl 50 mg cap)</i>	1	QL 6 / 1 days
<i>diphenhydramine hcl 50 mg/ml solution</i>	1	
<i>diphenhydramine hcl childrens</i>	1	QL 30 / 1 days
<i>eq allergy relief (cetirizine) 10 mg tab</i>	1	QL 120 / 30 days
<i>eq allergy relief (eq allergy relief 25 mg cap, eq allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>eq allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>eq loratadine childrens 10 mg tab disp</i>	1	
<i>eq1 allergy 25 mg tab</i>	1	QL 6 / 1 days
<i>eq1 allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>eq1 allergy relief 25 mg tab</i>	1	QL 6 / 1 days
<i>eq1 childrens allergy</i>	1	QL 30 / 1 days
<i>fexofenadine hcl 180 mg tab</i>	1	QL 30 / 30 days
<i>fexofenadine hcl 60 mg tab</i>	1	QL 60 / 30 days
<i>ft all day allergy 10 mg tab</i>	1	QL 120 / 30 days
<i>ft all day allergy 24 hour</i>	1	QL 120 / 30 days
<i>ft all day allergy relief</i>	1	QL 30 / 30 days
<i>ft allergy childrens</i>	1	QL 300 / 30 days
<i>ft allergy relief (ft allergy relief 25 mg cap, ft allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>ft allergy relief 12 hour</i>	1	QL 60 / 30 days
<i>ft allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>ft allergy relief 24 hour</i>	1	QL 30 / 30 days
<i>ft allergy relief cetirizine</i>	1	QL 120 / 30 days
<i>ft allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft allergy relief childrens 5 mg chew tab</i>	1	
<i>ft allergy relief childrens 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>ft allergy relief loratadine</i>	1	QL 30 / 30 days
<i>geri-dryl 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>geri-dryl 25 mg tab</i>	1	QL 6 / 1 days
<i>gnp all day allergy</i>	1	QL 120 / 30 days
<i>gnp all day allergy childrens</i>	1	QL 300 / 30 days
<i>gnp all day allergy relief</i>	1	
<i>gnp allergy</i>	1	QL 6 / 1 days
<i>gnp allergy childrens</i>	1	QL 30 / 1 days
<i>gnp allergy relief (gnp allergy relief 25 mg cap, gnp allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>gnp allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>gnp allergy relief 24 hr</i>	1	QL 30 / 30 days
<i>gnp allergy relief childrens</i>	1	QL 30 / 1 days
<i>gnp allergy relief max st</i>	1	QL 30 / 1 days
<i>gnp childrens allergy</i>	1	QL 30 / 1 days
<i>gnp loratadine 10 mg tab</i>	1	QL 30 / 30 days
<i>gnp loratadine 10 mg tab disp</i>	1	
<i>gnp loratadine 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>gnp loratadine childrens</i>	1	QL 300 / 30 days
<i>goodsense all day allergy 10 mg tab</i>	1	QL 120 / 30 days
<i>goodsense all day allergy 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>goodsense aller-ease</i>	1	QL 30 / 30 days
<i>goodsense allergy relief (goodsense allergy relief 25 mg cap, goodsense allergy relief 25 mg tab)</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>goodsense allergy relief 10 mg cap</i>	2	
<i>goodsense allergy relief 10 mg tab</i>	1	QL 30 / 30 days
<i>goodsense allergy relief child</i>	1	QL 300 / 30 days
<i>h-e-b childrens allergy</i>	1	QL 30 / 1 days
<i>hm all day allergy 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>hm all day allergy childrens</i>	1	QL 300 / 30 days
<i>hm allergy relief (cetirizine)</i>	1	QL 120 / 30 days
<i>hm allergy relief (hm allergy relief 25 mg cap, hm allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>hm allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>hm allergy relief 60 mg tab</i>	1	QL 60 / 30 days
<i>hm allergy relief childrens</i>	1	QL 30 / 1 days
<i>hm cetirizine hcl</i>	1	QL 120 / 30 days
<i>hm fexofenadine hcl 180 mg tab</i>	1	QL 30 / 30 days
<i>hm fexofenadine hcl 60 mg tab</i>	1	QL 60 / 30 days
<i>hm loratadine</i>	1	QL 30 / 30 days
<i>hm loratadine childrens</i>	1	QL 300 / 30 days
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	1	QL 180 / 30 days
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	QL 30 / 1 days
<i>kindermed kids allergy</i>	1	QL 30 / 1 days
<i>kls aller-fex</i>	1	QL 30 / 30 days
<i>kls aller-tec childrens</i>	1	QL 300 / 30 days
<i>kls allergy medicine</i>	1	QL 6 / 1 days
<i>kp diphenhydramine hcl</i>	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	QL 30 / 30 days
<i>liquid allergy relief</i>	1	QL 30 / 1 days
<i>loratadine 10 mg tab</i>	1	QL 30 / 30 days
<i>loratadine 10 mg tab disp</i>	1	
<i>loratadine 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>loratadine childrens 5 mg chew tab</i>	1	
<i>loratadine childrens 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>m-dryl</i>	1	QL 30 / 1 days
<i>maxallergy kids</i>	1	QL 30 / 1 days
<i>medi-phedryl</i>	1	QL 6 / 1 days
<i>mejer antihistamine allergy</i>	1	QL 6 / 1 days
<i>mm aller-ben</i>	1	QL 6 / 1 days
<i>mm fexofenadine hcl</i>	1	QL 30 / 30 days
<i>naramin</i>	1	QL 30 / 1 days
<i>olopatadine hcl 0.6 % solution</i>	2	
PATANASE	2	
<i>pediacare childrens allergy</i>	1	QL 30 / 1 days
<i>pharbedryl</i>	1	QL 6 / 1 days
<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 12.5 mg/10ml solution)</i>	1	QL 30 mL / 1 day(s) AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>px allergy (px allergy 25 mg cap, px allergy 25 mg tab)</i>	1	QL 6 / 1 days
<i>px allergy 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc all day allergy</i>	1	QL 120 / 30 days
<i>qc allergy childrens</i>	1	QL 30 / 1 days
<i>qc allergy relief (qc allergy relief 25 mg cap, qc allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>qc allergy relief 180 mg tab</i>	1	QL 30 / 30 days
<i>qc allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>qc childrens allergy</i>	1	QL 300 / 30 days
<i>qc complete allergy medicine</i>	1	QL 6 / 1 days
<i>qc fexofenadine hydrochloride</i>	1	QL 30 / 30 days
<i>qc loratadine allergy relief</i>	1	QL 30 / 30 days
<i>ra allergy 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>ra allergy 25 mg tab</i>	1	QL 6 / 1 days
<i>ra allergy medication (ra allergy medication 25 mg cap, ra allergy medication 25 mg tab)</i>	1	QL 6 / 1 days
<i>ra allergy medication 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>ra allergy relief 10 mg cap</i>	1	
<i>ra allergy relief 25 mg cap</i>	1	QL 6 / 1 days
<i>ra allergy relief childrens 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>ra allergy relief childrens 5 mg chew tab</i>	1	
<i>ra complete allergy</i>	1	QL 6 / 1 days
<i>ra diphedryl allergy</i>	1	QL 30 / 1 days
<i>sb allergy 25 mg cap</i>	1	QL 6 / 1 days
<i>sb allergy medicine 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>sb allergy medicine 25 mg tab</i>	1	QL 6 / 1 days
<i>siladryl allergy</i>	1	QL 30 / 1 days
<i>sm all day allergy</i>	1	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm all day allergy childrens</i>	1	QL 300 / 30 days
<i>sm all day allergy relief</i>	1	QL 30 / 30 days
<i>sm allergy childrens</i>	1	QL 300 / 30 days
<i>sm allergy relief (sm allergy relief 25 mg cap, sm allergy relief 25 mg tab)</i>	1	QL 6 / 1 days
<i>sm allergy relief 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>sm allergy relief 60 mg tab</i>	1	QL 60 / 30 days
<i>sm allergy relief childrens</i>	1	QL 30 / 1 days
<i>sm childrens loratadine</i>	1	QL 300 / 30 days
<i>sm fexofenadine hcl 180 mg tab</i>	1	QL 30 / 30 days
<i>sm fexofenadine hcl 60 mg tab</i>	1	QL 60 / 30 days
<i>sm loratadine 10 mg tab</i>	1	QL 30 / 30 days
<i>sm loratadine 5 mg/5ml solution</i>	1	QL 300 / 30 days
<i>total allergy</i>	1	QL 6 / 1 days
<i>total allergy medicine</i>	1	QL 30 / 1 days
<i>wal-dryl allergy (wal-dryl allergy 25 mg cap, wal-dryl allergy 25 mg tab)</i>	1	QL 6 / 1 days
<i>wal-dryl allergy 12.5 mg/5ml liquid</i>	1	QL 30 / 1 days
<i>wal-dryl allergy childrens</i>	1	QL 30 / 1 days
<i>wal-zyr 10 mg cap</i>	1	
XYZAL ALLERGY 24HR CHILDRENS	2	
ZYRTEC ALLERGY 10 MG CAP	2	
<i>zyrtec allergy 10 mg tab</i>	2	QL 120 / 30 days
<b>ANTILEUKOTRIENES</b>		
ACCOLATE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 4 mg packet, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)</i>	1	QL 30 / 30 days
SINGULAIR	2	QL 30 / 30 days
<i>zafirlukast 10 mg tab</i>	2	QL 4 / 1 days
<i>zafirlukast 20 mg tab</i>	2	QL 60 / 30 days
<i>zileuton er</i>	2	
ZYFLO	2	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA	1	QL 12.9 / 26 days
INCRUSE ELLIPTA	1	QL 30 / 30 days
<i>ipratropium bromide (ipratropium bromide 0.02 % solution, ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	1	
LONHALA MAGNAIR REFILL KIT	2	QL 60 / 30 days
LONHALA MAGNAIR STARTER KIT	2	QL 60 / 30 days
SPIRIVA HANDIHALER	1	QL 30 / 30 days
SPIRIVA RESPIMAT	1	QL 4 / 30 days
<i>tiotropium bromide</i>	2	
TUDORZA PRESSAIR	2	
YUPELRI	2	
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	2	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>albuterol sulfate (albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 8 mg/20ml syrup)</i>	1	QL 40 / 1 days
<i>albuterol sulfate hfa</i>	1	QLC 2 inhalers/month
<i>arformoterol tartrate</i>	2	QL 120 / 30 days
AUVI-Q (AUVI-Q 0.15 MG/0.15ML SOLN A-INJ, AUVI-Q 0.3 MG/0.3ML SOLN A-INJ)	2	
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	1	
BROVANA	2	QL 120 / 30 days
<i>epinephrine (epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln prsyr)</i>	2	
<i>epinephrine 0.15 mg/0.3ml soln a-inj (only mylan preferred)</i>	1	
<i>epinephrine 0.3 mg/0.3ml soln a-inj (only mylan preferred)</i>	1	
EPIPEN 2-PAK	2	
EPIPEN JR 2-PAK	2	
<i>eq sinus &amp; congestion max str</i>	1	
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	2	QL 120 / 30 days
<i>gnp nasal decongestant 30 mg tab</i>	1	
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	1	
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	2	
<i>levalbuterol tartrate</i>	1	QL 30 / 30 days
NEFFY 2 MG/0.1ML SOLUTION	2	
PERFOROMIST	2	QL 120 / 30 days
PROAIR DIGIHALER	2	
PROAIR HFA	1	QLC 2 inhalers/month
PROAIR RESPICLICK	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROVENTIL HFA	1	QLC 2 inhalers/month
SEREVENT DISKUS	1	QL 60 / 30 days
STRIVERDI RESPIMAT	1	QL 4 / 30 days
<i>sudafed</i>	1	
<i>sudafed sinus congestion</i>	1	
SYMJEPI	2	
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	2	QL 90 / 30 days
VENTOLIN HFA	1	QLC 2 inhalers/month
XOPENEX	2	
XOPENEX CONCENTRATE	2	
XOPENEX HFA	1	QL 30 / 30 days
<b>CYSTIC FIBROSIS AGENTS</b>		
BETHKIS	2	
CAYSTON	2	
KITABIS PAK	2	
TOBI	2	
TOBI PODHALER	2	
<i>tobramycin 300 mg/4ml nebu soln</i>	2	
<i>tobramycin 300 mg/5ml nebu soln</i>	1	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	QL 240 / 30 days
<i>cromolyn sodium 5.2 mg/act aero soln</i>	1	QL 30 / 30 days
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>caffeine citrate 20 mg/ml solution</i>	1	
DALIRESP	2	
<i>elixophyllin</i>	1	QL 2250 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JASCAYD	2	QL 60 / 30 day(s)
OHTUVAYRE	2	
<i>roflumilast</i>	2	
THEO-24 (THEO-24 200 MG CAP ER 24H, THEO-24 300 MG CAP ER 24H, THEO-24 400 MG CAP ER 24H)	1	
<i>theophylline (theophylline 80 mg/15ml elixir, theophylline 80 mg/15ml solution)</i>	1	QL 2250 / 30 days
<i>theophylline er (theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i>	1	QL 30 / 30 days
<i>theophylline er 300 mg tab er 12h</i>	1	QL 60 / 30 days
<b>PULMONARY ANTIHYPERTENSIVES</b>		
ADCIRCA	2	QL 60 / 30 days PA
ADEMPAS	2	
<i>alyq</i>	2	QL 60 / 30 days PA
<i>ambrisentan</i>	1	PA
<i>bosentan (bosentan 62.5 mg tab, bosentan 125 mg tab)</i>	1	PA
<i>bosentan 32 mg tab sol</i>	2	
LETAIRIS	2	
LIQREV	2	
OPSUMIT	2	
OPSYNVI	2	
ORENITRAM	2	
ORENITRAM MONTH 1	2	
ORENITRAM MONTH 2	2	
ORENITRAM MONTH 3	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REVATIO 10 MG/ML RECON SUSP	1	PA
REVATIO 20 MG TAB	2	
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	
<i>sildenafil citrate 20 mg tab</i>	1	PA
<i>tadalafil (pah)</i>	1	QL 60 / 30 days PA
TADLIQ	2	
TRACLEER	2	
TYVASO	1	PA
TYVASO DPI INSTITUTIONAL KIT	1	PA
TYVASO DPI MAINTENANCE KIT	1	PA
TYVASO DPI TITRATION KIT	1	PA
TYVASO REFILL	1	PA
TYVASO STARTER	1	PA
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	2	
VENTAVIS	1	PA
YUTREPIA	2	
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET	2	
OFEV	1	PA
<i>pirfenidone</i>	1	PA
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
12 hour allergy-d	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
12hr allergy & congestion	1	
24hr allergy & congestion reli	1	
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	
ADVAIR DISKUS	1	QL 60 / 30 days
ADVAIR HFA	1	QL 12 / 30 days
<i>afrin 12 hour</i>	1	
<i>afrin nodrip childrens</i>	1	
<i>afrin nodrip extra moisture</i>	1	
<i>afrin nodrip night</i>	1	
<i>afrin nodrip original</i>	1	
<i>afrin nodrip severe congest</i>	1	
<i>afrin nodrip sinus</i>	1	
<i>afrin original</i>	1	
<i>afrin severe congestion</i>	1	
AIRDUO DIGIHALER	2	
AIRDUO RESPICLICK 113/14	2	
AIRDUO RESPICLICK 232/14	2	
AIRDUO RESPICLICK 55/14	2	
AIRSUPRA	2	
<i>alavert d-12 hour allergy/cong</i>	2	
<i>all day allergy d</i>	1	
<i>all day allergy-d</i>	1	
<i>allergy nasal spray (momet)</i>	2	
<i>allergy relief 50 mcg/act suspension</i>	2	QL 16 / 20 days
<i>allergy relief d 5-120 mg tab er 12h</i>	1	
<i>allergy relief d-12</i>	1	
<i>allergy relief d-24</i>	1	
<i>allergy relief d12 5-120 mg tab er 12h</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>allergy relief-d 10-240 mg tab er 24h</i>	1	
<i>allergy relief/nasal decongest (allergy relief/nasal decongest 5-120 mg tab er 12h, allergy relief/nasal decongest 10-240 mg tab er 24h)</i>	1	
<i>allergy-d 12hr</i>	1	
<i>allergy-d 24hr</i>	1	
<i>allergy/congestion relief</i>	1	
<i>altarussin dm</i>	1	QL 240 / 14 days
<i>altituss</i>	1	QL 240 / 14 days
ANORO ELLIPTA	1	QL 60 / 30 days
<i>antihistamine &amp; nasal deconges</i>	1	
<i>azelastine-fluticasone</i>	2	
<i>benzonatate 100 mg cap</i>	1	
<i>benzonatate 200 mg cap</i>	1	QL 90 / 30 days
BEVESPI AEROSPHERE	1	
<i>biocotron</i>	1	QL 240 / 14 days
BREO ELLIPTA (BREO ELLIPTA 100-25 MCG/ACT AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA)	2	QL 60 / 30 days
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	
<i>breyna</i>	2	QLC 4 inhalers/90 days
BREZTRI AEROSPHERE	2	QL 10.7 / 30 days
<i>bromfed dm</i>	1	
<i>budesonide-formoterol fumarate</i>	2	QLC 4 inhalers/90 days
<i>cetirizine-pseudoephedrine er</i>	1	
<i>chest congestion relief dm 10-100 mg/5ml syrup</i>	1	QL 240 / 14 days
CINQAIR	2	
CLARINEX-D 12 HOUR	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLARITIN-D 24 HOUR	2	
COMBIVENT RESPIMAT	1	QL 4 / 20 days
<i>cough/chest congestion dm</i>	1	QL 240 / 14 days
<i>cvs allergy relief d (cvs allergy relief d 5-120 mg tab er 12h, cvs allergy relief d 60-120 mg tab er 12h)</i>	1	
<i>cvs allergy relief d24</i>	1	
<i>cvs allergy relief-d 5-120 mg tab er 12h</i>	1	
<i>cvs allergy relief-d12</i>	1	
<i>cvs fluticasone propionate</i>	2	QL 16 / 20 days
<i>cvs mucus extended release 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>cvs tussin dm (cvs tussin dm 10-100 mg/5ml liquid, cvs tussin dm 20-200 mg/10ml liquid, cvs tussin dm 200-20 mg/10ml liquid)</i>	1	QL 240 / 14 days
<i>dextromethorphan-guaifenesin (dextromethorphan-guaifenesin 10-100 mg/5ml liquid, dextromethorphan-guaifenesin 10-100 mg/5ml syrup, dextromethorphan-guaifenesin 20-200 mg/10ml liquid, dextromethorphan-guaifenesin 20-200 mg/10ml syrup)</i>	1	QL 240 / 14 days
<i>diabetic tussin dm</i>	1	QL 240 / 14 days
DUAKLIR PRESSAIR	2	
DULERA	1	QLC 4 inhalers/90 days
DYMISTA	2	
<i>eq 12 hour mucus relief</i>	1	QL 120 / 30 day(s)
<i>eq mucus er 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>eq mucus relief</i>	1	QL 120 / 30 day(s)
<i>eq tussin dm cough/chest</i>	1	QL 240 / 14 days
<i>eq tussin dm cough/chest cong</i>	1	QL 240 / 14 days
EXDENSUR	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FASENRA	1	PA
FASENRA PEN	1	PA
<i>fexofenadine-pseudoephed er</i>	1	
<i>flonase allergy rel childrens</i>	2	QL 16 / 20 days
<i>fluticasone furoate-vilanterol</i>	2	
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 / 30 days
<i>fluticasone-salmeterol (fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol)</i>	2	
<i>fluticasone-salmeterol (fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 232-14 mcg/act aer pow ba)</i>	1	QL 1 / 30 days
<i>ft all day allergy-d</i>	1	
<i>ft allergy &amp; congestion-d 12hr</i>	1	
<i>ft allergy d-12 hour</i>	1	
<i>ft allergy relief 24 hr</i>	2	QL 16 / 20 days
<i>ft allergy relief-d</i>	1	
<i>ft mucus relief 12hr</i>	1	QL 120 / 30 day(s)
<i>ft mucus relief 12hr max str</i>	1	
<i>ft mucus relief dm 30-600 mg tab er 12h</i>	1	QL 120 / 30 days
<i>ft nasal spray</i>	1	
<i>geri-tussin 100 mg/5ml liquid</i>	1	
<i>geri-tussin dm</i>	1	QL 240 / 14 days
<i>giltuss cough &amp; chest</i>	1	QL 240 / 14 days
<i>giltuss cough &amp; chest children</i>	1	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>giltuss diabetic cough &amp; cold</i>	1	QL 240 / 14 days
<i>giltuss honey cgh/chest conges</i>	1	QL 240 / 14 days
<i>giltuss honey cgh/chst child</i>	1	QL 240 / 14 days
<i>gnp all day allergy-d</i>	1	
<i>gnp allergy &amp; congestion</i>	1	
<i>gnp allergy/congestion relief</i>	1	
<i>gnp fexofenadine/pse er</i>	1	
<i>gnp fluticasone propionate</i>	2	QL 16 / 20 days
<i>gnp loratadine-d 12hr</i>	1	
<i>gnp mucus er 1200 mg tab er 12h</i>	1	
<i>gnp mucus er 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>gnp nasal mist extra moisturiz</i>	1	
<i>gnp tussin adult</i>	1	
<i>gnp tussin dm 20-200 mg/10ml liquid</i>	1	QL 240 / 14 days
<i>gnp tussin dm cough</i>	1	QL 240 / 14 days
<i>goodsense 24-hr allergy nasal</i>	2	QL 16 / 20 days
<i>goodsense all day allergy-d</i>	1	
<i>goodsense mucus er</i>	1	QL 120 / 30 day(s)
<i>goodsense mucus er maximum str</i>	1	
<i>guaiasorb dm</i>	1	QL 240 / 14 days
<i>guaicon dms</i>	1	QL 240 / 14 days
<i>guaifed</i>	1	
<i>guaifed-dm</i>	1	QL 240 / 14 days
<i>guaifenesin (guaifenesin 100 mg/5ml liquid, guaifenesin 200 mg/10ml liquid, guaifenesin 300 mg/15ml liquid)</i>	1	
<i>guaifenesin dm</i>	1	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>guaifenesin er 1200 mg tab er 12h</i>	1	
<i>guaifenesin er 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>guaifenesin-dm</i>	1	QL 240 / 14 days
<i>hm allergy &amp; congestion</i>	1	
<i>hm allergy complete-d</i>	1	
<i>hm allergy relief 50 mcg/act suspension</i>	2	QL 16 / 20 days
<i>hm allergy relief/nasal decong</i>	1	
<i>hm mucus relief</i>	1	QL 120 / 30 day(s)
<i>hm mucus relief er max st</i>	1	
<i>hm tussin adult dm</i>	1	QL 240 / 14 days
<i>ipratropium-albuterol</i>	1	
<i>kls aller-flo</i>	2	QL 16 / 20 days
<i>kls aller-tec d</i>	1	
<i>kls allerclear d-12hr</i>	1	
<i>kls allerclear d-24hr</i>	1	
<i>loratadine-d 12hr</i>	1	
<i>loratadine-d 24hr</i>	1	
<i>max tussin dm cough&amp;chest cong</i>	1	QL 240 / 14 days
<i>maxi-tuss g</i>	1	QL 240 / 14 days
<i>medi-tussin dm</i>	1	QL 240 / 14 days
<i>meijer allergy relief-d</i>	1	
<i>mucinex</i>	1	QL 120 / 30 days
<i>mucinex dm</i>	1	QL 120 / 30 days
<i>mucinex maximum strength</i>	1	
<i>mucolyte</i>	1	
<i>mucolyte-dm</i>	1	QL 240 / 14 days
<i>mucus &amp; chest congestion 200 mg/10ml liquid</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mucus dm</i>	1	QL 120 / 30 days
<i>mucus relief 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>mucus relief dm 30-600 mg tab er 12h</i>	1	QL 120 / 30 days
<i>mucus relief er 1200 mg tab er 12h</i>	1	
<i>mucus relief er 600 mg tab er 12h</i>	1	QL 120 / 30 day(s)
<i>mucus relief max st</i>	1	
<i>mucus-dm</i>	1	QL 120 / 30 days
<i>nasal decongestant spray</i>	1	
<i>nasal moisturizing spray</i>	1	
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG RECON SOLN, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	1	PA
<i>ocean nasal spray</i>	1	
PROMETHAZINE VC	1	QL 6 / 1 days
<i>promethazine-dm</i>	1	
PROMETHAZINE-PHENYLEPHRINE	1	QL 6 / 1 days
<i>pseudoeph-bromphen-dm</i>	1	
<i>px allergy relief d (loratid)</i>	1	
<i>px tussin dm</i>	1	QL 240 / 14 days
<i>qc allergy relief 50 mcg/act suspension</i>	2	QL 16 / 20 days
<i>qc loratadine-d</i>	1	
<i>qc mucus relief</i>	1	QL 120 / 30 day(s)
<i>qc mucus relief max st</i>	1	
<i>qc tussin dm cough/congestion</i>	1	QL 240 / 14 days
<i>ra allergy/congestion</i>	1	
<i>ra allergy/congestion relief</i>	1	
<i>ra mucus relief</i>	1	QL 120 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra tussin cgh/chest congest dm</i>	1	QL 240 / 14 days
<i>ra tussin cough</i>	1	QL 240 / 14 days
<i>ra tussin cough dm sugar free</i>	1	QL 240 / 14 days
<i>ra tussin dm</i>	1	QL 240 / 14 days
<i>robafen dm cgh/chest congest</i>	1	QL 240 / 14 days
<i>robafen dm cough 10-100 mg/5ml liquid</i>	1	QL 240 / 14 days
RYALTRIS	2	
<i>safe tussin dm</i>	1	QL 240 / 14 days
<i>safetussin dm cough/chest cong</i>	1	QL 240 / 14 days
<i>siltussin dm das</i>	1	QL 240 / 14 days
<i>siltussin-dm alcohol free</i>	1	QL 240 / 14 days
SINUVA	2	
<i>sm all day allergy-d</i>	1	
<i>sm allergy relief 50 mcg/act suspension</i>	2	QL 16 / 20 days
<i>sm lorata-dine d</i>	1	
<i>sm loratadine d 12hr</i>	1	
<i>sm mucus relief</i>	1	QL 120 / 30 day(s)
<i>sm tussin cough/chest congest (sm tussin cough/chest congest 20-200 mg/10ml liquid, sm tussin cough/chest congest 100-10 mg/5ml syrup)</i>	1	QL 240 / 14 days
<i>sm tussin dm</i>	1	QL 240 / 14 days
<i>sodium chloride 7 % nebu soln</i>	1	QL 480 / 30 days
<i>sorbugen nr</i>	1	QL 240 / 14 days
<i>sorbutuss nr</i>	1	QL 240 / 14 days
STIOLTO RESPIMAT	1	QL 4 / 30 days
SYMBICORT	1	QLC 4 inhalers/90 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TEZSPIRE	1	QL 1.91 mL / 28 day(s) PA
<i>theraflu severe congestion rel</i>	1	
TRELEGY ELLIPTA	1	QL 60 / 30 days
<i>true nasal moisturizing</i>	1	
<i>tusnel diabetic</i>	1	QL 240 / 14 days
<i>tussin</i>	1	
<i>tussin cough+chest cong dm sf</i>	1	QL 240 / 14 days
<i>tussin cough+chest congest dm</i>	1	QL 240 / 14 days
<i>tussin dm</i>	1	QL 240 / 14 days
<i>tussin dm cough &amp; chest conges</i>	1	QL 240 / 14 days
<i>tussin dm cough + chest 200-20 mg/10ml liquid</i>	1	QL 240 / 14 days
<i>tussin mucus+chest congest sf</i>	1	
<i>tussin mucus+chest congestion</i>	1	
<i>umeclidinium-vilanterol</i>	2	
<i>vicks sinex 12 hour decongest</i>	1	
<i>vicks sinex moisturizing</i>	1	
<i>vicks sinex severe 0.05 % solution</i>	1	
<i>vicks sinex severe decongest</i>	1	
<i>wal-fex d allergy &amp; congestion 180-240 mg tab er 24h</i>	1	
<i>wal-itin d</i>	1	
<i>wal-tussin cough/chest dm</i>	1	QL 240 / 14 days
<i>wal-tussin dm cgh/chest cong</i>	1	QL 240 / 14 days
<i>wixela inhub</i>	2	QL 60 / 30 days
<i>zyrtec-d allergy &amp; sinus</i>	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>SKELETAL MUSCLE RELAXANTS</b>		
AMRIX	2	
BOTOX	1	PA
<i>carisoprodol 250 mg tab</i>	2	
<i>carisoprodol 350 mg tab</i>	2	QL 4 / 1 days
<i>chlorzoxazone (chlorzoxazone 250 mg tab, chlorzoxazone 375 mg tab, chlorzoxazone 750 mg tab)</i>	2	
<i>chlorzoxazone 500 mg tab</i>	2	QL 180 / 30 days
<i>cyclobenzaprine hcl 10 mg tab</i>	1	QL 90 / 30 days
<i>cyclobenzaprine hcl 5 mg tab</i>	1	QL 180 / 30 days
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	
<i>cyclobenzaprine hcl er</i>	2	
DYSPORT	1	PA
<i>fexmid</i>	2	
<i>lorzone</i>	2	
METAXALONE (METAXALONE 400 MG TAB, METAXALONE 640 MG TAB, METAXALONE 800 MG TAB)	2	
<i>methocarbamol 1000 mg tab</i>	1	
<i>methocarbamol 500 mg tab</i>	1	QL 480 / 30 day(s)
<i>methocarbamol 750 mg tab</i>	1	QL 300 / 30 days
MYOBLOC	2	
NORGESIC	2	
NORGESIC FORTE	2	
<i>orphenadrine citrate er</i>	2	QL 60 / 30 days
ORPHENADRINE-ASPIRIN-CAFFEINE	2	
ORPHENGESIC FORTE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SKELAXIN	2	
SOMA	2	
<i>tanlor</i>	2	
<i>vanadom</i>	2	QL 4 / 1 days
XEOMIN	2	
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
AMBIEN	2	QL 30 / 30 days
AMBIEN CR	2	QL 30 / 30 days
BELSOMRA	2	QL 30 / 30 days
<i>cvs sleep aid</i>	1	QL 4 / 1 days
<i>cvs sleep aid nighttime 25 mg tab</i>	1	QL 4 / 1 days
<i>cvs sleep-aid (doxylamine)</i>	1	QL 4 / 1 days
<i>cvs sleepaid (diphenhydramine)</i>	1	QL 4 / 1 days
<i>cvs ultra sleep</i>	1	QL 4 / 1 days
DAYVIGO	2	
DORAL	2	
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	2	
EDLUAR	2	QL 30 / 30 days
<i>eq sleep-aid</i>	1	QL 4 / 1 days
<i>eql nighttime sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>eql sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>estazolam</i>	2	QL 30 / 30 days
<i>eszopiclone</i>	1	QL 30 / 30 days
FLURAZEPAM HCL	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft nighttime sleep aid</i>	1	QL 4 / 1 days
<i>ft sleep aid (doxylamine)</i>	1	QL 4 / 1 days
<i>gnp nighttime sleep (doxylam)</i>	1	QL 4 / 1 days
<i>gnp sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>gnp sleep aid nighttime</i>	1	QL 4 / 1 days
<i>goodsense sleep aid ultra</i>	1	QL 4 / 1 days
HALCION	2	
HETLIOZ	2	QL 30 / 30 days
HETLIOZ LQ	2	QL 158 mL / 30 day(s)
<i>hm nighttime sleep aid</i>	1	QL 4 / 1 days
<i>hm sleep aid</i>	1	QL 4 / 1 days
<i>kls sleep aid</i>	1	QL 4 / 1 days
LUNESTA	2	QL 30 / 30 days
<i>night time sleep aid</i>	1	QL 4 / 1 days
<i>nighttime sleep aid</i>	1	QL 4 / 1 days
<i>nytol quickcaps</i>	1	QL 4 / 1 days
<i>qc rest simply</i>	1	QL 4 / 1 days
QUAZEPAM	2	
QUVIVIQ	2	
<i>ra night sleep aid</i>	1	QL 4 / 1 days
<i>ra nighttime sleep aid</i>	1	QL 4 / 1 days
<i>ra sleep aid (diphenhydramine)</i>	1	QL 4 / 1 days
<i>ra sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>ramelteon</i>	2	
RESTORIL	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROZEREM	2	
<i>sb sleep</i>	1	QL 4 / 1 days
SILENOR	2	
<i>simply sleep</i>	1	QL 4 / 1 days
<i>sleep aid (diphenhydramine)</i>	1	QL 4 / 1 days
<i>sleep aid (doxylamine)</i>	1	QL 4 / 1 days
<i>sleep aid 25 mg tab</i>	1	QL 4 / 1 days
<i>sleep ii</i>	1	QL 4 / 1 days
<i>sleep tabs</i>	1	QL 4 / 1 days
<i>sleep-aid 25 mg tab</i>	1	QL 4 / 1 days
<i>sleep-tabs</i>	1	QL 4 / 1 days
<i>sm nighttime sleep aid</i>	1	QL 4 / 1 days
<i>sm sleep aid</i>	1	QL 4 / 1 days
<i>sominex nighttime sleep-aid</i>	1	QL 4 / 1 days
<i>tasimelteon</i>	2	QL 30 / 30 day(s)
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>temazepam (temazepam 7.5 mg cap, temazepam 22.5 mg cap)</i>	2	QL 30 / 30 days
<i>triazolam 0.125 mg tab</i>	2	QL 60 / 30 days
<i>triazolam 0.25 mg tab</i>	2	QL 30 / 30 days
<i>unisom sleeptabs</i>	1	QL 4 / 1 days
<i>wal-som 25 mg tab</i>	1	QL 4 / 1 days
<i>zaleplon</i>	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB)	2	QL 30 / 30 days
<i>zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 10 mg tab)</i>	1	QL 30 / 30 days
ZOLPIDEM TARTRATE 7.5 MG CAP	2	
<i>zolpidem tartrate er</i>	2	QL 30 / 30 days
ZOLPIMIST	2	
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil</i>	1	PA
<i>modafinil (modafinil 100 mg tab, modafinil 200 mg tab)</i>	1	PA
NUVIGIL	2	
PROVIGIL	2	
SUNOSI	2	
WAKIX	2	
<b>WEIGHT LOSS AGENTS</b>		
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HUMIRA (2 SYRINGE) . . . . .	282	hydrocortisone sod suc (pf) . . . . .	250
HUMIRA-CD/UC/HS STARTER . . . . .	282	hydrocortisone valerate . . . . .	180
HUMIRA-PED<40KG CROHNS STARTER . . . . .	282	hydrocortisone-acetic acid . . . . .	345
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HUMULIN 70/30 KWIKPEN . . . . .	120	hydromorphone hcl er . . . . .	14
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kapectate . . . . .	237	KISQALI FEMARA (400 MG DOSE) . . . . .	75
KAPSPARGO SPRINKLE . . . . .	134	KISQALI FEMARA (600 MG DOSE) . . . . .	75
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