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 pharmacoeconomic 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

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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LEGEND

TIER	NAME
1	Preferred
2	Non-Preferred

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
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
ANALGESICS		
ANALGESICS, OTHER		
HYALGAN 20 MG/2ML SOLUTION	1	QL 20 / 180 days PA
TONMYA	2	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
advil 200 mg cap	2	
advil 200 mg tab	2	QL 360 / 30 days
advil liqui-gels minis	2	
aleve 220 mg cap	2	
aleve 220 mg tab	2	QL 90 / 30 days
aleve arthritis pain	2	QL 500 / 30 days
all day pain relief	1	QL 90 / 30 days
all day relief	1	QL 90 / 30 days
arthritis pain reliever 1 % gel	1	QL 500 / 30 days
ARTHROTEC (ARTHROTEC 50-0.2 MG TAB DR, ARTHROTEC 75-0.2 MG TAB DR)	2	
aspirin 81 mg tab dr	1	
butalbital-aspirin-caffeine	1	PA QLC Max 18 tabs/caps per month
CAMBIA	2	
CELEBREX (CELEBREX 50 MG CAP, CELEBREX 100 MG CAP, CELEBREX 200 MG CAP)	2	QL 60 / 30 days
CELEBREX 400 MG CAP	2	QL 30 / 30 days
celecoxib (celecoxib 50 mg cap, celecoxib 100 mg cap, celecoxib 200 mg cap)	1	QL 60 / 30 days
celecoxib 400 mg cap	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
childrens advil	2	QL 60 mL / day(s)
childrens ibuprofen (childrens ibuprofen 100 mg/5ml suspension, childrens ibuprofen 200 mg/10ml suspension)	1	QL 60 mL / day(s)
COXANTO	2	
cvs diclofenac sodium	1	QL 500 / 30 days
cvs ibuprofen 200 mg cap	1	
cvs ibuprofen childrens 100 mg chew tab	1	
cvs ibuprofen childrens 100 mg/5ml suspension	1	QL 60 mL / day(s)
cvs naproxen sodium 220 mg cap	1	
cvs naproxen sodium 220 mg tab	1	QL 90 / 30 days
DAYPRO	2	QL 90 / 30 days
DICLOFENAC	2	
diclofenac epolamine	2	
diclofenac potassium (diclofenac potassium 25 mg cap, diclofenac potassium 25 mg tab)	2	
diclofenac potassium 50 mg tab	2	QL 4 / 1 days
diclofenac potassium(migraine)	2	
diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr)	1	QL 4 / 1 days
diclofenac sodium 1 % gel	1	QL 500 / 30 days
diclofenac sodium 1.5 % solution	1	
diclofenac sodium 2 % solution	2	
diclofenac sodium 75 mg tab dr	1	QL 60 / 30 days
diclofenac sodium er	2	QL 60 / 30 days
diclofenac-misoprostol (diclofenac-misoprostol 50-0.2 mg tab dr, diclofenac-misoprostol 75-0.2 mg tab dr)	1	
diflunisal	2	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DOLOBID (DOLOBID 250 MG TAB, DOLOBID 375 MG TAB)	2	
DUEXIS	2	
ec-naproxen (ec-naproxen 375 mg tab dr, ec-naproxen 500 mg tab dr)	1	QL 60 / 30 days
ELYXYB	2	
eq arthritis pain 1 % gel	1	QL 500 / 30 days
eq arthritis pain reliever	1	QL 500 / 30 days
eq ibuprofen childrens	1	QL 60 mL / day(s)
etodolac (etodolac 400 mg tab, etodolac 500 mg tab)	2	QL 60 / 30 days
etodolac 200 mg cap	2	QL 150 / 30 days
etodolac 300 mg cap	2	QL 90 / 30 days
etodolac er (etodolac er 400 mg tab er 24h, etodolac er 500 mg tab er 24h, etodolac er 600 mg tab er 24h)	2	
FELDENE (FELDENE 10 MG CAP, FELDENE 20 MG CAP)	2	QL 30 / 30 days
FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 200 MG CAP, FENOPROFEN CALCIUM 400 MG CAP)	2	
fenoprofen calcium 600 mg tab	2	QL 150 / 30 days
FENOPRON	2	
flanax	1	QL 90 / 30 days
FLECTOR	2	
flurbiprofen	1	QL 90 / 30 days
ft all day pain relief	1	QL 90 / 30 days
ft arthritis pain	1	QL 500 / 30 days
ft ibuprofen 200 mg cap	1	
ft ibuprofen 200 mg tab	1	QL 360 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ibu 400 mg tab	1	QL 180 / 30 days
ibu 600 mg tab	1	QL 150 / 30 days
ibu 800 mg tab	1	QL 4 / 1 days
ibuprofen (ibuprofen 100 mg/5ml suspension, ibuprofen 200 mg/10ml suspension)	1	QL 60 mL / day(s)
ibuprofen 200 mg cap	1	
ibuprofen 200 mg tab	1	QL 360 / 30 days
IBUPROFEN 300 MG TAB	2	
ibuprofen 400 mg tab	1	QL 180 / 30 days
ibuprofen 600 mg tab	1	QL 150 / 30 days
ibuprofen 800 mg tab	1	QL 4 / 1 days
ibuprofen childrens (ibuprofen childrens 100 mg/5ml suspension, ibuprofen childrens 200 mg/10ml suspension)	1	QL 60 mL / day(s)
ibuprofen infants	1	QL 15 / 7 days
ibuprofen junior strength	1	
ibuprofen-famotidine	2	
ICLOFENAC CP	2	
indocin	2	
indomethacin (indomethacin 20 mg cap, indomethacin 25 mg/5ml suspension, indomethacin 50 mg suppos, indomethacin 100 mg suppos)	2	
indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)	1	QL 4 / 1 days
indomethacin er	1	QL 90 / 30 days
infants ibuprofen	1	QL 15 / 7 days
KETOPROFEN (KETOPROFEN, KETOPROFEN 25 MG CAP, KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	2	
ketoprofen er	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ketorolac tromethamine 10 mg tab	1	QLC 20 tablets per 90 days
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	2	
KIPROFEN	2	
kls arthritis pain relief	1	QL 500 / 30 days
kls diclofenac sodium	1	QL 500 / 30 days
LICART	2	
lofena	2	
LURBIPR	2	QL 90 / 30 days
meclofenamate sodium (meclofenamate sodium 50 mg cap, meclofenamate sodium 100 mg cap)	2	QL 4 / 1 days
mefenamic acid	2	
meloxicam (meloxicam 5 mg cap, meloxicam 7.5 mg/5ml suspension, meloxicam 10 mg cap)	2	
meloxicam 15 mg tab	1	QL 30 / 30 days PA
meloxicam 7.5 mg tab	1	QL 60 / 30 days
nabumetone 500 mg tab	1	QL 4 / 1 days
nabumetone 750 mg tab	1	QL 60 / 30 days
NALFON (NALFON 400 MG CAP, NALFON 600 MG TAB)	2	
NAPRELAN (NAPRELAN 375 MG TAB ER 24H, NAPRELAN 500 MG TAB ER 24H, NAPRELAN 750 MG TAB ER 24H)	2	
NAPROSYN 125 MG/5ML SUSPENSION	2	
naproxen (naproxen 250 mg tab, naproxen 500 mg tab)	1	QL 90 / 30 days
naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
naproxen 125 mg/5ml suspension	2	QL 1800 / 30 days
naproxen 375 mg tab	1	QL 4 / 1 days
naproxen dr	1	QL 60 / 30 days
naproxen sodium (naproxen sodium 220 mg tab, naproxen sodium 275 mg tab, naproxen sodium 550 mg tab)	1	QL 90 / 30 days
naproxen sodium 220 mg cap	1	
naproxen sodium er (naproxen sodium er, naproxen sodium er 375 mg tab er 24h, naproxen sodium er 500 mg tab er 24h, naproxen sodium er 750 mg tab er 24h)	2	
naproxen-esomeprazole mg (naproxen-esomeprazole mg 375-20 mg tab dr, naproxen-esomeprazole mg 500-20 mg tab dr)	2	
ORUDIS	2	
oxaprozin	2	QL 90 / 30 days
OXAPROZIN 300 MG CAP	2	
PENNSAID	2	
piroxicam (piroxicam 10 mg cap, piroxicam 20 mg cap)	1	QL 30 / 30 days
qc childrens ibuprofen	1	QL 60 mL / day(s)
qc diclofenac sodium	1	QL 500 / 30 days
qc ibuprofen 200 mg cap	1	
qc ibuprofen 200 mg tab	1	QL 360 / 30 days
qc naproxen sodium 220 mg tab	1	QL 90 / 30 days
relafen 500 mg tab	2	QL 4 / 1 days
relafen 750 mg tab	2	QL 60 / 30 days
RELAFEN DS	2	
sm arthritis pain	1	QL 500 / 30 days
sm childrens ibuprofen	1	QL 60 mL / day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm ibuprofen 200 mg cap	1	
sm ibuprofen 200 mg tab	1	QL 360 / 30 days
sm ibuprofen ib 100 mg chew tab	1	
sm ibuprofen ib 200 mg tab	1	QL 360 / 30 days
sm ibuprofen ib childrens	1	
sm infants ibuprofen	1	QL 15 / 7 days
sm naproxen sodium	1	QL 90 / 30 days
SPRIX	2	
sulindac (sulindac 150 mg tab, sulindac 200 mg tab)	1	QL 60 / 30 days
TIVORBEX	2	
TOLECTIN 600	2	
TOLECTIN DS	2	
TOLMETIN SODIUM (TOLMETIN SODIUM 400 MG CAP, TOLMETIN SODIUM 600 MG TAB)	2	
TOLMETIN SODIUM 200 MG TAB	2	QL 4 / 1 days
VIMOVO (VIMOVO 375-20 MG TAB DR, VIMOVO 500-20 MG TAB DR)	2	
voltaren arthritis pain	2	QL 500 / 30 days
VYSCOXA	2	
ZICLOPRO	2	
ZIPSOR	2	
ZORVOLEX (ZORVOLEX 18 MG CAP, ZORVOLEX 35 MG CAP)	2	
ZYBIC	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine (buprenorphine 5 mcg/hr patch wk, buprenorphine 7.5 mcg/hr patch wk, buprenorphine 10 mcg/hr patch wk, buprenorphine 15 mcg/hr patch wk, buprenorphine 20 mcg/hr patch wk)	1	QL 4 / 28 days PA
BUTRANS (BUTRANS 5 MCG/HR PATCH WK, BUTRANS 7.5 MCG/HR PATCH WK, BUTRANS 10 MCG/HR PATCH WK, BUTRANS 15 MCG/HR PATCH WK, BUTRANS 20 MCG/HR PATCH WK)	2	QL 4 / 28 days PA
CONZIP (CONZIP 100 MG CAP ER 24H, CONZIP 200 MG CAP ER 24H, CONZIP 300 MG CAP ER 24H)	2	QL 30 / 30 days PA AL1 At least 18 yrs old
DSUVIA	2	C Opioid safety limits apply
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)	1	QL 10 / 30 days PA
fentanyl (fentanyl 37.5 mcg/hr patch 72hr, fentanyl 62.5 mcg/hr patch 72hr, fentanyl 87.5 mcg/hr patch 72hr)	2	QL 10 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	PA
hydromorphone hcl er (hydromorphone hcl er 8 mg tab er 24h, hydromorphone hcl er 12 mg tab er 24h, hydromorphone hcl er 16 mg tab er 24h, hydromorphone hcl er 32 mg tab er 24h)	2	QL 30 / 30 days PA
HYSINGLA ER (HYSINGLA ER 20 MG TB24 DETER, HYSINGLA ER 30 MG TB24 DETER, HYSINGLA ER 40 MG TB24 DETER, HYSINGLA ER 60 MG TB24 DETER, HYSINGLA ER 80 MG TB24 DETER, HYSINGLA ER 100 MG TB24 DETER, HYSINGLA ER 120 MG TB24 DETER)	2	PA
levorphanol tartrate (levorphanol tartrate 2 mg tab, levorphanol tartrate 3 mg tab)	2	C Opioid safety limits apply
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)	2	PA
methadone hcl intensol	2	PA
METHADOSE	2	PA
METHADOSE SUGAR-FREE	2	PA
morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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)	1	QL 3 / 1 days PA
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)	1	QL 30 / 30 days PA
morphine sulfate er beads (morphine sulfate er beads 30 mg cap er 24h, morphine sulfate er beads 45 mg cap er 24h, morphine sulfate er beads 60 mg cap er 24h, morphine sulfate er beads 75 mg cap er 24h, morphine sulfate er beads 90 mg cap er 24h, morphine sulfate er beads 120 mg cap er 24h)	2	QL 30 / 30 days PA
MS CONTIN (MS CONTIN 15 MG TAB ER, MS CONTIN 30 MG TAB ER, MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER)	2	QL 3 / 1 days PA
NUCYNTA ER (NUCYNTA ER 50 MG TAB ER 12H, NUCYNTA ER 100 MG TAB ER 12H, NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H)	2	QL 60 / 30 days PA
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	PA
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)	1	QL 2 / 1 days PA
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER, OXYCONTIN 40 MG TB12 DETER)	1	PA
OXYCONTIN (OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 30 MG TB12 DETER, OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	1	QL 2 / 1 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxymorphone hcl er (oxymorphone hcl er 5 mg tab er 12h, oxymorphone hcl er 7.5 mg tab er 12h, oxymorphone hcl er 10 mg tab er 12h, oxymorphone hcl er 15 mg tab er 12h, oxymorphone hcl er 20 mg tab er 12h, oxymorphone hcl er 30 mg tab er 12h, oxymorphone hcl er 40 mg tab er 12h)	2	PA
TAPENTADOL HCL ER (TAPENTADOL HCL ER 50 MG TAB ER 12H, TAPENTADOL HCL ER 100 MG TAB ER 12H, TAPENTADOL HCL ER 150 MG TAB ER 12H, TAPENTADOL HCL ER 200 MG TAB ER 12H, TAPENTADOL HCL ER 250 MG TAB ER 12H)	2	
tramadol hcl (er biphasic) (tramadol hcl (er biphasic) 100 mg tab er 24h, tramadol hcl (er biphasic) 200 mg tab er 24h, tramadol hcl (er biphasic) 300 mg tab er 24h)	2	QL 30 / 30 days PA AL1 At least 18 yrs old
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)	2	QL 30 / 30 days PA AL1 At least 18 yrs old
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)	1	QL 30 / 30 days PA AL1 At least 18 yrs old
xyvona (xyvona 2 mg tab, xyvona 3 mg tab)	2	C Opioid safety limits apply
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (acetaminophen-codeine, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)	1	AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine 300-15 mg tab	1	QL 13 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine 300-30 mg tab	1	QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
acetaminophen-codeine 300-60 mg tab	1	QL 6 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
ACTIQ (ACTIQ 200 MCG LOZ HANDLE, ACTIQ 400 MCG LOZ HANDLE, ACTIQ 600 MCG LOZ HANDLE, ACTIQ 800 MCG LOZ HANDLE, ACTIQ 1200 MCG LOZ HANDLE, ACTIQ 1600 MCG LOZ HANDLE)	2	C Opioid safety limits apply
APADAZ (APADAZ 4.08-325 MG TAB, APADAZ 6.12-325 MG TAB, APADAZ 8.16-325 MG TAB)	2	C Opioid safety limits apply
APAP-CAFF-DIHYDROCODEINE	2	C Opioid safety limits apply
ascomp-codeine	2	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
BENZHYDROCODONE-ACETAMINOPHEN (BENZHYDROCODONE-ACETAMINOPHEN 4.08-325 MG TAB, BENZHYDROCODONE-ACETAMINOPHEN 6.12-325 MG TAB, BENZHYDROCODONE-ACETAMINOPHEN 8.16-325 MG TAB)	1	C Opioid safety limits apply
butalbital-apap-caff-cod (butalbital-apap-caff-cod 50-300-40-30 mg cap, butalbital-apap-caff-cod 50-325-40-30 mg cap)	2	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
butalbital-asa-caff-codeine	2	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
butorphanol tartrate 10 mg/ml solution	2	C Opioid safety limits apply
carisoprodol-aspirin-codeine	2	QL 90 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
codeine sulfate (codeine sulfate, codeine sulfate 15 mg tab, codeine sulfate 60 mg tab)	2	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DILAUDID (DILAUDID 1 MG/ML LIQUID, DILAUDID 2 MG TAB, DILAUDID 4 MG TAB, DILAUDID 8 MG TAB)	2	C Opioid safety limits apply
endocet (endocet 5-325 mg tab, endocet 7.5-325 mg tab)	1	QL 12 / 1 days C Opioid safety limits apply
endocet 10-325 mg tab	1	C 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	C Opioid safety limits apply
FENTORA (FENTORA 100 MCG TAB, FENTORA 200 MCG TAB, FENTORA 400 MCG TAB, FENTORA 600 MCG TAB, FENTORA 800 MCG TAB)	2	C Opioid safety limits apply
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)	1	C Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	2	C Opioid safety limits apply
hydrocodone-acetaminophen 10-325 mg tab	1	QL 6 / 1 days C Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	1	
hydrocodone-acetaminophen 5-325 mg tab	1	QL 12 / 1 days C Opioid safety limits apply
hydrocodone-acetaminophen 7.5-325 mg tab	1	QL 240 / 30 days C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocodone-ibuprofen (hydrocodone-ibuprofen 5-200 mg tab, hydrocodone-ibuprofen 10-200 mg tab)	2	C Opioid safety limits apply
hydrocodone-ibuprofen 7.5-200 mg tab	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
morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)	1	C Opioid safety limits apply
morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 15 mg tab, morphine sulfate 20 mg/5ml solution, morphine sulfate 30 mg tab)	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 (NUCYNTA 50 MG TAB, NUCYNTA 75 MG TAB, NUCYNTA 100 MG TAB)	2	C Opioid safety limits apply
OXAYDO (OXAYDO 5 MG TAB, OXAYDO 7.5 MG TAB)	2	C Opioid safety limits apply
oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 100 mg/5ml conc)	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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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)	1	C Opioid safety limits apply
oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab)	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	
oxymorphone hcl (oxymorphone hcl 5 mg tab, oxymorphone hcl 10 mg tab)	2	C Opioid safety limits apply
PENTAZOCINE-NALOXONE HCL	2	QL 360 / 30 days C Opioid safety limits apply
PERCOCET (PERCOCET 2.5-325 MG TAB, PERCOCET 5-325 MG TAB, PERCOCET 7.5-325 MG TAB)	2	QL 12 / 1 days C Opioid safety limits apply
PERCOCET 10-325 MG TAB	2	C Opioid safety limits apply
PROLATE (PROLATE 5-300 MG TAB, PROLATE 7.5-300 MG TAB, PROLATE 10-300 MG TAB)	2	C Opioid safety limits apply
PROLATE 10-300 MG/5ML SOLUTION	2	
QDOLO	2	AL1 At least 18 yrs old C Opioid safety limits apply
ROXICODONE (ROXICODONE 5 MG TAB, ROXICODONE 15 MG TAB, ROXICODONE 30 MG TAB)	2	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROXYBOND (ROXYBOND 5 MG TAB DETER, ROXYBOND 10 MG TAB DETER, ROXYBOND 15 MG TAB DETER, ROXYBOND 30 MG TAB DETER)	2	
SEGLENTIS	2	AL1 At least 18 yrs old C Opioid safety limits apply
SUBSYS (SUBSYS 100 MCG LIQUID, SUBSYS 200 MCG LIQUID, SUBSYS 400 MCG LIQUID, SUBSYS 600 MCG LIQUID, SUBSYS 800 MCG LIQUID, SUBSYS 1200 (600 X 2) MCG LIQUID, SUBSYS 1600 (800 X 2) MCG LIQUID)	2	C Opioid safety limits apply
tapentadol hcl (tapentadol hcl 50 mg tab, tapentadol hcl 75 mg tab, tapentadol hcl 100 mg tab)	2	
tramadol hcl (tramadol hcl 5 mg/ml solution, tramadol hcl 25 mg tab)	2	AL1 At least 18 yrs old C Opioid safety limits apply
tramadol hcl (tramadol hcl 50 mg tab, tramadol hcl 100 mg tab)	1	AL1 At least 18 yrs old C Opioid safety limits apply
tramadol hcl 75 mg tab	2	
tramadol-acetaminophen	1	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRACET	2	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRAM	2	AL1 At least 18 yrs old C Opioid safety limits apply
ANESTHETICS		
LOCAL ANESTHETICS		
AGONEAZE	2	QL 150 / 30 days
anecream 4 % kit	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
anlido 24	2	
anodyne lpt	2	QL 150 / 30 days
APRIZIO PAK	2	
aspercreme lidocaine (aspercreme lidocaine 4 % cream, aspercreme lidocaine 4 % liquid, aspercreme lidocaine 4 % patch)	2	
aspercreme lidocaine essential	2	
aspercreme w/lidocaine	2	
asperflex lidocaine	1	
ASPERFLEX LIDOCAINE	2	
asperflex max st	1	
asperflex pain relieving	1	
blue tube/ aloe	1	
blue-emu pain relief dry	1	
cinthera	2	
cvs lidocaine maximum strength (cvs lidocaine maximum strength 4 % cream, cvs lidocaine maximum strength 4 % liquid)	1	
cvs lidocaine pain relief 4 % cream	1	
cvs lidocaine pain relief 4 % patch	2	
cvs lidocaine pain relief maxs 4 % cream	1	
cvs lidocaine pain-relieving	1	
cvs pain relief (cvs pain relief 4 % cream, cvs pain relief 4 % patch)	1	
DERMACINRX LIDOCAINE 3 % CREAM	2	
DERMACINRX LIDOGEL	2	
DERMALID	2	
dologesic pain relief roll-on	1	
EMREAL	2	
eq lidocaine pain relieving	1	
first care pain relief	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft pain relief max strength	1	
GEN7T PLUS 3.5-7 % PATCH	2	
glydo	1	AL1 At least 3 yrs old
gnp lidocaine pain relief	1	
gnp lidocaine pain relieving	1	
gold bond multi-symptom	2	
gold bond pain & itch relief	2	
hm lidocaine patch	1	
jelcaine sterile	2	
LIDAFLEX	2	
lido king	1	
LIDOCAINE (LIDOCAINE 3 % CREAM, LIDOCAINE 4 % CREAM, LIDOCAINE 4 % PATCH)	1	
lidocaine (lidocaine 5 % ointment, lidocaine 5 % patch)	1	QL 90 / 30 days
lidocaine 3.5 % patch	2	
lidocaine hcl (lidocaine hcl 1 % solution, lidocaine hcl 3 % cream, lidocaine hcl 4 % cream, lidocaine hcl 4 % solution)	1	
lidocaine hcl (pf) 1 % solution	1	
LIDOCAINE HCL 1 % SOLUTION	2	
LIDOCAINE HCL URETHRAL/MUCOSAL	1	
lidocaine hcl urethral/mucosal (lidocaine hcl urethral/mucosal 2 % gel, lidocaine hcl urethral/mucosal 2 % prsyr)	1	AL1 At least 3 yrs old
lidocaine max st 24 hours	1	
lidocaine pain relief	1	
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)	1	
lidocaine pain relieving	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lidocaine plus	1	
lidocaine viscous hcl	1	AL1 At least 3 yrs old
lidocaine-prilocaine 2.5-2.5 % cream	1	QL 150 / 30 days
lidocaine-prilocaine 2.5-2.5 % kit	2	QL 150 / 30 days
LIDOCAINE-TETRACAINE	2	
lidocaine-transparent dressing	2	
lidocan	2	QL 90 / 30 days
lidocare arm/neck/leg	1	
lidocare back/shoulder	1	
lidocore 4 % patch	1	
LIDODERM	2	QL 90 / 30 days
lidofore flexipatch	1	
lidoguard (lidoguard 4 % cream, lidoguard 4 % patch)	1	
lidoheal-90	2	
LIDOLITE	2	
LIDOREAL-30	2	
LIDOREX	2	
LIDOSOL	2	
LIDOSOL-50	2	
LIDOTOR	2	
LIDOTRAL 3.88 % CREAM	2	
lidozall	2	
lidozall plus	2	
LIDOZO	1	
LIDTOPIC	2	
LIVIXIL PAK	2	QL 150 / 30 days
lmx 4 plus	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
moxicaine	2	
neurocaine	2	
pain relief maximum strength	1	
pharmacist choice lidocaine	1	
PLIAGLIS	2	
PRILOHEAL PLUS 30	2	
PRILOVIX	2	QL 150 / 30 days
prilovix lite	2	QL 150 / 30 days
prilovix lite plus	2	QL 150 / 30 days
PRILOVIX PLUS	2	QL 150 / 30 days
PRILOVIXIL	2	
qc lidocaine pain relief	1	
re-lieved maximum strength 4 % patch	2	
REAL HEAL-I	2	
relador pak	2	QL 150 / 30 days
relador pak plus	2	QL 150 / 30 days
salonpas pain relieving	1	
SKYADERM-LP	2	
SYNERA	2	
TETRI-AG	2	
theraworx pm pain relf roll-on	1	
tridacaine ii	2	QL 90 / 30 days
tridacaine iii	2	QL 90 / 30 days
TRILOGEL	2	
true lido	1	
ZIONODIL	2	
ZIONODIL 100	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZTLIDO	2	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium	1	
disulfiram (disulfiram 250 mg tab, disulfiram 500 mg tab)	1	
naltrexone hcl	1	
VIVITROL	1	QL 1 / 28 days
OPIOID DEPENDENCE		
BELBUCA (BELBUCA 75 MCG FILM, BELBUCA 150 MCG FILM, BELBUCA 300 MCG FILM, BELBUCA 450 MCG FILM, BELBUCA 600 MCG FILM, BELBUCA 750 MCG FILM, BELBUCA 900 MCG FILM)	1	QL 60 / 30 days PA
BRIXADI (BRIXADI 64 MG/0.18ML SOLN PRSYR, BRIXADI 96 MG/0.27ML SOLN PRSYR, BRIXADI 128 MG/0.36ML SOLN PRSYR)	1	
BRIXADI (WEEKLY) (BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR, BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR, BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR, BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR)	1	
buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)	1	
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)	1	QL 120 / 30 day(s)
buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab, buprenorphine hcl-naloxone hcl 12-3 mg film)	1	
lofexidine hcl	2	
LUCEMYRA	2	QL 16 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
OPIOID REVERSAL AGENTS		
ft naloxone hcl	1	
KLOXXADO	1	
naloxone hcl (naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 4 mg/0.1ml liquid, naloxone hcl 4 mg/10ml solution)	1	
naloxone hcl 4 mg/0.1ml nasal spray	1	
narcan	1	
OPVEE	1	
REXTOVY	1	
ZIMHI	1	
ZURNAI	1	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det)	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)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHANTIX STARTING MONTH PAK	1	
cvs nicotine (cvs nicotine 2 mg gum, cvs nicotine 4 mg gum)	1	QL 24 / 1 days
cvs nicotine polacrilex (cvs nicotine polacrilex 2 mg gum, cvs nicotine polacrilex 2 mg lozenge, cvs nicotine polacrilex 4 mg gum, cvs nicotine polacrilex 4 mg lozenge)	1	QL 24 / 1 days
eq nicotine 4 mg gum	1	QL 24 / 1 days
eq nicotine polacrilex (eq nicotine polacrilex 2 mg gum, eq nicotine polacrilex 2 mg lozenge, eq nicotine polacrilex 4 mg gum, eq nicotine polacrilex 4 mg lozenge)	1	QL 24 / 1 days
ft nicotine (ft nicotine 2 mg gum, ft nicotine 2 mg lozenge, ft nicotine 4 mg gum, ft nicotine 4 mg lozenge)	1	QL 24 / 1 days
ft nicotine (ft nicotine 7 mg/24hr patch 24hr, ft nicotine 14 mg/24hr patch 24hr, ft nicotine 21 mg/24hr patch 24hr)	1	QL 1 / 1 days
ft nicotine mini (ft nicotine mini 2 mg lozenge, ft nicotine mini 4 mg lozenge)	1	QL 24 / 1 days
gnp nicotine (gnp nicotine 7 mg/24hr patch 24hr, gnp nicotine 14 mg/24hr patch 24hr, gnp nicotine 21 mg/24hr patch 24hr)	1	QL 1 / 1 days
gnp nicotine 4 mg gum	1	QL 24 / 1 days
gnp nicotine mini (gnp nicotine mini 2 mg lozenge, gnp nicotine mini 4 mg lozenge)	1	QL 24 / 1 days
gnp nicotine polacrilex (gnp nicotine polacrilex 2 mg gum, gnp nicotine polacrilex 2 mg lozenge, gnp nicotine polacrilex 4 mg gum, gnp nicotine polacrilex 4 mg lozenge)	1	QL 24 / 1 days
goodsense nicotine (goodsense nicotine 2 mg gum, goodsense nicotine 2 mg lozenge, goodsense nicotine 4 mg gum, goodsense nicotine 4 mg lozenge)	1	QL 24 / 1 days
hm nicotine (hm nicotine 7 mg/24hr patch 24hr, hm nicotine 14 mg/24hr patch 24hr, hm nicotine 21 mg/24hr patch 24hr)	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm nicotine polacrilex (hm nicotine polacrilex 2 mg gum, hm nicotine polacrilex 2 mg lozenge, hm nicotine polacrilex 4 mg gum, hm nicotine polacrilex 4 mg lozenge)	1	QL 24 / 1 days
kls quit2 2 mg lozenge	1	QL 24 / 1 days
kls quit4 4 mg lozenge	1	QL 24 / 1 days
nicoderm cq (nicoderm cq 7 mg/24hr patch 24hr, nicoderm cq 14 mg/24hr patch 24hr, nicoderm cq 21 mg/24hr patch 24hr)	2	QL 1 / 1 days
NICORETTE	2	
nicorette (nicorette 2 mg gum, nicorette 4 mg gum, nicorette 4 mg lozenge)	2	QL 24 / 1 days
nicorette 2 mg lozenge	1	QL 24 / 1 days
NICORETTE MINI	2	
nicorette mini (nicorette mini 2 mg lozenge, nicorette mini 4 mg lozenge)	2	QL 24 / 1 days
nicorette starter kit (nicorette starter kit 2 mg gum, nicorette starter kit 4 mg gum)	2	QL 24 / 1 days
NICOTINE	2	QL 1 / 1 days
nicotine (nicotine 7 mg/24hr patch 24hr, nicotine 14 mg/24hr patch 24hr, nicotine 21 mg/24hr patch 24hr)	1	QL 1 / 1 days
nicotine mini (nicotine mini 2 mg lozenge, nicotine mini 4 mg lozenge)	1	QL 24 / 1 days
nicotine polacrilex (nicotine polacrilex 2 mg gum, nicotine polacrilex 2 mg lozenge, nicotine polacrilex 4 mg gum, nicotine polacrilex 4 mg lozenge)	1	QL 24 / 1 days
nicotine polacrilex mini	1	QL 24 / 1 days
nicotine step 1	1	QL 1 / 1 days
nicotine step 2	1	QL 1 / 1 days
nicotine step 3	1	QL 1 / 1 days
NICOTROL	2	QL 168 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NICOTROL NS	2	QL 60 / 30 days
qc nicotine transdermal system (qc nicotine transdermal system 14 mg/24hr patch 24hr, qc nicotine transdermal system 21 mg/24hr patch 24hr)	1	QL 1 / 1 days
sm nicotine (sm nicotine 2 mg lozenge, sm nicotine 4 mg gum)	1	QL 24 / 1 days
sm nicotine (sm nicotine 7 mg/24hr patch 24hr, sm nicotine 14 mg/24hr patch 24hr, sm nicotine 21 mg/24hr patch 24hr)	1	QL 1 / 1 days
sm nicotine polacrilex (sm nicotine polacrilex 2 mg gum, sm nicotine polacrilex 2 mg lozenge, sm nicotine polacrilex 4 mg gum, sm nicotine polacrilex 4 mg lozenge)	1	QL 24 / 1 days
varenicline tartrate (starter)	1	
varenicline tartrate 0.5 mg tab	1	
varenicline tartrate 1 mg tab	1	QL 2 / 1 day(s)
varenicline tartrate(continue)	1	QL 2 / 1 day(s)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE	2	QLC 8.4 mL/day
gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)	1	
HUMATIN	2	
neomycin sulfate	1	QL 8 / 1 days
ANTIBACTERIALS, OTHER		
bacitracin 500 unit/gm ointment	1	QL 30 / 10 days QLC 7 grams per fill
bacitracin zinc	1	
bacitracin zinc-aloe	1	
BLUJEPA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLEOCIN 100 MG SUPPOS	1	
CLEOCIN 2 % CREAM	2	
clindamycin hcl 150 mg cap	1	QL 12 / 1 days
clindamycin hcl 300 mg cap	1	QL 6 / 1 days
clindamycin hcl 75 mg cap	1	
clindamycin palmitate hcl	1	QL 120 / 1 days
clindamycin phosphate 2 % cream	1	
CLINDESSE	1	
cvs bacitracin	1	QL 30 / 10 days
FIRVANQ (FIRVANQ 25 MG/ML RECON SOLN, FIRVANQ 50 MG/ML RECON SOLN)	2	
FLAGYL	2	
fosfomycin tromethamine	2	
ft antibiotic	1	
gnp bacitracin zinc	1	
hm bacitracin zinc	1	
HYOPHEN	2	
linezolid 100 mg/5ml recon susp	1	QL 60 / 1 day(s)
linezolid 600 mg tab	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	
methenamine hippurate	1	
METHENAMINE MANDELATE (METHENAMINE MANDELATE, METHENAMINE MANDELATE 0.5 GM TAB, METHENAMINE MANDELATE 1 GM TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
metronidazole (metronidazole 125 mg tab, metronidazole 375 mg cap)	2	
metronidazole 0.75 % gel	1	QL 45 / 26 days
metronidazole 250 mg tab	1	QL 120 / 30 days
metronidazole 500 mg tab	1	QL 4 / 1 days
MONUROL	2	
NITROFURANTOIN	2	QL 40 / 1 days C No PA required for children under 9 years of age
nitrofurantoin (nitrofurantoin 25 mg/5ml suspension, nitrofurantoin 50 mg/10ml suspension)	2	QL 2700 / 30 days
nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)	1	QL 4 / 1 days
nitrofurantoin macrocrystal 25 mg cap	1	QL 2 / 1 days
nitrofurantoin monohyd macro	1	QL 2 / 1 days
NUVESSA	2	
phosphasal	2	
rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)	1	QL 45 / 26 days
sm antibiotic	1	
SOLOSEC	2	
tinidazole (tinidazole 250 mg tab, tinidazole 500 mg tab)	1	QL 4 / 1 days
URELLE	2	
URETRON D/S	2	
URIBEL	2	
URIMAR-T (URIMAR-T 120 MG CAP, URIMAR-T 120 MG TAB)	2	
urin ds	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
URNEVA	2	
uro-458	2	
URO-MP	2	
uro-sp	2	
UROGESIC-BLUE	2	
ustell	2	
utira-c	2	
VANCOCIN (VANCOCIN 125 MG CAP, VANCOCIN 250 MG CAP)	2	
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)	1	
vancomycin hcl 250 mg/5ml recon soln	2	
VANDAZOLE	2	QL 70 / days
VILEVEV MB	2	
XACIATO	2	
XIFAXAN (XIFAXAN 200 MG TAB, XIFAXAN 550 MG TAB)	2	PA
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (cefaclor 125 mg/5ml recon susp, cefaclor 250 mg/5ml recon susp, cefaclor 375 mg/5ml recon susp)	2	
cefaclor (cefaclor 250 mg cap, cefaclor 500 mg cap)	2	QL 4 / 1 days
CEFACLOR ER	2	QL 2 / 1 days
cefadroxil 1 gm tab	2	QL 2 / 1 days
cefadroxil 250 mg/5ml recon susp	2	QLC 10 mL/day
cefadroxil 500 mg cap	1	QL 8 / 1 days
cefadroxil 500 mg/5ml recon susp	2	QLC 20 mL/day
cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp)	1	QL 12 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cefdinir 300 mg cap	1	QL 2 / 1 days
CEFIXIME (CEFIXIME 100 MG/5ML RECON SUSP, CEFIXIME 200 MG/5ML RECON SUSP, CEFIXIME 400 MG TAB)	2	
cefixime 400 mg cap	1	
cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg/5ml recon susp)	2	QL 40 / 1 days
cefpodoxime proxetil 100 mg tab	1	QL 3 / 1 days
cefpodoxime proxetil 200 mg tab	1	QL 4 / 1 days
cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg/5ml recon susp)	1	QL 10 / 1 days
cefprozil (cefprozil 250 mg tab, cefprozil 500 mg tab)	1	QL 1 / 1 days
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)	1	QL 2 / 1 days
ceftriaxone sodium 10 gm recon soln	1	QL 1 / 1 days
cefuroxime axetil (cefuroxime axetil 250 mg tab, cefuroxime axetil 500 mg tab)	1	QL 2 / 1 days
cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg/5ml recon susp)	1	QL 80 / 1 days
cephalexin (cephalexin 250 mg cap, cephalexin 500 mg cap)	1	QL 8 / 1 days
cephalexin (cephalexin 250 mg tab, cephalexin 500 mg tab, cephalexin 750 mg cap)	2	
SUPRAX (SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 400 MG CAP)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETA-LACTAM, PENICILLINS		
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)	1	
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)	2	
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)	1	
amoxicillin-pot clavulanate er	2	
ampicillin	1	
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	
dicloxacillin sodium (dicloxacillin sodium 250 mg cap, dicloxacillin sodium 500 mg cap)	1	
penicillin g potassium (penicillin g potassium 5000000 unit recon soln, penicillin g potassium 20000000 unit recon soln)	1	
penicillin g sodium	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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)	1	
pfizerpen (pfizerpen 5000000 unit recon soln, pfizerpen 20000000 unit recon soln)	1	
PIVYA	2	
CARBAPENEMS		
ORLYNVAH	2	
MACROLIDES		
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)	1	
azithromycin 1 gm packet	1	QL 1 / 1 days
clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp)	1	QL 20 / 1 days
clarithromycin 250 mg tab	1	QL 2 / 1 days
clarithromycin 500 mg tab	1	QL 3 / 1 days
clarithromycin er	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
E.E.S. GRANULES	2	
ery-tab (ery-tab 250 mg tab dr, ery-tab 333 mg tab dr, ery-tab 500 mg tab dr)	2	
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN STEARATE	2	
erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
erythromycin base (erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab, erythromycin base 500 mg tab)	2	QL 8 / 1 days
erythromycin base (erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab dr)	2	
erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp)	2	
erythromycin ethylsuccinate 400 mg tab	2	QL 10 / 1 days
fidaxomicin	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	
QUINOLONES		
BAXDELA 450 MG TAB	2	
besifloxacin hcl	2	
BESIVANCE	2	
CILOXAN	2	
CIPRO (CIPRO 250 MG TAB, CIPRO 500 MG TAB)	2	QL 2 / 1 days
CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP)	1	QL 15 / 1 days
ciprofloxacin 250 mg/5ml (5%) recon susp	2	
ciprofloxacin 500 mg/5ml (10%) recon susp	2	QL 15 / 1 days
ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)	1	QL 2 / 1 days
ciprofloxacin hcl 0.3 % solution	1	QL 5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)	1	
levofloxacin 25 mg/ml solution	2	QL 30 / 1 days AL1 Up to 12 yrs old
moxifloxacin hcl 400 mg tab	1	QL 14 / 30 days
ofloxacin (ofloxacin, ofloxacin 300 mg tab, ofloxacin 400 mg tab)	2	QL 28 / 26 days
SULFONAMIDES		
sulfadiazine	1	QL 240 / 80 day(s)
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)	1	
sulfatrim pediatric	1	
TETRACYCLINES		
demeclocycline hcl (demeclocycline hcl 150 mg tab, demeclocycline hcl 300 mg tab)	2	
DORYX (DORYX 50 MG TAB DR, DORYX 80 MG TAB DR, DORYX 200 MG TAB DR)	2	
DORYX MPC (DORYX MPC 60 MG TAB DR, DORYX MPC 120 MG TAB DR)	2	
doxycycline	2	
doxycycline hyclate (doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)	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	
doxycycline hyclate 20 mg tab	1	
doxycycline monohydrate (doxycycline monohydrate 25 mg/5ml recon susp, doxycycline monohydrate 50 mg cap, doxycycline monohydrate 100 mg cap)	1	
doxycycline monohydrate (doxycycline monohydrate 75 mg cap, doxycycline monohydrate 150 mg cap)	2	
doxycycline monohydrate (doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg tab)	1	QL 2 / 1 days
doxycycline monohydrate 150 mg tab	2	QL 2 / 1 days
doxycycline monohydrate 50 mg tab	1	QL 1 / 1 days
EMROSI	2	
lymepak	2	QL 60 / 30 days
minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap)	1	
minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)	2	
minocycline hcl 100 mg cap	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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)	2	
MINOLIRA (MINOLIRA 105 MG TAB ER 24H, MINOLIRA 135 MG TAB ER 24H)	2	
NUZYRA 150 MG TAB	2	
ORACEA	2	
SEYSARA (SEYSARA 60 MG TAB, SEYSARA 100 MG TAB, SEYSARA 150 MG TAB)	2	
SOLODYN (SOLODYN 55 MG TAB ER 24H, SOLODYN 65 MG TAB ER 24H, SOLODYN 80 MG TAB ER 24H, SOLODYN 105 MG TAB ER 24H, SOLODYN 115 MG TAB ER 24H)	2	
targadox	2	
tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)	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 (XIMINO 45 MG CAP ER 24H, XIMINO 90 MG CAP ER 24H, XIMINO 135 MG CAP ER 24H)	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
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)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
DEPAKOTE (DEPAKOTE 250 MG TAB DR, DEPAKOTE 500 MG TAB DR)	2	
DEPAKOTE ER (DEPAKOTE ER 250 MG TAB ER 24H, DEPAKOTE ER 500 MG TAB ER 24H)	2	
DEPAKOTE SPRINKLES	2	
DIACOMIT (DIACOMIT 250 MG CAP, DIACOMIT 250 MG PACKET, DIACOMIT 500 MG CAP, DIACOMIT 500 MG PACKET)	2	
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)	1	
divalproex sodium er (divalproex sodium er 250 mg tab er 24h, divalproex sodium er 500 mg tab er 24h)	1	
ELEPSIA XR (ELEPSIA XR 1000 MG TAB ER 24H, ELEPSIA XR 1500 MG TAB ER 24H)	2	
EPIDIOLEX	1	PA
EPRONTIA	2	
felbamate 400 mg tab	2	QL 270 / 30 days
felbamate 600 mg tab	2	QL 180 / 30 days
felbamate 600 mg/5ml suspension	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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (KEPPRA XR 500 MG TAB ER 24H, KEPPRA XR 750 MG TAB ER 24H)	2	
LAMICTAL (LAMICTAL 5 MG CHEW TAB, LAMICTAL 25 MG CHEW TAB)	2	
LAMICTAL ODT (LAMICTAL ODT 21 X 25 MG & 7 X 50 MG KIT, LAMICTAL ODT 25 & 50 & 100 MG KIT, LAMICTAL ODT 25 MG TAB DISP, LAMICTAL ODT 42 X 50 MG & 14X100 MG KIT, LAMICTAL ODT 50 MG TAB DISP, LAMICTAL ODT 100 MG TAB DISP, LAMICTAL ODT 200 MG TAB DISP)	2	
LAMICTAL XR (LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT, LAMICTAL XR 25 & 50 & 100 MG KIT, LAMICTAL XR 25 MG TAB ER 24H, LAMICTAL XR 50 & 100 & 200 MG KIT, LAMICTAL XR 50 MG TAB ER 24H, LAMICTAL XR 100 MG TAB ER 24H, LAMICTAL XR 200 MG TAB ER 24H, LAMICTAL XR 250 MG TAB ER 24H, LAMICTAL XR 300 MG TAB ER 24H)	2	
lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 21 x 25 mg & 7 x 50 mg kit, lamotrigine 25 & 50 & 100 mg kit, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab disp, lamotrigine 42 x 50 mg & 14x100 mg kit, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)	2	
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)	2	
levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 500 mg/5ml solution)	1	QL 1200 / 30 days
levetiracetam (levetiracetam 250 mg tab, levetiracetam 500 mg tab)	1	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVETIRACETAM (LEVETIRACETAM 250 MG TAB, LEVETIRACETAM 500 MG TAB)	2	
levetiracetam (levetiracetam 750 mg tab, levetiracetam 1000 mg tab)	1	QL 4 / 1 days
levetiracetam er 500 mg tab er 24h	1	QL 180 / 30 days
levetiracetam er 750 mg tab er 24h	1	QL 4 / 1 days
MOTPOLY XR (MOTPOLY XR 100 MG CAP ER 24H, MOTPOLY XR 150 MG CAP ER 24H, MOTPOLY XR 200 MG CAP ER 24H)	2	
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)	2	
QUDEXY XR (QUDEXY XR 25 MG CP24 SPRNK, QUDEXY XR 50 MG CP24 SPRNK, QUDEXY XR 100 MG CP24 SPRNK, QUDEXY XR 150 MG CP24 SPRNK, QUDEXY XR 200 MG CP24 SPRNK)	2	
roweepra	1	QL 180 / 30 days
SPRITAM (SPRITAM 250 MG TAB, SPRITAM 500 MG TAB, SPRITAM 750 MG TAB, SPRITAM 1000 MG TAB)	2	
TOPAMAX (TOPAMAX 25 MG TAB, TOPAMAX 50 MG TAB, TOPAMAX 100 MG TAB, TOPAMAX 200 MG TAB)	2	QL 120 / 30 days
TOPAMAX SPRINKLE (TOPAMAX SPRINKLE 15 MG CAP SPRINK, TOPAMAX SPRINKLE 25 MG CAP SPRINK)	2	QL 120 / 30 days
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)	1	QL 120 / 30 days
topiramate (topiramate 25 mg/ml solution, topiramate 50 mg cap sprink)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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)	2	
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)	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
valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution, valproic acid 500 mg/10ml solution)	1	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	2	
ethosuximide 250 mg cap	1	QL 180 / 30 days
ethosuximide 250 mg/5ml solution	1	QL 30 / 1 days
methsuximide	2	
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	2	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam (clobazam 2.5 mg/ml suspension, clobazam 10 mg tab, clobazam 20 mg tab)	1	
DIASTAT ACUDIAL (DIASTAT ACUDIAL 10 MG GEL, DIASTAT ACUDIAL 20 MG GEL)	1	
DIASTAT PEDIATRIC	1	
diazepam (diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel)	1	
gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution, gabapentin 600 mg tab, gabapentin 800 mg tab)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gabapentin 100 mg cap	1	QL 180 / 30 days
gabapentin 200 mg cap	2	
gabapentin 300 mg cap	1	QL 360 / 30 days
gabapentin 400 mg cap	1	QL 270 / 30 days
GABARONE (GABARONE 100 MG TAB, GABARONE 400 MG TAB)	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 (LIBERVANT 5 MG FILM, LIBERVANT 7.5 MG FILM, LIBERVANT 10 MG FILM, LIBERVANT 12.5 MG FILM, LIBERVANT 15 MG FILM)	2	
MYSOLINE (MYSOLINE 50 MG TAB, MYSOLINE 250 MG TAB)	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
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)	1	
primidone (primidone 50 mg tab, primidone 250 mg tab)	1	QL 240 / 30 days
primidone 125 mg tab	1	
relgaabi 200 mg cap	2	
relgaabi 300 mg cap	2	QL 360 / 30 days
relgaabi 400 mg cap	2	QL 270 / 30 days
SABRIL 500 MG PACKET	2	QL 120 / 30 days
SABRIL 500 MG TAB	2	
SYMPAZAN (SYMPAZAN 5 MG FILM, SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	2	
tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab)	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
vigabatrin 500 mg packet	2	QL 120 / 30 days
vigabatrin 500 mg tab	2	
vigadrone 500 mg packet	2	QL 120 / 30 days
vigadrone 500 mg tab	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIGAFYDE	2	
vigpoder	2	QL 120 / 30 days
ZTALMY	2	
SODIUM CHANNEL AGENTS		
APTIOM (APTIOM 200 MG TAB, APTIOM 400 MG TAB, APTIOM 600 MG TAB, APTIOM 800 MG TAB)	2	
BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB)	2	
carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)	1	QL 240 / 30 days
carbamazepine (carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg/10ml suspension)	1	QL 2400 / 30 days
carbamazepine 200 mg chew tab	2	
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)	1	QL 4 / 1 days
CARBATROL (CARBATROL 100 MG CAP ER 12H, CARBATROL 200 MG CAP ER 12H, CARBATROL 300 MG CAP ER 12H)	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)
epitol	1	QL 240 / 30 days
eslicarbazepine acetate (eslicarbazepine acetate 200 mg tab, eslicarbazepine acetate 400 mg tab, eslicarbazepine acetate 600 mg tab, eslicarbazepine acetate 800 mg tab)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg/5ml solution, lacosamide 100 mg/10ml solution)	1	QL 1200 / 30 days
lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)	1	
oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)	1	QL 120 / 30 days
oxcarbazepine 300 mg/5ml suspension	1	QL 1200 / 30 days
oxcarbazepine er (oxcarbazepine er 150 mg tab er 24h, oxcarbazepine er 300 mg tab er 24h, oxcarbazepine er 600 mg tab er 24h)	2	
OXTELLAR XR (OXTELLAR XR 150 MG TAB ER 24H, OXTELLAR XR 300 MG TAB ER 24H, OXTELLAR XR 600 MG TAB ER 24H)	2	
phenytek 200 mg cap	2	QL 60 / 30 days
phenytek 300 mg cap	2	QL 30 / 30 days
phenytoin (phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)	1	QL 450 / 30 day(s)
phenytoin 50 mg chew tab	1	QL 240 / 30 days
phenytoin infatabs	1	QL 240 / 30 days
phenytoin sodium extended 100 mg cap	1	QL 360 / 30 days
phenytoin sodium extended 200 mg cap	1	QL 60 / 30 days
phenytoin sodium extended 300 mg cap	1	QL 30 / 30 days
rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)	2	
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	2	
TEGRETOL-XR (TEGRETOL-XR 100 MG TAB ER 12H, TEGRETOL-XR 200 MG TAB ER 12H, TEGRETOL-XR 400 MG TAB ER 12H)	2	
TRILEPTAL (TRILEPTAL 150 MG TAB, TRILEPTAL 300 MG TAB, TRILEPTAL 600 MG TAB)	2	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (250 MG DAILY DOSE)	2	
XCOPRI (350 MG DAILY DOSE)	2	
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK, XCOPRI 25 MG TAB, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB, XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	2	
ZONISADE	2	
zonisamide (zonisamide 25 mg cap, zonisamide 50 mg cap)	1	QL 4 / 1 days
zonisamide 100 mg cap	1	QL 180 / 30 days
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
memantine hcl-donepezil hcl (memantine hcl-donepezil hcl 14-10 mg cap er 24h, memantine hcl-donepezil hcl 28-10 mg cap er 24h)	2	
memantine hcl-donepezil hcl er (memantine hcl-donepezil hcl er 14-10 mg cap er 24h, memantine hcl-donepezil hcl er 28-10 mg cap er 24h)	2	
NAMZARIC (NAMZARIC 7 & 14 & 21 &28 -10 MG CP24 THPK, NAMZARIC 7-10 MG CAP ER 24H, NAMZARIC 14-10 MG CAP ER 24H, NAMZARIC 21-10 MG CAP ER 24H, NAMZARIC 28-10 MG CAP ER 24H)	2	
CHOLINESTERASE INHIBITORS		
ADLARITY (ADLARITY 5 MG/DAY PATCH WK, ADLARITY 10 MG/DAY PATCH WK)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARICEPT (ARICEPT 5 MG TAB, ARICEPT 10 MG TAB, ARICEPT 23 MG TAB)	2	QL 30 / 30 days
donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)	1	QL 30 / 30 days PA
donepezil hcl 10 mg tab disp	1	QL 30 / 30 days
donepezil hcl 23 mg tab	2	QL 30 / 30 days
donepezil hcl 5 mg tab disp	1	QL 60 / 30 days
EXELON (EXELON 4.6 MG/24HR PATCH 24HR, EXELON 9.5 MG/24HR PATCH 24HR, EXELON 13.3 MG/24HR PATCH 24HR)	2	QL 30 / 30 days
galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)	1	
galantamine hydrobromide 4 mg/ml solution	2	
galantamine hydrobromide er (galantamine hydrobromide er 8 mg cap er 24h, galantamine hydrobromide er 16 mg cap er 24h, galantamine hydrobromide er 24 mg cap er 24h)	1	
RAZADYNE ER (RAZADYNE ER 8 MG CAP ER 24H, RAZADYNE ER 16 MG CAP ER 24H, RAZADYNE ER 24 MG CAP ER 24H)	2	
rivastigmine (rivastigmine 4.6 mg/24hr patch 24hr, rivastigmine 9.5 mg/24hr patch 24hr, rivastigmine 13.3 mg/24hr patch 24hr)	2	QL 30 / 30 days
rivastigmine tartrate (rivastigmine tartrate 1.5 mg cap, rivastigmine tartrate 3 mg cap)	1	QL 60 / 30 days PA
rivastigmine tartrate (rivastigmine tartrate 4.5 mg cap, rivastigmine tartrate 6 mg cap)	1	QL 60 / 30 days
ZUNVEYL (ZUNVEYL 5 MG TAB DR, ZUNVEYL 10 MG TAB DR, ZUNVEYL 15 MG TAB DR)	2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
MEMANTINE HCL	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)	2	QL 300 / 30 days
memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)	1	QL 60 / 30 days PA
memantine hcl er (memantine hcl er 7 mg cap er 24h, memantine hcl er 14 mg cap er 24h, memantine hcl er 21 mg cap er 24h, memantine hcl er 28 mg cap er 24h)	1	
NAMENDA (NAMENDA 5 MG TAB, NAMENDA 10 MG TAB)	2	QL 60 / 30 days
NAMENDA TITRATION PAK	2	QL 2 / 1 days
NAMENDA XR (NAMENDA XR 7 MG CAP ER 24H, NAMENDA XR 14 MG CAP ER 24H, NAMENDA XR 21 MG CAP ER 24H, NAMENDA XR 28 MG CAP ER 24H)	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
APLENZIN (APLENZIN 174 MG TAB ER 24H, APLENZIN 348 MG TAB ER 24H, APLENZIN 522 MG TAB ER 24H)	2	
AUVELITY	2	
AUVELITY TITRATION PACK	2	
bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)	1	QL 120 / 30 days
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)	1	QL 60 / 30 days
BUPROPION HCL ER (XL) (BUPROPION HCL ER (XL), BUPROPION HCL ER (XL) 450 MG TAB ER 24H)	1	
bupropion hcl er (xl) 150 mg tab er 24h	1	QL 60 / 30 days
bupropion hcl er (xl) 300 mg tab er 24h	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
chlordiazepoxide-amitriptyline (chlordiazepoxide-amitriptyline 5-12.5 mg tab, chlordiazepoxide-amitriptyline 10-25 mg tab)	1	QL 180 / 30 days
EXXUA (EXXUA 18.2 MG TAB ER 24H, EXXUA 36.3 MG TAB ER 24H, EXXUA 54.5 MG TAB ER 24H, EXXUA 72.6 MG TAB ER 24H)	2	
EXXUA TITRATION PACK	2	
FORFIVO XL	2	
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)	1	QL 30 / 30 days
olanzapine-fluoxetine hcl (olanzapine-fluoxetine hcl 3-25 mg cap, olanzapine-fluoxetine hcl 6-25 mg cap, olanzapine-fluoxetine hcl 6-50 mg cap, olanzapine-fluoxetine hcl 12-25 mg cap, olanzapine-fluoxetine hcl 12-50 mg cap)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine-amitriptyline (perphenazine-amitriptyline 2-10 mg tab, perphenazine-amitriptyline 2-25 mg tab)	2	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine-amitriptyline (perphenazine-amitriptyline 4-10 mg tab, perphenazine-amitriptyline 4-25 mg tab, perphenazine-amitriptyline 4-50 mg tab)	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REMERON (REMERON 15 MG TAB, REMERON 30 MG TAB)	2	QL 30 / 30 days
REMERON SOLTAB (REMERON SOLTAB 15 MG TAB DISP, REMERON SOLTAB 30 MG TAB DISP, REMERON SOLTAB 45 MG TAB DISP)	2	QL 30 / 30 days
SPRAVATO (56 MG DOSE)	2	QL 8 / 14 days
SPRAVATO (84 MG DOSE)	2	QL 12 / 14 days
SYMBYAX (SYMBYAX 3-25 MG CAP, SYMBYAX 6-25 MG CAP)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WELLBUTRIN SR (WELLBUTRIN SR 100 MG TAB ER 12H, WELLBUTRIN SR 150 MG TAB ER 12H, WELLBUTRIN SR 200 MG TAB ER 12H)	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
MONOAMINE OXIDASE INHIBITORS		
EMSAM (EMSAM 6 MG/24HR PATCH 24HR, EMSAM 9 MG/24HR PATCH 24HR, EMSAM 12 MG/24HR PATCH 24HR)	2	
MARPLAN 10 MG TAB	2	
NARDIL	2	
phenelzine sulfate	1	
tranylcypromine sulfate	2	QL 180 / 30 days
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
CELEXA (CELEXA 10 MG TAB, CELEXA 20 MG TAB, CELEXA 40 MG TAB)	2	QL 45 / 30 days
CITALOPRAM HYDROBROMIDE	2	QL 30 / 30 days
citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)	1	QL 45 / 30 days
citalopram hydrobromide 10 mg/5ml solution	1	QL 600 / 30 days
citalopram hydrobromide 20 mg/10ml solution	2	QL 600 / 30 days
citalopram hydrobromide 30 mg cap	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DESVENLAFAXINE ER (DESVENLAFAXINE ER 50 MG TAB ER 24H, DESVENLAFAXINE ER 100 MG TAB ER 24H)	2	
desvenlafaxine succinate er (desvenlafaxine succinate er 25 mg tab er 24h, desvenlafaxine succinate er 50 mg tab er 24h, desvenlafaxine succinate er 100 mg tab er 24h)	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
escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab)	1	QL 90 / 30 days
escitalopram oxalate (escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg/10ml solution)	2	QL 600 / 30 days
ESCITALOPRAM OXALATE 15 MG CAP	2	
escitalopram oxalate 20 mg tab	1	QL 60 / 30 days
FETZIMA (FETZIMA 20 MG CAP ER 24H, FETZIMA 40 MG CAP ER 24H, FETZIMA 80 MG CAP ER 24H, FETZIMA 120 MG CAP ER 24H)	2	
FETZIMA TITRATION	2	
fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 10 mg tab)	1	QL 90 / 30 days
fluoxetine hcl (pmdd) 10 mg tab	1	QL 90 / 30 days
fluoxetine hcl (pmdd) 20 mg tab	1	QL 4 / 1 days
fluoxetine hcl 20 mg cap	1	QL 4 / 1 days
fluoxetine hcl 20 mg tab	1	QL 120 / 30 days
fluoxetine hcl 20 mg/5ml solution	1	QL 300 / 30 days
fluoxetine hcl 40 mg cap	1	QL 60 / 30 days
FLUOXETINE HCL 60 MG TAB	1	
fluoxetine hcl 90 mg cap dr	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluvoxamine maleate 100 mg tab	1	QL 90 / 30 days
fluvoxamine maleate 25 mg tab	1	QL 30 / 30 days
fluvoxamine maleate 50 mg tab	1	QL 45 / 30 days
fluvoxamine maleate er (fluvoxamine maleate er 100 mg cap er 24h, fluvoxamine maleate er 150 mg cap er 24h)	2	
LEXAPRO (LEXAPRO 5 MG TAB, LEXAPRO 10 MG TAB)	2	QL 90 / 30 days
LEXAPRO 20 MG TAB	2	QL 60 / 30 days
nefazodone hcl (nefazodone hcl 50 mg tab, nefazodone hcl 100 mg tab, nefazodone hcl 250 mg tab)	2	QL 60 / 30 days
nefazodone hcl 150 mg tab	2	QL 120 / 30 days
nefazodone hcl 200 mg tab	2	QL 90 / 30 days
paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 40 mg tab)	1	QL 45 / 30 days
paroxetine hcl 10 mg/5ml suspension	2	
paroxetine hcl 30 mg tab	1	QL 60 / 30 days
paroxetine hcl er (paroxetine hcl er 12.5 mg tab er 24h, paroxetine hcl er 25 mg tab er 24h, paroxetine hcl er 37.5 mg tab er 24h)	2	
paroxetine mesylate	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 (PAXIL CR 12.5 MG TAB ER 24H, PAXIL CR 25 MG TAB ER 24H, PAXIL CR 37.5 MG TAB ER 24H)	2	
PEXEVA (PEXEVA 10 MG TAB, PEXEVA 20 MG TAB, PEXEVA 30 MG TAB)	2	
PRISTIQ (PRISTIQ 25 MG TAB ER 24H, PRISTIQ 50 MG TAB ER 24H, PRISTIQ 100 MG TAB ER 24H)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
sertraline hcl (sertraline hcl 150 mg cap, sertraline hcl 200 mg cap)	2	
sertraline hcl (sertraline hcl 25 mg tab, sertraline hcl 50 mg tab)	1	QL 90 / 30 days
sertraline hcl 100 mg tab	1	QL 60 / 30 days
sertraline hcl 20 mg/ml conc	1	QL 300 / 30 days
trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab)	1	QL 90 / 30 days
trazodone hcl 300 mg tab	1	QL 60 / 30 days
TRINTELLIX (TRINTELLIX 5 MG TAB, TRINTELLIX 10 MG TAB, TRINTELLIX 20 MG TAB)	2	
VENLAFAXINE BESYLATE ER	2	
venlafaxine hcl (venlafaxine hcl 25 mg tab, venlafaxine hcl 37.5 mg tab, venlafaxine hcl 50 mg tab, venlafaxine hcl 75 mg tab, venlafaxine hcl 100 mg tab)	1	QL 90 / 30 days
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)	1	
venlafaxine hcl er 150 mg cap er 24h	1	QL 60 / 30 days
venlafaxine hcl er 37.5 mg cap er 24h	1	QL 30 / 30 days
venlafaxine hcl er 75 mg cap er 24h	1	QL 90 / 30 days
VIIBRYD (VIIBRYD 10 MG TAB, VIIBRYD 20 MG TAB, VIIBRYD 40 MG TAB)	2	
VIIBRYD STARTER PACK	2	
vilazodone hcl (vilazodone hcl 10 mg tab, vilazodone hcl 20 mg tab, vilazodone hcl 40 mg tab)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
TRICYCLICS		
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)	1	QL 90 / 30 days
amoxapine (amoxapine 25 mg tab, amoxapine 50 mg tab, amoxapine 100 mg tab, amoxapine 150 mg tab)	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
clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap)	1	QL 150 / 30 days
clomipramine hcl 75 mg cap	1	QL 90 / 30 days
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)	2	QL 60 / 30 days
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)	1	QL 60 / 30 days
doxepin hcl 10 mg/ml conc	1	QL 30 / 1 days
doxepin hcl 100 mg cap	1	QL 90 / 30 days
imipramine hcl (imipramine hcl 10 mg tab, imipramine hcl 25 mg tab, imipramine hcl 50 mg tab)	1	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
imipramine pamoate (imipramine pamoate 75 mg cap, imipramine pamoate 100 mg cap, imipramine pamoate 125 mg cap, imipramine pamoate 150 mg cap)	2	
NORPRAMIN (NORPRAMIN 10 MG TAB, NORPRAMIN 25 MG TAB)	2	QL 60 / 30 days
nortriptyline hcl (nortriptyline hcl 25 mg cap, nortriptyline hcl 75 mg cap)	1	QL 90 / 30 days
nortriptyline hcl 10 mg cap	1	
nortriptyline hcl 10 mg/5ml solution	2	QL 2250 / 30 days
nortriptyline hcl 50 mg cap	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
protriptyline hcl (protriptyline hcl 5 mg tab, protriptyline hcl 10 mg tab)	2	QL 180 / 30 days
trimipramine maleate (trimipramine maleate 25 mg cap, trimipramine maleate 50 mg cap, trimipramine maleate 100 mg cap)	2	
ANTIEMETICS		
ANTIEMETICS, OTHER		
anti-nausea	2	
ANTIVERT (ANTIVERT 25 MG CHEW TAB, ANTIVERT 50 MG TAB)	2	
bonine	2	QL 120 / 30 days
BONJESTA	2	QL 60 / 30 days
compro	1	QL 12 / days
cvs motion sickness less drows	1	QL 120 / 30 days
cvs motion sickness relief	1	QL 120 / 30 days
cvs nausea relief	1	

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
qc anti-nausea	1	
REGLAN (REGLAN 5 MG TAB, REGLAN 10 MG TAB)	2	
scopolamine	1	
sm motion sickness 25 mg tab	1	QL 120 / 30 days
sm motion sickness 50 mg tab	1	QL 240 / 30 days
TIGAN	2	
TRANSDERM SCOP	2	
TRANSDERM-SCOP	2	
travel-ease	1	QL 120 / 30 days
trimethobenzamide hcl	2	QL 90 / 30 days
EMETOGENIC THERAPY ADJUNCTS		
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	
aprepitant 125 mg cap	1	QL 2 / 28 days
aprepitant 40 mg cap	1	QL 1 / 30 days
aprepitant 80 & 125 mg cap thpk	1	QL 6 / 28 days
aprepitant 80 mg cap	1	QL 4 / 28 days
CINVANTI	2	QLC 36 mL/28 days
DRONABINOL	2	
dronabinol (dronabinol 2.5 mg cap, dronabinol 5 mg cap)	2	QL 180 / 30 days
dronabinol 10 mg cap	2	QL 90 / 30 days
EMEND 125 MG/5ML RECON SUSP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMEND 150 MG RECON SOLN	2	QLC 2 vials/28 days
EMEND BIPACK	2	QL 4 / 28 days
EMEND TRIPACK	2	QL 6 / 28 days
FOCINVEZ	2	
FOSAPREPITANT DIMEGLUMINE	1	
granisetron hcl (granisetron hcl 1 mg/ml solution, granisetron hcl 4 mg/4ml solution)	1	
granisetron hcl 1 mg tab	2	QLC 2 tablets/day
GRANISOL	2	
MARINOL 2.5 MG CAP	2	QL 180 / 30 days
NEREUS	2	
ONDANSETRON	2	
ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp)	1	QL 90 / 30 days
ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)	1	QL 90 / 30 days
ondansetron hcl (ondansetron hcl 4 mg/2ml soln prsyr, ondansetron hcl 4 mg/2ml solution, ondansetron hcl 40 mg/20ml solution)	1	
ondansetron hcl +rfid (ondansetron hcl +rfid 4 mg/2ml soln prsyr, ondansetron hcl +rfid 4 mg/2ml solution)	1	
ondansetron hcl 4 mg/5ml solution	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNDROS 5 MG/ML SOLUTION	2	
VARUBI (180 MG DOSE)	2	
ZUPLENZ	2	
ANTIFUNGALS		
3 day vaginal	1	
7 day vaginal	1	QL 45 / 7 days
ALEVAZOL	1	
ALOE VESTA CLEAR ANTIFUNGAL	1	
ANCOBON (ANCOBON 250 MG CAP, ANCOBON 500 MG CAP)	2	
antifungal (clotrimazole)	1	QL 30 / 7 days
antifungal (tolnaftate)	1	QL 15 / 7 days
antifungal 2 % cream	1	QL 15 / 7 days
antifungal clotrimazole	1	QL 30 / 7 days
athletes foot (clotrimazole)	1	QL 30 / 7 days
athletes foot (terbinafine)	1	
athletes foot 1 % cream	1	QL 30 / 7 days
athletes foot 1 % solution	2	QL 30 / 24 days
athletes foot powder spray 1 % aero powd	1	QL 133 / 10 days
athletes foot powder spray 2 % aero powd	1	
athletes foot spray	1	
azolen anti-fungal wash	2	
BREXAFEMME	2	
butenafine hcl	1	QL 30 / 24 days
clotrimazole 1 % cream	1	QL 45 / 7 days
clotrimazole 1 % solution	2	QL 30 / 24 days
clotrimazole 1% cream (rx)	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clotrimazole 10 mg troche	1	QL 5 / 1 days
clotrimazole 3	1	
clotrimazole anti-fungal	1	QL 30 / 7 days
clotrimazole athletes foot	1	QL 30 / 7 days
clotrimazole-7	1	QL 45 / 7 days
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	2	
cvs athletes foot (tolnaftate) 1 % aero powd	1	QL 133 / 10 days
cvs athletes foot (tolnaftate) 1 % cream	1	QL 15 / 7 days
cvs athletes foot 2 % aero powd	1	
cvs athletes foot spray	1	
cvs butenafine hcl	1	QL 30 / 24 days
cvs miconazole 1 combo pack	1	
CVS MICONAZOLE 1 COMBO-WIPES	1	
cvs miconazole 3 combo pack	1	
cvs miconazole 3 combo-supp	1	QL 1 / 3 days
cvs miconazole 7	1	QL 45 / 7 days
cvs ringworm	1	QL 30 / 7 days
cvs tioconazole 1	1	
cvs toe area treatment max str	1	
desenex 2 % cream	2	QL 15 / 7 days
desenex 2 % powder	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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp clotrimazole 3	1	
gnp miconazole 1	1	
gnp miconazole 3	1	QL 1 / 3 days
gnp miconazole 7	1	QL 45 / 7 days
gnp miconazorb af	1	QL 71 / 15 days
gnp terbinafine hydrochloride	1	
gnp tolnaftate	1	QL 15 / 7 days
goodsense athletes foot	1	QL 30 / 7 days
griseofulvin microsize 125 mg/5ml suspension	1	QL 40 / 1 days
griseofulvin microsize 500 mg tab	2	QL 60 / 30 days
GRISEOFULVIN ULTRAMICROSIZE	2	
griseofulvin ultramicrosize (griseofulvin ultramicrosize 125 mg tab, griseofulvin ultramicrosize 250 mg tab)	2	QL 3 / 1 days
GYNAZOLE-1	2	
itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)	2	
JUBLIA	2	
KERYDIN	2	
ketoconazole (ketoconazole 2 % cream, ketoconazole 2 % shampoo)	1	
ketoconazole 2 % foam	2	
ketoconazole 200 mg tab	2	QL 60 / 30 days
LAMISIL AT 1 % CREAM	2	
lamisil at athletes foot	2	
lamisil at jock itch	2	
LAMISIL AT SPRAY ATHLETES FOOT	2	
LAMISIL AT SPRAY JOCK ITCH	2	
lasolex	2	QL 30 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LASOLEX AG	2	
lotrimin af 1 % cream	2	QL 30 / 7 days
lotrimin af 2 % aerosol	1	
lotrimin ultra	2	QL 30 / 24 days
luliconazole	2	
LUZU	2	
medpura antifungal	1	QL 15 / 7 days
MENTAX	2	
micomitin	2	
MICONATATE	2	
miconazole 1	1	
miconazole 3 200 mg suppos	2	QL 30 / 30 days
miconazole 3 combo pack	1	
miconazole 3 combo pack app	1	
miconazole 3 combo-supp	1	QL 1 / 3 days
miconazole 7 100 mg suppos	1	QL 30 / 30 days
miconazole 7 2 % cream	1	QL 45 / 7 days
miconazole nitrate 2 % cream	1	QL 45 / 7 days
miconazole nitrate 2 % solution	1	
miconazole nitrate combo pack	1	QL 1 / 3 days
MICONAZOLE-ZINC OXIDE-PETROLAT	2	
micotrin ac	2	QL 30 / 7 days
micotrin al	2	
micotrin ap	1	QL 71 / 15 days
monistat 1 combo pack	2	
monistat 1 day or night	2	
monistat 1-day	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
monistat 3	2	
monistat 3 combination pack	2	QL 1 / 3 days
MONISTAT 3 COMBINATION PACK	2	
monistat 3 combo pack app	2	
MONISTAT 7 COMBO PACK APP	2	
MONISTAT 7 COMPLETE THERAPY	2	
monistat 7 simply cure	2	QL 45 / 7 days
mycozyl ac	2	QL 30 / 7 days
mycozyl al	1	
mycozyl ap	1	QL 71 / 15 days
naftifine hcl (naftifine hcl 1 % cream, naftifine hcl 2 % cream, naftifine hcl 2 % gel)	2	
NAFTIN (NAFTIN 1 % GEL, NAFTIN 2 % GEL)	2	
NIZORAL	2	
NOXAFIL (NOXAFIL 40 MG/ML SUSPENSION, NOXAFIL 100 MG TAB DR, NOXAFIL 300 MG PACKET)	2	
nyamyc	1	
nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder, nystatin 100000 unit/ml suspension)	1	
nystatin 500000 unit tab	1	QL 6 / 1 days
nystop	1	
ORAVIG	2	
oxiconazole nitrate	2	
OXISTAT (OXISTAT 1 % CREAM, OXISTAT 1 % LOTION)	2	
posaconazole 100 mg tab dr	1	
posaconazole 40 mg/ml suspension	2	
px miconazole 3-day combo	1	QL 1 / 3 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
qc 3 day	1	
qc antifungal (tolnaftate)	1	QL 15 / 7 days
qc athletes foot 2 % aero powd	1	
qc clotrimazole	1	QL 45 / 7 days
qc miconazole 7	1	QL 45 / 7 days
qc tolnaftate	1	QL 15 / 7 days
ra atheletes foot	1	
ra clotrimazole 7	1	QL 45 / 7 days
ra miconazole 3 combo pack	1	QL 1 / 3 days
ra miconazole 3 combo pack app	1	
ra miconazole 7	1	QL 45 / 7 days
ra tioconazole 1	1	
sm 3-day vaginal	1	
sm antifungal clotrimazole	1	QL 30 / 7 days
sm antifungal miconazole	1	QL 15 / 7 days
sm antifungal tolnaftate	1	QL 15 / 7 days
sm athletes foot	1	
sm clotrimazole vaginal	1	QL 45 / 7 days
sm miconazole 3	1	QL 1 / 3 days
sm miconazole 3 applicator	1	
sm miconazole 7 100 mg suppos	1	QL 30 / 30 days
sm miconazole 7 2 % cream	1	QL 45 / 7 days
sm tioconazole-1	1	
SPORANOX (SPORANOX 10 MG/ML SOLUTION, SPORANOX 100 MG CAP)	2	
SPORANOX PULSEPAK	2	
sulconazole nitrate (sulconazole nitrate 1 % cream, sulconazole nitrate 1 % solution)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tavaborole	2	
terbinafine hcl 1 % cream	1	
terbinafine hcl 250 mg tab	1	QL 90 / 365 days
terconazole 0.4 % cream	2	QL 45 / 14 days
terconazole 0.8 % cream	2	QL 20 / 14 days
terconazole 80 mg suppos	2	QL 3 / 14 days
tinactin 1 % cream	2	QL 15 / 7 days
ting	1	QL 15 / 7 days
tioconazole-1	1	
tm-clotrimazole	1	QL 30 / 7 days
tm-tolnaftate	1	
tm-tolnaftate lr	1	
tolnafi-al	1	
tolnaftate 1 % cream	1	QL 15 / 7 days
tolnaftate 1 % powder	1	QL 45 / 7 days
tolnaftate antifungal	1	QL 15 / 7 days
TOLSURA	2	
trimazole	2	QL 30 / 7 days
TRIPENICOL C	2	
triple paste af	1	
tritolnacide c	2	QL 15 / 7 days
tritolnacide s	2	
VFEND (VFEND 40 MG/ML RECON SUSP, VFEND 50 MG TAB, VFEND 200 MG TAB)	2	
VIVJOA	2	
voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
voriconazole 40 mg/ml recon susp	2	
VOTRIZA-AL	2	
VUSION	2	
zeasorb-af	1	QL 71 / 15 days
ANTIGOUT AGENTS		
allopurinol 100 mg tab	1	QL 240 / 30 days
allopurinol 200 mg tab	2	
allopurinol 300 mg tab	1	QL 60 / 30 days
colchicine 0.6 mg cap	2	QL 90 / 30 days PA
colchicine 0.6 mg tab	1	QL 90 / 30 days PA
colchicine-probenecid	1	
COLCRYS	2	QL 90 / 30 days
febuxostat (febuxostat 40 mg tab, febuxostat 80 mg tab)	1	
KRYSTEXXA (KRYSTEXXA 8 MG/50ML SOLUTION, KRYSTEXXA 8 MG/ML SOLUTION)	2	
MITIGARE	2	QL 90 / 30 days
probenecid	1	QL 4 / 1 days
ULORIC (ULORIC 40 MG TAB, ULORIC 80 MG TAB)	2	
ZYLOPRIM 100 MG TAB	2	
ZYLOPRIM 300 MG TAB	2	QL 60 / 30 days
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG (AIMOVIG 70 MG/ML SOLN A-INJ, AIMOVIG 140 MG/ML SOLN A-INJ)	1	QL 1 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AJOVY (AJOVY 225 MG/1.5ML SOLN A-INJ, AJOVY 225 MG/1.5ML SOLN PRSYR)	1	QL 1.5 / 28 day(s) PA
EMGALITY (300 MG DOSE)	1	QL 3 / 30 days PA
EMGALITY (EMGALITY 120 MG/ML SOLN A-INJ, EMGALITY 120 MG/ML SOLN PRSYR)	1	QL 2 / 28 days PA
NURTEC	1	QL 16 / 30 days PA
QULIPTA (QULIPTA 10 MG TAB, QULIPTA 30 MG TAB, QULIPTA 60 MG TAB)	2	QL 30 / 30 days
UBRELVY (UBRELVY 50 MG TAB, UBRELVY 100 MG TAB)	1	QL 16 / 30 days PA
VYEPTI	2	
ZAVZPRET	2	QL 8 / 30 day(s)
ERGOT ALKALOIDS		
BREKIYA	2	
CAFERGOT 1-100 MG TAB	2	
dihydroergotamine mesylate (dihydroergotamine mesylate 1 mg/ml solution, dihydroergotamine mesylate 4 mg/ml solution)	2	
ERGOMAR	2	
ergotamine-caffeine	2	
MIGRANAL	2	
TRUDHESA	2	
SEROTONIN (5-HT) RECEPTOR AGONIST		
almotriptan malate 12.5 mg tab	2	QL 9 / 30 day(s)
almotriptan malate 6.25 mg tab	2	QL 9 / 30 days
AMERGE (AMERGE 1 MG TAB, AMERGE 2.5 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
eletriptan hydrobromide (eletriptan hydrobromide 20 mg tab, eletriptan hydrobromide 40 mg tab)	1	QL 9 / 30 days
FROVA	2	QL 12 / 30 days
frovatriptan succinate	2	QL 12 / 30 days
IMITREX (IMITREX 5 MG/ACT SOLUTION, IMITREX 20 MG/ACT SOLUTION, IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB)	2	
IMITREX STATDOSE REFILL (IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART, IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART)	2	
IMITREX STATDOSE SYSTEM (IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ, IMITREX STATDOSE SYSTEM 6 MG/0.5ML SOLN A-INJ)	2	
MAXALT	2	
MAXALT-MLT	2	
naratriptan hcl (naratriptan hcl 1 mg tab, naratriptan hcl 2.5 mg tab)	1	QL 9 / 24 days
ONZETRA XSAIL	2	
RELPAX (RELPAX 20 MG TAB, RELPAX 40 MG TAB)	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
rizatriptan benzoate (rizatriptan benzoate 5 mg tab, rizatriptan benzoate 5 mg tab disp, rizatriptan benzoate 10 mg tab, rizatriptan benzoate 10 mg tab disp)	1	QL 9 / 30 days
sumatriptan (sumatriptan 5 mg/act solution, sumatriptan 20 mg/act solution)	1	QL 6 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)	1	QL 9 / 24 days
sumatriptan succinate (sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)	1	QL 2 / 24 days
sumatriptan succinate 4 mg/0.5ml soln a-inj	1	
sumatriptan succinate refill 4 mg/0.5ml soln cart	1	
sumatriptan succinate refill 6 mg/0.5ml soln cart	1	QL 2 / 24 days
sumatriptan-naproxen sodium	2	
SYMBRAVO	2	
TOSYMRA	2	
TREXIMET	2	
ZEMBRACE SYMTOUCH	2	
zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 5 mg solution)	2	
zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)	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
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone 100 mg tab	1	QL 1 / 1 days
dapsone 25 mg tab	1	QL 3 / 1 days
rifabutin	1	QL 60 / 30 days
ANTITUBERCULARS		
ethambutol hcl (ethambutol hcl 100 mg tab, ethambutol hcl 400 mg tab)	1	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
isoniazid (isoniazid 100 mg tab, isoniazid 300 mg tab)	1	QL 90 / 30 days
isoniazid 50 mg/5ml syrup	1	QL 2700 / 30 days
pyrazinamide	1	QL 240 / 30 days
rifampin (rifampin 150 mg cap, rifampin 300 mg cap)	1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide (cyclophosphamide 25 mg cap, cyclophosphamide 50 mg cap)	1	
LEUKERAN	1	
melphalan	1	
MYLERAN	1	
TEMODAR 250 MG CAP	2	
temozolomide (temozolomide 5 mg cap, temozolomide 20 mg cap, temozolomide 100 mg cap, temozolomide 140 mg cap, temozolomide 180 mg cap, temozolomide 250 mg cap)	1	PA
ANTIANDROGENS		
abiraterone acetate 250 mg tab	1	PA
abiraterone acetate 500 mg tab	2	PA
abirtega	1	PA
bicalutamide	1	QL 30 / 30 days PA
CASODEX	2	QL 30 / 30 days
ERLEADA (ERLEADA 60 MG TAB, ERLEADA 240 MG TAB)	1	PA
flutamide	1	QL 180 / 30 days
NUBEQA	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB, XTANDI 80 MG TAB)	1	PA
YONSA	2	PA
ZYTIGA (ZYTIGA 250 MG TAB, ZYTIGA 500 MG TAB)	2	PA
ANTIANGIOGENIC AGENTS		
lenalidomide (lenalidomide 2.5 mg cap, lenalidomide 20 mg cap)	2	
lenalidomide (lenalidomide 5 mg cap, lenalidomide 10 mg cap, lenalidomide 15 mg cap, lenalidomide 25 mg cap)	2	PA
pomalidomide (pomalidomide 1 mg cap, pomalidomide 2 mg cap, pomalidomide 3 mg cap, pomalidomide 4 mg cap)	2	
POMALYST (POMALYST 1 MG CAP, POMALYST 2 MG CAP, POMALYST 3 MG CAP, POMALYST 4 MG CAP)	2	
REVLIMID (REVLIMID 2.5 MG CAP, REVLIMID 5 MG CAP, REVLIMID 10 MG CAP, REVLIMID 15 MG CAP, REVLIMID 20 MG CAP, REVLIMID 25 MG CAP)	1	PA
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP, THALOMID 200 MG CAP)	1	PA
ANTIESTROGENS/MODIFIERS		
EMCYT	1	
FARESTON	2	QL 30 / 30 days
INLURIYO	2	
ORSERDU (ORSERDU 86 MG TAB, ORSERDU 345 MG TAB)	2	
SOLTAMOX	2	
tamoxifen citrate (tamoxifen citrate 10 mg tab, tamoxifen citrate 20 mg tab)	1	QL 60 / 30 days
toremifene citrate	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIMETABOLITES		
capecitabine (capecitabine 150 mg tab, capecitabine 500 mg tab)	1	PA
mercaptopurine 50 mg tab	1	
XELODA (XELODA 150 MG TAB, XELODA 500 MG TAB)	2	
ANTINEOPLASTICS, OTHER		
AKEEGA (AKEEGA 50-500 MG TAB, AKEEGA 100-500 MG TAB)	1	PA
AUGTYRO (AUGTYRO 40 MG CAP, AUGTYRO 160 MG CAP)	1	PA
DROXIA (DROXIA 200 MG CAP, DROXIA 300 MG CAP, DROXIA 400 MG CAP)	1	
FRUZAQLA (FRUZAQLA 1 MG CAP, FRUZAQLA 5 MG CAP)	1	PA
HYDREA	2	
hydroxyurea	1	
IWILFIN	1	PA
lederle leucovorin	1	QL 90 / 30 days
leucovorin calcium (leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)	1	QL 30 / 30 days
leucovorin calcium 10 mg tab	1	QL 60 / 30 days
leucovorin calcium 5 mg tab	1	QL 90 / 30 days
LONSURF (LONSURF 15-6.14 MG TAB, LONSURF 20-8.19 MG TAB)	1	PA
LYSODREN	1	
MODEYSO	2	
OJJAARA (OJJAARA 100 MG TAB, OJJAARA 150 MG TAB, OJJAARA 200 MG TAB)	1	PA
ORGOVYX	2	QL 90 / 30 days
QINLOCK	2	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SIKLOS (SIKLOS 100 MG TAB, SIKLOS 1000 MG TAB)	1	AL1 Up to 18 yrs old C Age restriction, clinical PA required
WELIREG	1	PA
ZOLINZA	1	PA
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole	1	QL 30 / 30 days
ARIMIDEX	2	QL 30 / 30 days
AROMASIN	2	QL 30 / 30 days
exemestane	1	QL 30 / 30 days
FEMARA	2	
letrozole	1	PA
ENZYME INHIBITORS		
etoposide 50 mg cap	1	
MOLECULAR TARGET INHIBITORS		
AFINITOR (AFINITOR 2.5 MG TAB, AFINITOR 5 MG TAB, AFINITOR 7.5 MG TAB, AFINITOR 10 MG TAB)	2	
AFINITOR DISPERZ (AFINITOR DISPERZ 2 MG TAB SOL, AFINITOR DISPERZ 3 MG TAB SOL, AFINITOR DISPERZ 5 MG TAB SOL)	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
AVMAPKI FAKZYNJA CO-PACK	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AYVAKIT (AYVAKIT 25 MG TAB, AYVAKIT 50 MG TAB, AYVAKIT 100 MG TAB, AYVAKIT 200 MG TAB, AYVAKIT 300 MG TAB)	1	QL 30 / 30 days PA
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB, BALVERSA 5 MG TAB)	1	
BOSULIF (BOSULIF 50 MG CAP, BOSULIF 100 MG CAP, BOSULIF 100 MG TAB, BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	1	PA
bosutinib (bosutinib 100 mg tab, bosutinib 400 mg tab, bosutinib 500 mg tab)	2	
BRAFTOVI	1	PA
BRUKINSA 160 MG TAB	1	PA
BRUKINSA 80 MG CAP	1	QL 120 / 30 days PA
CABOMETYX (CABOMETYX 20 MG TAB, CABOMETYX 40 MG TAB, CABOMETYX 60 MG TAB)	1	PA
CALQUENCE (CALQUENCE 100 MG CAP, CALQUENCE 100 MG TAB)	1	QL 60 / 30 days PA
CAPRELSA (CAPRELSA 100 MG TAB, CAPRELSA 300 MG TAB)	1	PA
COMETRIQ (100 MG DAILY DOSE)	1	PA
COMETRIQ (140 MG DAILY DOSE)	1	PA
COMETRIQ (60 MG DAILY DOSE)	1	PA
COPIKTRA (COPIKTRA 15 MG CAP, COPIKTRA 25 MG CAP)	1	PA
COTELLIC	1	PA
DANZITEN (DANZITEN 71 MG TAB, DANZITEN 95 MG TAB)	2	
dasatinib (dasatinib 20 mg tab, dasatinib 50 mg tab, dasatinib 70 mg tab, dasatinib 80 mg tab, dasatinib 100 mg tab, dasatinib 140 mg tab)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DAURISMO (DAURISMO 25 MG TAB, DAURISMO 100 MG TAB)	1	PA
ENSACOVE (ENSACOVE 25 MG CAP, ENSACOVE 100 MG CAP)	2	
ERIVEDGE	1	PA
erlotinib hcl (erlotinib hcl 25 mg tab, erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)	1	PA
everolimus (everolimus 2 mg tab sol, everolimus 3 mg tab sol, everolimus 5 mg tab sol)	2	
everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)	1	PA
EXKIVITY	1	QL 4 / 1 days PA
FARYDAK (FARYDAK 10 MG CAP, FARYDAK 15 MG CAP, FARYDAK 20 MG CAP)	1	PA
FOTIVDA (FOTIVDA 0.89 MG CAP, FOTIVDA 1.34 MG CAP)	1	QL 21 / 28 days PA
GAVRETO	1	QL 120 / 30 days PA
gefitinib	2	
GILOTRIF (GILOTRIF 20 MG TAB, GILOTRIF 30 MG TAB, GILOTRIF 40 MG TAB)	1	PA
GLEEVEC (GLEEVEC 100 MG TAB, GLEEVEC 400 MG TAB)	2	PA
GOMEKLI (GOMEKLI 1 MG CAP, GOMEKLI 1 MG TAB SOL, GOMEKLI 2 MG CAP)	1	PA
HERNEXEOS	2	
HYRNUO	2	
IBRANCE (IBRANCE 75 MG CAP, IBRANCE 75 MG TAB, IBRANCE 100 MG CAP, IBRANCE 100 MG TAB, IBRANCE 125 MG CAP, IBRANCE 125 MG TAB)	1	QL 30 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IBTROZI	2	
ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 15 MG TAB, ICLUSIG 45 MG TAB)	1	PA
ICLUSIG 30 MG TAB	2	PA
IDHIFA (IDHIFA 50 MG TAB, IDHIFA 100 MG TAB)	1	PA
imatinib mesylate (imatinib mesylate 100 mg tab, imatinib mesylate 400 mg tab)	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
IMKELDI	2	
INLYTA (INLYTA 1 MG TAB, INLYTA 5 MG TAB)	1	PA
INREBIC	1	PA
IRESSA	1	PA
ITOVEBI (ITOVEBI 3 MG TAB, ITOVEBI 9 MG TAB)	1	PA
JAKAFI (JAKAFI 5 MG TAB, JAKAFI 10 MG TAB, JAKAFI 15 MG TAB, JAKAFI 20 MG TAB, JAKAFI 25 MG TAB)	1	PA
JAKAFI XR (JAKAFI XR 11 MG TAB ER 24H, JAKAFI XR 22 MG TAB ER 24H, JAKAFI XR 33 MG TAB ER 24H, JAKAFI XR 44 MG TAB ER 24H, JAKAFI XR 55 MG TAB ER 24H)	2	
JAYPIRCA (JAYPIRCA 50 MG TAB, JAYPIRCA 100 MG TAB)	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
lapatinib ditosylate	2	
LAZCLUZE (LAZCLUZE 80 MG TAB, LAZCLUZE 240 MG TAB)	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
LENVIMA (4 MG DAILY DOSE)	1	PA
LENVIMA (8 MG DAILY DOSE)	1	PA
LIFYORLI (125 MG DOSE)	2	
LIFYORLI (150 MG DOSE)	2	
LORBRENA (LORBRENA 25 MG TAB, LORBRENA 100 MG TAB)	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 (LYNPARZA 100 MG TAB, LYNPARZA 150 MG TAB)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	2	QL 4 / 1 days PA
NILOTINIB D-TARTRATE (NILOTINIB D-TARTRATE 50 MG CAP, NILOTINIB D-TARTRATE 150 MG CAP, NILOTINIB D-TARTRATE 200 MG CAP)	2	
nilotinib hcl (nilotinib hcl 50 mg cap, nilotinib hcl 150 mg cap, nilotinib hcl 200 mg cap)	1	PA
NINLARO (NINLARO 2.3 MG CAP, NINLARO 3 MG CAP, NINLARO 4 MG CAP)	1	PA
ODOMZO	1	PA
OGSIVEO (OGSIVEO 50 MG TAB, OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB)	1	PA
OJEMDA (OJEMDA 25 MG/ML RECON SUSP, OJEMDA 100 MG TAB)	1	PA
pazopanib hcl (pazopanib hcl, pazopanib hcl 200 mg tab, pazopanib hcl 400 mg tab)	2	
PEMAZYRE (PEMAZYRE 4.5 MG TAB, PEMAZYRE 9 MG TAB, PEMAZYRE 13.5 MG TAB)	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (REVUFORJ 25 MG TAB, REVUFORJ 110 MG TAB, REVUFORJ 160 MG TAB)	1	PA
REZLIDHIA	1	PA
ROMVIMZA (ROMVIMZA 14 MG CAP, ROMVIMZA 20 MG CAP, ROMVIMZA 30 MG CAP)	1	PA
ROZLYTREK (ROZLYTREK 50 MG PACKET, ROZLYTREK 100 MG CAP, ROZLYTREK 200 MG CAP)	1	PA
RUBRACA (RUBRACA 200 MG TAB, RUBRACA 250 MG TAB, RUBRACA 300 MG TAB)	1	PA
RYDAPT	1	PA
SCEMBLIX (SCEMBLIX 20 MG TAB, SCEMBLIX 40 MG TAB, SCEMBLIX 100 MG TAB)	1	PA
sorafenib tosylate	1	
SPRYCEL (SPRYCEL 20 MG TAB, SPRYCEL 50 MG TAB, SPRYCEL 70 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	2	PA
STIVARGA	1	PA
sunitinib malate (sunitinib malate 25 mg cap, sunitinib malate 50 mg cap)	2	QL 1 / 1 day(s)
sunitinib malate 12.5 mg cap	2	QL 3 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sunitinib malate 37.5 mg cap	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 (TABRECTA 150 MG TAB, TABRECTA 200 MG TAB)	1	QL 120 / 30 days PA
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	1	PA
TAFINLAR 10 MG TAB SOL	2	
TAGRISSO (TAGRISSO 40 MG TAB, TAGRISSO 80 MG TAB)	1	PA
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.25 MG CAP, TALZENNA 0.35 MG CAP, TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	1	PA
TARCEVA (TARCEVA 25 MG TAB, TARCEVA 100 MG TAB, TARCEVA 150 MG TAB)	2	PA
TASIGNA (TASIGNA 50 MG CAP, TASIGNA 150 MG CAP, TASIGNA 200 MG CAP)	2	PA
TAZVERIK	1	QL 240 / 30 days PA
TEPMETKO	1	QL 60 / 30 days PA
TIBSOVO	1	PA
torpenz (torpenz 2.5 mg tab, torpenz 5 mg tab, torpenz 7.5 mg tab, torpenz 10 mg tab)	1	PA
TRUQAP (TRUQAP 160 MG TAB, TRUQAP 160 MG TAB THPK, TRUQAP 200 MG TAB, TRUQAP 200 MG TAB THPK)	1	PA
TRUSELTIQ (100MG DAILY DOSE)	1	QL 21 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (125MG DAILY DOSE)	1	QL 42 / 28 days PA
TRUSELTIQ (50MG DAILY DOSE)	1	QL 42 / 28 days PA
TRUSELTIQ (75MG DAILY DOSE)	1	QL 63 / 28 days PA
TUKYSA (TUKYSA 50 MG TAB, TUKYSA 150 MG TAB)	1	QL 120 / 30 days PA
TURALIO (TURALIO 125 MG CAP, TURALIO 200 MG CAP)	1	PA
TYKERB	1	PA
VANFLYTA (VANFLYTA 17.7 MG TAB, VANFLYTA 26.5 MG TAB)	1	PA
VENCLEXTA (VENCLEXTA 10 MG TAB, VENCLEXTA 50 MG TAB, VENCLEXTA 100 MG TAB)	1	PA
VENCLEXTA STARTING PACK	1	PA
VERZENIO (VERZENIO 50 MG TAB, VERZENIO 100 MG TAB, VERZENIO 150 MG TAB, VERZENIO 200 MG TAB)	1	PA
VITRAKVI (VITRAKVI 20 MG/ML SOLUTION, VITRAKVI 25 MG CAP, VITRAKVI 100 MG CAP)	1	PA
VIZIMPRO (VIZIMPRO 15 MG TAB, VIZIMPRO 30 MG TAB, VIZIMPRO 45 MG TAB)	1	PA
VONJO	1	PA
VORANIGO 10 MG TAB	1	PA
VORANIGO 40 MG TAB	1	
VOTRIENT	1	
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK, XALKORI 150 MG CAP SPRINK, XALKORI 200 MG CAP, XALKORI 250 MG CAP)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XOSPATA	1	PA
XPOVIO (100 MG ONCE WEEKLY)	1	PA
XPOVIO (40 MG ONCE WEEKLY) (XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK, XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK)	1	PA
XPOVIO (40 MG TWICE WEEKLY)	1	PA
XPOVIO (60 MG ONCE WEEKLY)	1	PA
XPOVIO (60 MG TWICE WEEKLY)	1	PA
XPOVIO (80 MG ONCE WEEKLY) (XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK, XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK)	1	PA
XPOVIO (80 MG TWICE WEEKLY)	1	PA
yulithira (yulithira 2.5 mg tab, yulithira 5 mg tab, yulithira 7.5 mg tab, yulithira 10 mg tab)	2	PA
ZEJULA (ZEJULA 100 MG CAP, ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	1	PA
ZELBORAF	1	PA
ZYDELIG (ZYDELIG 100 MG TAB, ZYDELIG 150 MG TAB)	1	PA
ZYKADIA	1	PA
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
JUBEREQ	2	
RETINOIDS		
tretinoin 10 mg cap	1	
ANTIPARASITICS		
ANTHELMINTHICS		
ft pinworm treatment	1	
ivermectin 3 mg tab	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPROTOZOALS		
ARAKODA	2	
atovaquone-proguanil hcl 250-100 mg tab	1	QL 1 / 1 days
atovaquone-proguanil hcl 62.5-25 mg tab	1	QL 3 / 1 days
chloroquine phosphate 250 mg tab	1	QL 60 / 30 days
chloroquine phosphate 500 mg tab	1	QL 1 / 1 days
COARTEM	1	
HYDROXYCHLOROQUINE SULFATE (HYDROXYCHLOROQUINE SULFATE 100 MG TAB, HYDROXYCHLOROQUINE SULFATE 300 MG TAB, HYDROXYCHLOROQUINE SULFATE 400 MG TAB)	1	
hydroxychloroquine sulfate 200 mg tab	1	QL 120 / 30 days
KRINTAFEL	1	
LIKMEZ	2	
MALARONE 250-100 MG TAB	2	QL 1 / 1 days
MALARONE 62.5-25 MG TAB	2	QL 3 / 1 days
mefloquine hcl	1	QL 5 / 26 days
nitazoxanide	2	
PLAQUENIL	2	QL 120 / 30 days
primaquine phosphate	1	QL 60 / 30 days
QUALAQUIN	2	
quinine sulfate	2	
SOVUNA (SOVUNA 200 MG TAB, SOVUNA 300 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)	1	QL 4 / 1 days
trihexyphenidyl hcl 0.4 mg/ml solution	1	QL 38 / 1 days
trihexyphenidyl hcl 2 mg tab	1	QL 210 / 30 days
trihexyphenidyl hcl 5 mg tab	1	QL 90 / 30 days
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)	1	QL 4 / 1 days
amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg/10ml solution)	1	QL 40 / 1 days
carbidopa-levodopa-entacapone (carbidopa-levodopa-entacapone 12.5-50-200 mg tab, carbidopa-levodopa-entacapone 18.75-75-200 mg tab, carbidopa-levodopa-entacapone 25-100-200 mg tab, carbidopa-levodopa-entacapone 31.25-125-200 mg tab, carbidopa-levodopa-entacapone 37.5-150-200 mg tab, carbidopa-levodopa-entacapone 50-200-200 mg tab)	2	
COMTAN	2	
entacapone	1	
GOCOVRI (GOCOVRI 68.5 MG CAP ER 24H, GOCOVRI 137 MG CAP ER 24H)	2	
NOURIANZ (NOURIANZ 20 MG TAB, NOURIANZ 40 MG TAB)	2	
ONGENTYS (ONGENTYS 25 MG CAP, ONGENTYS 50 MG CAP)	2	
OSMOLEX ER (OSMOLEX ER 129 & 193 MG TB24 THPK, OSMOLEX ER 129 MG TAB ER 24H, OSMOLEX ER 193 MG TAB ER 24H)	2	
STALEVO 100	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	2	QL 90 / 30 days
tolcapone	2	QL 90 / 30 days
DOPAMINE AGONISTS		
bromocriptine mesylate (bromocriptine mesylate 2.5 mg tab, bromocriptine mesylate 5 mg cap)	1	QL 600 / 30 days
KYNMOBI (KYNMOBI 10 MG FILM, KYNMOBI 15 MG FILM, KYNMOBI 20 MG FILM, KYNMOBI 25 MG FILM, KYNMOBI 30 MG FILM)	2	
MIRAPEX ER (MIRAPEX ER 0.375 MG TAB ER 24H, MIRAPEX ER 0.75 MG TAB ER 24H, MIRAPEX ER 1.5 MG TAB ER 24H, MIRAPEX ER 2.25 MG TAB ER 24H, MIRAPEX ER 3 MG TAB ER 24H, MIRAPEX ER 3.75 MG TAB ER 24H, MIRAPEX ER 4.5 MG TAB ER 24H)	2	QL 30 / 30 days
NEUPRO (NEUPRO 1 MG/24HR PATCH 24HR, NEUPRO 2 MG/24HR PATCH 24HR, NEUPRO 3 MG/24HR PATCH 24HR, NEUPRO 4 MG/24HR PATCH 24HR, NEUPRO 6 MG/24HR PATCH 24HR, NEUPRO 8 MG/24HR PATCH 24HR)	2	
PARLODEL (PARLODEL 2.5 MG TAB, PARLODEL 5 MG CAP)	1	
pramipexole dihydrochloride (pramipexole dihydrochloride 0.125 mg tab, pramipexole dihydrochloride 0.25 mg tab, pramipexole dihydrochloride 0.5 mg tab, pramipexole dihydrochloride 0.75 mg tab, pramipexole dihydrochloride 1 mg tab, pramipexole dihydrochloride 1.5 mg tab)	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pramipexole dihydrochloride er (pramipexole dihydrochloride er 0.375 mg tab er 24h, pramipexole dihydrochloride er 0.75 mg tab er 24h, pramipexole dihydrochloride er 1.5 mg tab er 24h, pramipexole dihydrochloride er 2.25 mg tab er 24h, pramipexole dihydrochloride er 3 mg tab er 24h, pramipexole dihydrochloride er 3.75 mg tab er 24h, pramipexole dihydrochloride er 4.5 mg tab er 24h)	2	QL 30 / 30 days
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)	1	QL 90 / 30 days
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)	2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa	2	
carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)	2	
carbidopa-levodopa (carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)	1	QL 240 / 30 days
carbidopa-levodopa 10-100 mg tab	1	QL 600 / 30 days
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)	2	
carbidopa-levodopa er (carbidopa-levodopa er 25-100 mg tab er, carbidopa-levodopa er 50-200 mg tab er)	1	QL 360 / 30 days
CREXONT (CREXONT 35-140 MG CAP ER, CREXONT 52.5-210 MG CAP ER, CREXONT 70-280 MG CAP ER, CREXONT 87.5-350 MG CAP ER)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DHIVY	2	
DUOPA	2	
INBRIJA	2	
LODOSYN	2	
RYTARY (RYTARY 23.75-95 MG CAP ER, RYTARY 36.25-145 MG CAP ER, RYTARY 48.75-195 MG CAP ER, RYTARY 61.25-245 MG CAP ER)	2	
SINEMET (SINEMET 10-100 MG TAB, SINEMET 25-100 MG TAB)	2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT (AZILECT 0.5 MG TAB, AZILECT 1 MG TAB)	2	
rasagiline mesylate (rasagiline mesylate 0.5 mg tab, rasagiline mesylate 1 mg tab)	1	
selegiline hcl (selegiline hcl 5 mg cap, selegiline hcl 5 mg tab)	1	QL 60 / 30 days
XADAGO (XADAGO 50 MG TAB, XADAGO 100 MG TAB)	2	
ZELAPAR	2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
chlorpromazine hcl (chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab)	2	AL1 At least 18 yrs old
chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)	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	
chlorpromazine hcl 10 mg tab	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
chlorpromazine hcl 200 mg tab	2	QL 120 / 30 day(s) AL1 At least 18 yrs old
fluphenazine decanoate	1	QL 10 / 26 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)	1	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 2.5 mg/5ml elixir	2	QL 20 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 2.5 mg/ml solution	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 5 mg/ml conc	1	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
HALDOL DECANOATE (HALDOL DECANOATE 50 MG/ML SOLUTION, HALDOL DECANOATE 100 MG/ML SOLUTION)	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
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)	1	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol decanoate (haloperidol decanoate 50 mg/ml solution, haloperidol decanoate 100 mg/ml solution)	1	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
haloperidol lactate 2 mg/ml conc	1	QL 50 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol lactate 5 mg/ml solution	1	QL 600 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
loxapine succinate (loxapine succinate 25 mg cap, loxapine succinate 50 mg cap)	1	QL 150 / 30 days AL1 At least 18 yrs old
loxapine succinate 10 mg cap	1	QL 240 / 30 days AL1 At least 18 yrs old
loxapine succinate 5 mg cap	1	QL 360 / 30 days AL1 At least 18 yrs old
molindone hcl (molindone hcl 5 mg tab, molindone hcl 10 mg tab, molindone hcl 25 mg tab)	2	AL1 At least 18 yrs old
pimozide 1 mg tab	2	QL 300 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
pimozide 2 mg tab	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thioridazine hcl (thioridazine hcl 10 mg tab, thioridazine hcl 25 mg tab, thioridazine hcl 50 mg tab, thioridazine hcl 100 mg tab)	2	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thiothixene (thiothixene 1 mg cap, thiothixene 2 mg cap, thiothixene 5 mg cap, thiothixene 10 mg cap)	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
trifluoperazine hcl (trifluoperazine hcl 1 mg tab, trifluoperazine hcl 2 mg tab, trifluoperazine hcl 5 mg tab, trifluoperazine hcl 10 mg tab)	1	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
2ND GENERATION/ATYPICAL		
ABILIFY (ABILIFY 2 MG TAB, ABILIFY 5 MG TAB, ABILIFY 10 MG TAB, ABILIFY 15 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY (ABILIFY 20 MG TAB, ABILIFY 30 MG TAB)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1	QL 2.4 mL / 56 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1	QL 3.2 mL / 56 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MAINTENA (ABILIFY MAINTENA 300 MG PRSYR, ABILIFY MAINTENA 300 MG SRER, ABILIFY MAINTENA 400 MG PRSYR, ABILIFY MAINTENA 400 MG SRER)	1	QL 1 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MYCITE MAINTENANCE KIT (ABILIFY MYCITE MAINTENANCE KIT 2 MG TAB THPK, ABILIFY MYCITE MAINTENANCE KIT 5 MG TAB THPK, ABILIFY MYCITE MAINTENANCE KIT 10 MG TAB THPK, ABILIFY MYCITE MAINTENANCE KIT 15 MG TAB THPK, ABILIFY MYCITE MAINTENANCE KIT 20 MG TAB THPK, ABILIFY MYCITE MAINTENANCE KIT 30 MG TAB THPK)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ABILIFY MYCITE STARTER KIT (ABILIFY MYCITE STARTER KIT 2 MG TAB THPK, ABILIFY MYCITE STARTER KIT 5 MG TAB THPK, ABILIFY MYCITE STARTER KIT 10 MG TAB THPK, ABILIFY MYCITE STARTER KIT 15 MG TAB THPK, ABILIFY MYCITE STARTER KIT 20 MG TAB THPK, ABILIFY MYCITE STARTER KIT 30 MG TAB THPK)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)	2	AL1 At least 18 yrs old
aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole (aripiprazole 20 mg tab, aripiprazole 30 mg tab)	1	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 1 mg/ml solution	2	QL 750 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 1064 MG/3.9ML PRSYR	1	QL 3.9 / 56 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 441 MG/1.6ML PRSYR	1	QL 1.6 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 662 MG/2.4ML PRSYR	1	QL 2.4 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 882 MG/3.2ML PRSYR	1	QL 3.2 / 42 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARISTADA INITIO	1	QL 2.4 / 42 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
asenapine maleate (asenapine maleate 2.5 mg sl tab, asenapine maleate 5 mg sl tab, asenapine maleate 10 mg sl tab)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
BYSANTI (BYSANTI 1 MG TAB, BYSANTI 2 MG TAB, BYSANTI 4 MG TAB, BYSANTI 6 MG TAB, BYSANTI 8 MG TAB, BYSANTI 10 MG TAB, BYSANTI 12 MG TAB)	2	
BYSANTI TITRATION PACK A	2	
BYSANTI TITRATION PACK B	2	
BYSANTI TITRATION PACK C	2	
CAPLYTA (CAPLYTA 10.5 MG CAP, CAPLYTA 21 MG CAP, CAPLYTA 42 MG CAP)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
COBENFY (COBENFY 50-20 MG CAP, COBENFY 100-20 MG CAP, COBENFY 125-30 MG CAP)	2	QL 60 / 30 day(s)
COBENFY STARTER PACK	2	
ERZOFRI 117 MG/0.75ML SUSP PRSYR	2	QL 0.75 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 156 MG/ML SUSP PRSYR	2	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 234 MG/1.5ML SUSP PRSYR	2	QL 1.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 351 MG/2.25ML SUSP PRSYR	2	QL 2.25 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ERZOFRI 39 MG/0.25ML SUSP PRSYR	2	QL 0.25 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 78 MG/0.5ML SUSP PRSYR	2	QL 0.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT (FANAPT 1 MG TAB, FANAPT 2 MG TAB, FANAPT 4 MG TAB, FANAPT 6 MG TAB, FANAPT 8 MG TAB, FANAPT 10 MG TAB, FANAPT 12 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK A	2	QL 2 tablet(s) / 1 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK B	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK C	2	QL 2 tablet(s) / 1 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON (GEODON 20 MG CAP, GEODON 60 MG CAP, GEODON 80 MG CAP)	2	QL 90 / 30 day(s)
GEODON 20 MG RECON SOLN	2	QL 60 / 30 days
GEODON 40 MG CAP	2	QL 90 / 30 days
INVEGA (INVEGA 1.5 MG TAB ER 24H, INVEGA 3 MG TAB ER 24H, INVEGA 9 MG TAB ER 24H)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA 6 MG TAB ER 24H	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1	QL 3.5 / 180 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1	QL 5 / 180 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1	QL 0.75 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1	QL 1.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1	QL 0.25 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1	QL 0.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1	QL 0.88 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1	QL 1.32 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1	QL 1.75 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1	QL 2.63 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA (LATUDA 20 MG TAB, LATUDA 40 MG TAB, LATUDA 60 MG TAB, LATUDA 120 MG TAB)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 80 MG TAB	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
lurasidone hcl (lurasidone hcl 20 mg tab, lurasidone hcl 40 mg tab, lurasidone hcl 60 mg tab, lurasidone hcl 120 mg tab)	1	QL 30 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
lurasidone hcl 80 mg tab	1	QL 60 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
LYBALVI (LYBALVI 5-10 MG TAB, LYBALVI 10-10 MG TAB, LYBALVI 15-10 MG TAB, LYBALVI 20-10 MG TAB)	2	QL 30 / 30 day(s)
NUPLAZID (NUPLAZID 10 MG TAB, NUPLAZID 34 MG CAP)	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 10 mg recon soln	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 10 mg tab	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
OPIPZA (OPIPZA 2 MG FILM, OPIPZA 5 MG FILM, OPIPZA 10 MG FILM)	2	
paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)	1	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
paliperidone er 6 mg tab er 24h	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
PERSERIS (PERSERIS 90 MG PRSYR, PERSERIS 120 MG PRSYR)	1	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate (quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate (quetiapine fumarate 50 mg tab, quetiapine fumarate 200 mg tab)	1	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 100 mg tab	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
quetiapine fumarate 150 mg tab	1	AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 25 mg tab	1	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er (quetiapine fumarate er 150 mg tab er 24h, quetiapine fumarate er 200 mg tab er 24h)	1	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
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)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI (REXULTI 0.25 MG TAB, REXULTI 0.5 MG TAB, REXULTI 1 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI (REXULTI 2 MG TAB, REXULTI 3 MG TAB, REXULTI 4 MG TAB)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL (RISPERDAL 0.5 MG TAB, RISPERDAL 1 MG TAB)	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL (RISPERDAL 3 MG TAB, RISPERDAL 4 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 1 MG/ML SOLUTION	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 2 MG TAB	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL CONSTA (RISPERDAL CONSTA 12.5 MG SRER, RISPERDAL CONSTA 25 MG SRER, RISPERDAL CONSTA 37.5 MG SRER, RISPERDAL CONSTA 50 MG SRER)	1	QL 2 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required
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)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone (risperidone 0.5 mg tab, risperidone 1 mg tab)	1	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone (risperidone 3 mg tab, risperidone 4 mg tab)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 0.25 mg tab	1	QL 150 / 30 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 1 mg/ml solution	1	QL 240 / 30 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 2 mg tab	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer, risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)	1	QL 2 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
RYKINDO (RYKINDO 25 MG SRER, RYKINDO 37.5 MG SRER, RYKINDO 50 MG SRER)	1	AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAPHRIS (SAPHRIS 2.5 MG SL TAB, SAPHRIS 5 MG SL TAB, SAPHRIS 10 MG SL TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SECUADO (SECUADO 3.8 MG/24HR PATCH 24HR, SECUADO 5.7 MG/24HR PATCH 24HR, SECUADO 7.6 MG/24HR PATCH 24HR)	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL (SEROQUEL 300 MG TAB, SEROQUEL 400 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL (SEROQUEL 50 MG TAB, SEROQUEL 200 MG TAB)	2	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 100 MG TAB	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 25 MG TAB	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR (SEROQUEL XR 150 MG TAB ER 24H, SEROQUEL XR 200 MG TAB ER 24H)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR (SEROQUEL XR 50 MG TAB ER 24H, SEROQUEL XR 300 MG TAB ER 24H, SEROQUEL XR 400 MG TAB ER 24H)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UZEDY (UZEDY 50 MG/0.14ML SUSP PRSYR, UZEDY 75 MG/0.21ML SUSP PRSYR, UZEDY 100 MG/0.28ML SUSP PRSYR, UZEDY 125 MG/0.35ML SUSP PRSYR, UZEDY 150 MG/0.42ML SUSP PRSYR, UZEDY 200 MG/0.56ML SUSP PRSYR, UZEDY 250 MG/0.7ML SUSP PRSYR)	1	AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR (VRAYLAR 0.5 MG CAP, VRAYLAR 0.75 MG CAP)	2	QL 30 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 1.5 & 3 MG CAP THPK	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
ziprasidone hcl (ziprasidone hcl 20 mg cap, ziprasidone hcl 60 mg cap, ziprasidone hcl 80 mg cap)	1	QL 90 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ziprasidone hcl 40 mg cap	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ziprasidone mesylate	2	QL 60 / 30 days
ZYPREXA (ZYPREXA 10 MG RECON SOLN, ZYPREXA 10 MG TAB)	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA (ZYPREXA 2.5 MG TAB, ZYPREXA 5 MG TAB, ZYPREXA 7.5 MG TAB, ZYPREXA 15 MG TAB, ZYPREXA 20 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZYPREXA RELPREVV (ZYPREXA RELPREVV 210 MG RECON SUSP, ZYPREXA RELPREVV 300 MG RECON SUSP, ZYPREXA RELPREVV 405 MG RECON SUSP)	2	
ZYPREXA ZYDIS (ZYPREXA ZYDIS 5 MG TAB DISP, ZYPREXA ZYDIS 10 MG TAB DISP, ZYPREXA ZYDIS 15 MG TAB DISP, ZYPREXA ZYDIS 20 MG TAB DISP)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
TREATMENT-RESISTANT		
clozapine 100 mg tab	1	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 100 mg tab disp	2	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 12.5 mg tab disp	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 150 mg tab disp	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 200 mg tab	1	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 200 mg tab disp	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 25 mg tab	1	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clozapine 25 mg tab disp	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 50 mg tab	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 100 MG TAB	2	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 200 MG TAB	2	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 25 MG TAB	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 50 MG TAB	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
IGALMI (IGALMI 120 MCG FILM, IGALMI 180 MCG FILM)	2	
VERSACLOZ	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
ANTISPASTICITY AGENTS		
baclofen (baclofen 5 mg/5ml solution, baclofen 10 mg/5ml solution, baclofen 15 mg tab, baclofen 25 mg/5ml suspension)	2	
baclofen 10 mg tab	1	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
baclofen 20 mg tab	1	QL 4 / 1 days
baclofen 5 mg tab	1	QL 120 / 30 days
DANTRIUM 25 MG CAP	2	
dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)	1	QL 4 / 1 days
FLEQSUVY	2	
LYVISPAH (LYVISPAH 5 MG PACKET, LYVISPAH 10 MG PACKET, LYVISPAH 20 MG PACKET)	2	
ONTRALFY	2	
OZOBAX	2	
OZOBAX DS	2	
tizanidine hcl (tizanidine hcl 2 mg cap, tizanidine hcl 4 mg cap, tizanidine hcl 6 mg cap, tizanidine hcl 8 mg cap)	2	
tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)	1	QL 180 / 30 days
ZANAFLEX (ZANAFLEX 2 MG CAP, ZANAFLEX 4 MG CAP, ZANAFLEX 4 MG TAB, ZANAFLEX 6 MG CAP, ZANAFLEX 8 MG CAP)	2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	2	
PREVYMIS (PREVYMIS 20 MG PACKET, PREVYMIS 120 MG PACKET)	2	
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	1	PA
VALCYTE (VALCYTE 50 MG/ML RECON SOLN, VALCYTE 450 MG TAB)	2	
valganciclovir hcl (valganciclovir hcl 50 mg/ml recon soln, valganciclovir hcl 450 mg tab)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil	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
entecavir (entecavir 0.5 mg tab, entecavir 1 mg tab)	1	QL 30 / 30 days
EPIVIR HBV 100 MG TAB	2	
EPIVIR HBV 5 MG/ML SOLUTION	1	
HEPSERA	1	
lamivudine 100 mg tab	1	
VEMLIDY	2	QL 30 / 30 days
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG TAB)	2	QL 28 / 28 days
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 (HARVONI 33.75-150 MG PACKET, HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB, HARVONI 90-400 MG TAB)	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)	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 (SOVALDI 150 MG PACKET, SOVALDI 200 MG PACKET, SOVALDI 200 MG TAB, SOVALDI 400 MG TAB)	2	
VIEKIRA PAK	2	
VOSEVI	2	QL 30 / 30 days
ZEPATIER	2	QL 28 / 28 days
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE	1	QLC 3ml/28 days
BIKTARVY (BIKTARVY 30-120-15 MG TAB, BIKTARVY 50-200-25 MG TAB)	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JULUCA	1	QL 30 / 30 days
STRIBILD	2	QL 30 / 30 days
TIVICAY (TIVICAY 10 MG TAB, TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	1	QL 60 / 30 days
TIVICAY PD	1	QL 180 / 30 days
VOCABRIA	2	QL 30 / 30 days
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	1	QL 30 / 30 days
DELSTRIGO	1	QL 30 / 30 days
EDURANT	1	QL 30 / 30 days
EDURANT PED	2	
efavirenz (efavirenz 50 mg cap, efavirenz 200 mg cap)	1	QL 90 / 30 days
efavirenz 600 mg tab	1	QL 30 / 30 days
efavirenz-emtricitab-tenofo df	1	
efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)	2	
emtricitab-rilpivir-tenofov df	2	
etravirine (etravirine 100 mg tab, etravirine 200 mg tab)	2	
INTELENCE 100 MG TAB	2	QL 120 / 30 days
INTELENCE 200 MG TAB	2	QL 60 / 30 days
INTELENCE 25 MG TAB	2	
nevirapine 200 mg tab	1	QL 60 / 30 days
nevirapine 50 mg/5ml suspension	2	QL 1200 / 30 days
nevirapine er 100 mg tab er 24h	2	
nevirapine er 400 mg tab er 24h	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ODEFSEY	1	QL 30 / 30 days
PIFELTRO	2	QL 60 / 30 days
rilpivirine hcl	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
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	1	QL 900 / 30 days
abacavir sulfate 300 mg tab	1	QL 60 / 30 days
abacavir sulfate-lamivudine	1	QL 30 / 30 days
CIMDUO	1	QL 30 / 30 days
COMBIVIR	2	QL 60 / 30 days
DESCOVY (DESCOVY 120-15 MG TAB, DESCOVY 200-25 MG TAB)	1	QL 30 / 30 days
emtricitabine	1	
emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab, emtricitabine-tenofovir df 200-300 mg tab)	1	QL 30 / 30 days
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lamivudine (lamivudine 10 mg/ml solution, lamivudine 300 mg/30ml solution)	1	QL 900 / 30 days
lamivudine 150 mg tab	1	QL 60 / 30 days
lamivudine 300 mg tab	1	QL 30 / 30 days
lamivudine-zidovudine	1	QL 60 / 30 days
RETROVIR (RETROVIR 50 MG/5ML SYRUP, RETROVIR 100 MG CAP)	2	
stavudine (stavudine 15 mg cap, stavudine 20 mg cap)	2	QL 120 / 30 days
stavudine (stavudine 30 mg cap, stavudine 40 mg cap)	2	QL 60 / 30 days
tenofovir disoproxil fumarate	1	QL 30 / 30 days
TRIUMEQ	1	QL 30 / 30 days
TRIUMEQ PD	2	
TRIZIVIR	2	QL 60 / 30 days
TRUVADA (TRUVADA 100-150 MG TAB, TRUVADA 133-200 MG TAB, TRUVADA 167-250 MG TAB, TRUVADA 200-300 MG TAB)	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	
ZIAGEN 20 MG/ML SOLUTION	2	
ZIAGEN 300 MG TAB	2	QL 60 / 30 days
zidovudine 100 mg cap	1	QL 180 / 30 days
zidovudine 300 mg tab	1	QL 60 / 30 days
zidovudine 50 mg/5ml syrup	1	QL 1800 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, OTHER		
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
IDVYNSO	2	
maraviroc (maraviroc 150 mg tab, maraviroc 300 mg tab)	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 (SUNLENCA 300 MG TAB, SUNLENCA 463.5 MG/1.5ML SOLUTION)	2	
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	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	2	QL 120 / 30 days
atazanavir sulfate (atazanavir sulfate 150 mg cap, atazanavir sulfate 200 mg cap)	1	QL 60 / 30 days
atazanavir sulfate 300 mg cap	1	QL 30 / 30 days
darunavir (darunavir 600 mg tab, darunavir 800 mg tab)	1	
EVOTAZ	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fosamprenavir calcium	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	
lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)	1	
lopinavir-ritonavir 400-100 mg/5ml solution	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	
ritonavir	1	QL 360 / 30 days
SYMTUZA	2	QL 30 / 30 days
VIRACEPT 250 MG TAB	2	QL 270 / 30 days
VIRACEPT 625 MG TAB	2	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate (oseltamivir phosphate 6 mg/ml recon susp, oseltamivir phosphate 30 mg cap, oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)	1	QLC Max 21 day supply every 365 days
RAPIVAB	2	
RELENZA DISKHALER	2	
rimantadine hcl	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	
ANTIHERPETIC AGENTS		
abreva	1	
acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)	1	QL 150 / 30 days
acyclovir (acyclovir 200 mg/5ml suspension, acyclovir 800 mg/20ml suspension)	1	QL 1500 / 30 days
docosanol	1	
famciclovir (famciclovir 125 mg tab, famciclovir 250 mg tab)	1	QL 3 / 1 days
famciclovir 500 mg tab	1	QL 1 / 1 days
ft docosanol	1	
gnp docosanol	1	
hm docosanol	1	
SITAVIG	2	
valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)	1	QL 4 / 1 days
VALTREX (VALTREX 1 GM TAB, VALTREX 500 MG TAB)	2	
ZOVIRAX 200 MG/5ML SUSPENSION	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID (150/100)	1	
PAXLOVID (300/100)	1	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
BUCAPSOL (BUCAPSOL 7.5 MG CAP, BUCAPSOL 10 MG CAP, BUCAPSOL 15 MG CAP)	2	
BUSPIRONE HCL (BUSPIRONE HCL 2.5 MG TAB, BUSPIRONE HCL 12.5 MG TAB)	2	
buspirone hcl (buspirone hcl 5 mg tab, buspirone hcl 10 mg tab)	1	QL 180 / 30 days
buspirone hcl (buspirone hcl 7.5 mg tab, buspirone hcl 15 mg tab)	1	QL 4 / 1 days
buspirone hcl 30 mg tab	1	QL 90 / 30 days
hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap)	1	QL 180 / 30 days
meprobamate (meprobamate 200 mg tab, meprobamate 400 mg tab)	2	QL 180 / 30 days
VISTARIL (VISTARIL 25 MG CAP, VISTARIL 50 MG CAP)	2	
BENZODIAZEPINES		
alprazolam (alprazolam 0.25 mg tab disp, alprazolam 0.5 mg tab disp, alprazolam 1 mg tab disp, alprazolam 2 mg tab disp)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)	1	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam 2 mg tab	1	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
alprazolam er (alprazolam er 0.5 mg tab er 24h, alprazolam er 1 mg tab er 24h, alprazolam er 2 mg tab er 24h, alprazolam er 3 mg tab er 24h)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
ALPRAZOLAM INTENSOL	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam xr (alprazolam xr 0.5 mg tab er 24h, alprazolam xr 1 mg tab er 24h, alprazolam xr 2 mg tab er 24h, alprazolam xr 3 mg tab er 24h)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN (ATIVAN 2 MG/ML SOLUTION, ATIVAN 4 MG/ML SOLUTION)	2	
ATIVAN 0.5 MG TAB	2	QL 180 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 1 MG TAB	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 2 MG TAB	2	QL 120 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 10 mg cap	1	QL 300 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 25 mg cap	1	QL 360 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 5 mg cap	1	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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)	1	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab, clonazepam 2 mg tab)	1	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clorazepate dipotassium (clorazepate dipotassium 3.75 mg tab, clorazepate dipotassium 7.5 mg tab)	2	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clorazepate dipotassium 15 mg tab	2	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)	1	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
DIAZEPAM (DIAZEPAM 5 MG/ML SOLUTION, DIAZEPAM 10 MG/2ML SOLN A-INJ, DIAZEPAM 10 MG/2ML SOLUTION)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg/5ml solution	1	QL 40 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg/ml conc	2	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg/ml solution	1	AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam intensol	2	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KLONOPIN (KLONOPIN 1 MG TAB, KLONOPIN 2 MG TAB)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
KLONOPIN 0.5 MG TAB	2	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
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
lorazepam 0.5 mg tab	1	QL 180 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 1 mg tab	1	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 2 mg tab	1	QL 120 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 2 mg/ml conc	2	QL 150 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
LORAZEPAM 2 MG/ML SOLUTION	1	
lorazepam intensol	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)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxazepam 10 mg cap	2	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
oxazepam 15 mg cap	2	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
oxazepam 30 mg cap	2	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
TRANXENE-T	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
VALIUM (VALIUM 5 MG TAB, VALIUM 10 MG TAB)	2	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
VALIUM 2 MG TAB	2	QL 120 / 30 days
XANAX (XANAX 0.25 MG TAB, XANAX 0.5 MG TAB, XANAX 1 MG TAB)	2	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX 2 MG TAB	2	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX XR (XANAX XR 0.5 MG TAB ER 24H, XANAX XR 1 MG TAB ER 24H, XANAX XR 2 MG TAB ER 24H, XANAX XR 3 MG TAB ER 24H)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BIPOLAR AGENTS		
MOOD STABILIZERS		
EQUETRO (EQUETRO 100 MG CAP ER 12H, EQUETRO 200 MG CAP ER 12H, EQUETRO 300 MG CAP ER 12H)	1	
LAMICTAL (LAMICTAL 150 MG TAB, LAMICTAL 200 MG TAB)	2	QL 90 / 30 days
LAMICTAL (LAMICTAL 25 MG TAB, LAMICTAL 100 MG TAB)	2	
LAMICTAL STARTER (LAMICTAL STARTER 35 X 25 MG KIT, LAMICTAL STARTER 42 X 25 MG & 7 X 100 MG KIT, LAMICTAL STARTER 84 X 25 MG & 14X100 MG KIT)	2	
lamotrigine (lamotrigine 150 mg tab, lamotrigine 200 mg tab)	1	QL 90 / 30 days
lamotrigine 100 mg tab	1	QL 150 / 30 days
lamotrigine 25 mg tab	1	
lamotrigine starter kit-blue	2	
lamotrigine starter kit-green	2	
lamotrigine starter kit-orange	2	
lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap)	1	QL 4 / 1 days
lithium carbonate er (lithium carbonate er 300 mg tab er, lithium carbonate er 450 mg tab er)	1	QL 4 / 1 days
SUBVENITE	2	
subvenite (subvenite 150 mg tab, subvenite 200 mg tab)	1	QL 90 / 30 days
subvenite 100 mg tab	1	QL 150 / 30 days
subvenite 25 mg tab	1	
subvenite starter kit-blue	2	
subvenite starter kit-green	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
subvenite starter kit-orange	2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose (acarbose 25 mg tab, acarbose 50 mg tab, acarbose 100 mg tab)	1	QL 90 / 30 days
ACTOPLUS MET	2	QL 90 / 30 days
ACTOS (ACTOS 15 MG TAB, ACTOS 30 MG TAB, ACTOS 45 MG TAB)	2	QL 30 / 30 days
ADLYXIN	2	
ADLYXIN STARTER PACK	2	
alogliptin benzoate (alogliptin benzoate 6.25 mg tab, alogliptin benzoate 12.5 mg tab, alogliptin benzoate 25 mg tab)	2	
alogliptin-metformin hcl (alogliptin-metformin hcl 12.5-1000 mg tab, alogliptin-metformin hcl 12.5-500 mg tab)	2	
alogliptin-pioglitazone (alogliptin-pioglitazone 12.5-15 mg tab, alogliptin-pioglitazone 12.5-30 mg tab, alogliptin-pioglitazone 12.5-45 mg tab, alogliptin-pioglitazone 25-15 mg tab, alogliptin-pioglitazone 25-30 mg tab, alogliptin-pioglitazone 25-45 mg tab)	2	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dapagliflozin base-metformin er (dapagliflozin base-metformin er 5-500 mg tab er 24h, dapagliflozin base-metformin er 10-1000 mg tab er 24h, dapagliflozin base-metformin er 10-500 mg tab er 24h)	1	
dapagliflozin base-metformin er 5-1000 mg tab er 24h	2	
DAPAGLIFLOZIN-SAXAGLIPTIN	2	
DUETACT (DUETACT 30-2 MG TAB, DUETACT 30-4 MG TAB)	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
GLIMEPIRIDE	2	
glimepiride (glimepiride 1 mg tab, glimepiride 4 mg tab)	1	QL 60 / 30 days
glimepiride 2 mg tab	1	QL 90 / 30 days
GLIPIZIDE (GLIPIZIDE 2.5 MG TAB, GLIPIZIDE 15 MG TAB)	2	
glipizide 10 mg tab	1	QL 120 / 30 day(s)
glipizide 5 mg tab	1	QL 4 / 1 days
glipizide er 10 mg tab er 24h	1	QL 60 / 30 days
glipizide er 2.5 mg tab er 24h	1	QL 240 / 30 days
glipizide er 5 mg tab er 24h	1	QL 4 / 1 days
glipizide xl 10 mg tab er 24h	1	QL 60 / 30 days
glipizide xl 2.5 mg tab er 24h	1	QL 240 / 30 days
glipizide xl 5 mg tab er 24h	1	QL 4 / 1 days
glipizide-metformin hcl 2.5-250 mg tab	1	QL 210 / 30 days
glipizide-metformin hcl 2.5-500 mg tab	1	QL 150 / 30 days
glipizide-metformin hcl 5-500 mg tab	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)	1	QL 4 / 1 days
glyburide micronized (glyburide micronized 1.5 mg tab, glyburide micronized 3 mg tab, glyburide micronized 6 mg tab)	1	QL 60 / 30 days
glyburide-metformin (glyburide-metformin 1.25-250 mg tab, glyburide-metformin 2.5-500 mg tab, glyburide-metformin 5-500 mg tab)	1	QL 4 / 1 days
GLYNASE (GLYNASE 1.5 MG TAB, GLYNASE 3 MG TAB, GLYNASE 6 MG TAB)	2	QL 60 / 30 days
GLYXAMBI (GLYXAMBI 10-5 MG TAB, GLYXAMBI 25-5 MG TAB)	2	
INVOKAMET (INVOKAMET 50-1000 MG TAB, INVOKAMET 50-500 MG TAB, INVOKAMET 150-1000 MG TAB, INVOKAMET 150-500 MG TAB)	2	
INVOKAMET XR (INVOKAMET XR 50-1000 MG TAB ER 24H, INVOKAMET XR 50-500 MG TAB ER 24H, INVOKAMET XR 150-1000 MG TAB ER 24H, INVOKAMET XR 150-500 MG TAB ER 24H)	2	
JANUMET (JANUMET 50-1000 MG TAB, JANUMET 50-500 MG TAB)	1	QL 60 / 30 day(s) 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 (JANUVIA 25 MG TAB, JANUVIA 50 MG TAB, JANUVIA 100 MG TAB)	1	QL 30 / 30 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
JENTADUETO XR 5-1000 MG TAB ER 24H	1	QL 30 / 30 days PA
KAZANO (KAZANO 12.5-1000 MG TAB, KAZANO 12.5-500 MG TAB)	2	
KOMBIGLYZE XR (KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H, KOMBIGLYZE XR 5-1000 MG TAB ER 24H, KOMBIGLYZE XR 5-500 MG TAB ER 24H)	2	
liraglutide	2	QL 15 / 30 day(s)
metformin hcl (metformin hcl 500 mg/5ml solution, metformin hcl 625 mg tab, metformin hcl 750 mg tab)	2	
metformin hcl 1000 mg tab	1	QL 75 / 30 days
metformin hcl 500 mg tab	1	QL 150 / 30 days
metformin hcl 850 mg tab	1	QL 90 / 30 days
metformin hcl er (mod) 1000 mg tab er 24h	2	QL 60 / 30 days
metformin hcl er (mod) 500 mg tab er 24h	2	QL 90 / 30 days
metformin hcl er (osm) 1000 mg tab er 24h	2	QL 60 / 30 days
metformin hcl er (osm) 500 mg tab er 24h	2	QL 90 / 30 days
metformin hcl er 500 mg tab er 24h	1	QL 150 / 30 days
metformin hcl er 750 mg tab er 24h	1	QL 90 / 30 days
miglitol (miglitol 25 mg tab, miglitol 50 mg tab, miglitol 100 mg tab)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MOUNJARO (MOUNJARO 2.5 MG/0.5ML SOLN A-INJ, MOUNJARO 5 MG/0.5ML SOLN A-INJ, MOUNJARO 7.5 MG/0.5ML SOLN A-INJ, MOUNJARO 10 MG/0.5ML SOLN A-INJ, MOUNJARO 12.5 MG/0.5ML SOLN A-INJ, MOUNJARO 15 MG/0.5ML SOLN A-INJ)	2	QL 2 mL / 28 day(s)
nateglinide (nateglinide 60 mg tab, nateglinide 120 mg tab)	1	QL 90 / 30 days
NESINA (NESINA 6.25 MG TAB, NESINA 12.5 MG TAB, NESINA 25 MG TAB)	2	
ONGLYZA (ONGLYZA 2.5 MG TAB, ONGLYZA 5 MG TAB)	2	
OSENI (OSENI 12.5-15 MG TAB, OSENI 12.5-30 MG TAB, OSENI 12.5-45 MG TAB, OSENI 25-15 MG TAB, OSENI 25-30 MG TAB, OSENI 25-45 MG TAB)	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	1	QL 1.5 / 28 days PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	QL 3 / 28 days PA
OZEMPIC (1 MG/DOSE)	1	QL 3 / 28 days PA
OZEMPIC (2 MG/DOSE)	1	QL 3 / 28 days PA
OZEMPIC (OZEMPIC 1.5 MG TAB, OZEMPIC 4 MG TAB, OZEMPIC 9 MG TAB)	2	QL 30 / 30 day(s)
pioglitazone hcl (pioglitazone hcl 15 mg tab, pioglitazone hcl 30 mg tab, pioglitazone hcl 45 mg tab)	1	QL 30 / 30 days
pioglitazone hcl-glimepiride (pioglitazone hcl-glimepiride 30-2 mg tab, pioglitazone hcl-glimepiride 30-4 mg tab)	2	QL 30 / 30 days
pioglitazone hcl-metformin hcl (pioglitazone hcl-metformin hcl 15-500 mg tab, pioglitazone hcl-metformin hcl 15-850 mg tab)	2	QL 90 / 30 days
PRECOSE (PRECOSE 25 MG TAB, PRECOSE 50 MG TAB, PRECOSE 100 MG TAB)	2	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QTERN (QTERN 5-5 MG TAB, QTERN 10-5 MG TAB)	2	
repaglinide (repaglinide 0.5 mg tab, repaglinide 1 mg tab)	1	QL 120 / 30 days
repaglinide 2 mg tab	1	QL 240 / 30 days
RIOMET	2	
RYBELSUS (RYBELSUS 3 MG TAB, RYBELSUS 7 MG TAB, RYBELSUS 14 MG TAB)	1	QL 30 / 30 days PA
saxagliptin hcl (saxagliptin hcl 2.5 mg tab, saxagliptin hcl 5 mg tab)	2	
saxagliptin-metformin er (saxagliptin-metformin er 2.5-1000 mg tab er 24h, saxagliptin-metformin er 5-1000 mg tab er 24h, saxagliptin-metformin er 5-500 mg tab er 24h)	2	
SEGLUROMET (SEGLUROMET 2.5-1000 MG TAB, SEGLUROMET 2.5-500 MG TAB, SEGLUROMET 7.5-1000 MG TAB, SEGLUROMET 7.5-500 MG TAB)	2	QL 60 / 30 days
SITAGLIPT BASE-METFORM HCL ER (SITAGLIPT BASE-METFORM HCL ER 50-1000 MG TAB ER 24H, SITAGLIPT BASE-METFORM HCL ER 50-500 MG TAB ER 24H, SITAGLIPT BASE-METFORM HCL ER 100-1000 MG TAB ER 24H)	2	
SITAGLIPTIN (SITAGLIPTIN 25 MG TAB, SITAGLIPTIN 50 MG TAB, SITAGLIPTIN 100 MG TAB)	2	
SITAGLIPTIN BASE-METFORMIN HCL (SITAGLIPTIN BASE-METFORMIN HCL 50-1000 MG TAB, SITAGLIPTIN BASE-METFORMIN HCL 50-500 MG TAB)	2	
sitagliptin phos-metformin hcl (sitagliptin phos-metformin hcl 50-1000 mg tab, sitagliptin phos-metformin hcl 50-500 mg tab)	2	QL 60 / 30 day(s)
sitagliptin phosphate (sitagliptin phosphate 25 mg tab, sitagliptin phosphate 50 mg tab, sitagliptin phosphate 100 mg tab)	2	QL 30 / 30 day(s)
SOLIQUA	2	QLC 18 mL/30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STEGLUJAN (STEGLUJAN 5-100 MG TAB, STEGLUJAN 15-100 MG TAB)	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	
SYNJARDY (SYNJARDY 5-1000 MG TAB, SYNJARDY 5-500 MG TAB, SYNJARDY 12.5-1000 MG TAB, SYNJARDY 12.5-500 MG TAB)	1	
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H, SYNJARDY XR 25-1000 MG TAB ER 24H)	1	
TRADJENTA	1	PA
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 (TRULICITY 0.75 MG/0.5ML SOLN A-INJ, TRULICITY 1.5 MG/0.5ML SOLN A-INJ, TRULICITY 3 MG/0.5ML SOLN A-INJ, TRULICITY 4.5 MG/0.5ML SOLN A-INJ)	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)	2	
XULTOPHY	2	QLC 15 mL/30 days
ZITUVIMET (ZITUVIMET 50-1000 MG TAB, ZITUVIMET 50-500 MG TAB)	2	
ZITUVIMET XR (ZITUVIMET XR 50-1000 MG TAB ER 24H, ZITUVIMET XR 50-500 MG TAB ER 24H, ZITUVIMET XR 100-1000 MG TAB ER 24H)	2	
ZITUVIO (ZITUVIO 25 MG TAB, ZITUVIO 50 MG TAB, ZITUVIO 100 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLYCEMIC AGENTS		
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	
cvs soft glucose	1	
DEX4	1	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	1	
DEX4 NATURALS	1	
DEX4 POUCH PACK	1	
DEX4 QUICK DISSOLVE GLUCOSE	1	
ft glucose	1	
GLUCAGEN DIAGNOSTIC	1	QL 2 / 22 days
GLUCAGEN HYPOKIT	1	QL 1 / 22 day(s)
glucagon emergency (glucagon emergency, glucagon emergency 1 mg recon soln)	1	QL 1 / 26 day(s)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	
gluco to go	1	
glucose (glucose 4 gm chew tab, glucose 4-6 gm-mg chew tab)	1	
GLUCOSE INSTANT ENERGY (GLUCOSE INSTANT ENERGY 4-6 GM-MG CHEW TAB, GLUCOSE INSTANT ENERGY 6-4 MG-GM CHEW TAB)	1	
GNP GLUCOSE	1	
GNP QUICK DISSOLVE GLUCOSE	1	
GOODSENSE GLUCOSE	1	
GVOKE HYPOPEN 1-PACK (GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ, GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ)	1	QLC 0.4 mL/30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GVOKE HYPOPEN 2-PACK (GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ, GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ)	1	QLC 0.4 mL/30 days
GVOKE KIT	1	
GVOKE PFS (GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR, GVOKE PFS 1 MG/0.2ML SOLN PRSYR)	1	QLC 0.4 mL/30 days
hy-vee glucose	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 (RA GLUCOSE 4-6 GM-MG CHEW TAB, RA GLUCOSE 6-4 MG-GM CHEW TAB)	1	
RELION GLUCOSE (RELION GLUCOSE, 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	
trueplus glucose (trueplus glucose, trueplus glucose 4 gm chew tab)	1	
TRUEPLUS GLUCOSE ON THE GO	1	
UP & UP GLUCOSE	1	
VALUE PLUS GLUCOSE	1	
WALGREENS GLUCOSE	1	
ZEGALOGUE (ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ, ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULINS		
ADMELOG	2	QL 40 / 30 days
ADMELOG SOLOSTAR	2	QL 45 / 30 days
AFREZZA (AFREZZA 4 UNIT POWDER, AFREZZA 8 UNIT POWDER, AFREZZA 12 UNIT POWDER, AFREZZA 60X4 &60X8 & 60X12 UNIT POWDER, AFREZZA 90 X 4 UNIT & 90X8 UNIT POWDER, AFREZZA 90 X 8 UNIT & 90X12 UNIT POWDER)	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 (HUMALOG 100 UNIT/ML SOLN CART, HUMALOG 100 UNIT/ML SOLUTION)	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
HUMALOG MIX 75/25 KWIKPEN	2	QL 45 / 30 days
HUMALOG TEMPO PEN	2	
HUMULIN 70/30	1	QL 40 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN, INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN)	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 (INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN, INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION)	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
INSULIN LISPRO PROT & LISPRO	1	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KIRSTY (KIRSTY 100 UNIT/ML SOLN PEN, KIRSTY 100 UNIT/ML SOLUTION)	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 (LYUMJEV KWIKPEN 100 UNIT/ML SOLN PEN, LYUMJEV KWIKPEN 200 UNIT/ML SOLN PEN)	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLOG 70/30 FLEXPEN RELION	1	QL 45 / 30 days
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) (SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN, SEMGLEE (YFGN) 100 UNIT/ML SOLUTION)	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 (TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN, TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN)	2	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ARIXTRA (ARIXTRA 2.5 MG/0.5ML SOLUTION, ARIXTRA 5 MG/0.4ML SOLUTION, ARIXTRA 7.5 MG/0.6ML SOLUTION, ARIXTRA 10 MG/0.8ML SOLUTION)	2	C Limited to a 10 day supply
BD HEPARIN POSIFLUSH (BD HEPARIN POSIFLUSH 10 UNIT/ML SOLUTION, BD HEPARIN POSIFLUSH 100 UNIT/ML SOLUTION)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dabigatran etexilate mesylate (dabigatran etexilate mesylate 75 mg cap, dabigatran etexilate mesylate 110 mg cap, dabigatran etexilate mesylate 150 mg cap)	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
ELIQUIS DVT/PE STARTER PACK	1	
enoxaparin sodium (enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr, enoxaparin sodium 300 mg/3ml solution)	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
enoxaparin sodium (enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr)	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
enoxaparin sodium 30 mg/0.3ml soln prsyr	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
enoxaparin sodium 40 mg/0.4ml soln prsyr	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.8 mL/day
enoxaparin sodium 60 mg/0.6ml soln prsyr	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.2 mL/day
ENOXILUV KIT	2	
fondaparinux sodium (fondaparinux sodium 2.5 mg/0.5ml solution, fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)	2	C Limited to a 10 day supply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/4ML SOLUTION, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR, FRAGMIN 95000 UNIT/3.8ML SOLUTION)	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 (HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML SOLUTION, HEPARIN SOD (PORK) LOCK FLUSH 100 UNIT/ML SOLUTION)	1	
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)	1	
heparin sodium (porcine) +rfid	1	
jantoven (jantoven 1 mg tab, jantoven 2 mg tab, jantoven 2.5 mg tab, jantoven 3 mg tab, jantoven 4 mg tab, jantoven 5 mg tab, jantoven 6 mg tab, jantoven 7.5 mg tab, jantoven 10 mg tab)	1	
LOVENOX (LOVENOX 150 MG/ML SOLN PRSYR, LOVENOX 300 MG/3ML SOLUTION)	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 100 MG/ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 120 MG/0.8ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOVENOX 30 MG/0.3ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
LOVENOX 40 MG/0.4ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.8 mL/day
LOVENOX 60 MG/0.6ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.2 mL/day
LOVENOX 80 MG/0.8ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 110 MG PACKET, PRADAXA 150 MG CAP, PRADAXA 150 MG PACKET)	2	
rivaroxaban 1 mg/ml recon susp	2	
rivaroxaban 2.5 mg tab	1	QL 60 / 30 day(s)
SAVAYSA (SAVAYSA 15 MG TAB, SAVAYSA 30 MG TAB, SAVAYSA 60 MG TAB)	2	
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)	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XARELTO STARTER PACK	1	QL 51 / 1 years
ZONTIVITY	2	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ALVAIZ (ALVAIZ 9 MG TAB, ALVAIZ 18 MG TAB, ALVAIZ 36 MG TAB, ALVAIZ 54 MG TAB)	2	
ARANESP (ALBUMIN FREE) (ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR, ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR, ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION, ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR, ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION, ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR, ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION, ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR, ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION, ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR, ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR, ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION, ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR, ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR)	2	
eltrombopag olamine (eltrombopag olamine 12.5 mg packet, eltrombopag olamine 12.5 mg tab, eltrombopag olamine 25 mg packet, eltrombopag olamine 25 mg tab, eltrombopag olamine 50 mg tab, eltrombopag olamine 75 mg tab)	2	
EPOGEN (EPOGEN 2000 UNIT/ML SOLUTION, EPOGEN 3000 UNIT/ML SOLUTION, EPOGEN 4000 UNIT/ML SOLUTION, EPOGEN 10000 UNIT/ML SOLUTION, EPOGEN 20000 UNIT/ML SOLUTION)	1	PA
FILKRI (FILKRI 300 MCG/0.5ML SOLN PRSYR, FILKRI 480 MCG/0.8ML SOLN PRSYR)	2	
FULPHILA	1	PA QLC 2.4 mL/28 days
FYLNETRA	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GRANIX (GRANIX 300 MCG/0.5ML SOLN PRSYR, GRANIX 300 MCG/ML SOLUTION, GRANIX 480 MCG/0.8ML SOLN PRSYR, GRANIX 480 MCG/1.6ML SOLUTION)	1	PA
LEUKINE	2	
MIRCERA (MIRCERA 30 MCG/0.3ML SOLN PRSYR, MIRCERA 50 MCG/0.3ML SOLN PRSYR, MIRCERA 75 MCG/0.3ML SOLN PRSYR, MIRCERA 100 MCG/0.3ML SOLN PRSYR, MIRCERA 120 MCG/0.3ML SOLN PRSYR, MIRCERA 150 MCG/0.3ML SOLN PRSYR, MIRCERA 200 MCG/0.3ML SOLN PRSYR)	2	
MULPLETA 3 MG TAB	2	
NEULASTA 4 MG/0.4ML SOLUTION	2	
NEULASTA 6 MG/0.6ML SOLN PRSYR	2	QLC 2.4 mL/28 days
NEULASTA ONPRO	2	QLC 2.4 mL/28 days
NEUPOGEN (NEUPOGEN 300 MCG/0.5ML SOLN PRSYR, NEUPOGEN 300 MCG/ML SOLUTION, NEUPOGEN 480 MCG/0.8ML SOLN PRSYR, NEUPOGEN 480 MCG/1.6ML SOLUTION)	1	PA
NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 300 MCG/ML SOLUTION, NIVESTYM 480 MCG/0.8ML SOLN PRSYR, NIVESTYM 480 MCG/1.6ML SOLUTION)	2	
NPLATE (NPLATE 125 MCG RECON SOLN, NPLATE 250 MCG RECON SOLN, NPLATE 500 MCG RECON SOLN)	1	PA
NYPOZI (NYPOZI 300 MCG/0.5ML SOLN PRSYR, NYPOZI 480 MCG/0.8ML SOLN PRSYR)	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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 12.5 MG TAB, PROMACTA 25 MG PACKET, PROMACTA 25 MG TAB, PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	1	PA
RELEUKO (RELEUKO 300 MCG/0.5ML SOLN PRSYR, RELEUKO 300 MCG/ML SOLUTION, RELEUKO 480 MCG/0.8ML SOLN PRSYR, RELEUKO 480 MCG/1.6ML SOLUTION)	1	PA
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION, RETACRIT 40000 UNIT/ML SOLUTION)	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 (ZARXIO 300 MCG/0.5ML SOLN PRSYR, ZARXIO 480 MCG/0.8ML SOLN PRSYR)	2	
ZIEXTENZO	2	QL 2.4 mL / 28 day(s)
HEMOSTASIS AGENTS		
ADVATE (ADVATE 250 UNIT RECON SOLN, ADVATE 500 UNIT RECON SOLN, ADVATE 1000 UNIT RECON SOLN, ADVATE 1500 UNIT RECON SOLN, ADVATE 2000 UNIT RECON SOLN, ADVATE 3000 UNIT RECON SOLN, ADVATE 4000 UNIT RECON SOLN)	1	PA
ADYNOVATE (ADYNOVATE 250 UNIT RECON SOLN, ADYNOVATE 500 UNIT RECON SOLN, ADYNOVATE 750 UNIT RECON SOLN, ADYNOVATE 1000 UNIT RECON SOLN, ADYNOVATE 1500 UNIT RECON SOLN, ADYNOVATE 2000 UNIT RECON SOLN, ADYNOVATE 3000 UNIT RECON SOLN)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AFSTYLA (AFSTYLA 250 UNIT KIT, AFSTYLA 500 UNIT KIT, AFSTYLA 1000 UNIT KIT, AFSTYLA 1500 UNIT KIT, AFSTYLA 2000 UNIT KIT, AFSTYLA 2500 UNIT KIT, AFSTYLA 3000 UNIT KIT)	1	PA
ALHEMO (ALHEMO 60 MG/1.5ML SOLN PEN, ALHEMO 150 MG/1.5ML SOLN PEN, ALHEMO 300 MG/3ML SOLN PEN)	2	
ALPHANATE (ALPHANATE 250 UNIT RECON SOLN, ALPHANATE 500 UNIT RECON SOLN, ALPHANATE 1000 UNIT RECON SOLN, ALPHANATE 1500 UNIT RECON SOLN, ALPHANATE 2000 UNIT RECON SOLN)	1	PA
ALPHANINE SD (ALPHANINE SD 500 UNIT RECON SOLN, ALPHANINE SD 1000 UNIT RECON SOLN, ALPHANINE SD 1500 UNIT RECON SOLN)	1	PA
ALPROLIX (ALPROLIX 250 UNIT RECON SOLN, ALPROLIX 500 UNIT RECON SOLN, ALPROLIX 1000 UNIT RECON SOLN, ALPROLIX 2000 UNIT RECON SOLN, ALPROLIX 3000 UNIT RECON SOLN, ALPROLIX 4000 UNIT RECON SOLN)	1	PA
ALTUVIIIO (ALTUVIIIO 250 UNIT RECON SOLN, ALTUVIIIO 500 UNIT RECON SOLN, ALTUVIIIO 1000 UNIT RECON SOLN, ALTUVIIIO 2000 UNIT RECON SOLN, ALTUVIIIO 3000 UNIT RECON SOLN, ALTUVIIIO 4000 UNIT RECON SOLN)	1	PA
aminocaproic acid (aminocaproic acid 0.25 gm/ml solution, aminocaproic acid 500 mg tab, aminocaproic acid 1000 mg tab)	1	
BENEFIX (BENEFIX 250 UNIT KIT, BENEFIX 500 UNIT KIT, BENEFIX 1000 UNIT KIT, BENEFIX 2000 UNIT KIT, BENEFIX 3000 UNIT KIT)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELOCTATE (ELOCTATE 250 UNIT RECON SOLN, ELOCTATE 500 UNIT RECON SOLN, ELOCTATE 750 UNIT RECON SOLN, ELOCTATE 1000 UNIT RECON SOLN, ELOCTATE 1500 UNIT RECON SOLN, ELOCTATE 2000 UNIT RECON SOLN, ELOCTATE 3000 UNIT RECON SOLN, ELOCTATE 4000 UNIT RECON SOLN, ELOCTATE 5000 UNIT RECON SOLN, ELOCTATE 6000 UNIT RECON SOLN)	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 (FEIBA 500 UNIT RECON SOLN, FEIBA 1000 UNIT RECON SOLN, FEIBA 2500 UNIT RECON SOLN)	1	PA
HEMLIBRA (HEMLIBRA 12 MG/0.4ML SOLUTION, HEMLIBRA 30 MG/ML SOLUTION, HEMLIBRA 60 MG/0.4ML SOLUTION, HEMLIBRA 105 MG/0.7ML SOLUTION, HEMLIBRA 150 MG/ML SOLUTION, HEMLIBRA 300 MG/2ML SOLUTION)	1	PA
HEMOFIL M (HEMOFIL M 250 UNIT RECON SOLN, HEMOFIL M 500 UNIT RECON SOLN, HEMOFIL M 1000 UNIT RECON SOLN, HEMOFIL M 1700 UNIT RECON SOLN)	1	PA
HUMATE-P (HUMATE-P 250-600 UNIT RECON SOLN, HUMATE-P 500-1200 UNIT RECON SOLN, HUMATE-P 1000-2400 UNIT RECON SOLN)	1	PA
HYMPAVZI 150 MG/ML SOLN A-INJ	2	
IDELVION (IDELVION 250 UNIT RECON SOLN, IDELVION 500 UNIT RECON SOLN, IDELVION 1000 UNIT RECON SOLN, IDELVION 2000 UNIT RECON SOLN, IDELVION 3500 UNIT RECON SOLN)	2	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IXINITY (IXINITY 250 UNIT RECON SOLN, IXINITY 500 UNIT RECON SOLN, IXINITY 1000 UNIT RECON SOLN, IXINITY 1500 UNIT RECON SOLN, IXINITY 2000 UNIT RECON SOLN, IXINITY 3000 UNIT RECON SOLN)	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 (KOATE 250 UNIT RECON SOLN, KOATE 500 UNIT RECON SOLN, KOATE 1000 UNIT RECON SOLN)	1	PA
KOATE-DVI 1000 UNIT RECON SOLN	1	PA
KOGENATE FS (KOGENATE FS 250 UNIT KIT, KOGENATE FS 500 UNIT KIT, KOGENATE FS 1000 UNIT KIT, KOGENATE FS 2000 UNIT KIT, KOGENATE FS 3000 UNIT KIT)	1	PA
KOVALTRY (KOVALTRY 250 UNIT RECON SOLN, KOVALTRY 500 UNIT RECON SOLN, KOVALTRY 1000 UNIT RECON SOLN, KOVALTRY 2000 UNIT RECON SOLN, KOVALTRY 3000 UNIT RECON SOLN)	1	PA
NOVOEIGHT (NOVOEIGHT 250 UNIT RECON SOLN, NOVOEIGHT 500 UNIT RECON SOLN, NOVOEIGHT 1000 UNIT RECON SOLN, NOVOEIGHT 1500 UNIT RECON SOLN, NOVOEIGHT 2000 UNIT RECON SOLN, NOVOEIGHT 3000 UNIT RECON SOLN)	1	PA
NOVOSEVEN RT (NOVOSEVEN RT 1 MG RECON SOLN, NOVOSEVEN RT 2 MG RECON SOLN, NOVOSEVEN RT 5 MG RECON SOLN, NOVOSEVEN RT 8 MG RECON SOLN)	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	
phytonadione 5 mg tab	1	QL 150 / 30 days
PROFILNINE (PROFILNINE 500 UNIT RECON SOLN, PROFILNINE 1000 UNIT RECON SOLN, PROFILNINE 1500 UNIT RECON SOLN)	1	PA
QFITLIA (QFITLIA 20 MG/0.2ML SOLUTION, QFITLIA 50 MG/0.5ML SOLN A-INJ)	2	
REBINYN (REBINYN 500 UNIT RECON SOLN, REBINYN 1000 UNIT RECON SOLN, REBINYN 2000 UNIT RECON SOLN, REBINYN 3000 UNIT RECON SOLN)	1	PA
RECOMBINATE (RECOMBINATE 220-400 UNIT RECON SOLN, RECOMBINATE 401-800 UNIT RECON SOLN, RECOMBINATE 801-1240 UNIT RECON SOLN, RECOMBINATE 1241-1800 UNIT RECON SOLN, RECOMBINATE 1801-2400 UNIT RECON SOLN)	1	PA
RIXUBIS (RIXUBIS 250 UNIT RECON SOLN, RIXUBIS 500 UNIT RECON SOLN, RIXUBIS 1000 UNIT RECON SOLN, RIXUBIS 2000 UNIT RECON SOLN, RIXUBIS 3000 UNIT RECON SOLN)	1	PA
SEVENFACT (SEVENFACT 1 MG RECON SOLN, SEVENFACT 2 MG RECON SOLN, SEVENFACT 5 MG RECON SOLN)	1	PA
tranexamic acid 650 mg tab	1	
VONVENDI (VONVENDI 650 UNIT RECON SOLN, VONVENDI 1300 UNIT RECON SOLN)	2	
WILATE (WILATE 500-500 UNIT KIT, WILATE 1000-1000 UNIT KIT)	1	PA
XYNTHA (XYNTHA 250 UNIT KIT, XYNTHA 500 UNIT KIT, XYNTHA 1000 UNIT KIT, XYNTHA 2000 UNIT KIT)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XYNTHA SOLOFUSE (XYNTHA SOLOFUSE 250 UNIT KIT, XYNTHA SOLOFUSE 500 UNIT KIT, XYNTHA SOLOFUSE 1000 UNIT KIT, XYNTHA SOLOFUSE 2000 UNIT KIT, XYNTHA SOLOFUSE 3000 UNIT KIT)	1	PA
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er	1	QL 60 / 30 days
ASPIRIN-OMEPRAZOLE	2	
BRILINTA (BRILINTA 60 MG TAB, BRILINTA 90 MG TAB)	1	QL 60 / 30 days
cilostazol (cilostazol 50 mg tab, cilostazol 100 mg tab)	1	QL 60 / 30 days
clopidogrel bisulfate 300 mg tab	1	
clopidogrel bisulfate 75 mg tab	1	QL 4 / 1 days
dipyridamole (dipyridamole 25 mg tab, dipyridamole 75 mg tab)	1	QL 4 / 1 days
dipyridamole 50 mg tab	1	QL 240 / 30 days
DOPTELET	2	
DOPTELET SPRINKLE	2	
EFFIENT (EFFIENT 5 MG TAB, EFFIENT 10 MG TAB)	2	QL 30 / 30 days
PLAVIX	2	
prasugrel hcl (prasugrel hcl 5 mg tab, prasugrel hcl 10 mg tab)	1	QL 30 / 30 days
TAVALISSE (TAVALISSE 100 MG TAB, TAVALISSE 150 MG TAB)	2	
ticagrelor 60 mg tab	2	
ticagrelor 90 mg tab	1	
YOSPRALA (YOSPRALA 81-40 MG TAB DR, YOSPRALA 325-40 MG TAB DR)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
clonidine (clonidine 0.1 mg/24hr patch wk, clonidine 0.2 mg/24hr patch wk, clonidine 0.3 mg/24hr patch wk)	1	QL 4 / 22 days
CLONIDINE ER	2	
clonidine hcl (clonidine hcl 0.1 mg tab, clonidine hcl 0.2 mg tab, clonidine hcl 0.3 mg tab)	1	QL 240 / 30 days
CLONIDINE HCL 0.05 MG TAB	2	
guanfacine hcl 1 mg tab	1	QL 90 / 30 days
guanfacine hcl 2 mg tab	1	QL 60 / 30 days
JAVADIN	2	
methyldopa (methyldopa 250 mg tab, methyldopa 500 mg tab)	1	QL 180 / 30 days
midodrine hcl (midodrine hcl 2.5 mg tab, midodrine hcl 5 mg tab)	1	QL 90 / 30 days
midodrine hcl 10 mg tab	1	QL 120 / 30 day(s)
NEXICLON XR	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA (CARDURA 1 MG TAB, CARDURA 2 MG TAB, CARDURA 4 MG TAB, CARDURA 8 MG TAB)	2	
doxazosin mesylate (doxazosin mesylate 1 mg tab, doxazosin mesylate 2 mg tab, doxazosin mesylate 4 mg tab)	1	QL 30 / 30 days
doxazosin mesylate 8 mg tab	1	QL 60 / 30 days
MINIPRESS (MINIPRESS 1 MG CAP, MINIPRESS 2 MG CAP, MINIPRESS 5 MG CAP)	2	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prazosin hcl (prazosin hcl 1 mg cap, prazosin hcl 2 mg cap, prazosin hcl 5 mg cap)	1	QL 120 / 30 days
terazosin hcl (terazosin hcl 1 mg cap, terazosin hcl 2 mg cap, terazosin hcl 5 mg cap, terazosin hcl 10 mg cap)	1	QL 60 / 30 days
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND (ATACAND 4 MG TAB, ATACAND 8 MG TAB, ATACAND 16 MG TAB, ATACAND 32 MG TAB)	2	
AVAPRO (AVAPRO 75 MG TAB, AVAPRO 300 MG TAB)	2	QL 30 / 30 days
AVAPRO 150 MG TAB	2	QL 60 / 30 days
azilsartan medoxomil (azilsartan medoxomil 40 mg tab, azilsartan medoxomil 80 mg tab)	2	
BENICAR (BENICAR 5 MG TAB, BENICAR 20 MG TAB, BENICAR 40 MG TAB)	2	QL 30 / 30 days
candesartan cilexetil (candesartan cilexetil 4 mg tab, candesartan cilexetil 8 mg tab, candesartan cilexetil 16 mg tab, candesartan cilexetil 32 mg tab)	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 (EDARBI 40 MG TAB, EDARBI 80 MG TAB)	2	
irbesartan (irbesartan 75 mg tab, irbesartan 300 mg tab)	1	QL 30 / 30 days
irbesartan 150 mg tab	1	QL 60 / 30 days
losartan potassium (losartan potassium 25 mg tab, losartan potassium 50 mg tab)	1	QL 90 / 30 days
losartan potassium 100 mg tab	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MICARDIS 20 MG TAB	2	
MICARDIS 40 MG TAB	2	QL 60 / 30 days
MICARDIS 80 MG TAB	2	QL 30 / 30 days
olmesartan medoxomil (olmesartan medoxomil 5 mg tab, olmesartan medoxomil 20 mg tab, olmesartan medoxomil 40 mg tab)	1	QL 30 / 30 days
telmisartan 20 mg tab	1	QL 4 / 1 days
telmisartan 40 mg tab	2	QL 60 / 30 days
telmisartan 80 mg tab	1	QL 30 / 30 days
valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab)	1	QL 60 / 30 days
valsartan 320 mg tab	1	QL 30 / 30 days
valsartan 4 mg/ml solution	2	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL (ACCUPRIL 5 MG TAB, ACCUPRIL 10 MG TAB, ACCUPRIL 20 MG TAB, ACCUPRIL 40 MG TAB)	2	QL 60 / 30 days
ALTACE (ALTACE 1.25 MG CAP, ALTACE 2.5 MG CAP, ALTACE 5 MG CAP, ALTACE 10 MG CAP)	2	QL 60 / 30 days
benazepril hcl (benazepril hcl 5 mg tab, benazepril hcl 10 mg tab, benazepril hcl 20 mg tab, benazepril hcl 40 mg tab)	1	QL 60 / 30 days
captopril (captopril 12.5 mg tab, captopril 25 mg tab, captopril 50 mg tab, captopril 100 mg tab)	1	QL 90 / 30 days
enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)	1	QL 60 / 30 days
enalapril maleate 1 mg/ml solution	2	C No PA required for children under 9 years old
EPANED	2	C No PA required for children under 9 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fosinopril sodium (fosinopril sodium 10 mg tab, fosinopril sodium 20 mg tab, fosinopril sodium 40 mg tab)	1	QL 60 / 30 days
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)	1	QL 60 / 30 days
LOTENSIN (LOTENSIN 10 MG TAB, LOTENSIN 20 MG TAB, LOTENSIN 40 MG TAB)	2	QL 60 / 30 days
moexipril hcl (moexipril hcl 7.5 mg tab, moexipril hcl 15 mg tab)	2	
perindopril erbumine (perindopril erbumine, perindopril erbumine 2 mg tab, perindopril erbumine 4 mg tab, perindopril erbumine 8 mg tab)	2	
QBRELIS	2	C No PA required for children under 9 years old
quinapril hcl (quinapril hcl 5 mg tab, quinapril hcl 10 mg tab, quinapril hcl 20 mg tab, quinapril hcl 40 mg tab)	1	QL 60 / 30 days
ramipril (ramipril 1.25 mg cap, ramipril 2.5 mg cap, ramipril 5 mg cap, ramipril 10 mg cap)	1	QL 60 / 30 days
trandolapril (trandolapril 1 mg tab, trandolapril 2 mg tab, trandolapril 4 mg tab)	1	
VASOTEC (VASOTEC 2.5 MG TAB, VASOTEC 5 MG TAB, VASOTEC 10 MG TAB, VASOTEC 20 MG TAB)	2	QL 60 / 30 days
ZESTRIL (ZESTRIL 2.5 MG TAB, ZESTRIL 5 MG TAB, ZESTRIL 10 MG TAB, ZESTRIL 20 MG TAB, ZESTRIL 30 MG TAB, ZESTRIL 40 MG TAB)	2	QL 60 / 30 days
ANTIARRHYTHMICS		
amiodarone hcl (amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)	1	QL 4 / 1 days
BETAPACE (BETAPACE 80 MG TAB, BETAPACE 120 MG TAB, BETAPACE 160 MG TAB)	2	QL 60 / 30 days
BETAPACE AF (BETAPACE AF 80 MG TAB, BETAPACE AF 120 MG TAB, BETAPACE AF 160 MG TAB)	2	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
digitek (digitek 125 mcg tab, digitek 250 mcg tab)	1	
digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)	1	
digoxin 0.05 mg/ml solution	1	QL 150 / 30 days
disopyramide phosphate 100 mg cap	1	QL 480 / 30 days
disopyramide phosphate 150 mg cap	1	QL 300 / 30 days
dofetilide (dofetilide 125 mcg cap, dofetilide 250 mcg cap, dofetilide 500 mcg cap)	1	QL 60 / 30 day(s)
flecainide acetate (flecainide acetate 50 mg tab, flecainide acetate 100 mg tab)	1	QL 90 / 30 days
flecainide acetate 150 mg tab	1	QL 60 / 30 days
mexiletine hcl 150 mg cap	1	QL 240 / 30 days
mexiletine hcl 200 mg cap	1	QL 180 / 30 days
mexiletine hcl 250 mg cap	1	QL 4 / 1 days
pacerone (pacerone 200 mg tab, pacerone 400 mg tab)	1	QL 4 / 1 days
propafenone hcl (propafenone hcl 150 mg tab, propafenone hcl 225 mg tab, propafenone hcl 300 mg tab)	1	QL 90 / 30 days
sorine (sorine 80 mg tab, sorine 120 mg tab, sorine 160 mg tab, sorine 240 mg tab)	1	QL 60 / 30 days
sotalol hcl (af) (sotalol hcl (af) 80 mg tab, sotalol hcl (af) 120 mg tab, sotalol hcl (af) 160 mg tab)	1	QL 60 / 30 days
sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)	1	QL 60 / 30 days
SOTYLIZE	2	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (acebutolol hcl 200 mg cap, acebutolol hcl 400 mg cap)	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
atenolol (atenolol 25 mg tab, atenolol 50 mg tab, atenolol 100 mg tab)	1	QL 60 / 30 days
betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)	1	QL 60 / 30 days
bisoprolol fumarate 10 mg tab	1	QL 60 / 30 days
BISOPROLOL FUMARATE 2.5 MG TAB	2	
bisoprolol fumarate 5 mg tab	1	QL 4 / 1 days
BYSTOLIC (BYSTOLIC 2.5 MG TAB, BYSTOLIC 5 MG TAB, BYSTOLIC 10 MG TAB, BYSTOLIC 20 MG TAB)	2	
carvedilol (carvedilol 3.125 mg tab, carvedilol 6.25 mg tab, carvedilol 12.5 mg tab)	1	QL 60 / 30 days
carvedilol 25 mg tab	1	QL 120 / 30 days
carvedilol phosphate er (carvedilol phosphate er 10 mg cap er 24h, carvedilol phosphate er 20 mg cap er 24h, carvedilol phosphate er 40 mg cap er 24h, carvedilol phosphate er 80 mg cap er 24h)	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 (COREG CR 10 MG CAP ER 24H, COREG CR 20 MG CAP ER 24H, COREG CR 40 MG CAP ER 24H, COREG CR 80 MG CAP ER 24H)	2	
CORGARD (CORGARD 20 MG TAB, CORGARD 40 MG TAB, CORGARD 80 MG TAB)	2	
HEMANGEOL 4.28 MG/ML SOLUTION	1	PA
INDERAL LA (INDERAL LA 60 MG CAP ER 24H, INDERAL LA 80 MG CAP ER 24H, INDERAL LA 120 MG CAP ER 24H, INDERAL LA 160 MG CAP ER 24H)	2	QL 30 / 30 days
INDERAL XL (INDERAL XL 80 MG CAP ER 24H, INDERAL XL 120 MG CAP ER 24H)	2	
INNOPRAN XL (INNOPRAN XL 80 MG CAP ER 24H, INNOPRAN XL 120 MG CAP ER 24H)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KAPSPARGO SPRINKLE (KAPSPARGO SPRINKLE 25 MG CP24 SPRNK, KAPSPARGO SPRINKLE 50 MG CP24 SPRNK, KAPSPARGO SPRINKLE 100 MG CP24 SPRNK, KAPSPARGO SPRINKLE 200 MG CP24 SPRNK)	2	
labetalol hcl 100 mg tab	1	QL 420 / 30 days
labetalol hcl 200 mg tab	1	QL 360 / 30 days
labetalol hcl 300 mg tab	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	
metoprolol succinate er (metoprolol succinate er 25 mg tab er 24h, metoprolol succinate er 50 mg tab er 24h, metoprolol succinate er 100 mg tab er 24h, metoprolol succinate er 200 mg tab er 24h)	1	QL 60 / 30 days
metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 100 mg tab)	1	QL 120 / 30 days
metoprolol tartrate (metoprolol tartrate 37.5 mg tab, metoprolol tartrate 75 mg tab)	1	
METOPROLOL TARTRATE 12.5 MG TAB	2	
nadolol (nadolol 20 mg tab, nadolol 40 mg tab, nadolol 80 mg tab)	1	QL 4 / 1 days
nebivolol hcl (nebivolol hcl 2.5 mg tab, nebivolol hcl 5 mg tab, nebivolol hcl 10 mg tab, nebivolol hcl 20 mg tab)	1	
pindolol (pindolol 5 mg tab, pindolol 10 mg tab)	1	QL 180 / 30 days
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)	1	QL 240 / 30 days
propranolol hcl (propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg/5ml solution)	1	QL 2400 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
propranolol hcl er (propranolol hcl er 60 mg cap er 24h, propranolol hcl er 80 mg cap er 24h, propranolol hcl er 120 mg cap er 24h, propranolol hcl er 160 mg cap er 24h)	1	QL 30 / 30 days
TENORMIN (TENORMIN 25 MG TAB, TENORMIN 50 MG TAB, TENORMIN 100 MG TAB)	2	QL 60 / 30 days
timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)	2	QL 90 / 30 days
TOPROL XL (TOPROL XL 25 MG TAB ER 24H, TOPROL XL 50 MG TAB ER 24H, TOPROL XL 100 MG TAB ER 24H, TOPROL XL 200 MG TAB ER 24H)	2	QL 60 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)	1	QL 60 / 30 days
CONJUPRI (CONJUPRI 2.5 MG TAB, CONJUPRI 5 MG TAB)	2	
felodipine er (felodipine er 2.5 mg tab er 24h, felodipine er 5 mg tab er 24h, felodipine er 10 mg tab er 24h)	1	QL 30 / 30 days
isradipine (isradipine 2.5 mg cap, isradipine 5 mg cap)	2	
KATERZIA	2	
LEVAMLODIPINE MALEATE (LEVAMLODIPINE MALEATE 2.5 MG TAB, LEVAMLODIPINE MALEATE 5 MG TAB)	2	
nicardipine hcl 20 mg cap	2	QL 180 / 30 days
nicardipine hcl 30 mg cap	2	QL 4 / 1 days
nifedipine (nifedipine 10 mg cap, nifedipine 20 mg cap)	1	QL 4 / 1 days
nifedipine er (nifedipine er 30 mg tab er 24h, nifedipine er 60 mg tab er 24h, nifedipine er 90 mg tab er 24h)	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nifedipine er osmotic release (nifedipine er osmotic release 30 mg tab er 24h, nifedipine er osmotic release 60 mg tab er 24h, nifedipine er osmotic release 90 mg tab er 24h)	1	QL 60 / 30 days
nimodipine	1	
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)	2	QL 30 / 30 days
nisoldipine er 30 mg tab er 24h	2	QL 60 / 30 days
NORLIQVA	2	
NORVASC (NORVASC 2.5 MG TAB, NORVASC 5 MG TAB, NORVASC 10 MG TAB)	2	QL 60 / 30 days
NYMALIZE	2	
PROCARDIA XL (PROCARDIA XL 30 MG TAB ER 24H, PROCARDIA XL 60 MG TAB ER 24H, PROCARDIA XL 90 MG TAB ER 24H)	2	QL 60 / 30 days
SDAMLO (SDAMLO 2.5 MG RECON SOLN, SDAMLO 5 MG RECON SOLN, SDAMLO 10 MG RECON SOLN)	2	
SULAR (SULAR 8.5 MG TAB ER 24H, SULAR 17 MG TAB ER 24H, SULAR 34 MG TAB ER 24H)	2	QL 30 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIZEM CD 240 MG CAP ER 24H	2	QL 60 / 30 days
CARDIZEM LA (CARDIZEM LA 120 MG TAB ER 24H, CARDIZEM LA 180 MG TAB ER 24H, CARDIZEM LA 240 MG TAB ER 24H, CARDIZEM LA 300 MG TAB ER 24H, CARDIZEM LA 360 MG TAB ER 24H, CARDIZEM LA 420 MG TAB ER 24H)	2	QL 30 / 30 days
cartia xt (cartia xt 120 mg cap er 24h, cartia xt 180 mg cap er 24h, cartia xt 300 mg cap er 24h)	1	QL 30 / 30 days
cartia xt 240 mg cap er 24h	1	QL 60 / 30 days
dilt-xr (dilt-xr 120 mg cap er 24h, dilt-xr 180 mg cap er 24h)	1	QL 30 / 30 days
dilt-xr 240 mg cap er 24h	1	QL 60 / 30 days
diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab)	1	QL 4 / 1 days
diltiazem hcl 120 mg tab	1	QL 60 / 30 days
diltiazem hcl 90 mg tab	1	QL 90 / 30 days
diltiazem hcl er (diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 180 mg cap er 24h)	1	QL 30 / 30 days
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)	2	QL 30 / 30 days
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)	2	QL 60 / 30 days
diltiazem hcl er 120 mg tab er 24h	2	
diltiazem hcl er 240 mg cap er 24h	1	QL 60 / 30 days
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)	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diltiazem hcl er beads 240 mg cap er 24h	1	QL 60 / 30 days
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)	1	QL 30 / 30 days
diltiazem hcl er coated beads 240 mg cap er 24h	1	QL 60 / 30 days
matzim la (matzim la 180 mg tab er 24h, matzim la 240 mg tab er 24h, matzim la 300 mg tab er 24h, matzim la 360 mg tab er 24h, matzim la 420 mg tab er 24h)	2	QL 30 / 30 days
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)	1	QL 30 / 30 days
taztia xt 240 mg cap er 24h	1	QL 60 / 30 days
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)	1	QL 30 / 30 days
tiadylt er 240 mg cap er 24h	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
verapamil hcl (verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)	1	QL 4 / 1 days
verapamil hcl 40 mg tab	1	QL 90 / 30 days
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)	1	QL 60 / 30 days
verapamil hcl er (verapamil hcl er 120 mg tab er, verapamil hcl er 360 mg cap er 24h)	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
verapamil hcl er (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)	1	
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 (VERELAN PM 100 MG CAP ER 24H, VERELAN PM 200 MG CAP ER 24H, VERELAN PM 300 MG CAP ER 24H)	2	
CARDIOVASCULAR AGENTS, OTHER		
ACCURETIC (ACCURETIC 10-12.5 MG TAB, ACCURETIC 20-12.5 MG TAB, ACCURETIC 20-25 MG TAB)	2	
acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)	1	QL 4 / 1 days
ALDACTAZIDE 50-50 MG TAB	1	
aliskiren fumarate (aliskiren fumarate 150 mg tab, aliskiren fumarate 300 mg tab)	2	
amiloride-hydrochlorothiazide	1	QL 60 / 30 days
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)	1	QL 30 / 30 days
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)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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)	2	
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)	1	
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)	1	
ASPRUZYO SPRINKLE (ASPRUZYO SPRINKLE 500 MG PACKET, ASPRUZYO SPRINKLE 1000 MG PACKET)	2	
ATACAND HCT (ATACAND HCT 16-12.5 MG TAB, ATACAND HCT 32-12.5 MG TAB, ATACAND HCT 32-25 MG TAB)	2	
atenolol-chlorthalidone 100-25 mg tab	1	QL 30 / 30 days
atenolol-chlorthalidone 50-25 mg tab	1	QL 60 / 30 days
AVALIDE (AVALIDE 150-12.5 MG TAB, AVALIDE 300-12.5 MG TAB)	2	QL 30 / 30 days
AZOR (AZOR 5-20 MG TAB, AZOR 5-40 MG TAB, AZOR 10-20 MG TAB, AZOR 10-40 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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)	1	
BENICAR HCT (BENICAR HCT 20-12.5 MG TAB, BENICAR HCT 40-12.5 MG TAB, BENICAR HCT 40-25 MG TAB)	2	QL 30 / 30 days
BIDIL	2	
bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab)	1	QL 30 / 30 days
bisoprolol-hydrochlorothiazide 10-6.25 mg tab	1	QL 60 / 30 day(s)
CADUET (CADUET 5-10 MG TAB, CADUET 5-20 MG TAB, CADUET 5-40 MG TAB, CADUET 5-80 MG TAB, CADUET 10-10 MG TAB, CADUET 10-20 MG TAB, CADUET 10-40 MG TAB, CADUET 10-80 MG TAB)	2	
candesartan cilexetil-hctz (candesartan cilexetil-hctz 16-12.5 mg tab, candesartan cilexetil-hctz 32-12.5 mg tab, candesartan cilexetil-hctz 32-25 mg tab)	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB, CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB, CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB, CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB)	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 (EDARBYCLOR 40-12.5 MG TAB, EDARBYCLOR 40-25 MG TAB)	2	
enalapril-hydrochlorothiazide 10-25 mg tab	1	QL 60 / 30 days
enalapril-hydrochlorothiazide 5-12.5 mg tab	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (EXFORGE 5-160 MG TAB, EXFORGE 5-320 MG TAB, EXFORGE 10-160 MG TAB, EXFORGE 10-320 MG TAB)	2	
EXFORGE HCT (EXFORGE HCT 5-160-12.5 MG TAB, EXFORGE HCT 5-160-25 MG TAB, EXFORGE HCT 10-160-12.5 MG TAB, EXFORGE HCT 10-160-25 MG TAB, EXFORGE HCT 10-320-25 MG TAB)	2	
fosinopril sodium-hctz (fosinopril sodium-hctz 10-12.5 mg tab, fosinopril sodium-hctz 20-12.5 mg tab)	1	
HYZAAR (HYZAAR 50-12.5 MG TAB, HYZAAR 100-12.5 MG TAB, HYZAAR 100-25 MG TAB)	2	QL 30 / 30 days
irbesartan-hydrochlorothiazide (irbesartan-hydrochlorothiazide 150-12.5 mg tab, irbesartan-hydrochlorothiazide 300-12.5 mg tab)	1	QL 30 / 30 days
isosorb dinitrate-hydralazine	2	
lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)	1	QL 60 / 30 days
lisinopril-hydrochlorothiazide 10-12.5 mg tab	1	QL 30 / 30 days
LODOCO	2	
losartan potassium-hctz (losartan potassium-hctz 50-12.5 mg tab, losartan potassium-hctz 100-12.5 mg tab, losartan potassium-hctz 100-25 mg tab)	1	QL 30 / 30 days
LOTENSIN HCT (LOTENSIN HCT 10-12.5 MG TAB, LOTENSIN HCT 20-12.5 MG TAB, LOTENSIN HCT 20-25 MG TAB)	2	
LOTREL (LOTREL 5-10 MG CAP, LOTREL 5-20 MG CAP, LOTREL 10-20 MG CAP, LOTREL 10-40 MG CAP)	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
metoprolol-hydrochlorothiazide (metoprolol-hydrochlorothiazide 50-25 mg tab, metoprolol-hydrochlorothiazide 100-25 mg tab)	2	QL 60 / 30 days
metoprolol-hydrochlorothiazide 100-50 mg tab	2	QL 30 / 30 days
MICARDIS HCT (MICARDIS HCT 40-12.5 MG TAB, MICARDIS HCT 80-12.5 MG TAB, MICARDIS HCT 80-25 MG TAB)	2	
NEXLETOL	1	PA
olmesartan medoxomil-hctz (olmesartan medoxomil-hctz 20-12.5 mg tab, olmesartan medoxomil-hctz 40-12.5 mg tab, olmesartan medoxomil-hctz 40-25 mg tab)	1	QL 30 / 30 days
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)	1	
pentoxifylline er	1	QL 90 / 30 days
quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab)	2	
quinapril-hydrochlorothiazide 20-25 mg tab	1	
RANEXA (RANEXA 500 MG TAB ER 12H, RANEXA 1000 MG TAB ER 12H)	2	
ranolazine er (ranolazine er 500 mg tab er 12h, ranolazine er 1000 mg tab er 12h)	1	PA
REDEMPLO	2	
sacubitril-valsartan (sacubitril-valsartan 24-26 mg tab, sacubitril-valsartan 49-51 mg tab, sacubitril-valsartan 97-103 mg tab)	1	
spironolactone-hctz	1	QL 240 / 30 days
TEKTURNA (TEKTURNA 150 MG TAB, TEKTURNA 300 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TEKTURNA HCT (TEKTURNA HCT 150-12.5 MG TAB, TEKTURNA HCT 150-25 MG TAB, TEKTURNA HCT 300-12.5 MG TAB, TEKTURNA HCT 300-25 MG TAB)	2	
telmisartan-amlodipine (telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-10 mg tab, telmisartan-amlodipine 80-5 mg tab)	1	
telmisartan-hctz (telmisartan-hctz 40-12.5 mg tab, telmisartan-hctz 80-12.5 mg tab, telmisartan-hctz 80-25 mg tab)	2	
TENORETIC 100	2	QL 30 / 30 days
TENORETIC 50	2	QL 60 / 30 days
trandolapril-verapamil hcl er (trandolapril-verapamil hcl er 1-240 mg tab er, trandolapril-verapamil hcl er 2-180 mg tab er, trandolapril-verapamil hcl er 2-240 mg tab er, trandolapril-verapamil hcl er 4-240 mg tab er)	1	
triamterene-hctz (triamterene-hctz 37.5-25 mg tab, triamterene-hctz 75-50 mg tab)	1	QL 30 / 30 days
triamterene-hctz 37.5-25 mg cap	1	QL 60 / 30 days
TRIBENZOR (TRIBENZOR 20-5-12.5 MG TAB, TRIBENZOR 40-10-12.5 MG TAB, TRIBENZOR 40-10-25 MG TAB, TRIBENZOR 40-5-12.5 MG TAB, TRIBENZOR 40-5-25 MG TAB)	2	
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	2	
valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 320-12.5 mg tab, valsartan-hydrochlorothiazide 320-25 mg tab)	1	QL 30 / 30 days
valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 80-12.5 mg tab, valsartan-hydrochlorothiazide 160-12.5 mg tab, valsartan-hydrochlorothiazide 160-25 mg tab)	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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)	1	QL 60 / 30 days
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
ANTARA	2	
fenofibrate (fenofibrate 40 mg tab, fenofibrate 50 mg cap, fenofibrate 120 mg tab, fenofibrate 150 mg cap)	2	
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)	1	QL 30 / 30 days
FENOFIBRATE MICRONIZED (FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP)	2	
fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 130 mg cap)	1	
fenofibrate micronized (fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)	1	QL 30 / 30 days
FENOFIBRIC ACID (FENOFIBRIC ACID 35 MG TAB, FENOFIBRIC ACID 105 MG TAB)	2	
fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)	1	
FENOGLIDE (FENOGLIDE 40 MG TAB, FENOGLIDE 120 MG TAB)	2	
gemfibrozil	1	QL 60 / 30 days
LIPOFEN (LIPOFEN 50 MG CAP, LIPOFEN 150 MG CAP)	2	
LOPID	2	QL 60 / 30 days
TRICOR (TRICOR 48 MG TAB, TRICOR 145 MG TAB)	2	QL 30 / 30 days
TRILIPIX (TRILIPIX 45 MG CAP DR, TRILIPIX 135 MG CAP DR)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
ALTOPREV (ALTOPREV 20 MG TAB ER 24H, ALTOPREV 40 MG TAB ER 24H, ALTOPREV 60 MG TAB ER 24H)	2	
ATORVALIQ	2	
atorvastatin calcium (atorvastatin calcium 10 mg tab, atorvastatin calcium 20 mg tab, atorvastatin calcium 40 mg tab, atorvastatin calcium 80 mg tab)	1	QL 30 / 30 days
CRESTOR (CRESTOR 5 MG TAB, CRESTOR 10 MG TAB, CRESTOR 20 MG TAB, CRESTOR 40 MG TAB)	2	QL 30 / 30 days
EZALLOR SPRINKLE (EZALLOR SPRINKLE 5 MG CAP SPRINK, EZALLOR SPRINKLE 10 MG CAP SPRINK, EZALLOR SPRINKLE 20 MG CAP SPRINK, EZALLOR SPRINKLE 40 MG CAP SPRINK)	2	
fluvastatin sodium (fluvastatin sodium 20 mg cap, fluvastatin sodium 40 mg cap)	2	QL 30 / 30 days
fluvastatin sodium er	2	
LESCOL XL	2	
LIPITOR (LIPITOR 10 MG TAB, LIPITOR 20 MG TAB, LIPITOR 40 MG TAB, LIPITOR 80 MG TAB)	2	QL 30 / 30 days
LIVALO (LIVALO 1 MG TAB, LIVALO 2 MG TAB, LIVALO 4 MG TAB)	2	
lovastatin (lovastatin 10 mg tab, lovastatin 20 mg tab)	1	QL 30 / 30 days
lovastatin 40 mg tab	1	QL 60 / 30 days
pitavastatin calcium (pitavastatin calcium 1 mg tab, pitavastatin calcium 2 mg tab, pitavastatin calcium 4 mg tab)	2	
pravastatin sodium (pravastatin sodium 10 mg tab, pravastatin sodium 20 mg tab, pravastatin sodium 40 mg tab, pravastatin sodium 80 mg tab)	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
rosuvastatin calcium (rosuvastatin calcium 5 mg tab, rosuvastatin calcium 10 mg tab, rosuvastatin calcium 20 mg tab, rosuvastatin calcium 40 mg tab)	1	QL 30 / 30 days
simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)	1	QL 30 / 30 days
ZOCOR (ZOCOR 10 MG TAB, ZOCOR 20 MG TAB, ZOCOR 40 MG TAB)	2	QL 30 / 30 days
ZYPITAMAG (ZYPITAMAG 2 MG TAB, ZYPITAMAG 4 MG TAB)	2	
DYSLIPIDEMICS, OTHER		
cholestyramine 4 gm packet	1	QL 180 / 30 days
cholestyramine 4 gm/dose powder	1	QLC 54 grams/day
cholestyramine light 4 gm packet	1	QL 180 / 30 days
cholestyramine light 4 gm/dose powder	1	QLC 54 grams/day
colesevelam hcl (colesevelam hcl 3.75 gm packet, colesevelam hcl 625 mg tab)	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	
colestipol hcl (colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)	2	
colestipol hcl 1 gm tab	1	
EVKEEZA (EVKEEZA 345 MG/2.3ML SOLUTION, EVKEEZA 1200 MG/8ML SOLUTION)	2	
ezetimibe	1	QL 30 / 30 days
EZETIMIBE-ROSUVASTATIN (EZETIMIBE-ROSUVASTATIN 10-10 MG TAB, EZETIMIBE-ROSUVASTATIN 10-20 MG TAB, EZETIMIBE-ROSUVASTATIN 10-40 MG TAB, EZETIMIBE-ROSUVASTATIN 10-5 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ezetimibe-simvastatin (ezetimibe-simvastatin 10-10 mg tab, ezetimibe-simvastatin 10-20 mg tab, ezetimibe-simvastatin 10-40 mg tab, ezetimibe-simvastatin 10-80 mg tab)	2	
icosapent ethyl 0.5 gm cap	2	
icosapent ethyl 1 gm cap	2	QL 120 / 30 days
JUXTAPID (JUXTAPID 5 MG CAP, JUXTAPID 10 MG CAP, JUXTAPID 20 MG CAP, JUXTAPID 30 MG CAP)	2	
LEQVIO	2	
LEROCHOL	2	
LOVAZA	2	
NEXLIZET	1	PA
NIACIN (ANTIHYPERLIPIDEMIC)	2	
niacin er (antihyperlipidemic) (niacin er (antihyperlipidemic) 750 mg tab er, niacin er (antihyperlipidemic) 1000 mg tab er)	2	
niacin er (antihyperlipidemic) 500 mg tab er	2	QL 4 / 1 days
NIACOR	2	
NIASPAN (NIASPAN 500 MG TAB ER, NIASPAN 750 MG TAB ER, NIASPAN 1000 MG TAB ER)	2	
omega-3-acid ethyl esters	1	QL 4 / 1 days
PRALUENT (PRALUENT 75 MG/ML SOLN A-INJ, PRALUENT 150 MG/ML SOLN A-INJ)	1	QL 2 / 28 days PA
prevalite 4 gm packet	1	QL 180 / 30 days
prevalite 4 gm/dose powder	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 (ROSZET 10-10 MG TAB, ROSZET 10-20 MG TAB, ROSZET 10-40 MG TAB, ROSZET 10-5 MG TAB)	2	
VASCEPA 0.5 GM CAP	2	QL 240 / 30 days
VASCEPA 1 GM CAP	2	QL 120 / 30 days
vitamin d-3 25 mcg (1000 ut) tab	1	
vitamin d3 25 mcg (1000 ut) tab	1	
VYTORIN (VYTORIN 10-10 MG TAB, VYTORIN 10-20 MG TAB, VYTORIN 10-40 MG TAB, VYTORIN 10-80 MG TAB)	2	
WELCHOL (WELCHOL 3.75 GM PACKET, WELCHOL 625 MG TAB)	2	
ZETIA	2	QL 30 / 30 days
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab)	1	QL 90 / 30 day(s)
spironolactone 100 mg tab	1	QL 120 / 30 day(s)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
dapagliflozin (dapagliflozin 5 mg tab, dapagliflozin 10 mg tab)	1	
FARXIGA (FARXIGA 5 MG TAB, FARXIGA 10 MG TAB)	2	
INPEFA (INPEFA 200 MG TAB, INPEFA 400 MG TAB)	2	
INVOKANA (INVOKANA 100 MG TAB, INVOKANA 300 MG TAB)	2	
JARDIANCE (JARDIANCE 10 MG TAB, JARDIANCE 25 MG TAB)	1	QL 30 / 30 days
STEGLATRO (STEGLATRO 5 MG TAB, STEGLATRO 15 MG TAB)	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab)	1	QL 4 / 1 days
hydralazine hcl 100 mg tab	1	QL 90 / 30 days
minoxidil 10 mg tab	1	QL 300 / 30 days
minoxidil 2.5 mg tab	1	QL 4 / 1 days
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
GONITRO	2	
ISORDIL TITRADOSE (ISORDIL TITRADOSE 5 MG TAB, ISORDIL TITRADOSE 40 MG TAB)	2	
isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)	2	QL 240 / 30 days
isosorbide dinitrate 40 mg tab	2	
isosorbide mononitrate (isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab)	1	
isosorbide mononitrate er (isosorbide mononitrate er 60 mg tab er 24h, isosorbide mononitrate er 120 mg tab er 24h)	1	QL 60 / 30 days
isosorbide mononitrate er 30 mg tab er 24h	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	
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)	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nitroglycerin (nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.6 mg sl tab)	1	
nitroglycerin 0.4 mg/spray solution	2	
NITROLINGUAL	2	
NITROMIST	2	
NITROSTAT (NITROSTAT 0.3 MG SL TAB, NITROSTAT 0.4 MG SL TAB, NITROSTAT 0.6 MG SL TAB)	2	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL (ADDERALL 10 MG TAB, ADDERALL 12.5 MG TAB, ADDERALL 15 MG TAB, ADDERALL 20 MG TAB)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL (ADDERALL 5 MG TAB, ADDERALL 7.5 MG TAB)	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 30 MG TAB	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL XR (ADDERALL XR 5 MG CAP ER 24H, ADDERALL XR 10 MG CAP ER 24H, ADDERALL XR 15 MG CAP ER 24H, ADDERALL XR 20 MG CAP ER 24H, ADDERALL XR 25 MG CAP ER 24H, ADDERALL XR 30 MG CAP ER 24H)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADZENYS XR-ODT (ADZENYS XR-ODT 3.1 MG TAB ER DISP, ADZENYS XR-ODT 6.3 MG TAB ER DISP, ADZENYS XR-ODT 9.4 MG TAB ER DISP, ADZENYS XR-ODT 12.5 MG TAB ER DISP, ADZENYS XR-ODT 15.7 MG TAB ER DISP, ADZENYS XR-ODT 18.8 MG TAB ER DISP)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amphet-dextroamphet 3-bead er (amphet-dextroamphet 3-bead er 12.5 mg cap er 24h, amphet-dextroamphet 3-bead er 25 mg cap er 24h, amphet-dextroamphet 3-bead er 37.5 mg cap er 24h, amphet-dextroamphet 3-bead er 50 mg cap er 24h)	2	
amphetamine er (amphetamine er 3.1 mg tab er disp, amphetamine er 6.3 mg tab er disp, amphetamine er 9.4 mg tab er disp, amphetamine er 12.5 mg tab er disp, amphetamine er 15.7 mg tab er disp, amphetamine er 18.8 mg tab er disp)	2	
amphetamine sulfate (amphetamine sulfate 5 mg tab, amphetamine sulfate 10 mg tab)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphet er (amphetamine-dextroamphet er 5 mg cap er 24h, amphetamine-dextroamphet er 10 mg cap er 24h, amphetamine-dextroamphet er 15 mg cap er 24h, amphetamine-dextroamphet er 20 mg cap er 24h, amphetamine-dextroamphet er 25 mg cap er 24h, amphetamine-dextroamphet er 30 mg cap er 24h)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab, amphetamine-dextroamphetamine 20 mg tab)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab)	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine 30 mg tab	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ARYNTA	2	
AZSTARYS (AZSTARYS 26.1-5.2 MG CAP, AZSTARYS 39.2-7.8 MG CAP, AZSTARYS 52.3-10.4 MG CAP)	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DESOXYN	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DEXEDRINE (DEXEDRINE 5 MG CAP ER 24H, DEXEDRINE 10 MG CAP ER 24H, DEXEDRINE 15 MG CAP ER 24H)	2	
dextroamphetamine sulfate (dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab)	1	QL 90 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 30 mg tab	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 5 mg/5ml solution	2	QL 60 mL / 1 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate er (dextroamphetamine sulfate er 10 mg cap er 24h, dextroamphetamine sulfate er 15 mg cap er 24h)	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate er 5 mg cap er 24h	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
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	QL 240 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EVEKEO (EVEKEO 5 MG TAB, EVEKEO 10 MG TAB)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
EVEKEO ODT (EVEKEO ODT 5 MG TAB DISP, EVEKEO ODT 10 MG TAB DISP, EVEKEO ODT 15 MG TAB DISP, EVEKEO ODT 20 MG TAB DISP)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg chew tab, lisdexamfetamine dimesylate 20 mg chew tab, lisdexamfetamine dimesylate 30 mg chew tab, lisdexamfetamine dimesylate 40 mg chew tab, lisdexamfetamine dimesylate 50 mg chew tab, lisdexamfetamine dimesylate 60 mg chew tab)	2	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate (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)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 10 mg cap	1	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
methamphetamine hcl	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
MYDAYIS (MYDAYIS 12.5 MG CAP ER 24H, MYDAYIS 25 MG CAP ER 24H, MYDAYIS 37.5 MG CAP ER 24H, MYDAYIS 50 MG CAP ER 24H)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
procentra	1	QL 60 mL / 1 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
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	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
XELSTRYM (XELSTRYM 4.5 MG/9HR PATCH, XELSTRYM 9 MG/9HR PATCH, XELSTRYM 13.5 MG/9HR PATCH, XELSTRYM 18 MG/9HR PATCH)	2	
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)	2	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
zenzedi 30 mg tab	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
ADHANSIA XR (ADHANSIA XR 25 MG CAP ER 24H, ADHANSIA XR 35 MG CAP ER 24H, ADHANSIA XR 45 MG CAP ER 24H, ADHANSIA XR 55 MG CAP ER 24H, ADHANSIA XR 70 MG CAP ER 24H, ADHANSIA XR 85 MG CAP ER 24H)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
APTENSIO XR (APTENSIO XR 10 MG CAP ER 24H, APTENSIO XR 15 MG CAP ER 24H, APTENSIO XR 20 MG CAP ER 24H, APTENSIO XR 30 MG CAP ER 24H, APTENSIO XR 40 MG CAP ER 24H, APTENSIO XR 50 MG CAP ER 24H, APTENSIO XR 60 MG CAP ER 24H)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl (atomoxetine hcl 10 mg cap, atomoxetine hcl 18 mg cap, atomoxetine hcl 25 mg cap, atomoxetine hcl 40 mg cap)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
atomoxetine hcl (atomoxetine hcl 60 mg cap, atomoxetine hcl 80 mg cap, atomoxetine hcl 100 mg cap)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ATONCY	2	
clonidine hcl er	1	AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 54 MG TAB ER)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 36 MG TAB ER	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
COTEMPLA XR-ODT (COTEMPLA XR-ODT 8.6 MG TAB ER DISP, COTEMPLA XR-ODT 17.3 MG TAB ER DISP, COTEMPLA XR-ODT 25.9 MG TAB ER DISP)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DAYTRANA (DAYTRANA 10 MG/9HR PATCH, DAYTRANA 15 MG/9HR PATCH, DAYTRANA 20 MG/9HR PATCH, DAYTRANA 30 MG/9HR PATCH)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl (dexmethylphenidate hcl 2.5 mg tab, dexmethylphenidate hcl 5 mg tab, dexmethylphenidate hcl 10 mg tab)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er (dexmethylphenidate hcl er 25 mg cap er 24h, dexmethylphenidate hcl er 30 mg cap er 24h, dexmethylphenidate hcl er 35 mg cap er 24h, dexmethylphenidate hcl er 40 mg cap er 24h)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er (dexmethylphenidate hcl er 5 mg cap er 24h, dexmethylphenidate hcl er 10 mg cap er 24h, dexmethylphenidate hcl er 15 mg cap er 24h, dexmethylphenidate hcl er 20 mg cap er 24h)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOCALIN (FOCALIN 2.5 MG TAB, FOCALIN 5 MG TAB, FOCALIN 10 MG TAB)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
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	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
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	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
guanfacine hcl er (guanfacine hcl er 1 mg tab er 24h, guanfacine hcl er 2 mg tab er 24h, guanfacine hcl er 3 mg tab er 24h)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
guanfacine hcl er 4 mg tab er 24h	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV (INTUNIV 1 MG TAB ER 24H, INTUNIV 2 MG TAB ER 24H, INTUNIV 3 MG TAB ER 24H)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV 4 MG TAB ER 24H	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
JORNAY PM (JORNAY PM 20 MG CAP ER 24H, JORNAY PM 40 MG CAP ER 24H, JORNAY PM 60 MG CAP ER 24H, JORNAY PM 80 MG CAP ER 24H, JORNAY PM 100 MG CAP ER 24H)	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METADATE CD (METADATE CD 10 MG CAP ER, METADATE CD 20 MG CAP ER, METADATE CD 30 MG CAP ER, METADATE CD 40 MG CAP ER, METADATE CD 50 MG CAP ER, METADATE CD 60 MG CAP ER)	2	
METHYLIN (METHYLIN 5 MG/5ML SOLUTION, METHYLIN 10 MG/5ML SOLUTION)	2	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate (methylphenidate 10 mg/9hr patch, methylphenidate 15 mg/9hr patch, methylphenidate 20 mg/9hr patch, methylphenidate 30 mg/9hr patch)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl (methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)	2	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)	1	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 10 mg chew tab	2	QL 180 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 5 mg tab	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
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)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
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)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (la) (methylphenidate hcl er (la) 40 mg cap er 24h, methylphenidate hcl er (la) 60 mg cap er 24h)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
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)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 36 mg tab er 24h)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
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)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 45 mg tab er, methylphenidate hcl er (osm) 63 mg tab er, methylphenidate hcl er (osm) 72 mg tab er)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (osm) 36 mg tab er	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate hcl er (xr) (methylphenidate hcl er (xr) 10 mg cap er 24h, methylphenidate hcl er (xr) 15 mg cap er 24h, methylphenidate hcl er (xr) 20 mg cap er 24h, methylphenidate hcl er (xr) 30 mg cap er 24h, methylphenidate hcl er (xr) 40 mg cap er 24h, methylphenidate hcl er (xr) 50 mg cap er 24h, methylphenidate hcl er (xr) 60 mg cap er 24h)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER(DIFFUS) (METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER, METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ONYDA XR	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE (QELBREE 150 MG CAP ER 24H, QELBREE 200 MG CAP ER 24H)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE 100 MG CAP ER 24H	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 40 MG CHER)	1	QL 45 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLICHEW ER 30 MG CHER	1	QL 60 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLIVANT XR	1	QL 360 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELEXXII (RELEXXII 18 MG TAB ER, RELEXXII 27 MG TAB ER, RELEXXII 54 MG TAB ER)	2	
RELEXXII (RELEXXII 45 MG TAB ER, RELEXXII 63 MG TAB ER, RELEXXII 72 MG TAB ER)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII 36 MG TAB ER	2	QL 60 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN (RITALIN 10 MG TAB, RITALIN 20 MG TAB)	2	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN 5 MG TAB	2	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA 40 MG CAP ER 24H	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA (STRATTERA 10 MG CAP, STRATTERA 18 MG CAP, STRATTERA 25 MG CAP, STRATTERA 40 MG CAP)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA (STRATTERA 60 MG CAP, STRATTERA 80 MG CAP, STRATTERA 100 MG CAP)	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM, OTHER		
8 hr arthritis pain relief	1	
8hr muscle aches & pain relief	1	
acetaminophen (acetaminophen 160 mg/5ml liquid, acetaminophen 160 mg/5ml solution, acetaminophen 160 mg/5ml suspension, acetaminophen 325 mg/10.15ml solution, acetaminophen 325 mg/10.15ml suspension, acetaminophen 650 mg/20.3ml solution, acetaminophen 650 mg/20.3ml suspension)	1	QL 30 / 1 days
acetaminophen (acetaminophen 325 mg tab, acetaminophen 500 mg tab)	1	
acetaminophen 120 mg suppos	1	QL 5 / 1 days
acetaminophen 650 mg suppos	1	QL 6 / 1 days
acetaminophen childrens (acetaminophen childrens 160 mg/5ml liquid, acetaminophen childrens 160 mg/5ml solution, acetaminophen childrens 160 mg/5ml suspension)	1	QL 30 / 1 days
acetaminophen extra strength 500 mg tab	1	
acetaminophen infants	1	QL 30 / 1 days
ALLZITAL	2	
aminofen	1	
aphen	1	
aurophen childrens	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
AUSTEDO XR 24 MG TAB ER 24H	1	QL 60 / 30 day(s) PA
AUSTEDO XR 6 MG TAB ER 24H	1	QL 90 / 30 day(s) PA
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1	QL 28 / 28 day(s) PA
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	1	PA
bac (butalbital-acetamin-caff)	1	PA QLC Max 18 tabs/caps per month
betatemp childrens	1	QL 30 / 1 days
bupap	2	QLC Max 18 tabs/caps per month
butalbital-acetaminophen (butalbital-acetaminophen 50-300 mg cap, butalbital-acetaminophen 50-300 mg tab, butalbital-acetaminophen 50-325 mg tab)	2	QLC Max 18 tabs/caps per month
BUTALBITAL-APAP-CAFFEINE	2	QLC 270 mL/30 days
butalbital-apap-caffeine (butalbital-apap-caffeine 50-300-40 mg cap, butalbital-apap-caffeine 50-325-40 mg cap)	2	QLC Max 18 tabs/caps per month
butalbital-apap-caffeine 50-325-40 mg tab	1	PA QLC Max 18 tabs/caps per month
childrens acetaminophen	1	QL 30 / 1 days
childrens non-aspirin 160 mg/5ml suspension	1	QL 30 / 1 days
childrens silapap	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
curanol	1	QL 30 / 1 days
cvs acetaminophen 325 mg tab	1	
cvs acetaminophen ex st 500 mg tab	1	
cvs fever reducing childrens	1	QL 5 / 1 days
cvs infants pain relief drops	1	QL 30 / 1 days
cvs non-aspirin extra strength	1	
cvs pain & fever childrens	1	QL 30 / 1 days
cvs pain & fever infants	1	QL 30 / 1 days
cvs pain relief 500 mg tab	1	
cvs pain relief extra strength	1	
cvs pain relief regular st	1	
DIETHYLPROPION HCL ER	2	
ed-apap	1	QL 30 / 1 days
eq 8hr arthritis pain relief	1	
eq acetaminophen (eq acetaminophen 325 mg tab, eq acetaminophen 500 mg tab)	1	
eq pain & fever childrens 160 mg/5ml suspension	1	QL 30 / 1 days
eq pain & fever infants	1	QL 30 / 1 days
eq pain reliever (eq pain reliever 325 mg tab, eq pain reliever 500 mg tab)	1	
eq pain reliever 160 mg/5ml suspension	1	QL 30 / 1 days
eq pain reliever ex st	1	
eql acetaminophen	1	
eql acetaminophen childrens	1	QL 30 / 1 days
eql acetaminophen ex st	1	
ESGIC	2	QLC Max 18 tabs/caps per month
feverall adults	1	QL 6 / 1 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp pain relief extra strength	1	
goodsense pain & fever child	1	QL 30 / 1 days
goodsense pain & fever infants	1	QL 30 / 1 days
goodsense pain relief 325 mg tab	1	
goodsense pain relief extra st	1	
GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB)	2	QL 30 / 30 day(s)
GRALISE (GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB)	2	QL 60 / 30 day(s)
healthy mama shake that ache	1	
hm pain & fever childrens	1	QL 30 / 1 days
hm pain & fever infants	1	QL 30 / 1 days
hm pain relief extra strength	1	
hm pain relieve child dye-free	1	QL 30 / 1 days
hm pain reliever	1	
hm pain reliever childrens	1	QL 30 / 1 days
HORIZANT (HORIZANT 300 MG TAB ER, HORIZANT 600 MG TAB ER)	2	QL 60 / 30 day(s)
infants pain & fever	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
kls acetaminophen ex st	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
liquid acetaminophen	1	QL 30 / 1 days
liquid pain relief	1	QL 30 / 1 days
little remedies for fever	1	QL 30 / 1 days
m-pap	1	QL 30 / 1 days
max relief jr child pain/fever (max relief jr child pain/fever 160 mg/5ml liquid, max relief jr child pain/fever 160 mg/5ml suspension)	1	QL 30 / 1 days
max relief junior	1	QL 30 / 1 days
medi-tabs extra strength	1	
meijer aspirin free (meijer aspirin free 325 mg tab, meijer aspirin free 500 mg tab)	1	
midazolam hcl 2 mg/ml syrup	2	
mm acetaminophen ex str	1	
non-aspirin (non-aspirin 325 mg tab, non-aspirin 500 mg tab)	1	
non-aspirin extra strength	1	
non-aspirin pain relief	1	
pain & fever childrens 160 mg/5ml suspension	1	QL 30 / 1 days
pain & fever infants	1	QL 30 / 1 days
pain & fever kids	1	QL 30 / 1 days
pain and fever relief kids	1	QL 30 / 1 days
pain relief childrens 160 mg/5ml suspension	1	QL 30 / 1 days
pain relief extra strength 500 mg tab	1	
pain relief regular strength	1	
pain reliever 325 mg tab	1	
pain reliever extra strength 500 mg tab	1	
pain reliever for adults	1	
pain reliever/fever reducer	1	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
panadol childrens	1	QL 30 / 1 days
panadol extra strength	1	
panadol infants	1	QL 30 / 1 days
pediacare children	1	QL 30 / 1 days
pediacare infant fever/pain	1	QL 30 / 1 days
pediacare infants	1	QL 30 / 1 days
pharbetol	1	
pharbetol extra strength	1	
px childrens pain relief	1	QL 30 / 1 days
px pain relief extra strength	1	
qc 8 hour arthritis pain	1	
qc 8 hour pain relief	1	
qc acetaminophen infants	1	QL 30 / 1 days
qc non-aspirin childrens 160 mg/5ml suspension	1	QL 30 / 1 days
qc non-aspirin extra strength	1	
qc pain relief 325 mg tab	1	
qc pain relief childrens	1	QL 30 / 1 days
qc pain relief extra strength 500 mg tab	1	
qc pain relief infants	1	QL 30 / 1 days
ra acetaminophen	1	
ra acetaminophen ex st	1	
ra childrens fever/pain	1	QL 30 / 1 days
ra fever reducer/pain reliever	1	QL 30 / 1 days
ra pain relief acetaminophen (ra pain relief acetaminophen 325 mg tab, ra pain relief acetaminophen 500 mg tab)	1	
sb non-aspirin 325 mg tab	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sb non-aspirin extra strength	1	
sb pain reliever childrens	1	QL 30 / 1 days
sb pain reliever ex st	1	
sm pain & fever childrens	1	QL 30 / 1 days
sm pain & fever infants	1	QL 30 / 1 days
sm pain relief	1	
sm pain relief extra strength	1	
sm pain reliever	1	
sm pain reliever childrens	1	QL 30 / 1 days
sm pain reliever ex st 500 mg tab	1	
tetrabenazine (tetrabenazine 12.5 mg tab, tetrabenazine 25 mg tab)	1	PA
tylenol 325 mg tab	1	
tylenol 8 hour	1	
tylenol 8 hour arthritis pain	1	
tylenol childrens	1	QL 30 / 1 days
tylenol childrens pain + fever 160 mg/5ml suspension	1	QL 30 / 1 days
tylenol extra strength	1	
tylenol for children + adults	1	QL 30 / 1 days
tylenol infants pain+fever	1	QL 30 / 1 days
VTOL LQ	2	QLC 270 mL/30 days
XENAZINE (XENAZINE 12.5 MG TAB, XENAZINE 25 MG TAB)	2	
zebutal	2	QLC Max 18 tabs/caps per month
FIBROMYALGIA AGENTS		
CYMBALTA (CYMBALTA 30 MG CP DR PART, CYMBALTA 60 MG CP DR PART)	2	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CYMBALTA 20 MG CP DR PART	2	QL 120 / 30 day(s)
DRIZALMA SPRINKLE (DRIZALMA SPRINKLE 20 MG CAP DR, DRIZALMA SPRINKLE 30 MG CAP DR, DRIZALMA SPRINKLE 40 MG CAP DR, DRIZALMA SPRINKLE 60 MG CAP DR)	2	
duloxetine hcl (duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)	1	QL 60 / 30 days
duloxetine hcl 20 mg cp dr part	1	QL 120 / 30 day(s)
duloxetine hcl 40 mg cp dr part	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
LYRICA CR 330 MG TAB ER 24H	2	QL 60 / 30 days
milnacipran hcl (milnacipran hcl 12.5 & 25 & 50 mg misc, milnacipran hcl 12.5 mg tab, milnacipran hcl 25 mg tab, milnacipran hcl 50 mg tab, milnacipran hcl 100 mg tab)	2	
pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)	1	QL 60 / 30 days
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)	1	QL 90 / 30 days
pregabalin 20 mg/ml solution	1	QLC 30 mL/day
pregabalin er (pregabalin er 82.5 mg tab er 24h, pregabalin er 165 mg tab er 24h, pregabalin er 330 mg tab er 24h)	2	
SAVELLA (SAVELLA 12.5 MG TAB, SAVELLA 25 MG TAB, SAVELLA 50 MG TAB, SAVELLA 100 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAVELLA TITRATION PACK	2	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	2	QL 60 / 30 days
AUBAGIO (AUBAGIO 7 MG TAB, AUBAGIO 14 MG TAB)	2	
AVONEX PEN	1	
AVONEX PREFILLED	1	
BAFIERTAM	2	QL 120 / 30 days
BETASERON	1	
BRIUMVI	1	PA
cladribine (10 tabs)	2	
cladribine (4 tabs)	2	
cladribine (5 tabs)	2	
cladribine (6 tabs)	2	
cladribine (7 tabs)	2	
cladribine (8 tabs)	2	
cladribine (9 tabs)	2	
COPAXONE 20 MG/ML SOLN PRSYR	2	QL 30 / 30 days
COPAXONE 40 MG/ML SOLN PRSYR	2	QL 12 / 28 days
dalfampridine er	1	QL 60 / 30 days PA
dimethyl fumarate (dimethyl fumarate 120 mg cap dr, dimethyl fumarate 240 mg cap dr)	1	PA
dimethyl fumarate starter pack	1	PA
EXTAVIA	2	
fingolimod hcl	1	
GILENYA 0.25 MG CAP	2	
GILENYA 0.5 MG CAP	2	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
glatiramer acetate 20 mg/ml soln prsyr	1	QL 30 / 30 days
glatiramer acetate 40 mg/ml soln prsyr	1	QL 12 / 28 days
glatopa 20 mg/ml soln prsyr	1	QL 30 / 30 days
glatopa 40 mg/ml soln prsyr	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
OCREVUS ZUNOVO	1	PA
PLEGRIDY (PLEGRIDY 125 MCG/0.5ML SOLN A-INJ, PLEGRIDY 125 MCG/0.5ML SOLN PRSYR)	2	
PLEGRIDY STARTER PACK (PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ, PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR)	2	
PONVORY	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PONVORY STARTER PACK	2	QL 14 / 14 days
REBIF (REBIF 22 MCG/0.5ML SOLN PRSYR, REBIF 44 MCG/0.5ML SOLN PRSYR)	1	
REBIF REBIDOSE (REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ, REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ)	1	
REBIF REBIDOSE TITRATION PACK	1	
REBIF TITRATION PACK	1	
TASCENSO ODT (TASCENSO ODT 0.25 MG TAB DISP, TASCENSO ODT 0.5 MG TAB DISP)	2	
TECFIDERA (TECFIDERA 120 & 240 MG CPDR THPK, TECFIDERA 120 MG CAP DR, TECFIDERA 240 MG CAP DR)	2	
teriflunomide (teriflunomide 7 mg tab, teriflunomide 14 mg tab)	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	
DENTAL AND ORAL AGENTS		
cevimeline hcl	1	QL 90 / 30 day(s)
chlorhexidine gluconate 0.12 % solution	1	QL 946 mL / 30 day(s)
DENTA 5000 PLUS	1	
dentagel	1	
just right 5000	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
kourzeq	1	
oralone	1	
periogard	1	QL 946 mL / 30 day(s)
pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)	1	QL 4 / 1 days
triamcinolone acetonide 0.1 % paste	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ABSORICA (ABSORICA 10 MG CAP, ABSORICA 20 MG CAP, ABSORICA 25 MG CAP, ABSORICA 30 MG CAP, ABSORICA 35 MG CAP, ABSORICA 40 MG CAP)	2	PA
ABSORICA LD (ABSORICA LD 8 MG CAP, ABSORICA LD 16 MG CAP, ABSORICA LD 24 MG CAP, ABSORICA LD 32 MG CAP)	2	
ACANYA	2	
accutane (accutane 10 mg cap, accutane 20 mg cap, accutane 30 mg cap, accutane 40 mg cap)	2	PA
acitretin (acitretin 10 mg cap, acitretin 17.5 mg cap, acitretin 25 mg cap)	1	
acne medication (acne medication 2.5 % gel, acne medication 5 % gel, acne medication 10 % gel)	1	
acne medication 10 (acne medication 10 10 % gel, acne medication 10 10 % lotion)	1	
acne medication 2.5	1	
acne medication 5 (acne medication 5 5 % gel, acne medication 5 5 % lotion)	1	
adapalene 0.1 % cream	2	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene 0.1 % gel	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADAPALENE 0.1 % SOLUTION	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene 0.3 % gel pump	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene 0.3 % gel tube	1	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene treatment	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene-benzoyl peroxide (adapalene-benzoyl peroxide 0.1-2.5 % gel, adapalene-benzoyl peroxide 0.3-2.5 % gel)	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
amnesteem (amnesteem 10 mg cap, amnesteem 20 mg cap, amnesteem 30 mg cap, amnesteem 40 mg cap)	1	PA
AMZEEQ	2	
ARAZLO	2	
ATRALIN	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
avita 0.025 % cream	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
avita 0.025 % gel	2	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
azelaic acid	1	QL 50 / 30 day(s)
AZELEX	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
BENZAMYCIN	2	
benzoyl peroxide (benzoyl peroxide 2.5 % gel, benzoyl peroxide 5 % gel, benzoyl peroxide 5 % lotion, benzoyl peroxide 10 % gel, benzoyl peroxide 10 % lotion)	1	
benzoyl peroxide-erythromycin	1	
BPO (BPO 4 % GEL, BPO 8 % GEL)	2	
CABTREO	2	
claravis (claravis 10 mg cap, claravis 20 mg cap, claravis 30 mg cap, claravis 40 mg cap)	1	PA
CLINDACIN ETZ	2	
CLINDACIN PAC	2	
clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-5 % gel)	1	
clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-3.75 % gel)	2	
clindamycin phos-benzoyl perox 1-5 % gel pump	2	
clindamycin-tretinoin	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
CLINDAVIX	2	
cvs adapalene	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN (DIFFERIN, DIFFERIN 0.1 % CREAM, DIFFERIN 0.1 % GEL)	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	
isotretinoin (isotretinoin 10 mg cap, isotretinoin 20 mg cap, isotretinoin 30 mg cap, isotretinoin 40 mg cap)	1	PA
isotretinoin (isotretinoin 25 mg cap, isotretinoin 35 mg cap)	2	PA
KLARON	2	
medpura benzoyl peroxide (medpura benzoyl peroxide 5 % gel, medpura benzoyl peroxide 10 % gel)	1	
metronidazole 0.75 % cream	1	QL 45 / 26 days
NEUAC	2	
ONEXTON	2	
panoxyl acne treatment	1	
sulfacetamide sodium (acne)	2	
tazarotene (tazarotene 0.05 % cream, tazarotene 0.05 % gel, tazarotene 0.1 % foam, tazarotene 0.1 % gel)	2	
tazarotene 0.1 % cream	2	QL 30 / 30 days
tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel)	2	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin 0.05 % gel	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
tretinoin microsphere 0.08 % gel	2	
tretinoin microsphere pump	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
WINLEVI	2	
zenatane (zenatane 10 mg cap, zenatane 20 mg cap, zenatane 30 mg cap, zenatane 40 mg cap)	1	PA
ZIANA	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DERMATITIS AND PRURITUS AGENTS		
ADBRY (ADBRY 150 MG/ML SOLN PRSYR, ADBRY 300 MG/2ML SOLN A-INJ)	1	PA
al12	1	
ALA SCALP	2	
ala-cort	2	QL 2 / 1 days
alclometasone dipropionate 0.05 % cream	2	QL 30 / 30 days
alclometasone dipropionate 0.05 % ointment	2	QL 60 / 24 days
AMCINONIDE (AMCINONIDE, AMCINONIDE 0.1 % CREAM, AMCINONIDE 0.1 % LOTION, AMCINONIDE 0.1 % OINTMENT)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amlactin daily	1	
amlactin daily nourish	1	
ammonium lactate (ammonium lactate 12 % cream, ammonium lactate 12 % lotion)	1	
anti-itch 2-0.1 % cream	1	QL 30 / 7 days
anti-itch extra strength	1	QL 30 / 7 days
anti-itch maximum strength	1	QL 2 / 1 days
APEXICON E	2	
aquanil hc	1	
aquaphor itch relief children	2	QL 30 / 7 days
aquaphor itch relief max str	2	QL 30 / 7 days
banophen 2-0.1 % cream	1	QL 30 / 7 days
benadryl extra strength 2-0.1 % cream	1	QL 30 / 7 days
betamethasone dipropionate 0.05 % cream	1	QL 45 / 28 days
betamethasone dipropionate 0.05 % lotion	1	
betamethasone dipropionate 0.05 % ointment	2	
betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % lotion)	2	
betamethasone dipropionate aug 0.05 % cream	1	QL 30 / 30 days
betamethasone dipropionate aug 0.05 % ointment	2	QL 50 / 30 days
betamethasone valerate 0.1 % cream	1	QL 45 / 24 days
BETAMETHASONE VALERATE 0.1 % LOTION	1	QL 60 / 27 days
betamethasone valerate 0.1 % ointment	1	
betamethasone valerate 0.12 % foam	2	
BRYHALI	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CAPEX	2	
clobetasol prop emollient base	2	QL 60 / 27 days
clobetasol prop emollient base 0.05 % cream	2	
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)	2	
clobetasol propionate 0.05 % cream	1	QL 60 / 27 days
clobetasol propionate 0.05 % gel	2	QL 60 / 24 days
clobetasol propionate 0.05 % ointment	1	QL 60 / 30 day(s)
clobetasol propionate 0.05 % solution	1	QL 50 / 30 days
clobetasol propionate e	2	
clobetasol propionate emulsion	2	
CLOBEX (CLOBEX 0.05 % LOTION, CLOBEX 0.05 % SHAMPOO)	2	
CLOBEX SPRAY	2	
CLOCORTOLONE PIVALATE	2	
clodan	1	
CLODERM	2	
CORDRAN 4 MCG/SQCM TAPE	2	
cortizone-10 feminine itch	2	QL 2 / 1 days
cortizone-10 intensve moisture	2	QL 2 / 1 days
cortizone-10 maximum strength	2	
cortizone-10 overnight itch	2	QL 2 / 1 days
cortizone-10 psoriasis	1	
cortizone-10 sensitive skin	2	QL 2 / 1 days
cortizone-10 soothing aloe	2	QL 2 / 1 days
cortizone-10 ultra soothing	2	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cortizone-10 water resistant	2	QL 30 / 7 days
cortizone-10/aloe 1 % liquid	2	
CUTIVATE	2	
cvs cortisone maximum strength 1 % ointment	1	QL 30 / 7 days
cvs hydrating skin treatment	1	
cvs hydrocortisone anti-itch 0.5 % cream	1	QL 30 / 7 days
cvs itch relief extra strength	1	QL 30 / 7 days
cvs skin treatment	1	
DERMA-SMOOTHE/FS BODY	2	
DERMA-SMOOTHE/FS SCALP	2	
desonide 0.05 % cream	2	QL 120 / 24 days
DESONIDE 0.05 % GEL	2	
desonide 0.05 % lotion	2	QL 118 / 24 days
desonide 0.05 % ointment	2	QL 60 / 27 days
DESOWEN	2	
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)	2	
desrx	2	
diflorasone diacetate 0.05 % cream	2	
diflorasone diacetate 0.05 % ointment	2	QL 60 / 27 days
diphenhydramine-zinc acetate	1	QL 30 / 7 days
DIPROLENE	2	QL 50 / 30 days
EBGLYSS (EBGLYSS 250 MG/2ML SOLN A-INJ, EBGLYSS 250 MG/2ML SOLN PRSYR)	1	PA
eq hydrocortisone max st	1	QL 2 / 1 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocortisone butyrate (hydrocortisone butyrate, hydrocortisone butyrate 0.1 % cream, hydrocortisone butyrate 0.1 % lotion, hydrocortisone butyrate 0.1 % ointment, hydrocortisone butyrate 0.1 % solution)	2	
hydrocortisone max st 1 % cream	1	QL 2 / 1 days
hydrocortisone max st 1 % ointment	1	QL 30 / 7 days
hydrocortisone max st/12 moist	1	QL 2 / 1 days
hydrocortisone valerate (hydrocortisone valerate 0.2 % cream, hydrocortisone valerate 0.2 % ointment)	2	QL 60 / 24 days
hydrocortisone/aloe max str	1	QL 2 / 1 days
HYDROXYM 2 % GEL	2	
IMPEKLO	2	
IMPOYZ	2	
itch relief extra strength 2-0.1 % cream	1	QL 30 / 7 days
itchzap	1	QL 30 / 7 days
KENALOG	2	
LEXETTE 0.05 % FOAM	2	
LOCOID	2	
LOCOID LIPOCREAM	2	
LUXIQ	2	
medpura hydrocortisone	1	QL 2 / 1 days
MICORT HC	2	
mometasone furoate 0.1 % cream	1	QL 45 / 30 days
mometasone furoate 0.1 % ointment	1	QL 45 / 19 days
mometasone furoate 0.1 % solution	1	QL 60 / 30 days
OLUX	2	
OLUX-E	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PANDEL	2	
prednicarbate	2	
procto-med hc	1	
proctocort	1	
proctosol hc	1	
proctozone-hc	1	
PSORCON	2	
qc anti-itch aloe	1	QL 2 / 1 days
qc anti-itch extra strength	1	QL 30 / 7 days
ra allergy 2-0.1 % cream	1	QL 30 / 7 days
ra anti-itch skin protectant	1	QL 30 / 7 days
selenium sulfide 2.5 % lotion	1	
SERNIVO	2	
sm anti-itch extra strength	1	QL 30 / 7 days
sm hydrocortisone 1 % cream	1	QL 2 / 1 days
sm hydrocortisone max st	1	QL 30 / 7 days
sm hydrocortisone plus	1	QL 2 / 1 days
SYNALAR (SYNALAR 0.01 % SOLUTION, SYNALAR 0.025 % CREAM)	2	
SYNALAR 0.025 % OINTMENT	2	QL 60 / 30 days
tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)	1	
TEMOVATE 0.05 % CREAM	2	
TEMOVATE 0.05 % OINTMENT	2	QL 60 / 30 day(s)
TEXACORT	2	
TOPICORT (TOPICORT 0.05 % CREAM, TOPICORT 0.05 % GEL, TOPICORT 0.05 % OINTMENT, TOPICORT 0.25 % CREAM, TOPICORT 0.25 % OINTMENT)	2	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
arthritis pain relieving	1	
AVAR CLEANSER	2	
AVAR-E EMOLLIENT	2	
avar-e green	2	
avedana hemorrhoid pain relief 0.25-14-74.9 % ointment	1	QL 114 / 30 days
aveeno daily moisturizing lotion	1	
aveeno stress relief	1	
baby vitamin a & d	1	
balmbarr hand & body lotion	1	
beauty 360 advanced skin care	1	
beauty lotion	1	
bengay ultra strength 4-10-30 % cream	1	
BENSAL HP	2	
BENZEPRO 5.8 % MISC	2	
benzoyl peroxide 10 % liquid	1	
benzoyl peroxide wash (benzoyl peroxide wash 5 % liquid, benzoyl peroxide wash 10 % liquid)	1	
beta care lotion	1	
BP 10-1	2	
BP CLEANSING WASH	2	
BPO FOAMING CLOTHS	2	
CALCIPOTRIENE	2	
calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)	1	QL 60 / 30 days
calcipotriene 0.005 % solution	1	
calcipotriene-betameth diprop (calcipotriene-betameth diprop 0.005-0.064 % ointment, calcipotriene-betameth diprop 0.005-0.064 % suspension)	1	
calcitrene	2	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CALCITRIOL 3 MCG/GM OINTMENT	2	
calsodore	2	
capsaicin (capsaicin 0.035 % cream, capsaicin 0.05 % cream, capsaicin 0.1 % cream)	2	
capsaicin 0.025 % cream	2	QL 60 / 20 days
capsaicin 0.075 % cream	1	
capsaicin hp	1	
capsaicin pain relief	1	
capzasin-hp	2	
capzix	2	
cerave acne foaming cream	2	
cerave am spf 30	1	
cerave daily moisturizing	1	
cerave intensive moisturizing lotion	1	
cerave pm	1	
cerave sa rough & bumpy skin lotion	1	
cetaphil advanced relief	1	
cetaphil daily advance	1	
cetaphil daily facial spf 15	1	
cetaphil moisturizing lotion	1	
cetaphil restoraderm lotion	1	
CIBINQO (CIBINQO 50 MG TAB, CIBINQO 100 MG TAB, CIBINQO 200 MG TAB)	1	PA
CIPOTREX	2	
CLENIA PLUS	2	
cln facial moisturizer nourish	1	
CLODAN	2	
clotrimazole-betamethasone 1-0.05 % cream	1	QL 45 / 28 days
clotrimazole-betamethasone 1-0.05 % lotion	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cocoa butter	1	
cocoa butter hand & body	1	
complete moisture	1	
compound w fast acting/conseal	1	
compound w maximum strength	1	
coolexa ultra strength	1	
corn huskers	1	
corti-sav	2	
cutemol lotion	1	
cvs beauty 360 dry skin	1	
cvs capsaicin hp	1	
cvs daily ultra moisture	1	
cvs dry skin therapy lotion	1	
cvs extra moisturizing	1	
cvs gentle skin cleanser	1	
cvs hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
cvs intense dry skin therapy	1	
cvs moisturizing lotion	1	
cvs muscle rub ultra strength	1	
cvs skin therapy	1	
cvs special care	1	
cvs vitamin a&d	1	
cvs wart remover pen	1	
daily moisturizing lotion	1	
dermacinrx capsaicin	2	
dermacinrx penetral	2	QL 60 / 20 days
dermal therapy extra strength	1	
dermal therapy face care	1	
dermal therapy foot massage	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dermal therapy hand/elbow	1	
dermal therapy heel care	1	
diabetiderm lotion	1	
dml	1	
DOVONEX	2	QL 2 / 1 days
DRYSOL	1	
DUOBRII	2	
emollia-lotion	1	
ENSTILAR	2	
epilyt	1	
eq pain relieving 4-10-30 % cream	1	
eq vitamins a & d	1	
eql absolute moisture dry skin	1	
eql advanced recovery	1	
eql advanced skin therapy	1	
eql aloe after sun	1	
eql hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
eql ultra moisturizing daily	1	
eucerin baby	1	
eucerin daily hydration lotion	1	
eucerin daily hydration spf15	1	
eucerin daily protection/spf30	1	
eucerin intensive repair	1	
eucerin original healing lotion	1	
eucerin roughness relief lotion	1	
eucerin smoothing repair	1	
flexitol sensitive skin	1	
fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % cream, fluorouracil 5 % solution)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
gnp hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
gnp muscle rub ultra strength	1	
gold bond everyday moisture	1	
gold bond healing lotion	1	
gold bond medicated body	1	
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)	1	
gold bond pure moisture	1	
gold bond ult sheer ribbons	1	
gold bond ultimate lotion	1	
gold bond ultimate healing lotion	1	
gold bond ultimate overnight	1	
gold bond ultimate protection	1	
gold bond ultimate restoring	1	
gold bond ultimate softening	1	
gold bond ultimate soothing lotion	1	
goodsense hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
goodsense muscle rub 4-10-30 % cream	1	
gordomatic	1	
hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
hm hemorrhoidal	1	QL 114 / 30 days
hydrocortisone-iodoquinol	2	
imiquimod 3.75 % cream	2	
imiquimod 5 % cream	1	QL 48 / 365 days
imiquimod pump	2	
IODOQUINOL-HC-ALOE POLYSACCH	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
johnsons skin nourish moist	1	
keri nourishing shea butter	1	
keri original daily moisture	1	
LITFULO	2	
lubricating lotion	1	
lubriderm	1	
lubriderm advanced therapy	1	
lubriderm daily moisture	1	
lubriderm intense skin repair	1	
lubrisoft	1	
mederma ag hand & body	1	
medpura benzoyl peroxide (medpura benzoyl peroxide 5 % liquid, medpura benzoyl peroxide 10 % liquid)	1	
medpura vitamin a & d	1	
MINERAL OIL-HYDROPHIL PETROLAT	1	
minerin	1	
moisture	1	
moisture recovery	1	
moisture-all	1	
moisturizing lotion	1	
moisturizing sensitive skin	1	
msm skin	1	
muscle rub ultra strength	1	
NEO-SYNALAR (NEO-SYNALAR 0.5-0.025 % CREAM, NEO-SYNALAR 0.5-0.025 % KIT)	2	
neutrogena moisture sens skin	1	
nivea	1	
nivea essentially enriched	1	
nivea in-shower	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nivea intense healing	1	
nivea shea nourish	1	
nutraderm lotion	1	
nutraderm advanced formula	1	
nystatin-triamcinolone (nystatin-triamcinolone 100000-0.1 unit/gm-% cream, nystatin-triamcinolone 100000-0.1 unit/gm-% ointment)	1	
OPZELURA	1	PA
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	
pain relieving ultra st 4-10-30 % cream	1	
palmers cocoa butter formula lotion	1	
palmers coconut oil body	1	
palmers stretch marks lotion	1	
panoxyl creamy wash	1	
panoxyl foaming wash	1	
PLEXION	2	
PLEXION CLEANSER	2	
PLEXION CLEANSING CLOTH	2	
podofilox 0.5 % solution	1	
preparation h 0.25-14-74.9 % ointment	1	QL 114 / 30 days
PROCTOFOAM HC	1	
qc hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
qc pain relieving	1	
QUTENZA	2	
QUTENZA (2 PATCH)	2	
QUTENZA (4 PATCH)	2	
ra wart remover 17 % gel	1	
radiaguard advanced	1	
refreshing aloe	1	
SALICYLIC ACID 3 % OINTMENT	2	
SALICYLIC ACID WART REMOVER	1	
sebasorb	1	
silver sulfadiazine	1	
skin repair	1	
sm dry skin therapy	1	
sm hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
SODIUM SULFACETAMIDE WASH	2	
SORILUX	2	
ssd	1	
SSS 10-5 10-5 % CREAM	1	
SSS 10-5 10-5 % FOAM	2	
studio 35 extra moisturizing	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	
SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION, SULFACETAMIDE SODIUM-SULFUR 9-4.5 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SULFACETAMIDE SODIUM-SULFUR (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-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	
sync relief pro	1	
TACLONEX 0.005-0.064 % OINTMENT	1	
TACLONEX 0.005-0.064 % SUSPENSION	2	
thera-derm	1	
TRILOCICLO	2	
TWYNEO	2	QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
urea 40 % cream	1	QL 227 / 30 day(s)
vanicream lotion	1	
VECTICAL	2	
vitamin a & d ointment	1	
vitamin a & d skin protectant	1	
vitamin a&d	1	
vitamins a & d ointment	1	
wart remover	1	
wart remover maximum strength 17 % gel	1	
wibi	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	QL 60 / 30 day(s) PA
zostrix hp	1	
ZYCLARA	2	
ZYCLARA PUMP (ZYCLARA PUMP 2.5 % CREAM, ZYCLARA PUMP 3.75 % CREAM)	2	
PEDICULICIDES/SCABICIDES		
crotan	2	
cvs ivermectin lice treatment	2	
cvs lice killing	1	
cvs lice solution 3-step	1	
ELIMITE	2	
EURAX	2	
gnp lice treatment (gnp lice treatment 0.33-4 % shampoo, gnp lice treatment 1 % liquid)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
goodsense lice killing	1	
goodsense lice killing max str	1	
ivermectin 0.5 % lotion	2	
lice killing (lice killing 0.33-4 % shampoo, lice killing 4-0.33 % shampoo)	1	
lice killing maximum strength	1	
lice killing shampoo max str	1	
lice treatment creme rinse	1	
malathion	2	QL 118 / 30 days
NATROBA	1	QL 240 / 30 day(s)
OVIDE	2	
PERMETHRIN (PERMETHRIN, PERMETHRIN 5 % CREAM)	1	
pruradik	2	
sm lice killing max strength	1	
sm lice solution kit 3-step	1	
sm lice treatment	1	
SPINOSAD	1	
spinosad	1	QL 240 / 30 day(s)
VANALICE	2	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % cream	2	
acyclovir 5 % ointment	1	
ACZONE (ACZONE 5 % GEL, ACZONE 7.5 % GEL)	2	
BACITRAYCIN PLUS	2	
benzefoam	2	
BENZEPRO 5.2 % FOAM	2	
CENTANY	2	

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ra antibiotic plus	1	
sm antibiotic plus pain relief	1	
sm double antibiotic	1	QL 30 / 10 days
sm triple antibiotic	1	QL 30 / 10 days
sm triple antibiotic max st	1	QL 30 / 10 days
sm triple antibiotic original	1	QL 30 / 10 days
triple antibiotic (triple antibiotic ointment, triple antibiotic 3.5-400-5000 ointment, triple antibiotic 5-400-5000 ointment, triple antibiotic 5-400-5000 mg-unit ointment)	1	QL 30 / 10 days
triple antibiotic pain relief	1	QL 30 / 10 days
triple antibiotic plus	1	QL 30 / 10 days
triple antibiotic+pain relief	1	QL 30 / 10 days
triple antibiotic/ pain relief	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	
advantage care electrolyte ped	1	QL 1014 / 1 days
AIRBORNE ELDERBERRY	1	QL 60 / 30 days
ALIVE DAILY ENERGY	1	
ALIVE IMMUNE/ELDERBERRY	1	QL 60 / 30 days
ALPHA BETIC	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	
biolyte solution	1	QL 1014 / 1 days
bprotected pedia iron	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
ceralyte 70 solution	1	QL 1014 / 1 days
cerasport solution	1	QL 1014 / 1 days
cerasport ex1 solution	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	
CVS ADULT MULTIVITAMIN	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs electrolyte solution	1	QL 1014 / 1 days
cvs iron 240 (27 fe) mg tab	1	QL 30 / 30 days
cvs iron 325 (65 fe) mg tab	1	
cvs ped electrolyte freeze pop	1	QL 1014 / 1 days
cvs pediatric electrolyte	1	QL 1014 / 1 days
CVS PRENATAL MULTIVITAMIN	2	
cvs slow release iron	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
enfamil enfalyte	1	QL 1014 / 1 days
eql iron supplement therapy	1	
equalyte	1	QL 1014 / 1 days
EYE HEALTH GUMMIES	1	QL 60 / 30 days
fe c tab	2	
fe tabs	1	
fe-vite iron	1	
feosol	1	
FEOSOL COMPLETE	2	
fer-in-sol	1	
FERAHEME	2	
ferate	1	QL 30 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
gnp electrolyte solution	1	QL 1014 / 1 days
GNP HEALTHY EYES	1	QL 30 / 30 days
GNP IMMUNE SUPPORT CHEW TAB	1	QL 60 / 30 days
gnp iron 200 (65 fe) mg tab	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
goodsense electrolyte	1	QL 1014 / 1 days
goodsense electrolyte adv care	1	QL 1014 / 1 days
goodsense iron	1	
h-e-b oral electrolyte	1	QL 1014 / 1 days
HEMATINIC PLUS VIT/MINERALS	1	
HEMATINIC/FOLIC ACID	2	
hematogen	2	
HEMATOGEN FA	2	
HEMATOGEN FORTE	2	
hemax ezy-dose	2	
HEMOCYTE PLUS	2	
hemocyte-f	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydralyte solution	1	QL 1014 / 1 days
hydralyte freezer pops	1	QL 1014 / 1 days
icar-c	2	
iferex 150 forte	1	
INFED	1	
INJECTAFER (INJECTAFER 100 MG/2ML SOLUTION, INJECTAFER 750 MG/15ML SOLUTION)	1	PA
INTEGRA	1	
INTEGRA F	2	
INTEGRA PLUS	2	
iron (ferrous sulfate) (iron (ferrous sulfate) 75 (15 fe) mg/ml solution, iron (ferrous sulfate) 325 (65 fe) mg tab)	1	
iron 100/c	2	
iron 240 (27 fe) mg tab	1	QL 30 / 30 days
iron 27	1	QL 30 / 30 days
iron 325 (65 fe) mg tab	1	
IRON FOLATE PLUS	2	
IRON FOLATE-F	1	
iron high-potency 325 mg tab	1	
iron infant & toddler	1	
iron infant/toddler	1	
iron sucrose	2	
iron supplement 15 mg/ml solution	1	
iron supplement 220 (44 fe) mg/5ml solution	1	QL 15 / 1 day(s)
iron supplement childrens	1	
iron-vitamin c 100-250 mg tab	2	
IROSPAN 24/6	2	
k-prime	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
kinderlyte solution	1	QL 1014 / 1 days
kinderlyte premax solution	1	QL 1014 / 1 days
klor-con (klor-con 8 meq tab er, klor-con 20 meq packet)	1	QL 150 / 30 days
klor-con 10	1	QL 150 / 30 days
klor-con m10	1	QL 150 / 30 days
klor-con m20	1	QL 150 / 30 days
klor-con/ef	1	QL 4 / 1 days
kp ferrous sulfate	1	
KP PRENATAL MULTIVITAMINS	2	
MASONATAL	2	
meijer ferrous sulfate	1	
MENS MULTIVITAMIN GUMMIES	1	QL 60 / 30 days
MONOFERRIC	2	
MULTI + OMEGA-3 GUMMIES	1	QL 60 / 30 days
MULTI-MAC	2	
multi-vit/iron/fluoride	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
MULTIVITAMIN GUMMIES WOMENS	1	QL 60 / 30 days
multivitamin w/fluoride (multivitamin w/fluoride 0.25 mg chew tab, multivitamin w/fluoride 0.5 mg chew tab, multivitamin w/fluoride 1 mg chew tab)	1	QL 30 / 30 days
multivitamin/fluoride (multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 1 mg chew tab)	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
multivitamin/fluoride/iron	1	
MVW ORANGE CHEWABLES	1	QL 60 / 30 days
na ferric gluc cplx in sucrose	1	
nafrinse	1	QL 30 / 30 days
nat-rul iron	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	
one vite ferrous sulfate 220 (44 fe) mg/5ml solution	1	QL 15 / 1 day(s)
one vite ferrous sulfate 325 (65 fe) mg tab	1	
ONE-A-DAY WOMENS VITACRAVES	1	QL 60 / 30 days
oral electrolyte freezer pops	1	QL 1014 / 1 days
oral electrolytes	1	QL 1014 / 1 days
oralyte	1	QL 1014 / 1 days
oralyte freezer pops	1	QL 1014 / 1 days
P2I PRENATAL WITH CHOLINE	2	
pc pediatric iron drops	1	
ped electrolyte freeze pops	1	QL 1014 / 1 days
ped electrolyte freezer pops	1	QL 1014 / 1 days
pedia vance	1	QL 1014 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pedialyte solution	1	QL 1014 / 1 days
pedialyte advanced care	1	QL 1014 / 1 days
pedialyte freezer pops	1	QL 1014 / 1 days
pedialyte immune support	1	QL 1014 / 1 days
pedialyte singles	1	QL 1014 / 1 days
pediatric electrolyte solution	1	QL 1014 / 1 days
PNV PRENATAL PLUS MULTIVIT+DHA	2	
PNV TABS 20-1	2	
POLY-IRON 150 FORTE	2	
potassium chloride (potassium chloride 10 % solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)	1	QL 1800 / 30 day(s)
potassium chloride 20 meq packet	1	QL 150 / 30 days
potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)	1	QL 150 / 30 days
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)	1	QL 150 / 30 days
potassium chloride er 8 meq cap er	1	
potassium citrate er (potassium citrate er 5 meq (540 mg) tab er, potassium citrate er 10 meq (1080 mg) tab er)	1	QL 300 / 30 days
potassium citrate er 15 meq (1620 mg) tab er	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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATAL MULTI +DHA 27-0.8-228 MG CAP	2	
PRENATAL-U	1	
PRENATAL/FOLIC ACID+DHA	2	
PUREVIT DUALFE PLUS	2	
px iron 200 (65 fe) mg tab	1	
qc ferrous sulfate	1	
ra iron 325 (65 fe) mg tab	1	
ra pediatric electrolyte	1	QL 1014 / 1 days
ra slow release iron	1	
rehydralyte	1	QL 1014 / 1 days
sb pediatric electrolyte	1	QL 1014 / 1 days
SE-TAN PLUS	2	
SELECT-OB+DHA	2	
slow release iron 45 mg tab er	1	
sm iron	1	
sm pediatric electrolyte	1	QL 1014 / 1 days
sodium fluoride (sodium fluoride 0.5 mg/ml solution, sodium fluoride 1.1 (0.5 f) mg/ml solution)	1	QL 50 / 30 days
sodium fluoride 0.55 (0.25 f) mg chew tab	1	QL 4 / 1 days
sodium fluoride 1.1 (0.5 f) mg chew tab	1	QL 60 / 30 days
sodium fluoride 2.2 (1 f) mg chew tab	1	QL 30 / 30 days
sv iron	1	
TANDEM	1	
TANDEM PLUS	2	
TARON FORTE	2	
THERA-VITE MAX-M	1	QL 30 / 30 day(s)
TRICON	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRIGELS-F FORTE	1	
truelyte	1	QL 1014 / 1 days
TULIVITE	2	
ULTRA PRENATAL VIT/MIN + DHA	2	
VENOFER	1	
VINATE DHA RF	2	
VITABEX IRON	2	
vitafol	2	
VITAFOL FE+	2	
VITAFOL-OB+DHA	2	
VITAFUSION MULTI WOMENS	1	QL 60 / 30 days
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAPEARL	2	
vitron-c	2	
WESNATAL DHA COMPLETE	1	
WOMENS MULTIVITAMIN GUMMIES	1	QL 60 / 30 days
YUM-VS COMPLETE MULTIVITAMIN	1	QL 60 / 30 days
ZATEAN-PN DHA	2	
ZIPHEX	2	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	1	
deferasirox (deferasirox 90 mg packet, deferasirox 90 mg tab, deferasirox 125 mg tab sol, deferasirox 180 mg packet, deferasirox 180 mg tab, deferasirox 250 mg tab sol, deferasirox 360 mg packet, deferasirox 360 mg tab, deferasirox 500 mg tab sol)	1	PA
deferasirox granules (deferasirox granules 90 mg packet, deferasirox granules 180 mg packet, deferasirox granules 360 mg packet)	1	PA
deferiprone (deferiprone 500 mg tab, deferiprone 1000 mg tab)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EXJADE (EXJADE 125 MG TAB SOL, EXJADE 250 MG TAB SOL, EXJADE 500 MG TAB SOL)	2	
FERRIPROX (FERRIPROX 100 MG/ML SOLUTION, FERRIPROX 500 MG TAB, FERRIPROX 1000 MG TAB)	2	
FERRIPROX TWICE-A-DAY	2	
JADENU (JADENU 90 MG TAB, JADENU 180 MG TAB, JADENU 360 MG TAB)	2	
JADENU SPRINKLE (JADENU SPRINKLE 90 MG PACKET, JADENU SPRINKLE 180 MG PACKET, JADENU SPRINKLE 360 MG PACKET)	2	
PHOSPHATE BINDERS		
AURYXIA	2	
calcium acetate	1	QL 360 / 30 days
calcium acetate (phos binder) (calcium acetate (phos binder) 667 mg cap, calcium acetate (phos binder) 667 mg tab)	1	QL 360 / 30 days
calphron	1	QL 360 / 30 days
ferric citrate	2	
FOSRENOL (FOSRENOL 500 MG CHEW TAB, FOSRENOL 750 MG CHEW TAB, FOSRENOL 750 MG PACKET, FOSRENOL 1000 MG CHEW TAB, FOSRENOL 1000 MG PACKET)	2	
lanthanum carbonate (lanthanum carbonate 500 mg chew tab, lanthanum carbonate 750 mg chew tab, lanthanum carbonate 1000 mg chew tab)	2	
PHOSLYRA	1	
RENAGEL	2	QL 480 / 30 days
RENVELA (RENVELA 0.8 GM PACKET, RENVELA 2.4 GM PACKET)	2	
RENVELA 800 MG TAB	2	QL 510 / 30 days
sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sevelamer carbonate 800 mg tab	1	QL 510 / 30 days
sevelamer hcl (sevelamer hcl 400 mg tab, sevelamer hcl 800 mg tab)	2	
VELPHORO	2	
POTASSIUM BINDERS		
kionex	1	QL 240 / 1 days
LOKELMA 10 GM PACKET (NDCS 00310-1110-30, 00310-1110-39 ONLY)	1	PA
LOKELMA 5 GM PACKET (NDCS 00310-1105-30, 00310-1105-39 ONLY)	1	PA
sodium polystyrene sulfonate powder	1	QL 1800 / 30 day(s)
sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf) 15 gm/60ml suspension, sps (sodium polystyrene sulf) 30 gm/120ml suspension)	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
A THRU Z SELECT ULTIMATE WOMEN	1	QL 30 / 30 days
A THRU Z ULTIMATE MENS	1	QL 30 / 30 days
actiflovit ear health	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
AIRBORNE CHEW TAB	1	QL 60 / 30 days
AIRBORNE GUMMIES	1	QL 60 / 30 days
AIRBORNE KIDS	1	QL 60 / 30 days
AIRBORNE+GOOD REST	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
antioxidant protection formula	1	QL 30 / 30 days
ANTIOXIDANT VITAMINS	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
b-12 tr 1000 mcg tab er	1	
b-complex (folic acid)	1	
b-complex plus b-12	1	
b-complex vitamin	1	
b-complex/b-12 tab	1	
b-complex/electrolytes	1	
B-PLEX PLUS	1	QL 30 / 30 days
balance b-100	1	
balanced b-50 complex tab	1	
BARIATRIC FUSION	1	QL 60 / 30 days
big 100	1	
BIOCEL	1	QL 30 / 30 days
C-NATE DHA	2	
caffeine citrate	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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
certa plus	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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONCEPT OB	2	
CULTURELLE PROBIOTICS + MULTIV	1	QL 60 / 30 days
CVS AIRSHIELD	1	QL 60 / 30 days
CVS AIRSHIELD IMMUNITY SUPPORT	1	QL 60 / 30 days
cvs balanced b50	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
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	
cvs inner ear plus	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
cvs vitamin b12 1000 mcg tab er	1	
CVS WOMENS ACTIVE DAILY	1	QL 30 / 30 days
CVS WOMENS DAILY GUMMIES	1	QL 60 / 30 days
cyanocobalamin 1000 mcg/ml solution	1	
DAILY BETIC	1	QL 30 / 30 days
DAILY COMBO MULTI VITAMINS	1	QL 30 / 30 days
daily mens health formula	1	QL 30 / 30 days
daily multiple vitamins	1	QL 30 / 30 days
DAILY MULTIPLE VITAMINS/MIN	1	QL 30 / 30 days
DAILY VALUE MULTIVITAMIN	1	QL 30 / 30 days
daily vitamin	1	QL 30 / 30 days
daily vitamin formula+minerals	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
daily womens health formula	1	QL 30 / 30 days
daily-vitamin	1	QL 30 / 30 days
daily-vitamin maximum formula	1	QL 30 / 30 days
DAILY-VITE	1	QL 30 / 30 days
DAILY-VITE MULTIVITAMIN	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
dodex	1	
ear health formula	1	
ear health plus	1	
elite-ob	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
eql vitamin b-12 tr	1	
ESSENTIA	1	QL 30 / 30 days
ESSENTIAL BALANCE	1	QL 30 / 30 days
EYE-VITES	1	QL 30 / 30 days
eyeprotect	1	QL 30 / 30 days
fa-vitamin b-6-vitamin b-12	1	
fabb	2	
flavovit ear health	1	
flintstones complete (flintstones complete chew tab, flintstones complete 18 mg chew tab)	1	
flintstones gummies bone build	1	
FLINTSTONES PLUS EXTRA IRON	1	
flintstones w/iron	1	
folbic	1	
folic acid 1 mg tab	1	QL 4 / 1 days
FOLIFLEX	2	
folika-bc	1	
FOLITIN-Z	2	
FOLIVANE-OB	2	
FOLPLEX 2.2	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft vitamin b-12 pr	1	
genicin vita-s	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
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
gnp vitamin b-12 1000 mcg tab er	1	
GOOD START PRENATAL NOURISH	2	
GUMMI BEAR MULTIVITAMIN/MIN	1	
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
HI-KOVITE 2-PART FORMULA	1	QL 30 / 30 days
hi-potency multi-vitamin	1	QL 30 / 30 days
hm complete women	1	QL 30 / 30 days
hm womens 50+ advanced daily	1	QL 30 / 30 days
I-VITE	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ICAPS MV	1	QL 30 / 30 days
IMMUNE SUPPORT	1	QL 60 / 30 days
kobee	1	
KP ADULTS 50+ DAILY FORMULA	1	QL 30 / 30 days
KP ADULTS DAILY FORMULA	1	QL 30 / 30 days
kp folic acid 1 mg tab	1	QL 4 / 1 days
KP MENS 50+ DAILY FORMULA	1	QL 30 / 30 days
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
levocarnitine 1 gm/10ml solution	1	
levocarnitine sf	1	
lipo flavonoid advanced balanc	1	
lipo flavonoid plus	1	
lipoflavovit	1	
lipotriad	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
macuvite/lutein	1	QL 30 / 30 days
MATERNACEL	2	
MATERVIA	2	
MATRONEX	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAXIMUM DAILY GREEN	1	QL 30 / 30 days
mega multiple/chelated mineral	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	
milltrium advanced formula	1	QL 30 / 30 days
milltrium cardio	1	QL 30 / 30 days
milltrium senior	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
multi vitamin daily	1	QL 30 / 30 days
MULTI VITAMIN/MINERALS	1	QL 30 / 30 days
multi-lean	1	QL 30 / 30 days
MULTI-VITAMIN	1	QL 30 / 30 days
multi-vitamin daily	1	QL 30 / 30 days
MULTI-VITAMIN GUMMIES	1	QL 60 / 30 days
multi-vitamin menopausal	1	QL 30 / 30 days
MULTI-VITAMIN/MINERALS	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
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
nat-rul b-50	1	
NEO-VITAL RX	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEOMATERNA	2	
NEONATAL COMPLETE 29-1 MG TAB	2	
NEONATAL FE	2	
NEONATAL PLUS	2	QL 30 / 30 days
nephronex	1	
NESTABS	2	
NESTABS ONE	2	
niva-fol	1	
NIVA-PLUS	1	QL 30 / 30 days
NUTRIFAC ZX	1	QL 30 / 30 days
NUTRIVIO	1	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
one-a-day teen advantage/her	1	QL 30 / 30 days
ONE-A-DAY VITACRAVES	1	QL 60 / 30 days
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
pnv-dha	2	
PNV-DHA+DOCUSATE	2	
PNV-OMEGA	2	
pnv-select	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
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
PRESERVISION AREDS 2 CHEW TAB	1	QL 60 / 30 days
PRIMACARE	2	
PROSIGHT	1	QL 30 / 30 days
PROVIDA OB	2	
px advanced formula multivits	1	QL 30 / 30 days
px b-50	1	
px childrens vitamin	1	
px complete senior multivits	1	QL 30 / 30 days
px mens multivitamins	1	QL 30 / 30 days
QC CHILDRENS COMPLETE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
QC MULTI-VITE 50 & OVER	1	QL 30 / 30 days
QC THERIN-M	1	QL 30 / 30 days
qc vitamin b12 1000 mcg tab er	1	
QC WOMENS DAILY MULTIVITAMIN	1	QL 30 / 30 days
QUINTABS-M	1	QL 30 / 30 days
ra b-complex	1	
ra b-complex with b-12	1	
ra central-vite mens mature	1	QL 30 / 30 days
ra central-vite womens mature	1	QL 30 / 30 days
ra one daily maximum	1	QL 30 / 30 days
ra one daily mens 50+ w/vit d3	1	QL 30 / 30 days
ra one daily mens multi	1	QL 30 / 30 days
ra one daily mens/vit d-3	1	QL 30 / 30 days
ra vitamin b-12 tr	1	
ra vitamins complete childrens	1	
rena-vite rx	1	
RENAL	1	QL 30 / 30 days
RENAPLEX	1	QL 30 / 30 days
RENO CAPS	1	QL 30 / 30 days
risanoid plus	1	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
super multiple	1	QL 30 / 30 days
super nu-thera tab	1	QL 30 / 30 days
SUPER THERA VITE M	1	QL 30 / 30 days
SUPER VITA-MINS	1	QL 30 / 30 days
sv vitamin b-12 er	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
thera-m	1	QL 30 / 30 days
thera-mill	1	QL 30 / 30 days
thera-mill m	1	QL 30 / 30 days
THERA-TABS	1	QL 30 / 30 days
THERABASIC-M	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THRIVITE RX	1	QL 30 / 30 days
tinnitus relief	1	
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
true folic acid 1 mg tab	1	QL 4 / 1 days
ultra b-100 complex	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	
virt-caps	1	QL 30 / 30 days
virt-gard	1	
VIRT-NATE DHA	2	
VIRT-PN DHA	2	
VISION FORMULA/LUTEIN	1	QL 30 / 30 days
VISION VITAMINS	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
visivites	1	QL 30 / 30 days
visivites/lutein	1	QL 30 / 30 days
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	
vitamin b complex (vitamin b complex cap, vitamin b complex tab)	1	
vitamin b complex w/b-12	1	
vitamin b-12 er 1000 mcg tab er	1	
vitamin b-complex	1	
vitamin b1	1	
vitamin b12 1000 mcg tab er	1	
vitamin-b complex	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VITAMINS A-D-E/SELENIUM	1	QL 30 / 30 days
VITASURE	1	
vitatrum complete	1	QL 30 / 30 days
VITRANOL FE	2	
VITREXATE FE	2	
VITREXYL + IRON	2	
vp-vite rx	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	
westab max	1	
westab mini	2	
WESTAB PLUS	1	QL 30 / 30 days
WESTGEL DHA	2	
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
WOMENS MULTIVITAMIN + COLLAGEN	1	QL 60 / 30 days
xvite	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
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
AMITIZA (AMITIZA 8 MCG CAP, AMITIZA 24 MCG CAP)	2	QL 60 / 30 days PA
avedana glycerin (adult)	1	QL 12 / 22 days
clearlax	1	
colace	1	QL 4 / 1 days
colace 2-in-1	1	QL 4 / 1 days
constulose	1	QL 120 / 1 days
cvs glycerin adult 2 gm suppos	1	QL 12 / 22 days
cvs mineral oil	1	QL 45 / 1 days
cvs natural daily fiber (cvs natural daily fiber 51.7 % powder, cvs natural daily fiber 58.6 % powder)	1	
cvs purelax 17 gm packet	1	QL 60 / 30 days
cvs senna plus	1	QL 4 / 1 days
cvs stool softener 100 mg cap	1	QL 4 / 1 days
cvs stool softener/laxative	1	QL 4 / 1 days
docusate sodium 100 mg cap	1	QL 4 / 1 days
docuzen	1	QL 4 / 1 days
dss 100 mg cap	1	QL 4 / 1 days
dulcolax 5 mg tab dr	1	
dulcolax pink laxative	1	
dulcolax pink stool softener	1	QL 4 / 1 days
dulcolax stool softener	1	QL 4 / 1 days
easy-lax	1	QL 4 / 1 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KONSYL DAILY FIBER (KONSYL DAILY FIBER, KONSYL DAILY FIBER 60.3 % PACKET)	1	
lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)	1	QL 120 / 1 days
lactulose encephalopathy	1	QL 120 / 1 days
laxacin	1	QL 4 / 1 days
LINZESS (LINZESS 72 MCG CAP, LINZESS 145 MCG CAP, LINZESS 290 MCG CAP)	1	QL 30 / 30 days PA
lubiprostone (lubiprostone 8 mcg cap, lubiprostone 24 mcg cap)	1	QL 60 / 30 days PA
magnesium citrate 1.745 gm/30ml solution	1	
medi-natural plus	1	QL 4 / 1 days
metamucil smooth texture (metamucil smooth texture 28.3 % powder, metamucil smooth texture 58.6 % powder)	1	
mineral oil	1	QL 45 / 1 days
mineral oil lubricant laxative	1	QL 45 / 1 days
miralax mix-in pax	1	QL 60 / 30 days
mm stool softener	1	QL 4 / 1 days
mm stool softener laxative	1	QL 4 / 1 days
MOTEGRITY (MOTEGRITY 1 MG TAB, MOTEGRITY 2 MG TAB)	2	QL 30 / 30 days
MOVANTIK (MOVANTIK 12.5 MG TAB, MOVANTIK 25 MG TAB)	1	QL 30 / 30 days PA
natural fiber	1	
natural fiber laxative (natural fiber laxative 28.3 % powder, natural fiber laxative 58.6 % powder)	1	
onelax magnesium citrate	1	
peg 3350 17 gm packet	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
peg 3350 17 gm/scoop powder	1	
phillips stool softener	1	QL 4 / 1 days
polyethylene glycol 3350 17 gm packet	1	QL 60 / 30 days
polyethylene glycol 3350 17 gm/scoop powder	1	
proctozone-gmax adult	1	QL 12 / 22 days
prucalopride succinate (prucalopride succinate 1 mg tab, prucalopride succinate 2 mg tab)	2	
px docusate sodium	1	QL 4 / 1 days
qc fiber	1	
qc gentle laxative 5 mg tab dr	1	
qc laxative	1	
qc magnesium citrate	1	
qc mineral oil heavy	1	QL 45 / 1 days
qc natura-lax	1	
qc natural vegetable	1	
qc oral laxative	1	
qc senna-s	1	QL 4 / 1 days
qc stool softener 100 mg cap	1	QL 4 / 1 days
qc stool softener pls laxative (qc stool softener pls laxative 8.6-50 mg tab, qc stool softener pls laxative 50-8.6 mg tab)	1	QL 4 / 1 days
ra 2-in-1 lax/stool softener	1	QL 4 / 1 days
ra col-rite 100 mg cap	1	QL 4 / 1 days
ra mineral oil	1	QL 45 / 1 days
ra multihealth fiber 58.6 % powder	1	
ra p col-rite	1	QL 4 / 1 days
ra stool softener	1	QL 4 / 1 days
reguloid 28.3 % powder	1	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
stool softener laxative (stool softener laxative 8.6-50 mg tab, stool softener laxative 100 mg cap)	1	QL 4 / 1 days
stool softener plus laxative	1	QL 4 / 1 days
stool softener/laxative 50-8.6 mg tab	1	QL 4 / 1 days
SYMPROIC	2	QL 30 / 30 days
true laxative	1	
TRULANCE	2	QL 30 / 30 days
vegetable lax+stool softener	1	QL 4 / 1 days
wal-mucil (wal-mucil 28.3 % powder, wal-mucil 58.6 % powder)	1	
ZELNORM	2	
ANTI-DIARRHEAL AGENTS		
AEMCOLO	2	
alosetron hcl (alosetron hcl 0.5 mg tab, alosetron hcl 1 mg tab)	2	
diphenoxylate-atropine 2.5-0.025 mg tab	1	QL 8 / 1 days
diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	1	QL 40 / 1 days
LOTRONEX (LOTRONEX 0.5 MG TAB, LOTRONEX 1 MG TAB)	2	
VIBERZI (VIBERZI 75 MG TAB, VIBERZI 100 MG TAB)	2	QL 60 / 30 days
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)	1	QL 240 / 30 days
glycopyrrolate 1 mg tab	1	QL 180 / 30 days
glycopyrrolate 1 mg/5ml solution	1	
glycopyrrolate 2 mg tab	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL AGENTS, OTHER		
amoxicill-clarithro-lansopraz	2	
bis subcit-metronid-tetracyc	2	
bismuth/metronidaz/tetracyclin	2	
CHENODAL	2	
CTEXLI	2	
cvs stomach relief 262 mg tab	1	
eq stomach relief 262 mg tab	1	
ft stomach relief 262 mg tab	1	
gas-x extra strength 125 mg chew tab	1	
gavilyte-c	1	QL 4000 / 30 days
gavilyte-g	1	QL 4000 / 30 days
gavilyte-n with flavor pack	1	QL 4000 / 30 days
gelusil	1	
gnp gas relief extra strength 125 mg chew tab	1	
HELIDAC THERAPY	2	
kaopectate 262 mg tab	1	
mintox plus	1	
OCALIVA (OCALIVA 5 MG TAB, OCALIVA 10 MG TAB)	2	
OMECLAMOX-PAK	2	
OMVOH (300 MG DOSE) (OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ, OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN PRSYR)	2	
OMVOH (OMVOH 100 MG/ML SOLN A-INJ, OMVOH 100 MG/ML SOLN PRSYR, OMVOH 200 MG/2ML SOLN A-INJ, OMVOH 200 MG/2ML SOLN PRSYR, OMVOH 300 MG/15ML SOLUTION)	2	
peg 3350-kcl-na bicarb-nacl	1	QL 4000 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
peg-3350/electrolytes	1	QL 4000 / 30 days
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
pepto-bismol 262 mg tab	1	
PYLERA	2	
qc stomach relief 262 mg tab	1	
RELTONE (RELTONE 200 MG CAP, RELTONE 400 MG CAP)	2	
sodium bicarbonate (sodium bicarbonate 325 mg tab, sodium bicarbonate 650 mg tab)	1	
soothe 262 mg tab	1	
TALICIA	2	
URSO 250	2	
URSO FORTE	2	
ursodiol (ursodiol 200 mg cap, ursodiol 250 mg tab, ursodiol 400 mg cap, ursodiol 500 mg tab)	1	
ursodiol 300 mg cap	1	QL 90 / 30 days
VOQUEZNA (VOQUEZNA 10 MG TAB, VOQUEZNA 20 MG TAB)	2	
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
ZINPLAVA	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
acid reducer 10 mg tab	1	
acid reducer complete	1	
acid reducer maximum strength	1	QL 120 / 30 days
cimetidine 200 mg tab	1	QL 120 / 30 days
cimetidine 300 mg tab	1	QL 240 / 30 days
cimetidine 400 mg tab	1	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cimetidine 800 mg tab	1	QL 90 / 30 days
cimetidine hcl	2	
cvs acid controller	1	
cvs dual action complete	1	
cvs heartburn relief 200 mg tab	1	QL 120 / 30 days
eq acid reducer complete	1	
eq famotidine max st	1	QL 120 / 30 days
eql dual action complete	1	
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	
famotidine (pf)	1	
famotidine 20 mg tab	1	QL 120 / 30 days
famotidine 40 mg tab	1	QL 60 / 30 days
famotidine maximum strength	1	QL 120 / 30 days
famotidine orig st	1	
famotidine premixed	1	
ft acid reducer + antacid	1	
ft acid reducer 10 mg tab	1	
ft acid reducer max strength	1	QL 120 / 30 days
gnp acid reducer	1	
gnp acid reducer max st	1	QL 120 / 30 days
heartburn relief	1	
heartburn relief max st	1	QL 120 / 30 days
hm dual action complete	1	
hm famotidine 10 mg tab	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm famotidine 20 mg tab	1	QL 120 / 30 days
mm acid-pep maximum strength	1	QL 120 / 30 days
NIZATIDINE	1	
nizatidine (nizatidine 150 mg cap, nizatidine 300 mg cap)	2	
PEPCID 20 MG TAB	2	
PEPCID 40 MG TAB	2	QL 60 / 30 days
pepcid ac	2	
px dual action	1	
qc acid controller	1	
qc acid controller max st	1	QL 120 / 30 days
qc famotidine acid reducer 20 mg tab	1	QL 120 / 30 days
ra dual action complete	1	
RANITIDINE HCL (RANITIDINE HCL 150 MG TAB, RANITIDINE HCL 300 MG TAB)	2	
sm acid reducer 10 mg tab	1	
sm acid reducer 200 mg tab	1	QL 120 / 30 days
sm acid reducer max st	1	QL 120 / 30 days
tagamet hb	2	QL 120 / 30 days
zantac 360 10 mg tab	2	
zantac 360 20 mg tab	2	QL 120 / 30 days
zantac 360 max st	2	QL 120 / 30 days
PROTECTANTS		
misoprostol 100 mcg tab	1	QL 240 / 30 days
sucralfate 1 gm tab	1	QL 4 / 1 days
sucralfate 1 gm/10ml suspension	1	QL 40 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROTON PUMP INHIBITORS		
acid reducer 20.6 (20 base) mg cap dr	2	QL 60 / 30 days
ACIPHEX	2	QL 60 / 30 days
cvs esomeprazole magnesium	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
cvs lansoprazole 15 mg tab dr disp	1	QL 30 / 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
cvs omeprazole 20 mg tab dr disp	2	
cvs omeprazole magnesium (cvs omeprazole magnesium 20 mg cap dr, cvs omeprazole magnesium 20.6 mg cap dr)	2	QL 60 / 30 days
DEXILANT (DEXILANT 30 MG CAP DR, DEXILANT 60 MG CAP DR)	2	
dexlansoprazole (dexlansoprazole 30 mg cap dr, dexlansoprazole 60 mg cap dr)	2	
eq omeprazole 20 mg tab dr	2	QL 60 / 30 days
eq omeprazole 20 mg tab dr disp	2	
eql lansoprazole	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
esomeprazole magnesium (esomeprazole magnesium 2.5 mg packet, esomeprazole magnesium 5 mg packet, esomeprazole magnesium 10 mg packet, esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
esomeprazole magnesium 20 mg packet	1	
esomeprazole magnesium 20 mg tab dr	2	
esomeprazole magnesium 40 mg cap dr	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
ft acid reducer 15 mg cap dr	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
ft acid reducer 20 mg cap dr	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
ft omeprazole	2	QL 60 / 30 days
gnp esomeprazole magnesium	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
gnp lansoprazole	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
gnp omeprazole (gnp omeprazole 20 mg tab dr, gnp omeprazole 20.6 (20 base) mg cap dr)	2	QL 60 / 30 days
gnp omeprazole 20 mg tab dr disp	2	
goodsense esomeprazole	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
goodsense lansoprazole 15 mg cap dr	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
goodsense lansoprazole 15 mg tab dr disp	1	QL 30 / 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
goodsense omep/sod bicarb	2	
hm esomeprazole magnesium dr	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
hm lansoprazole	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
hm omeprazole	2	QL 60 / 30 days
kls lansoprazole	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
KONVOMEP	2	
lansoprazole (lansoprazole 15 mg tab dr disp, lansoprazole 30 mg tab dr disp)	1	QL 30 / 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
lansoprazole 15 mg cap dr	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
lansoprazole 30 mg cap dr	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
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 20 MG PACKET, NEXIUM 40 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
NEXIUM (NEXIUM 20 MG CAP DR, NEXIUM 40 MG CAP DR)	2	
omeprazole 10 mg cap dr	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
omeprazole 20 mg cap dr	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
omeprazole 20 mg tab dr	2	QL 60 / 30 days
omeprazole 20 mg tab dr disp	2	
omeprazole 40 mg cap dr	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
omeprazole magnesium 20 mg tab dr	2	
omeprazole magnesium 20.6 (20 base) mg cap dr	2	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
omeprazole-sodium bicarbonate (omeprazole-sodium bicarbonate 20-1100 mg cap, omeprazole-sodium bicarbonate 20-1680 mg packet, omeprazole-sodium bicarbonate 40-1100 mg cap, omeprazole-sodium bicarbonate 40-1680 mg packet)	2	
pantoprazole sodium 20 mg tab dr	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
pantoprazole sodium 40 mg packet	1	
pantoprazole sodium 40 mg tab dr	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
PREVACID	2	QL 60 / 30 days
PREVACID 24HR	2	QL 60 / 30 days
prevacid 24hr	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 (PREVACID SOLUTAB 15 MG TAB DR DISP, PREVACID SOLUTAB 30 MG TAB DR DISP)	2	QL 30 / 30 days
PRILOSEC (PRILOSEC 2.5 MG PACKET, PRILOSEC 10 MG PACKET)	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	
qc esomeprazole magnesium	1	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
qc lansoprazole	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
qc omeprazole magnesium 20.6 (20 base) mg cap dr	2	QL 60 / 30 days
rabeprazole sodium	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
sm esomeprazole magnesium	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
sm lansoprazole	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
sm omeprazole	2	QL 60 / 30 days
ZEGERID (ZEGERID 20-1100 MG CAP, ZEGERID 20-1680 MG PACKET, ZEGERID 40-1100 MG CAP, ZEGERID 40-1680 MG PACKET)	2	
zegerid otc	2	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ADAKVEO	2	
AGAMREE	2	
BUPHENYL (BUPHENYL 3 GM/TSP POWDER, BUPHENYL 500 MG TAB)	1	
CERDELGA	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CEREZYME	1	PA
CHOLBAM (CHOLBAM 50 MG CAP, CHOLBAM 250 MG CAP)	1	PA
CREON (CREON 3000-9500 UNIT CP DR PART, CREON 6000-19000 UNIT CP DR PART, CREON 12000-38000 UNIT CP DR PART, CREON 24000-76000 UNIT CP DR PART, CREON 36000-114000 UNIT CP DR PART)	1	
dairy relief 3000 unit tab	1	
ELELYSO	1	PA
ENDARI	2	QL 180 / 30 days
glycerol phenylbutyrate	2	
l-glutamine 5 gm packet	2	
lactaid	1	
lactase enzyme 3000 unit tab	1	
miglustat	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
OXBRYTA 300 MG TAB SOL	2	QL 150 / 30 days
PANCREAZE (PANCREAZE 2600-8800 UNIT CP DR PART, PANCREAZE 4200-14200 UNIT CP DR PART, PANCREAZE 10500-35500 UNIT CP DR PART, PANCREAZE 16800-56800 UNIT CP DR PART, PANCREAZE 21000-54700 UNIT CP DR PART, PANCREAZE 37000-97300 UNIT CP DR PART)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
sodium phenylbutyrate (sodium phenylbutyrate 3 gm/tsp powder, sodium phenylbutyrate 500 mg tab)	1	
VIOKACE (VIOKACE 10440-39150 UNIT TAB, VIOKACE 20880-78300 UNIT TAB)	2	
VPRIV	1	PA
XROMI	1	
yargesa	1	PA
ZAVESCA	1	PA
ZENPEP (ZENPEP 3000-10000 UNIT CP DR PART, ZENPEP 5000-24000 UNIT CP DR PART, ZENPEP 10000-32000 UNIT CP DR PART, ZENPEP 15000-47000 UNIT CP DR PART, ZENPEP 20000-63000 UNIT CP DR PART, ZENPEP 25000-79000 UNIT CP DR PART, ZENPEP 40000-126000 UNIT CP DR PART, ZENPEP 60000-189600 UNIT CP DR PART)	1	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
darifenacin hydrobromide er (darifenacin hydrobromide er 7.5 mg tab er 24h, darifenacin hydrobromide er 15 mg tab er 24h)	1	
DETROL (DETROL 1 MG TAB, DETROL 2 MG TAB)	2	QL 60 / 30 days
DETROL LA (DETROL LA 2 MG CAP ER 24H, DETROL LA 4 MG CAP ER 24H)	2	QL 30 / 30 days
DITROPAN XL (DITROPAN XL 5 MG TAB ER 24H, DITROPAN XL 10 MG TAB ER 24H)	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fesoterodine fumarate er (fesoterodine fumarate er 4 mg tab er 24h, fesoterodine fumarate er 8 mg tab er 24h)	2	
flavoxate hcl	2	
GELNIQUE	2	
GEMTESA	2	QL 30 / 30 days
mirabegron er (mirabegron er 8 mg/ml srer, mirabegron er 25 mg tab er 24h, mirabegron er 50 mg tab er 24h)	2	
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	1	
MYRBETRIQ 8 MG/ML SRER	2	
oxybutynin chloride 2.5 mg tab	2	
oxybutynin chloride 5 mg tab	1	QL 4 / 1 days
oxybutynin chloride 5 mg/5ml solution	1	QL 600 / 30 days
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)	1	QL 30 / 30 days
OXYTROL	2	
OXYTROL FOR WOMEN	1	
solifenacin succinate (solifenacin succinate 5 mg tab, solifenacin succinate 10 mg tab)	1	
tolterodine tartrate (tolterodine tartrate 1 mg tab, tolterodine tartrate 2 mg tab)	1	QL 60 / 30 days
tolterodine tartrate er (tolterodine tartrate er 2 mg cap er 24h, tolterodine tartrate er 4 mg cap er 24h)	1	QL 30 / 30 days
TOVIAZ (TOVIAZ 4 MG TAB ER 24H, TOVIAZ 8 MG TAB ER 24H)	2	
trospium chloride	1	QL 60 / 30 days
trospium chloride er	2	QL 30 / 30 days
VESICARE (VESICARE 5 MG TAB, VESICARE 10 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VESICARE LS	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	1	QL 30 / 30 days
AVODART	2	QL 30 / 30 days
CARDURA XL (CARDURA XL 4 MG TAB ER 24H, CARDURA XL 8 MG TAB ER 24H)	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
dutasteride	1	QL 30 / 30 days
dutasteride-tamsulosin hcl	2	
ENTADFI	2	
finasteride 5 mg tab	1	QL 30 / 30 days
FLOMAX	2	QL 60 / 30 days
JALYN	2	
PROSCAR	2	
RAPAFLO (RAPAFLO 4 MG CAP, RAPAFLO 8 MG CAP)	2	
silodosin (silodosin 4 mg cap, silodosin 8 mg cap)	2	
tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)	2	
tadalafil (tadalafil 2.5 mg tab, tadalafil 5 mg tab)	2	QL 30 / 30 days
tamsulosin hcl	1	QL 60 / 30 days
TEZRULY	2	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride (bethanechol chloride 5 mg tab, bethanechol chloride 10 mg tab, bethanechol chloride 25 mg tab, bethanechol chloride 50 mg tab)	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cytra-2	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	
phospho-trin 250 neutral	1	
phosphorous	1	
sod citrate-citric acid (sod citrate-citric acid 1.5-1 gm/15ml solution, sod citrate-citric acid 3-2 gm/30ml solution, sod citrate-citric acid 500-334 mg/5ml solution, sod citrate-citric acid 1500-1002 mg/15ml solution, sod citrate-citric acid 3000-2004 mg/30ml solution)	1	QL 120 / 1 day(s)
sodium chloride 0.9 % solution	1	
SODIUM CITRATE-CITRIC ACID (SODIUM CITRATE-CITRIC ACID 1500-1002 MG/15ML SOLUTION, SODIUM CITRATE-CITRIC ACID 3000-2004 MG/30ML SOLUTION)	1	QL 120 / 1 day(s)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	2	
deflazacort (deflazacort 6 mg tab, deflazacort 18 mg tab, deflazacort 22.75 mg/ml suspension, deflazacort 30 mg tab, deflazacort 36 mg tab)	2	
DEPO-MEDROL 20 MG/ML SUSPENSION	1	QL 8 / 1 days
DEXABLISS	2	
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)	1	
dexamethasone (dexamethasone 1.5 mg (21) tab thpk, dexamethasone 1.5 mg (35) tab thpk, dexamethasone 1.5 mg (51) tab thpk)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEXAMETHASONE INTENSOL	1	
DEXLYT	2	
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	
fludrocortisone acetate	1	QL 2 / 1 days
HEMADY 20 MG TAB	2	
hydrocortisone sod suc (pf)	1	
jaythari (jaythari 6 mg tab, jaythari 18 mg tab, jaythari 22.75 mg/ml suspension, jaythari 30 mg tab, jaythari 36 mg tab)	2	
KENALOG-10	1	
KENALOG-40	1	
kymbee (kymbee 6 mg tab, kymbee 18 mg tab, kymbee 22.75 mg/ml suspension, kymbee 30 mg tab, kymbee 36 mg tab)	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
methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab)	1	QL 4 / 1 days
methylprednisolone 32 mg tab	1	QL 2 / 1 days
methylprednisolone 4 mg tab thpk	1	
methylprednisolone acetate 40 mg/ml suspension	1	QL 4 / 1 days
methylprednisolone acetate 80 mg/ml suspension	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylprednisolone sodium succ (methylprednisolone sodium succ 40 mg recon soln, methylprednisolone sodium succ 500 mg recon soln, methylprednisolone sodium succ 1000 mg recon soln)	1	
millipred	2	
ORAPRED ODT (ORAPRED ODT 10 MG TAB DISP, ORAPRED ODT 15 MG TAB DISP, ORAPRED ODT 30 MG TAB DISP)	2	
PEDIAPRED	2	
prednisolone 15 mg/5ml solution	1	QL 20 / 1 days
prednisolone 5 mg tab	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	
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)	1	
prednisolone sodium phosphate 15 mg/5ml solution	1	QL 20 / 1 days
PREDNISONE (PREDNISONE 1 MG TAB DR, PREDNISONE 2 MG TAB DR)	2	
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)	1	QL 8 / 1 days
prednisone (prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)	1	
prednisone 10 mg tab	1	QL 6 / 1 days
prednisone 20 mg tab	1	QL 3 / 1 days
prednisone 5 mg/5ml solution	1	QL 60 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prednisone 50 mg tab	1	QL 1 / 1 days
PREDNISONE INTENSOL	1	QL 12 / 1 days
pyquvi	2	
RAYOS (RAYOS 1 MG TAB DR, RAYOS 2 MG TAB DR, RAYOS 5 MG TAB DR)	2	
SOLU-CORTEF 100 MG RECON SOLN	1	
TAPERDEX 12-DAY	2	
taperdex 6-day (taperdex 6-day 1.5 mg (21) tab thpk, taperdex 6-day 1.5 mg tab thpk)	2	
TAPERDEX 7-DAY	2	
TARPEYO	2	QL 120 / 30 days
triamcinolone acetonide 40 mg/ml suspension	1	
ZCORT 7-DAY	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig	1	QL 15 / 26 days
desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)	1	QL 180 / 30 days
desmopressin acetate spray	1	QL 15 / 26 days
GENOTROPIN (GENOTROPIN 5 MG CARTRIDGE, GENOTROPIN 12 MG CARTRIDGE)	1	PA
GENOTROPIN MINIQUICK (GENOTROPIN MINIQUICK 0.2 MG PRSYR, GENOTROPIN MINIQUICK 0.4 MG PRSYR, GENOTROPIN MINIQUICK 0.6 MG PRSYR, GENOTROPIN MINIQUICK 0.8 MG PRSYR, GENOTROPIN MINIQUICK 1 MG PRSYR, GENOTROPIN MINIQUICK 1.2 MG PRSYR, GENOTROPIN MINIQUICK 1.4 MG PRSYR, GENOTROPIN MINIQUICK 1.6 MG PRSYR, GENOTROPIN MINIQUICK 1.8 MG PRSYR, GENOTROPIN MINIQUICK 2 MG PRSYR)	1	PA
HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYFEMBREE	1	QL 30 / 30 days PA
NGENLA (NGENLA 24 MG/1.2ML SOLN PEN, NGENLA 60 MG/1.2ML SOLN PEN)	2	
NORDITROPIN FLEXPRO (NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN, NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN, NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN, NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN)	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 (SAIZEN 5 MG RECON SOLN, SAIZEN 8.8 MG RECON SOLN)	2	
SAIZENPREP	2	
SEROSTIM (SEROSTIM 4 MG RECON SOLN, SEROSTIM 5 MG RECON SOLN, SEROSTIM 6 MG RECON SOLN)	2	
SKYTROFA (SKYTROFA 0.7 MG CARTRIDGE, SKYTROFA 1.4 MG CARTRIDGE, SKYTROFA 1.8 MG CARTRIDGE, SKYTROFA 2.1 MG CARTRIDGE, SKYTROFA 2.5 MG CARTRIDGE, SKYTROFA 3 MG CARTRIDGE, SKYTROFA 3.6 MG CARTRIDGE, SKYTROFA 4.3 MG CARTRIDGE, SKYTROFA 5.2 MG CARTRIDGE, SKYTROFA 6.3 MG CARTRIDGE, SKYTROFA 7.6 MG CARTRIDGE, SKYTROFA 9.1 MG CARTRIDGE, SKYTROFA 11 MG CARTRIDGE, SKYTROFA 13.3 MG CARTRIDGE)	1	PA
SOGROYA (SOGROYA 5 MG/1.5ML SOLN PEN, SOGROYA 10 MG/1.5ML SOLN PEN, SOGROYA 15 MG/1.5ML SOLN PEN)	1	PA
ZOMACTON (ZOMACTON 5 MG RECON SOLN, ZOMACTON 10 MG RECON SOLN)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZORBTIVE	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
misoprostol 200 mcg tab	1	QL 4 / 1 days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
oxandrolone 10 mg tab	2	QL 60 / 30 days
oxandrolone 2.5 mg tab	2	QL 240 / 30 days
ANDROGENS		
ANDRODERM (ANDRODERM 2 MG/24HR PATCH 24HR, ANDRODERM 4 MG/24HR PATCH 24HR)	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	
AZMIRO	2	
depo-testosterone (depo-testosterone 100 mg/ml solution, depo-testosterone 200 mg/ml solution)	1	QL 10 / 30 days PA
FORTESTA	2	QLC 3.51 grams/day
JATENZO (JATENZO 158 MG CAP, JATENZO 198 MG CAP, JATENZO 237 MG CAP)	2	
KYZATREX (KYZATREX 100 MG CAP, KYZATREX 150 MG CAP, KYZATREX 200 MG CAP)	2	
METHITEST	2	
methyltestosterone	2	QL 150 / 30 days
NATESTO 5.5 MG/ACT GEL	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TESTIM	2	QL 300 / 30 days
TESTOPEL	1	QL 6 / 180 day(s) PA
testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)	1	QL 150 / 30 days PA
TESTOSTERONE (TESTOSTERONE 100 MG PELLET, TESTOSTERONE 200 MG PELLET)	2	
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)	2	QL 150 / 30 days
testosterone (testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel)	2	QL 300 / 30 days
TESTOSTERONE 10 MG/ACT (2%) GEL	2	QLC 3.51 grams/day
testosterone 30 mg/act solution	2	QLC 6 mL/day
testosterone cypionate (testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)	1	QL 10 / 30 days PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	PA
testosterone enanthate	2	QL 5 / 30 days
TLANDO	2	
UNDECATREX	2	
VOGELXO	2	QL 300 / 30 days
VOGELXO PUMP	2	QL 150 / 30 days
XYOSTED (XYOSTED 50 MG/0.5ML SOLN A-INJ, XYOSTED 75 MG/0.5ML SOLN A-INJ, XYOSTED 100 MG/0.5ML SOLN A-INJ)	2	
ESTROGENS		
abigale	2	
abigale lo	2	
ACTIVELLA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
afirmelle	1	QL 1 / 1 days
ALORA (ALORA 0.025 MG/24HR PATCH TW, ALORA 0.05 MG/24HR PATCH TW)	1	
altavera	1	QL 1 / 1 days
alyacen 1/35	1	QL 1 / 1 days
alyacen 7/7/7	1	QL 28 / 28 days
amabelz (amabelz 0.5-0.1 mg tab, amabelz 1-0.5 mg tab)	2	
amethia	1	
amethyst	1	QL 1 / 1 days
ANGELIQ (ANGELIQ 0.25-0.5 MG TAB, ANGELIQ 0.5-1 MG TAB)	1	
ANNOVERA	2	
apri	1	QL 1 / 1 days
ARANELLE	1	QL 1 / 1 days
ashlyna	1	
aubra	1	QL 1 / 1 days
aubra eq	1	QL 1 / 1 days
aurovela 1.5/30	1	QL 1 / 1 days
aurovela 1/20	1	QL 1 / 1 days
aurovela 24 fe	1	
aurovela fe 1.5/30	1	QL 1 / 1 days
aurovela fe 1/20	1	QL 1 / 1 days
AVERI	2	
aviane	1	QL 1 / 1 days
ayuna	1	QL 1 / 1 days
azurette	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BALCOLTRA	2	
balziva	1	QL 1 / 1 days
BEYAZ	2	
BIJUVA 1-100 MG CAP	2	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	QL 1 / 1 days
blisovi fe 1/20	1	QL 1 / 1 days
briellyn	1	QL 1 / 1 days
camrese	1	
camrese lo	1	
caziant	1	QL 1 / 1 days
charlotte 24 fe	1	
chateal	1	QL 1 / 1 days
chateal eq	1	QL 1 / 1 days
CLIMARA (CLIMARA 0.025 MG/24HR PATCH WK, CLIMARA 0.0375 MG/24HR PATCH WK, CLIMARA 0.05 MG/24HR PATCH WK, CLIMARA 0.06 MG/24HR PATCH WK, CLIMARA 0.075 MG/24HR PATCH WK, CLIMARA 0.1 MG/24HR PATCH WK)	2	
CLIMARA PRO	1	
COMBIPATCH (COMBIPATCH 0.05-0.14 MG/DAY PATCH TW, COMBIPATCH 0.05-0.25 MG/DAY PATCH TW)	1	
COVARYX	2	
COVARYX HS	2	
cryselle	1	QL 1 / 1 days
cryselle-28	1	QL 1 / 1 days
cyred	1	QL 1 / 1 days
cyred eq	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dasetta 1/35	1	QL 1 / 1 days
dasetta 7/7/7	1	QL 28 / 28 days
daysee	1	
DELESTROGEN (DELESTROGEN 10 MG/ML OIL, DELESTROGEN 20 MG/ML OIL, DELESTROGEN 40 MG/ML OIL)	1	
DEPO-ESTRADIOL	1	
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)	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	
dolishale	1	QL 1 / 1 days
dotti (dotti 0.025 mg/24hr patch tw, dotti 0.0375 mg/24hr patch tw, dotti 0.05 mg/24hr patch tw, dotti 0.075 mg/24hr patch tw, dotti 0.1 mg/24hr patch tw)	2	QL 8 / 28 days
drospiren-eth estrad-levomefol (drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab, drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab)	2	
drospirenone-ethinyl estradiol (drospirenone-ethinyl estradiol 3-0.02 mg tab, drospirenone-ethinyl estradiol 3-0.03 mg tab)	1	QL 1 / 1 days
EEMT	2	
EEMT HS	2	
ELESTRIN	1	
elinest	1	QL 1 / 1 days
eluryng	1	QL 1 / 28 days
enilloring	1	QL 1 / 28 days
enpresse-28	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
enskyce	1	QL 1 / 1 days
EST ESTROGENS-METHYLTEST	2	
est estrogens-methyltest ds	2	
est estrogens-methyltest hs	2	
estarylla	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	
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)	1	QL 8 / 28 days
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)	1	QL 4 / 28 days
estradiol (estradiol 0.25 mg/0.25gm gel, estradiol 0.5 mg tab, estradiol 0.5 mg/0.5gm gel, estradiol 0.75 mg/0.75gm gel, estradiol 1 mg/gm gel, estradiol 1.25 mg/1.25gm gel, estradiol 10 mcg tab)	1	
estradiol (estradiol 1 mg tab, estradiol 2 mg tab)	1	QL 90 / 30 days
estradiol 0.01 % cream	1	QLC 42.5 grams/30 days
estradiol 0.75 mg/1.25 gm (0.06%) gel	2	
estradiol valerate (estradiol valerate 10 mg/ml oil, estradiol valerate 20 mg/ml oil, estradiol valerate 40 mg/ml oil)	1	
estradiol-norethindrone acet (estradiol-norethindrone acet 0.5-0.1 mg tab, estradiol-norethindrone acet 1-0.5 mg tab)	2	
estratest f.s.	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESTRATEST H.S.	2	
ESTRING (ESTRING 2 MG RING, ESTRING 7.5 MCG/24HR RING)	1	
ESTROGEL	2	
estrogens conjugated (estrogens conjugated 0.3 mg tab, estrogens conjugated 0.45 mg tab, estrogens conjugated 0.625 mg tab, estrogens conjugated 0.9 mg tab, estrogens conjugated 1.25 mg tab)	2	
ethynodiol diac-eth estradiol (ethynodiol diac-eth estradiol 1-35 mg-mcg tab, ethynodiol diac-eth estradiol 1-50 mg-mcg tab)	1	QL 1 / 1 days
etonogestrel-ethinyl estradiol	1	QL 1 / 28 days
EVAMIST	1	
falmina	1	QL 1 / 1 days
fayosim	2	
feirza 1.5/30	1	QL 1 / 1 days
feirza 1/20	1	QL 1 / 1 days
FEMLYV	2	
FEMRING (FEMRING 0.05 MG/24HR RING, FEMRING 0.1 MG/24HR RING)	1	
femynor	1	QL 1 / 1 days
finzala	1	
fyavolv (fyavolv 0.5-2.5 mg-mcg tab, fyavolv 1-5 mg-mcg tab)	1	
galbriela	2	
gemmily	2	
GENERESS FE	2	
hailey 1.5/30	1	QL 1 / 1 days
hailey 24 fe	1	
hailey fe 1.5/30	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hailey fe 1/20	1	QL 1 / 1 days
haloette	1	QL 1 / 28 days
iclevia	1	
introvale	1	
isibloom	1	QL 1 / 1 days
jaimiess	1	
jasmiel	1	QL 1 / 1 days
jinteli	1	
jolessa	1	
joyeaux	2	
juleber	1	QL 1 / 1 days
junel 1.5/30	1	QL 1 / 1 days
junel 1/20	1	QL 1 / 1 days
junel fe 1.5/30	1	QL 1 / 1 days
junel fe 1/20	1	QL 1 / 1 days
junel fe 24	1	
kaitlib fe	2	
kalliga	1	QL 1 / 1 days
kariva	1	QL 1 / 1 days
kelnor 1/35	1	QL 1 / 1 days
kelnor 1/50	1	QL 1 / 1 days
kurvelo	1	QL 1 / 1 days
larin 1.5/30	1	QL 1 / 1 days
larin 1/20	1	QL 1 / 1 days
larin 24 fe	1	
larin fe 1.5/30	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
larin fe 1/20	1	QL 1 / 1 days
larissia	1	QL 1 / 1 days
layolis fe	2	
leena	1	QL 1 / 1 days
lessina	1	QL 1 / 1 days
levonest	1	QL 1 / 1 days
levonorg-eth estrad triphasic	1	QL 1 / 1 days
levonorgest-eth est & eth est	2	
levonorgest-eth estrad 91-day (levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab, levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab, levonorgest-eth estrad 91-day 0.15-0.03 mg tab)	1	
levonorgest-eth estradiol-iron	2	
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)	1	QL 1 / 1 days
levora 0.15/30 (28)	1	QL 1 / 1 days
lillow	1	QL 1 / 1 days
LO LOESTRIN FE	1	
lo-zumandimine	1	QL 1 / 1 days
loestrin 1.5/30 (21)	2	QL 1 / 1 days
loestrin 1/20 (21)	2	QL 1 / 1 days
loestrin fe 1.5/30	2	QL 1 / 1 days
loestrin fe 1/20	2	QL 1 / 1 days
lojaimiess	1	
loryna	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOSEASONIQUE	2	
low-ogestrel	1	QL 1 / 1 days
luizza 1.5/30	1	QL 1 / 1 days
luizza 1/20	1	QL 1 / 1 days
lutera	1	QL 1 / 1 days
lyllana (lyllana 0.025 mg/24hr patch tw, lyllana 0.0375 mg/24hr patch tw, lyllana 0.05 mg/24hr patch tw, lyllana 0.075 mg/24hr patch tw, lyllana 0.1 mg/24hr patch tw)	2	QL 8 / 28 days
marlissa	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	
merzee	2	
mibelas 24 fe	2	
microgestin 1.5/30	1	QL 1 / 1 days
microgestin 1/20	1	QL 1 / 1 days
microgestin 24 fe	1	
microgestin fe 1.5/30	1	QL 1 / 1 days
microgestin fe 1/20	1	QL 1 / 1 days
mili	1	QL 1 / 1 days
mimvey	2	
MINASTRIN 24 FE	2	
MINIVELLE (MINIVELLE 0.025 MG/24HR PATCH TW, MINIVELLE 0.0375 MG/24HR PATCH TW, MINIVELLE 0.05 MG/24HR PATCH TW, MINIVELLE 0.075 MG/24HR PATCH TW, MINIVELLE 0.1 MG/24HR PATCH TW)	2	QL 8 / 28 days
minzoya	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MIRCETTE	2	QL 1 / 1 days
mono-linyah	1	QL 1 / 1 days
NATAZIA	2	
necon 0.5/35 (28)	1	QL 1 / 1 days
NEXTSTELLIS	2	
nikki	1	QL 1 / 1 days
norelgestromin-eth estradiol	2	QL 3 / 28 days
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)	1	QL 1 / 1 days
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	2	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab	1	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	1	QL 1 / 1 days
norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab	2	
norethindron-ethinyl estrad-fe	2	QL 1 / 1 days
norethindrone acet-ethinyl est (norethindrone acet-ethinyl est 1-20 mg-mcg tab, norethindrone acet-ethinyl est 1.5-30 mg-mcg tab)	1	QL 1 / 1 days
norethindrone-eth estradiol (norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, norethindrone-eth estradiol 1-5 mg-mcg tab)	1	
norgestim-eth estrad triphasic (norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab)	1	QL 1 / 1 days
norgestimate-eth estradiol	1	QL 1 / 1 days
nortrel 0.5/35 (28)	1	QL 1 / 1 days
nortrel 1/35 (21)	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nortrel 1/35 (28)	1	QL 1 / 1 days
nortrel 7/7/7	1	QL 28 / 28 days
NUVARING	1	QL 1 / 28 days
nylia 1/35	1	QL 1 / 1 days
nylia 7/7/7	1	QL 28 / 28 days
nymyo	1	QL 1 / 1 days
ocella	1	QL 1 / 1 days
philith	1	QL 1 / 1 days
pimtrea	1	QL 1 / 1 days
pirmella 1/35	1	QL 1 / 1 days
pirmella 7/7/7	1	QL 28 / 28 days
portia-28	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 (PREMPRO 0.3-1.5 MG TAB, PREMPRO 0.45-1.5 MG TAB, PREMPRO 0.625-2.5 MG TAB, PREMPRO 0.625-5 MG TAB)	1	QL 1 / 1 days
QUARTETTE	2	
reclipsen	1	QL 1 / 1 days
rivelsa	2	
rosyrah	2	
SAFYRAL	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEASONIQUE	2	
setlakin	1	
simliya	1	QL 1 / 1 days
simpesse	1	
sprintec 28	1	QL 1 / 1 days
sronyx	1	QL 1 / 1 days
syeda	1	QL 1 / 1 days
tarina 24 fe	1	
tarina fe 1/20	1	QL 1 / 1 days
tarina fe 1/20 eq	1	QL 1 / 1 days
taysofy	2	
TAYTULLA	2	
tilia fe	2	QL 1 / 1 days
tri femynor	1	QL 1 / 1 days
tri-estarylla	1	QL 1 / 1 days
tri-legest fe	2	QL 1 / 1 days
tri-linyah	1	QL 1 / 1 days
tri-lo-estarylla	1	QL 1 / 1 days
tri-lo-marzia	1	QL 1 / 1 days
tri-lo-mili	1	QL 1 / 1 days
tri-lo-sprintec	1	QL 1 / 1 days
tri-mili	1	QL 1 / 1 days
tri-nymyo	1	QL 1 / 1 days
tri-sprintec	1	QL 1 / 1 days
tri-vylibra	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tri-vylibra lo	1	QL 1 / 1 days
trivora (28)	1	QL 1 / 1 days
turqoz	1	QL 1 / 1 days
TWIRLA	2	
TYBLUME	1	
tydemy	2	
VAGIFEM	1	
valtya 1/35	1	QL 1 / 1 days
VALTYA 1/50	1	QL 1 / 1 days
velivet	1	QL 1 / 1 days
vestura	1	QL 1 / 1 days
vienva	1	QL 1 / 1 days
viorele	1	QL 1 / 1 days
VIVELLE-DOT (VIVELLE-DOT 0.025 MG/24HR PATCH TW, VIVELLE-DOT 0.0375 MG/24HR PATCH TW, VIVELLE-DOT 0.05 MG/24HR PATCH TW, VIVELLE-DOT 0.075 MG/24HR PATCH TW, VIVELLE-DOT 0.1 MG/24HR PATCH TW)	2	QL 8 / 28 days
volnea	1	QL 1 / 1 days
vyfemla	1	QL 1 / 1 days
vylibra	1	QL 1 / 1 days
wera	1	QL 1 / 1 days
wymzya fe	1	QL 1 / 1 days
xarah fe	2	QL 1 / 1 days
xelria fe	1	QL 1 / 1 days
xulane	1	QL 3 / 28 days
YASMIN 28	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
YAZ	2	QL 1 / 1 days
yuvafem	1	
zafemy	2	QL 3 / 28 days
zovia 1/35 (28)	1	QL 1 / 1 days
zumandimine	1	QL 1 / 1 days
PROGESTINS		
aftera	1	QL 1 / 1 fill
afterpill	1	QL 1 / 1 fill
AYGESTIN	2	QL 90 / 30 days
camila	1	QL 1 / 1 days
CRINONE (CRINONE 4 % GEL, CRINONE 8 % GEL)	2	
curae	1	QL 1 / 1 fill
deblitane	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
econtra ez	1	QL 1 / 1 fill
econtra one-step	1	QL 1 / 1 fill
ELLA	1	QL 1 / 1 fill
emzahh	1	QL 1 / 1 days
errin	1	QL 1 / 1 days
gallifrey	1	QL 90 / 30 days
heather	1	QL 1 / 1 days
her style	1	QL 1 / 1 fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydroxyprogesterone caproate	1	
incassia	1	QL 1 / 1 days
jencycla	1	QL 1 / 1 days
KYLEENA	1	
levonorgestrel	1	QL 1 / 1 fill
LILETTA (52 MG)	1	
lyleq	1	QL 1 / 1 days
lyza	1	QL 1 / 1 days
medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)	1	QL 1 / 84 days
medroxyprogesterone acetate (medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)	1	QL 90 / 30 days
medroxyprogesterone acetate 2.5 mg tab	1	QL 1 / 1 days
megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)	1	QL 240 / 30 days
megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)	1	
meleya	1	QL 1 / 1 days
MIRENA (52 MG)	1	
my choice	1	QL 1 / 1 fill
my way	1	QL 1 / 1 fill
new day	1	QL 1 / 1 fill
NEXPLANON	1	
nora-be	1	QL 1 / 1 days
norethindrone	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
norethindrone acetate	1	QL 90 / 30 days
norlyda	1	QL 1 / 1 days
opcicon one-step	1	QL 1 / 1 fill
OPILL	1	
option 2	1	QL 1 / 1 fill
orquidea	1	QL 1 / 1 days
plan b one-step	1	QL 1 / 1 fill
progesterone (progesterone 100 mg cap, progesterone 200 mg cap)	1	QL 60 / 30 days
progesterone 50 mg/ml oil	1	
PROMETRIUM (PROMETRIUM 100 MG CAP, PROMETRIUM 200 MG CAP)	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	
react	1	QL 1 / 1 fill
sharobel	1	QL 1 / 1 days
shewise	1	QL 1 / 1 fill
SKYLA	1	
SLYND	2	
take action	1	QL 1 / 1 fill
tulana	1	QL 1 / 1 days
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	2	
EVISTA	2	
raloxifene hcl	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA (ADTHYZA 15 MG TAB, ADTHYZA 16.25 MG TAB, ADTHYZA 30 MG TAB, ADTHYZA 32.5 MG TAB, ADTHYZA 60 MG TAB, ADTHYZA 65 MG TAB, ADTHYZA 90 MG TAB, ADTHYZA 97.5 MG TAB, ADTHYZA 120 MG TAB, ADTHYZA 130 MG TAB)	2	
ARMOUR THYROID (ARMOUR THYROID 15 MG TAB, ARMOUR THYROID 30 MG TAB, ARMOUR THYROID 60 MG TAB, ARMOUR THYROID 90 MG TAB, ARMOUR THYROID 120 MG TAB, ARMOUR THYROID 180 MG TAB, ARMOUR THYROID 240 MG TAB, ARMOUR THYROID 300 MG TAB)	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	
euthyrox (euthyrox 25 mcg tab, euthyrox 50 mcg tab, euthyrox 75 mcg tab, euthyrox 88 mcg tab, euthyrox 100 mcg tab, euthyrox 112 mcg tab, euthyrox 125 mcg tab, euthyrox 137 mcg tab, euthyrox 150 mcg tab, euthyrox 175 mcg tab, euthyrox 200 mcg tab)	2	
EVEXITHROID (EVEXITHROID 15 MG TAB, EVEXITHROID 30 MG TAB, EVEXITHROID 45 MG TAB, EVEXITHROID 60 MG TAB, EVEXITHROID 75 MG TAB, EVEXITHROID 90 MG TAB, EVEXITHROID 120 MG TAB, EVEXITHROID 180 MG TAB)	2	
levo-t (levo-t 25 mcg tab, levo-t 50 mcg tab, levo-t 75 mcg tab, levo-t 88 mcg tab, levo-t 100 mcg tab, levo-t 112 mcg tab, levo-t 125 mcg tab, levo-t 137 mcg tab, levo-t 150 mcg tab, levo-t 175 mcg tab, levo-t 200 mcg tab, levo-t 300 mcg tab)	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	
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)	1	
levoxyl (levoxyl 25 mcg tab, levoxyl 50 mcg tab, levoxyl 75 mcg tab, levoxyl 88 mcg tab, levoxyl 100 mcg tab, levoxyl 112 mcg tab, levoxyl 125 mcg tab, levoxyl 137 mcg tab, levoxyl 150 mcg tab, levoxyl 175 mcg tab, levoxyl 200 mcg tab)	1	
liomny 25 mcg tab	1	QL 90 / 30 days
liomny 5 mcg tab	1	QL 4 / 1 days
liomny 50 mcg tab	1	QL 60 / 30 days
LIOTHYRONINE SODIUM 10 MCG/ML SOLUTION	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
liothyronine sodium 25 mcg tab	1	QL 90 / 30 days
liothyronine sodium 5 mcg tab	1	QL 4 / 1 days
liothyronine sodium 50 mcg tab	1	QL 60 / 30 days
NIVA THYROID (NIVA THYROID 15 MG TAB, NIVA THYROID 30 MG TAB, NIVA THYROID 60 MG TAB, NIVA THYROID 90 MG TAB, NIVA THYROID 120 MG TAB)	1	
NP THYROID (NP THYROID 15 MG TAB, NP THYROID 30 MG TAB, NP THYROID 60 MG TAB, NP THYROID 90 MG TAB, NP THYROID 120 MG TAB)	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 (SYNTHROID 25 MCG TAB, SYNTHROID 50 MCG TAB, SYNTHROID 75 MCG TAB, SYNTHROID 88 MCG TAB, SYNTHROID 100 MCG TAB, SYNTHROID 112 MCG TAB, SYNTHROID 125 MCG TAB, SYNTHROID 137 MCG TAB, SYNTHROID 150 MCG TAB, SYNTHROID 175 MCG TAB, SYNTHROID 200 MCG TAB, SYNTHROID 300 MCG TAB)	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 (TIROSINT 13 MCG CAP, TIROSINT 25 MCG CAP, TIROSINT 37.5 MCG CAP, TIROSINT 44 MCG CAP, TIROSINT 50 MCG CAP, TIROSINT 62.5 MCG CAP, TIROSINT 75 MCG CAP, TIROSINT 88 MCG CAP, TIROSINT 100 MCG CAP, TIROSINT 112 MCG CAP, TIROSINT 125 MCG CAP, TIROSINT 137 MCG CAP, TIROSINT 150 MCG CAP, TIROSINT 175 MCG CAP, TIROSINT 200 MCG CAP)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TIROSINT-SOL (TIROSINT-SOL 13 MCG/ML SOLUTION, TIROSINT-SOL 25 MCG/ML SOLUTION, TIROSINT-SOL 37.5 MCG/ML SOLUTION, TIROSINT-SOL 44 MCG/ML SOLUTION, TIROSINT-SOL 50 MCG/ML SOLUTION, TIROSINT-SOL 62.5 MCG/ML SOLUTION, TIROSINT-SOL 75 MCG/ML SOLUTION, TIROSINT-SOL 88 MCG/ML SOLUTION, TIROSINT-SOL 100 MCG/ML SOLUTION, TIROSINT-SOL 112 MCG/ML SOLUTION, TIROSINT-SOL 125 MCG/ML SOLUTION, TIROSINT-SOL 137 MCG/ML SOLUTION, TIROSINT-SOL 150 MCG/ML SOLUTION, TIROSINT-SOL 175 MCG/ML SOLUTION, TIROSINT-SOL 200 MCG/ML SOLUTION)	2	
TRIOSTAT	2	
unithroid (unithroid 25 mcg tab, unithroid 50 mcg tab, unithroid 75 mcg tab, unithroid 88 mcg tab, unithroid 100 mcg tab, unithroid 112 mcg tab, unithroid 125 mcg tab, unithroid 137 mcg tab, unithroid 150 mcg tab, unithroid 175 mcg tab, unithroid 200 mcg tab, unithroid 300 mcg tab)	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline	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
leuprolide acetate	1	QL 2 / 28 days PA
leuprolide acetate (3 month)	1	PA
LUPRON DEPOT (1-MONTH) (LUPRON DEPOT (1-MONTH) 3.75 MG KIT, LUPRON DEPOT (1-MONTH) 7.5 MG KIT)	1	QL 1 / 30 days PA
LUPRON DEPOT (3-MONTH) (LUPRON DEPOT (3-MONTH) 11.25 MG KIT, LUPRON DEPOT (3-MONTH) 22.5 MG KIT)	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) (LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT, LUPRON DEPOT-PED (1-MONTH) 15 MG KIT, LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT)	1	QL 1 / 30 days PA
LUPRON DEPOT-PED (3-MONTH) (LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT, LUPRON DEPOT-PED (3-MONTH) 30 MG KIT)	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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNAREL	2	PA
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
VABRINTY 7.5 MG KIT	2	
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		
methimazole 10 mg tab	1	QL 180 / 30 days
methimazole 5 mg tab	1	QL 270 / 30 days
propylthiouracil	1	QL 270 / 30 days
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
ANDEMBRY	2	
BERINERT	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CINRYZE	1	PA
DAWNZERA	2	
EKTERLY	2	
FIRAZYR	2	
HAEGARDA (HAEGARDA 2000 UNIT RECON SOLN, HAEGARDA 3000 UNIT RECON SOLN)	1	PA
icatibant acetate	1	PA
KALBITOR	1	PA
ORLADEYO (ORLADEYO 72 MG PACKET, ORLADEYO 96 MG PACKET, ORLADEYO 108 MG PACKET, ORLADEYO 110 MG CAP, ORLADEYO 132 MG PACKET, ORLADEYO 150 MG CAP)	1	PA
RUCONEST	1	PA
sajazir	2	PA
TAKHZYRO (TAKHZYRO 150 MG/ML SOLN PRSYR, TAKHZYRO 300 MG/2ML SOLN PRSYR, TAKHZYRO 300 MG/2ML SOLUTION)	1	PA
IMMUNOGLOBULINS		
HYPERRHO	1	
RHOGAM ULTRA-FILTERED PLUS	1	
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA (ACTEMRA 80 MG/4ML SOLUTION, ACTEMRA 162 MG/0.9ML SOLN PRSYR, ACTEMRA 200 MG/10ML SOLUTION, ACTEMRA 400 MG/20ML SOLUTION)	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 (BIMZELX 160 MG/ML SOLN A-INJ, BIMZELX 160 MG/ML SOLN PRSYR, BIMZELX 320 MG/2ML SOLN A-INJ, BIMZELX 320 MG/2ML SOLN PRSYR)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	1	QL 8 / 28 days PA
DUPIXENT 100 MG/0.67ML SOLN PRSYR	1	QL 1.34 / 28 days PA
ENTYVIO	2	
ENTYVIO PEN	2	
ICOTYDE	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 (KEVZARA 150 MG/1.14ML SOLN A-INJ, KEVZARA 150 MG/1.14ML SOLN PRSYR, KEVZARA 200 MG/1.14ML SOLN A-INJ, KEVZARA 200 MG/1.14ML SOLN PRSYR)	2	
KINERET	1	PA
NEMLUVIO	2	
OLUMIANT (OLUMIANT 1 MG TAB, OLUMIANT 2 MG TAB, OLUMIANT 4 MG TAB)	2	
ORENCIA 125 MG/ML SOLN PRSYR	2	QL 4 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORENCIA 50 MG/0.4ML SOLN PRSYR	2	QL 1.6 / 28 days
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	2	QL 2.8 / 28 days
ORENCIA CLICKJECT	1	QL 4 / 28 days PA
OTULFI (OTULFI 45 MG/0.5ML SOLN PRSYR, OTULFI 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)
OTULFI 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s)
OTULFI 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
PYZCHIVA (PYZCHIVA 45 MG/0.5ML SOLN A-INJ, PYZCHIVA 90 MG/ML SOLN A-INJ)	2	PA
PYZCHIVA 130 MG/26ML SOLUTION (ONLY SANDOZ PREFERRED)	1	QL 104 mL / 56 day(s) PA
PYZCHIVA 45 MG/0.5ML SOLN PRSYR (ONLY SANDOZ PREFERRED)	1	QL 0.5 mL / 28 day(s) PA
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/ML SOLN PRSYR	1	QL 1 mL / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
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 Ml / 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 45 MG/0.5ML SOLUTION	2	
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
tofacitinib citrate (tofacitinib citrate 5 mg tab, tofacitinib citrate 10 mg tab)	2	QL 60 / 30 day(s)
tofacitinib citrate 1 mg/ml solution	2	QLC 10 mL/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tofacitinib citrate er (tofacitinib citrate er 11 mg tab er 24h, tofacitinib citrate er 22 mg tab er 24h)	2	QL 30 / 30 day(s)
TOFIDENCE (TOFIDENCE 80 MG/4ML SOLUTION, TOFIDENCE 200 MG/10ML SOLUTION, TOFIDENCE 400 MG/20ML SOLUTION)	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 Ml / 56 day(s)
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 1 MG/ML SOLUTION	1	PA QLC 10 mL/day
XELJANZ 10 MG TAB	1	QL 60 / 30 day(s) PA
XELJANZ 5 MG TAB	1	QL 60 / 30 days PA
XELJANZ XR (XELJANZ XR 11 MG TAB ER 24H, XELJANZ XR 22 MG TAB ER 24H)	1	QL 30 / 30 day(s) 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)
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)
IMMUNOSTIMULANTS		
PEGASYS (PEGASYS 180 MCG/0.5ML SOLN PRSYR, PEGASYS 180 MCG/ML SOLUTION)	2	
IMMUNOSUPPRESSANTS		
ABRILADA (1 PEN)	2	
ABRILADA (2 PEN)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ABRILADA (2 SYRINGE) (ABRILADA (2 SYRINGE) 20 MG/0.4ML PREF SY KT, ABRILADA (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	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) (ADALIMUMAB-AATY (1 PEN) 40 MG/0.4ML AUT-IJ KIT, ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT)	1	PA
ADALIMUMAB-AATY (2 PEN)	1	PA
ADALIMUMAB-AATY (2 SYRINGE) (ADALIMUMAB-AATY (2 SYRINGE) 20 MG/0.2ML PREF SY KT, ADALIMUMAB-AATY (2 SYRINGE) 40 MG/0.4ML PREF SY KT)	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-ADBM (2 PEN) (ADALIMUMAB-ADBM (2 PEN) 40 MG/0.4ML AUT-IJ KIT, ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT)	2	QL 6 / 28 day(s)
ADALIMUMAB-ADBM (2 SYRINGE) (ADALIMUMAB-ADBM (2 SYRINGE) 20 MG/0.4ML PREF SY KT, ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.4ML PREF SY KT, ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	2	QL 6 / 28 day(s)
ADALIMUMAB-ADBM (2 SYRINGE) 10 MG/0.2ML PREF SY KT	2	QL 12 / 28 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-ADBM(CD/UC/HS STRT) (ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.4ML AUT-IJ KIT, ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT)	2	QL 6 / 28 day(s)
ADALIMUMAB-ADBM(PS/UV STARTER) (ADALIMUMAB-ADBM(PS/UV STARTER) 40 MG/0.4ML AUT-IJ KIT, ADALIMUMAB-ADBM(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT)	2	QL 6 / 28 day(s)
ADALIMUMAB-BWWD (ADALIMUMAB-BWWD 40 MG/0.4ML SOLN A-INJ, ADALIMUMAB-BWWD 40 MG/0.4ML SOLN PRSYR)	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)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AMJEVITA-PED 15KG TO <30KG 20 MG/0.4ML SOLN PRSYR	2	
ASTAGRAF XL (ASTAGRAF XL 0.5 MG CAP ER 24H, ASTAGRAF XL 1 MG CAP ER 24H, ASTAGRAF XL 5 MG CAP ER 24H)	2	
AVSOLA	1	PA
azasan (azasan 75 mg tab, azasan 100 mg tab)	2	
azathioprine (azathioprine 75 mg tab, azathioprine 100 mg tab)	2	
azathioprine 50 mg tab	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
cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)	1	
cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)	1	
CYLTEZO (2 PEN) (CYLTEZO (2 PEN) 40 MG/0.4ML AUT-IJ KIT, CYLTEZO (2 PEN) 40 MG/0.8ML AUT-IJ KIT)	2	
CYLTEZO (2 SYRINGE) (CYLTEZO (2 SYRINGE) 10 MG/0.2ML PREF SY KT, CYLTEZO (2 SYRINGE) 20 MG/0.4ML PREF SY KT, CYLTEZO (2 SYRINGE) 40 MG/0.4ML PREF SY KT, CYLTEZO (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	2	
CYLTEZO-CD/UC/HS STARTER (CYLTEZO-CD/UC/HS STARTER 40 MG/0.4ML AUT-IJ KIT, CYLTEZO-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CYLTEZO-PSORIASIS/UV STARTER (CYLTEZO-PSORIASIS/UV STARTER 40 MG/0.4ML AUT-IJ KIT, CYLTEZO-PSORIASIS/UV STARTER 40 MG/0.8ML AUT-IJ KIT)	2	
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	1	PA
ENBREL MINI	1	QL 8 / 28 days PA
ENBREL SURECLICK	1	PA
ENVARSUS XR (ENVARSUS XR 0.75 MG TAB ER 24H, ENVARSUS XR 1 MG TAB ER 24H, ENVARSUS XR 4 MG TAB ER 24H)	2	
everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)	2	
gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)	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
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) (HULIO (2 SYRINGE) 20 MG/0.4ML PREF SY KT, HULIO (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	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)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	QL 3 / 28 days
HUMIRA (2 SYRINGE) (HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT, HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT, HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT, HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	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/UVEIT STARTER	2	QL 3 / 28 days
HYRIMOZ (HYRIMOZ 10 MG/0.1ML SOLN PRSYR, HYRIMOZ 20 MG/0.2ML SOLN PRSYR, HYRIMOZ 40 MG/0.4ML SOLN A-INJ, HYRIMOZ 40 MG/0.4ML SOLN PRSYR, HYRIMOZ 40 MG/0.8ML SOLN A-INJ, HYRIMOZ 40 MG/0.8ML SOLN PRSYR, HYRIMOZ 80 MG/0.8ML SOLN A-INJ)	2	
HYRIMOZ-CROHNS/UC STARTER	2	
HYRIMOZ-CROHNS/UC STARTER PACK	2	
HYRIMOZ-PED CROHNS STARTER (HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR, HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR)	2	
HYRIMOZ-PLAQ PSOR/UVEIT 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	
IDACIO-PSORIASIS STARTER	2	
IMURAN	2	
INFLECTRA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INFLIXIMAB	1	PA
JYLAMVO	2	
leflunomide 10 mg tab	1	QL 30 / 30 days
leflunomide 20 mg tab	1	QL 150 / 30 days
LUPKYNIS	2	QL 180 / 30 days
METHOTREXATE 1000 MG/40ML SOLUTION	1	
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)	1	
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)	1	
mycophenolate mofetil (mycophenolate mofetil 200 mg/ml recon susp, mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)	1	
mycophenolate sodium 180 mg tab dr	1	QL 240 / 30 days
mycophenolate sodium 360 mg tab dr	1	QL 120 / 30 days
mycophenolic acid 180 mg tab dr	1	QL 240 / 30 days
mycophenolic acid 360 mg tab dr	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	
ORENCIA 250 MG RECON SOLN	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTREXUP (OTREXUP 10 MG/0.4ML SOLN A-INJ, OTREXUP 12.5 MG/0.4ML SOLN A-INJ, OTREXUP 15 MG/0.4ML SOLN A-INJ, OTREXUP 17.5 MG/0.4ML SOLN A-INJ, OTREXUP 20 MG/0.4ML SOLN A-INJ, OTREXUP 22.5 MG/0.4ML SOLN A-INJ, OTREXUP 25 MG/0.4ML SOLN A-INJ)	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 (REDITREX 7.5 MG/0.3ML SOLN PRSYR, REDITREX 10 MG/0.4ML SOLN PRSYR, REDITREX 12.5 MG/0.5ML SOLN PRSYR, REDITREX 15 MG/0.6ML SOLN PRSYR, REDITREX 17.5 MG/0.7ML SOLN PRSYR, REDITREX 20 MG/0.8ML SOLN PRSYR, REDITREX 22.5 MG/0.9ML SOLN PRSYR, REDITREX 25 MG/ML SOLN PRSYR)	2	
REMICADE	2	PA
RENFLEXIS	2	
REZUROCK	2	QL 30 / 30 days
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
SIMLANDI (1 SYRINGE)	1	PA
SIMLANDI (2 PEN)	1	QL 6 / 28 day(s) PA
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	1	PA
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	1	QL 6 / 28 day(s) PA
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR, SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	1	PA
SIMPONI ARIA	2	
sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 1 mg/ml solution, sirolimus 2 mg tab)	1	
SPEVIGO (SPEVIGO 150 MG/ML SOLN PRSYR, SPEVIGO 300 MG/2ML SOLN PRSYR, SPEVIGO 450 MG/7.5ML SOLUTION)	2	
tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)	1	
tacrolimus er (tacrolimus er 0.5 mg cap er 24h, tacrolimus er 1 mg cap er 24h, tacrolimus er 5 mg cap er 24h)	2	
TREXALL (TREXALL 5 MG TAB, TREXALL 7.5 MG TAB, TREXALL 10 MG TAB, TREXALL 15 MG TAB)	2	
XATMEP	2	
YUFLYMA (1 PEN) (YUFLYMA (1 PEN) 40 MG/0.4ML AUT-IJ KIT, YUFLYMA (1 PEN) 80 MG/0.8ML AUT-IJ KIT)	2	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
YUFLYMA (2 PEN)	2	PA
YUFLYMA (2 SYRINGE) (YUFLYMA (2 SYRINGE) 20 MG/0.2ML PREF SY KT, YUFLYMA (2 SYRINGE) 40 MG/0.4ML PREF SY KT)	2	PA
YUFLYMA-CD/UC/HS STARTER	2	PA
YUSIMRY	2	QL 6 / 28 day(s)
ZORTRESS (ZORTRESS 0.25 MG TAB, ZORTRESS 0.5 MG TAB, ZORTRESS 0.75 MG TAB, ZORTRESS 1 MG TAB)	2	
ZYMFENTRA (1 PEN)	2	
ZYMFENTRA (2 PEN)	2	
ZYMFENTRA (2 SYRINGE)	2	
VACCINES		
ADACEL (ADACEL 5-2-15.5 LF-MCG/0.5 SUSP PRSYR, ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION)	1	
AFLURIA QUADRIVALENT (AFLURIA QUADRIVALENT SUSPENSION, AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR, AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR)	1	
BOOSTRIX (BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	1	
ENGERIX-B (ENGERIX-B 10 MCG/0.5ML SUSP PRSYR, ENGERIX-B 20 MCG/ML SUSP PRSYR, ENGERIX-B 20 MCG/ML SUSPENSION)	1	
FLUAD	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX QUADRIVALENT (FLUCELVAX QUADRIVALENT SUSPENSION, FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR)	1	
FLULAVAL QUADRIVALENT	1	
FLUZONE HIGH-DOSE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUZONE QUADRIVALENT (FLUZONE QUADRIVALENT SUSPENSION, FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR, FLUZONE QUADRIVALENT 0.5 ML SUSPENSION)	1	
HAVRIX (HAVRIX 720 EL U/0.5ML SUSP PRSYR, HAVRIX 720 EL U/0.5ML SUSPENSION, HAVRIX 1440 EL U/ML SUSP PRSYR)	1	
PNEUMOVAX 23 (PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR, PNEUMOVAX 23 25 MCG/0.5ML SOLUTION)	1	
PREVNAR 13	1	QL 1 / lifetime
RECOMBIVAX HB (RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR, RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION, RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	QL 2 / lifetime
TWINRIX	1	
VAQTA (VAQTA 25 UNIT/0.5ML SUSP PRSYR, VAQTA 25 UNIT/0.5ML SUSPENSION, VAQTA 50 UNIT/ML SUSP PRSYR, VAQTA 50 UNIT/ML SUSPENSION)	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
ASACOL HD	2	QL 180 / 30 days
AZULFIDINE	2	
AZULFIDINE EN-TABS	2	
balsalazide disodium	1	QL 270 / 30 days
CANASA	2	QL 30 / 30 days
COLAZAL	2	
DELZICOL	1	QL 180 / 30 days
DIPENTUM	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIALDA	2	QL 4 / 1 days
mesalamine 1.2 gm tab dr	1	QL 4 / 1 days
mesalamine 1000 mg suppos	1	QL 30 / 30 days
mesalamine 4 gm enema	1	QL 1800 / 30 day(s)
mesalamine 400 mg cap dr	1	QL 180 / 30 days
mesalamine 800 mg tab dr	2	QL 180 / 30 days
mesalamine er 0.375 gm cap er 24h	1	QL 120 / 30 days
mesalamine er 500 mg cap er	2	
mesalamine-cleanser	2	
PENTASA (PENTASA 250 MG CAP ER, PENTASA 500 MG CAP ER)	1	QL 240 / 30 days
ROWASA	2	
SFROWASA	2	
sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)	1	QL 360 / 30 days
GLUCOCORTICOIDS		
ALKINDI SPRINKLE (ALKINDI SPRINKLE 0.5 MG CAP SPRINK, ALKINDI SPRINKLE 1 MG CAP SPRINK, ALKINDI SPRINKLE 2 MG CAP SPRINK, ALKINDI SPRINKLE 5 MG CAP SPRINK)	2	
budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)	2	
budesonide 3 mg cp dr part	1	QL 90 / 30 day(s)
budesonide er	1	QL 30 / 30 day(s)
CORTEF (CORTEF 5 MG TAB, CORTEF 10 MG TAB, CORTEF 20 MG TAB)	2	
EOHILIA	2	
hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)	1	QL 12 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocortisone 100 mg/60ml enema	1	QL 240 / 1 days
KHINDIVI	2	
ORTIKOS (ORTIKOS 6 MG CAP ER 24H, ORTIKOS 9 MG CAP ER 24H)	2	
UCERIS 2 MG/ACT FOAM	2	
UCERIS 9 MG TAB ER 24H	2	QL 30 / 30 day(s)
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TAB	2	QL 1 / 28 days
ACTONEL 35 MG TAB	2	QL 4 / 28 days
alendronate sodium (alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)	1	QL 4 / 28 days
alendronate sodium 10 mg tab	1	QL 30 / 30 days
alendronate sodium 70 mg/75ml solution	2	QL 10.7 / 1 days
aqueous vitamin d	1	QL 150 / 30 days
ATELVIA	2	
AUKELSO	2	
BILDYOS	2	
BILPREVDA	2	
BINOSTO	2	
BOMYNTRA (BOMYNTRA 120 MG/1.7ML SOLN PRSYR, BOMYNTRA 120 MG/1.7ML SOLUTION)	2	
BONIVA	2	
BONSITY	2	
BOSAYA	2	
bprotected pedia d-vite	1	QL 150 / 30 days
calcitonin (salmon) (calcitonin (salmon) 200 unit/act solution, calcitonin (salmon) 200 unit/ml solution)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)	1	
calcitriol 1 mcg/ml solution	2	QL 60 / 30 days
CALCITRIOL INJ 1 MCG/ML	2	
calcitriol oral soln 1 mcg/ml	2	QL 60 / 30 days
cinacalcet hcl (cinacalcet hcl 30 mg tab, cinacalcet hcl 60 mg tab, cinacalcet hcl 90 mg tab)	1	QL 60 / 30 days
CONEXXENCE	2	
d-1000	1	
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	
dialyvite vitamin d 5000	1	
doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)	2	
doxercalciferol 4 mcg/2ml solution	1	
ENOBY	2	
ergocalciferol 1.25 mg (50000 ut) cap	1	QL 8 / 30 days
EVENITY	2	
FORTEO	2	
FOSAMAX	2	
FOSAMAX PLUS D (FOSAMAX PLUS D 70-2800 MG-UNIT TAB, FOSAMAX PLUS D 70-5600 MG-UNIT TAB)	2	
ft vitamin d3 25 mcg (1000 ut) tab	1	
gnp vitamin d 25 mcg (1000 ut) tab	1	
gnp vitamin d3 extra strength	1	
HECTOROL	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm vitamin d3	1	
ibandronate sodium 150 mg tab	1	QL 1 / 30 days
ibandronate sodium 3 mg/3ml solution	2	
JUBBONTI	1	PA
MIACALCIN	2	
nat-rul vitamin d 25 mcg (1000 ut) tab	1	
OSENVELT	2	
OSPOMYV	2	
OSVYRTI	2	
PAMIDRONATE DISODIUM (PAMIDRONATE DISODIUM, PAMIDRONATE DISODIUM 90 MG/10ML SOLUTION)	1	QLC 10 mL/fill
pamidronate disodium 30 mg/10ml solution	1	QLC 30 mL/fill
paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)	2	
paricalcitol (paricalcitol 2 mcg/ml solution, paricalcitol 5 mcg/ml solution)	1	
pharmacist choice d-vitamin	1	QL 150 / 30 days
PROLIA	2	QL 1 / 180 days
qc vitamin d3 25 mcg (1000 ut) tab	1	
ra vitamin d-3 25 mcg (1000 ut) tab	1	
RAYALDEE	2	
RECLAST	2	QL 100 mL / 365 day(s)
risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab)	2	QL 30 / 30 days
risedronate sodium 150 mg tab	2	QL 1 / 28 days
risedronate sodium 35 mg tab	2	QL 4 / 28 days
risedronate sodium 35 mg tab dr	2	
ROCALTROL (ROCALTROL 0.25 MCG CAP, ROCALTROL 0.5 MCG CAP)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROCALTROL 1 MCG/ML SOLUTION	2	QL 60 / 30 days
sm vitamin d3 25 mcg (1000 ut) tab	1	
STOBOCLO	2	
teriparatide	2	
true vitamin d3 (true vitamin d3 125 mcg (5000 ut) cap, true vitamin d3 25 mcg (1000 ut) tab)	1	
TYMLOS	2	
vitamin d (cholecalciferol) 25 mcg (1000 ut) tab	1	
vitamin d (ergocalciferol) (vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap, vitamin d (ergocalciferol) 50000 unit cap)	1	QL 8 / 30 days
vitamin d 10 mcg/ml liquid	1	QL 150 / 30 days
vitamin d 25 mcg (1000 ut) tab	1	
vitamin d infant	1	QL 150 / 30 days
vitamin d-1000 max st	1	
vitamin d3 (vitamin d3 125 mcg (5000 ut) cap, vitamin d3 25 mcg tab)	1	
vitamin d3 10 mcg/ml liquid	1	QL 150 / 30 days
well vitamin d3 125 mcg (5000 ut) cap	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	1	QL 400 Ml / 28 day(s)
zoledronic acid 4 mg/5ml conc	1	QL 20 mL / 28 day(s)
zoledronic acid 5 mg/100ml solution	1	QL 100 mL / 365 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MISCELLANEOUS THERAPEUTIC AGENTS		
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	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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 (AEROCHAMBER PLUS FLO-VU LARGE DEVICE, AEROCHAMBER PLUS FLO-VU LARGE MISC)	1	
AEROCHAMBER PLUS FLO-VU MEDIUM (AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE, AEROCHAMBER PLUS FLO-VU MEDIUM MISC)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER PLUS FLO-VU SMALL (AEROCHAMBER PLUS FLO-VU SMALL DEVICE, AEROCHAMBER PLUS FLO-VU SMALL MISC)	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
ALCOH-GLOVE CONTOURED WIPE	1	
ALCOHOL PADS	1	
ALCOHOL PREP (ALCOHOL PREP PAD, ALCOHOL PREP 70 % PAD)	1	
ALCOHOL PREP PADS	1	
ALCOHOL SWABS (ALCOHOL SWABS PAD, ALCOHOL SWABS 70 % PAD)	1	
ALCOHOL SWABSTICK	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
alcohol wipes	1	
ALL-IN-ONE NEBULIZER SYSTEM	1	
antifungal 2 % powder	1	QL 71 / 15 days
AQ INSULIN SYRINGE (AQ INSULIN SYRINGE 29G X 1/2" 1 ML MISC, AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	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 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	
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 SYRINGE LUER-LOK 1 ML MISC	1	
BD SYRINGE SLIP TIP 1 ML MISC	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	
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (CAREPOINT SYRINGE LUER LOCK 1 ML MISC, CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC)	1	
CAREPOINT SYRINGE LUER SLIP 1 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 (CARETOUCH LUER LOCK 1 ML MISC, CARETOUCH LUER LOCK 23G X 1" 3 ML MISC)	1	
CARETOUCH LUER SLIP 1 ML MISC	1	
CARETOUCH MONITOR SYSTEM	2	QL 1 / 365 days
CARETOUCH SAFETY LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
CLEVER CHOICE LANCETS 28G	1	QL 200 / 30 days
CLEVER CHOICE MICRO SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
CONTOUR MONITOR	1	QL 1 / 365 days
CONTOUR NEXT EZ	1	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (CONTOUR NEXT ONE KIT, CONTOUR NEXT ONE W/DEVICE KIT)	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 (CVS BLOOD GLUCOSE METER DEVICE, CVS BLOOD GLUCOSE METER W/DEVICE KIT)	2	QL 1 / 365 days
CVS GLUCOSE METER TEST STRIPS	2	
cvs isopropyl alcohol wipes	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
CVS LANCETS ULTRA THIN 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 GLIDE LUER LOCK SYRINGE 1 ML MISC	1	
EASY GLIDE SLIP LOCK SYRINGE	1	
EASY PLUS II GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY PLUS II GLUCOSE TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY STEP GLUCOSE MONITOR	2	QL 1 / 365 days
EASY STEP TEST	2	
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 HEALTHPRO GLUCOSE W/DEVICE KIT	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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 SYRINGE BARREL 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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASYMAX NG BLOOD GLUCOSE (EASYMAX NG BLOOD GLUCOSE DEVICE, EASYMAX NG BLOOD GLUCOSE W/DEVICE KIT)	2	QL 1 / 365 days
EASYMAX TEST	2	
EASYMAX V BLOOD GLUCOSE	2	QL 1 / 365 days
EASYPOINT NEEDLE 18G X 1" MISC	1	
EASYPOINT 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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EVOLUTION AUTOCODE DEVICE	2	QL 1 / 365 days
EVOLUTION AUTOCODE STRIP	2	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA 6 CONNECT	2	
FORA 6 CONNECT/GTEL TEST	2	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA V20 BLOOD GLUCOSE TEST	2	
FORA V30A BLOOD GLUCOSE SYSTEM (FORA V30A BLOOD GLUCOSE SYSTEM DEVICE, FORA V30A BLOOD GLUCOSE SYSTEM W/DEVICE KIT)	2	QL 1 / 365 days
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 (FREESTYLE LITE DEVICE, FREESTYLE LITE W/DEVICE KIT)	2	QL 1 / 365 days
FREESTYLE LITE TEST	2	
FREESTYLE PRECISION NEO SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FREESTYLE PRECISION NEO TEST	2	
FREESTYLE TEST	2	
FREESTYLE UNISTICK II LANCETS	1	QL 200 / 30 days
GE100 BLOOD GLUCOSE SYSTEM (GE100 BLOOD GLUCOSE SYSTEM DEVICE, GE100 BLOOD GLUCOSE SYSTEM W/DEVICE KIT)	2	QL 1 / 365 days
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCARD EXPRESSION MONITOR	2	QL 1 / 365 days
GLUCOCARD EXPRESSION TEST	2	
GLUCOCARD SHINE (GLUCOCARD SHINE DEVICE, GLUCOCARD SHINE W/DEVICE KIT)	2	QL 1 / 365 days
GLUCOCARD SHINE CONNEX	2	QL 1 / 365 days
GLUCOCARD SHINE EXPRESS	2	QL 1 / 365 days
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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" (GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML MISC, GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML MISC)	1	
GNP LANCETS 21G	1	QL 200 / 30 days
GNP LANCETS THIN 26G	1	QL 200 / 30 days
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 TRUE METRIX GLUCOSE STRIPS	2	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
HYDROCORTISONE COMPLETE KIT	2	
HYMOVIS	2	
HYMOVIS ONE	2	
HYPODERMIC NEEDLE 18G X 1" MISC	1	
IGLUCOSE MONITORING SYSTEM	2	QL 1 / 365 days
IGLUCOSE 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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
isopropyl alcohol 70 % misc	1	
isopropyl alcohol wipes	1	
KAZ HEALTHMIST HUMIDIFIER	1	
KETO-DIASTIX	1	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
medpura alcohol pads	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
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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
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 PHARMACY TRAY 1 ML MISC	1	
MONOJECT SYRINGE 23G X 1" 3 ML MISC	1	
MONOJECT SYRINGE PHARMACY TRAY	1	
MONOJECT TB SYRINGE 1 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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
MYGLUCOHEALTH TEST	2	
NAVAGE PORTABLE NEBULIZER	1	
NEB 200 COMPRESSOR NEBULIZER	1	
NEUTEK 2TEK TEST	2	
NOKOR VENTED NEEDLE	1	
NORM-JECT LUER SLIP SYRINGE	1	
NOVA MAX BLOOD GLUCOSE SYSTEM (NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE, NOVA MAX BLOOD GLUCOSE SYSTEM W/DEVICE KIT)	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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OMNIPOD 5 LIBRE INTRO	1	
OMNIPOD 5 LIBRE 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 (OMNIPOD GO 10 UNIT/24HR KIT, OMNIPOD GO 15 UNIT/24HR KIT, OMNIPOD GO 20 UNIT/24HR KIT, OMNIPOD GO 25 UNIT/24HR KIT, OMNIPOD GO 30 UNIT/24HR KIT, OMNIPOD GO 35 UNIT/24HR KIT, OMNIPOD GO 40 UNIT/24HR KIT)	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 ULTRA	1	QL 150 / 30 DAYS
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
OPTICHAMBER DIAMOND MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRO VOICE V9 GLUCOSE SYSTEM	2	QL 1 / 365 days
PROCHAMBER VHC	1	
PRODIGY AUTOCODE BLOOD GLUCOSE (PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE, PRODIGY AUTOCODE BLOOD GLUCOSE W/DEVICE KIT)	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
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
qc alcohol	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (RA INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, RA INSULIN SYRINGE 29G X 1/2" 1 ML MISC, RA INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, RA INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
ra isopropyl alcohol wipes	1	
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 (RELION ALCOHOL SWABS PAD, RELION ALCOHOL SWABS 70 % PAD)	1	
RELION ALL-IN-ONE	2	
RELION BLOOD GLUCOSE TEST	2	
RELION CONFIRM GLUCOSE MONITOR	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (SB INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SB INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SB INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SB INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
SB LANCETS THIN	1	QL 200 / 30 days
SB LANCETS ULTRA THIN	1	QL 200 / 30 days
SECURESAFE INSULIN SYRINGE (SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
sodium bicarbonate 8.4 % solution	1	
SOLUS V2 BLOOD GLUCOSE SYSTEM (SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE, SOLUS V2 BLOOD GLUCOSE SYSTEM W/DEVICE KIT)	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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
SYRINGE LUER SLIP 1 ML MISC	1	
SYRPALTA SYRUP	1	
SYRPALTA (RED)	1	
SYRSPEND SF LIQUID	1	
SYRUP VEHICLE	1	
SYRUP VEHICLE SF	1	
TECHLITE AST LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TECHLITE INSULIN SYRINGE (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
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
THE EPINEPHRINE SYRINGE	1	
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
TRAVEL LANCETS ADVANCED 28G	1	QL 200 / 30 days
TRIAMVEX (CREAM)	2	
TRIASIL	2	
TRILONA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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, 56151-1464-01, 96295-0142-04)	2	
TRUE METRIX BLOOD GLUCOSE TEST STRIP (NDC: 56151-1460-01, 56151-1463-04, 56151-1460-04)	1	QL 150 / 30 DAYS
TRUE METRIX GO GLUCOSE METER	2	QL 1 / 365 days
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	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUENESS BLOOD GLUCOSE MONITOR	1	QL 1 / 365 days
TRUENESS BLOOD GLUCOSE STRIPS	1	
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 (ULTICARE ALCOHOL SWABS PAD, ULTICARE ALCOHOL SWABS 70 % PAD)	1	
ULTICARE INSULIN SAFETY SYR (ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
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 (ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	1	
ULTRA-THIN II LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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
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 (VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (VIVAGUARD INO GLUCOSE METER DEVICE, VIVAGUARD INO GLUCOSE METER KIT)	2	QL 1 / 365 days
VIVAGUARD INO SMART GLUC METER	2	QL 1 / 365 days
VIVAGUARD INO TEST STRIPS	2	
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	
water for irrigation, sterile	1	
WAVESENSE AMP	2	QL 1 / 365 days
WEBCOL ALCOHOL PREP LARGE	1	
WEBCOL ALCOHOL PREP MEDIUM	1	
WEGOVY (WEGOVY 1.5 MG TAB, WEGOVY 4 MG TAB, WEGOVY 9 MG TAB, WEGOVY 25 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XPHOZAH (XPHOZAH 20 MG TAB, XPHOZAH 30 MG TAB)	2	
ZEVRX INSULIN SYRINGE (ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
ZEVRX STERILE ALCOHOL PREP PAD	1	
ZEVRX TWIST TOP LANCETS 30G	1	QL 200 / 30 days
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ak-poly-bac	1	QL 7 / 18 days
ALTAFRIN 2.5 % SOLUTION	1	
artificial tears 0.1-0.3 % solution	1	QL 15 / 15 days
artificial tears pf	1	
ATROPINE SULFATE 1 % SOLUTION	1	QL 5 / 18 days
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
BACITRACIN-POLYMYXIN B	1	QL 7 / 18 days
BEOVU (BEOVU 6 MG/0.05ML SOLN PRSYR, BEOVU 6 MG/0.05ML SOLUTION)	2	
bion tears pf	1	
BLEPHAMIDE S.O.P.	2	QL 7 / 18 days
brimonidine tartrate-timolol	2	
BYOOVIZ	2	PA
CEQUA	2	
CIMERLI (CIMERLI 0.3 MG/0.05ML SOLUTION, CIMERLI 0.5 MG/0.05ML SOLUTION)	1	PA
COMBIGAN	1	
COSOPT	2	
COSOPT PF	2	
cyclopentolate hcl (cyclopentolate hcl 0.5 % solution, cyclopentolate hcl 2 % solution)	1	QL 15 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cyclopentolate hcl 1 % solution	1	QL 5 / 25 days
cyclosporine (pf)	2	QL 60 / 30 days
dorzolamide hcl-timolol mal (dorzolamide hcl-timolol mal 2-0.5 % solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution)	1	QL 10 / 18 days
dorzolamide hcl-timolol mal pf	2	
EYLEA (EYLEA 2 MG/0.05ML SOLN PRSYR, EYLEA 2 MG/0.05ML SOLUTION)	1	PA
EYLEA HD	2	
ISOPTO ATROPINE	1	QL 5 / 18 days
IZERVAY	2	
LACRISERT	2	
loteprednol-tobramycin	2	
lubricating tears eye drops 0.1-0.3 % solution	1	QL 15 / 15 days
LUCENTIS (LUCENTIS 0.3 MG/0.05ML SOLN PRSYR, LUCENTIS 0.5 MG/0.05ML SOLN PRSYR)	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)
naphcon-a	1	QL 15 / 18 days
neo-polycin	2	
neo-polycin hc	1	
neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx, neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment)	2	
neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 0.1 % suspension, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)	1	QL 5 / 18 days
neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
neomycin-polymyxin-gramicidin	2	QL 10 / 15 days
neomycin-polymyxin-hc 3.5-10000-1 ophth suspension	2	QL 10 / 15 days
PAVBLU (PAVBLU 2 MG/0.05ML SOLN PRSYR, PAVBLU 2 MG/0.05ML SOLUTION)	2	
phenylephrine hcl 2.5 % solution	1	
polycin	1	QL 7 / 18 days
polyvinyl alcohol	1	
PRED-G	1	
PRED-G S.O.P.	1	
RESTASIS	1	QL 60 / 30 days
RESTASIS MULTIDOSE	2	QL 5.5 / 28 days
ROCKLATAN	2	
sulfacetamide-prednisolone	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	
tobramycin-dexamethasone	2	QL 5 / 18 days
tropicamide (tropicamide 0.5 % solution, tropicamide 1 % solution)	1	QL 15 / 18 days
TRYPTYR	2	
TYRVAYA	2	
VABYSMO (VABYSMO 6 MG/0.05ML SOLN PRSYR, VABYSMO 6 MG/0.05ML SOLUTION)	1	PA
VISUDYNE	1	PA
XIIDRA	1	QL 60 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZYLET	2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
alaway	1	QL 10 / 18 days
alaway childrens allergy	1	QL 10 / 18 days
ALOCRIL	2	QL 5 / 18 days
ALOMIDE	2	QL 10 / 18 days
azelastine hcl 0.05 % solution	1	
bepotastine besilate	2	
BEPREVE	2	
cromolyn sodium 4 % solution	1	QL 10 / 18 days
cvs eye itch relief	1	QL 10 / 18 days
cvs olopatadine hcl (cvs olopatadine hcl 0.1 % solution, cvs olopatadine hcl 0.2 % solution)	1	
epinastine hcl	2	
eye allergy itch relief 0.2 % solution	1	
eye allergy itch/redness rel	1	
eye itch relief	1	QL 10 / 18 days
ft eye allergy itch & redness	1	
ft eye allergy itch relief	1	
gnp olopatadine hcl (gnp olopatadine hcl 0.1 % solution, gnp olopatadine hcl 0.2 % solution)	1	
goodsense eye itch relief	1	QL 10 / 18 days
hm eye allergy itch relief	1	
hm eye allergy itch/red relief	1	
ketotifen fumarate	1	QL 10 / 18 days
LASTACAFT	2	
olopatadine hcl 0.1 % solution	1	QL 5 / 25 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
olopatadine hcl 0.2 % solution	1	QL 2.5 / 30 days
olopatadine hcl extra strength	1	
pataday (pataday 0.1 % solution, pataday 0.2 % solution, pataday 0.7 % solution)	2	
qc olopatadine hcl	1	
retaine allergy	1	
sm eye itch relief	1	QL 10 / 18 days
sm olopatadine hcl	1	
zaditor	1	QL 10 / 18 days
ZERVIATE	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	2	
erythromycin 5 mg/gm ointment	1	QL 7 / 18 days
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
gatifloxacin	1	
gentak	1	QL 7 / 18 days
gentamicin sulfate 0.3 % solution	1	QL 15 / 18 days
levofloxacin (levofloxacin 0.5 % solution, levofloxacin 1.5 % solution)	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl 0.5 % solution	1	
OCUFLOX	2	
ofloxacin 0.3 % solution	1	QL 10 / 7 days
polymyxin b-trimethoprim	1	QL 10 / 15 days
sulfacetamide sodium 10 % ointment	2	
SULFACETAMIDE SODIUM 10 % SOLUTION	2	QL 15 / 18 days
tobramycin 0.3 % solution	1	QL 5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOBREX	2	QL 3.5 / 18 days
trifluridine	1	QL 7.5 / 18 days
VIGAMOX	2	
ZYMAXID	2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR	2	
ACULAR LS	2	
ACUVAIL	2	
ALREX	2	QL 5 / 18 days
bromfenac sodium (bromfenac sodium 0.07 % solution, bromfenac sodium 0.075 % solution)	2	
bromfenac sodium (once-daily)	1	
BROMSITE	2	
BYQLOVI	2	
CLOBETASOL PROPIONATE 0.05 % SUSPENSION	2	
dexamethasone sodium phosphate 0.1 % solution	1	QL 5 / 10 days
DEXTENZA	2	
DEXYCU	2	
diclofenac sodium 0.1 % solution	2	
difluprednate	1	
DUREZOL	1	
EYSUVIS	1	
FLAREX	1	QL 5 / 18 days
fluorometholone	1	QL 5 / 18 days
flurbiprofen sodium	1	QL 5 / 10 days
FML	1	QL 3.5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FML FORTE	1	QL 10 / 30 days
FML LIQUIFILM	2	
ILEVRO	2	
ILUVIEN	2	
INVELTYS	2	
ketorolac tromethamine 0.4 % solution	1	
ketorolac tromethamine 0.5 % solution	1	QL 5 / 18 days
LOTEMAX (LOTEMAX 0.5 % GEL, LOTEMAX 0.5 % SUSPENSION)	2	
LOTEMAX 0.5 % OINTMENT	1	
LOTEMAX SM	2	
loteprednol etabonate (loteprednol etabonate 0.2 % suspension, loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)	2	
MAXIDEX	1	
NEVANAC	2	
OZURDEX	2	
PRED FORTE	2	
PRED MILD	1	QL 5 / 18 days
prednisolone acetate	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	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5 % solution	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETIMOL (BETIMOL 0.25 % SOLUTION, BETIMOL 0.5 % SOLUTION)	2	
BETOPTIC-S	2	
carteolol hcl	1	
ISTALOL	2	
levobunolol hcl	1	QL 5 / 18 days
timolol hemihydrate	2	
timolol maleate (once-daily)	2	QL 5 / 18 days
timolol maleate (timolol maleate 0.25 % gel f soln, timolol maleate 0.5 % gel f soln)	2	QL 5 / 18 days
timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)	1	QL 5 / 18 days
timolol maleate ocudose	2	
timolol maleate pf (timolol maleate pf 0.25 % solution, timolol maleate pf 0.5 % solution)	2	
TIMOPTIC (TIMOPTIC 0.25 % SOLUTION, TIMOPTIC 0.5 % SOLUTION)	2	
TIMOPTIC OCUDOSE (TIMOPTIC OCUDOSE 0.25 % SOLUTION, TIMOPTIC OCUDOSE 0.5 % SOLUTION)	2	
TIMOPTIC-XE (TIMOPTIC-XE 0.25 % GEL F SOLN, TIMOPTIC-XE 0.5 % GEL F SOLN)	2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er	1	QL 60 / 30 days
ALPHAGAN P 0.1 % SOLUTION	1	QL 15 / 26 days
ALPHAGAN P 0.15 % SOLUTION	1	
apraclonidine hcl	2	
AZOPT	2	QL 10 / 24 days
brimonidine tartrate 0.1 % solution	2	
brimonidine tartrate 0.15 % solution	2	QL 15 / 26 days
brimonidine tartrate 0.2 % solution	1	QL 5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
brinzolamide	2	
dorzolamide hcl	1	QL 10 / 18 days
IDOSE TR	2	
IOPIDINE	2	
methazolamide (methazolamide 25 mg tab, methazolamide 50 mg tab)	1	QL 4 / 1 days
OMLONTI	2	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)	2	QL 15 / 18 days
RHOPRESSA	2	
SIMBRINZA	1	QL 8 / 25 days
TRUSOPT	2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost (bimatoprost 0.01 % solution, bimatoprost 0.03 % solution)	2	
DURYSTA	2	
IYUZEH	2	
latanoprost	1	QL 2.5 / 18 days
LUMIGAN	2	
tafluprost (pf)	2	
TRAVATAN Z	2	QL 5 / 18 days
travoprost (bak free)	2	
VYZULTA	2	
XALATAN	2	
XELPROS	2	
ZIOPTAN	2	
ZOLYMBUS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTIC AGENTS		
acetic acid 2 % solution	1	
CIPRO HC 0.2-1 % SUSPENSION	1	
CIPRODEX	1	
ciprofloxacin hcl 0.2 % solution	2	
ciprofloxacin-dexamethasone	2	
ciprofloxacin-fluocinolone pf	2	
ciprofloxacin-hydrocortisone	2	
CORTISPORIN-TC	2	
debrox	1	
ear drops earwax aid	1	
earwax removal	1	
earwax removal kit	1	
goodsense ear wax kit	1	
goodsense ear wax removal	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIPRIO	2	
OTOVEL	2	
XTORO	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO (ALVESCO 80 MCG/ACT AERO SOLN, ALVESCO 160 MCG/ACT AERO SOLN)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARMONAIR DIGIHALER (ARMONAIR DIGIHALER 55 MCG/ACT AER POW BA, ARMONAIR DIGIHALER 113 MCG/ACT AER POW BA, ARMONAIR DIGIHALER 232 MCG/ACT AER POW BA)	2	
ARNUITY ELLIPTA (ARNUITY ELLIPTA 50 MCG/ACT AER POW BA, ARNUITY ELLIPTA 100 MCG/ACT AER POW BA, ARNUITY ELLIPTA 200 MCG/ACT AER POW BA)	1	QL 30 / 30 days
ASMANEX (120 METERED DOSES)	1	
ASMANEX (14 METERED DOSES)	1	
ASMANEX (30 METERED DOSES) (ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA, ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA)	1	
ASMANEX (60 METERED DOSES)	1	
ASMANEX HFA (ASMANEX HFA 50 MCG/ACT AEROSOL, ASMANEX HFA 100 MCG/ACT AEROSOL, ASMANEX HFA 200 MCG/ACT AEROSOL)	1	
BECLOMETHASONE DIPROP HFA (BECLOMETHASONE DIPROP HFA 40 MCG/ACT AERO SOLN, BECLOMETHASONE DIPROP HFA 80 MCG/ACT AERO SOLN)	2	
BECONASE AQ	2	
budesonide 0.25 mg/2ml suspension	1	QL 240 / 30 days
budesonide 0.5 mg/2ml suspension	1	QL 4 / 1 days
budesonide 1 mg/2ml suspension	2	QL 60 / 30 days
budesonide 32 mcg/act suspension	2	QL 8.43 / 30 days
eq budesonide nasal	2	QL 8.43 / 30 days
flonase allergy relief	2	QL 16 / 20 days
FLONASE SENSIMIST	2	
FLONASE SENSIMIST CHILDRENS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOVENT DISKUS (FLOVENT DISKUS 50 MCG/ACT AER POW BA, FLOVENT DISKUS 100 MCG/ACT AER POW BA, FLOVENT DISKUS 250 MCG/ACT AER POW BA)	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)
flunisolide	2	QL 0.84 / 1 days
fluticasone furoate ellipta (fluticasone furoate ellipta 50 mcg/act aer pow ba, fluticasone furoate ellipta 100 mcg/act aer pow ba, fluticasone furoate ellipta 200 mcg/act aer pow ba)	2	
fluticasone propionate 50 mcg/act suspension (rx)	1	QL 16 / 20 days
fluticasone propionate diskus (fluticasone propionate diskus 50 mcg/act aer pow ba, fluticasone propionate diskus 100 mcg/act aer pow ba, fluticasone propionate diskus 250 mcg/act aer pow ba)	1	QL 60 / 30 day(s)
fluticasone propionate hfa 110 mcg/act aerosol	1	QL 12 / 30 day(s)
fluticasone propionate hfa 220 mcg/act aerosol	1	QL 24 / 30 day(s)
fluticasone propionate hfa 44 mcg/act aerosol	1	QL 10.6 / 30 day(s)
ft 24 hour nasal allergy	2	QL 16.9 / 16 days C No PA required for children under 4 years old
gnp 24 hour nasal allergy	2	QL 16.9 / 16 days C No PA required for children under 4 years old
gnp budesonide nasal spray	2	QL 8.43 / 30 days
goodsense nasal allergy spray	2	QL 16.9 / 16 days C No PA required for children under 4 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm 24 hour nasal allergy	2	QL 16.9 / 16 days C No PA required for children under 4 years old
kls aller-cort	2	QL 16.9 / 16 days C No PA required for children under 4 years old
nasal allergy 24 hour	2	QL 16.9 / 16 days C No PA required for children under 4 years old
nasal allergy spray	2	QL 16.9 / 16 days C No PA required for children under 4 years old
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 REDIHALER 40 MCG/ACT AERO BA	1	QL 10.6 / 30 days
QVAR REDIHALER 80 MCG/ACT AERO BA	1	QL 2 inhalers / 30 day(s)
triamcinolone acetonide 55 mcg/act aerosol	2	QL 16.9 / 16 days C No PA required for children under 4 years old
XHANCE	2	
ZETONNA	2	
ANTIHISTAMINES		
12hr allergy relief	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
24hr allergy relief	1	QL 30 / 30 days
alavert	2	
aler-cap	1	QL 6 / 1 days
alertab	1	QL 6 / 1 days
alka-seltzer plus allergy	1	QL 6 / 1 days
all day allergy	1	QL 120 / 30 days
all day allergy childrens	1	QL 300 / 30 days
all-day allergy childrens	1	QL 300 / 30 days
allegra allergy 180 mg tab	2	QL 30 / 30 days
allegra allergy childrens	2	
allegra hives 24hr	2	QL 30 / 30 days
aller-ease	1	QL 60 / 30 days
allergy (cetirizine)	1	QL 120 / 30 days
allergy 24-hr	1	QL 30 / 30 days
allergy 25 mg cap	1	QL 6 / 1 days
allergy childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
allergy childrens 30 mg/5ml suspension	1	
allergy childrens 5 mg/5ml solution	1	QL 300 / 30 days
allergy rel child (loratadine)	1	QL 300 / 30 days
allergy relief (allergy relief 25 mg cap, allergy relief 25 mg tab)	1	QL 6 / 1 days
allergy relief (allergy relief 5 mg tab, allergy relief 10 mg tab, allergy relief 180 mg tab)	1	QL 30 / 30 days
allergy relief (cetirizine) 10 mg cap	1	
allergy relief (cetirizine) 10 mg tab	1	QL 120 / 30 days
allergy relief (loratadine) 10 mg tab	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
allergy relief 25 mg/10ml liquid	1	QL 30 / 1 days
allergy relief 60 mg tab	1	QL 60 / 30 days
allergy relief ceterizine	1	QL 30 / 30 days
allergy relief cetirizine	1	QL 120 / 30 days
allergy relief childrens 1 mg/ml solution	1	QL 300 / 30 days
allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
anti-hist allergy	1	QL 6 / 1 days
azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)	1	QL 30 / 24 days
azelastine hcl 0.15 % solution	2	
banophen (banophen 25 mg cap, banophen 25 mg tab, banophen 50 mg cap)	1	QL 6 / 1 days
benadryl allergy (benadryl allergy 25 mg cap, benadryl allergy 25 mg tab)	1	QL 6 / 1 days
benadryl allergy childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
benadryl allergy ultratabs	1	QL 6 / 1 days
cetirizine hcl (cetirizine hcl 1 mg/ml solution, cetirizine hcl 5 mg/5ml solution)	1	QL 300 / 30 days
cetirizine hcl (cetirizine hcl 5 mg chew tab, cetirizine hcl 10 mg chew tab)	2	QL 30 / 30 days
cetirizine hcl 10 mg tab	1	QL 120 / 30 days
cetirizine hcl 5 mg tab	1	QL 30 / 30 days
cetirizine hcl allergy child	1	QL 300 / 30 days
cetirizine hcl childrens alrgy	1	QL 300 / 30 days
cetirizine hcl childrens hives	1	QL 300 / 30 days
childrens 24 hour allergy	1	QL 300 / 30 days
childrens loratadine	1	QL 300 / 30 days
CLARINEX	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
claritin 10 mg chew tab	2	
claritin 10 mg tab	2	QL 30 / 30 days
CLARITIN ALLERGY CHILDRENS	2	
claritin childrens	2	
CLARITIN REDITABS 10 MG TAB DISP	2	
complete allergy medicine (complete allergy medicine 25 mg cap, complete allergy medicine 25 mg tab)	1	QL 6 / 1 days
complete allergy relief	1	QL 6 / 1 days
curelief	1	QL 30 / 1 days
cvs allergy	1	QL 6 / 1 days
cvs allergy & hives relief	1	QL 30 / 30 days
cvs allergy childrens	1	QL 300 / 30 days
cvs allergy relief (cvs allergy relief 25 mg cap, cvs allergy relief 25 mg tab)	1	QL 6 / 1 days
cvs allergy relief 10 mg tab disp	1	
cvs allergy relief 180 mg tab	1	QL 30 / 30 days
cvs allergy relief 25 mg/10ml liquid	1	QL 30 / 1 days
cvs allergy relief 60 mg tab	1	QL 60 / 30 days
cvs allergy relief adult	1	QL 30 / 1 days
cvs allergy relief childrens (cvs allergy relief childrens 5 mg chew tab, cvs allergy relief childrens 30 mg/5ml suspension)	1	
cvs allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
cvs allergy relief childrens 5 mg/5ml solution	1	QL 300 / 30 days
cvs allergy relief(cetirizine)	1	QL 120 / 30 days
cvs childrens allergy	1	QL 30 / 1 days
cyproheptadine hcl 2 mg/5ml syrup	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cyproheptadine hcl 4 mg tab	1	QL 240 / 30 days
desloratadine (desloratadine, desloratadine 2.5 mg tab disp, desloratadine 5 mg tab disp)	2	
desloratadine 5 mg tab	1	
dimetane allergy relief	1	QL 6 / 1 days
dimetane allergy relief ex st	1	QL 6 / 1 days
diphen	1	QL 6 / 1 days
diphenhist	1	QL 6 / 1 days
diphenhydramine hcl (diphenhydramine hcl 12.5 mg/5ml elixir, diphenhydramine hcl 12.5 mg/5ml liquid, diphenhydramine hcl 25 mg/10ml liquid)	1	QL 30 / 1 days
diphenhydramine hcl (diphenhydramine hcl 25 mg cap, diphenhydramine hcl 25 mg tab, diphenhydramine hcl 50 mg cap)	1	QL 6 / 1 days
diphenhydramine hcl 50 mg/ml solution	1	
diphenhydramine hcl childrens	1	QL 30 / 1 days
eq allergy relief (cetirizine) 10 mg tab	1	QL 120 / 30 days
eq allergy relief (eq allergy relief 25 mg cap, eq allergy relief 25 mg tab)	1	QL 6 / 1 days
eq allergy relief 180 mg tab	1	QL 30 / 30 days
eq allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
eq loratadine childrens 10 mg tab disp	1	
eql allergy 25 mg tab	1	QL 6 / 1 days
eql allergy relief 180 mg tab	1	QL 30 / 30 days
eql allergy relief 25 mg tab	1	QL 6 / 1 days
eql childrens allergy	1	QL 30 / 1 days
fexofenadine hcl 180 mg tab	1	QL 30 / 30 days
fexofenadine hcl 60 mg tab	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft all day allergy 10 mg tab	1	QL 120 / 30 days
ft all day allergy 24 hour	1	QL 120 / 30 days
ft all day allergy relief	1	QL 30 / 30 days
ft allergy childrens	1	QL 300 / 30 days
ft allergy relief (ft allergy relief 25 mg cap, ft allergy relief 25 mg tab)	1	QL 6 / 1 days
ft allergy relief 12 hour	1	QL 60 / 30 days
ft allergy relief 180 mg tab	1	QL 30 / 30 days
ft allergy relief 24 hour	1	QL 30 / 30 days
ft allergy relief cetirizine	1	QL 120 / 30 days
ft allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
ft allergy relief childrens 5 mg chew tab	1	
ft allergy relief childrens 5 mg/5ml solution	1	QL 300 / 30 days
ft allergy relief loratadine	1	QL 30 / 30 days
geri-dryl 12.5 mg/5ml liquid	1	QL 30 / 1 days
geri-dryl 25 mg tab	1	QL 6 / 1 days
gnp all day allergy	1	QL 120 / 30 days
gnp all day allergy childrens (gnp all day allergy childrens 1 mg/ml solution, gnp all day allergy childrens 5 mg/5ml solution)	1	QL 300 / 30 days
gnp all day allergy relief	1	
gnp allergy (gnp allergy 25 mg cap, gnp allergy 25 mg tab)	1	QL 6 / 1 days
gnp allergy childrens	1	QL 30 / 1 days
gnp allergy relief (gnp allergy relief 25 mg cap, gnp allergy relief 25 mg tab)	1	QL 6 / 1 days
gnp allergy relief 180 mg tab	1	QL 30 / 30 days
gnp allergy relief 24 hr	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp allergy relief childrens	1	QL 30 / 1 days
gnp allergy relief max st	1	QL 30 / 1 days
gnp childrens allergy	1	QL 30 / 1 days
gnp loratadine 10 mg tab	1	QL 30 / 30 days
gnp loratadine 10 mg tab disp	1	
gnp loratadine 5 mg/5ml solution	1	QL 300 / 30 days
gnp loratadine childrens	1	QL 300 / 30 days
goodsense all day allergy 10 mg tab	1	QL 120 / 30 days
goodsense all day allergy 5 mg/5ml solution	1	QL 300 / 30 days
goodsense aller-ease	1	QL 30 / 30 days
goodsense allergy relief (goodsense allergy relief 25 mg cap, goodsense allergy relief 25 mg tab)	1	QL 6 / 1 days
goodsense allergy relief 10 mg cap	2	
goodsense allergy relief 10 mg tab	1	QL 30 / 30 days
goodsense allergy relief child	1	QL 300 / 30 days
h-e-b childrens allergy	1	QL 30 / 1 days
hm all day allergy 5 mg/5ml solution	1	QL 300 / 30 days
hm all day allergy childrens	1	QL 300 / 30 days
hm allergy relief (cetirizine)	1	QL 120 / 30 days
hm allergy relief (hm allergy relief 25 mg cap, hm allergy relief 25 mg tab)	1	QL 6 / 1 days
hm allergy relief 180 mg tab	1	QL 30 / 30 days
hm allergy relief 60 mg tab	1	QL 60 / 30 days
hm cetirizine hcl	1	QL 120 / 30 days
hm fexofenadine hcl 180 mg tab	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm fexofenadine hcl 60 mg tab	1	QL 60 / 30 days
hm loratadine	1	QL 30 / 30 days
hm loratadine childrens	1	QL 300 / 30 days
hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)	1	QL 180 / 30 days
hydroxyzine hcl (hydroxyzine hcl 10 mg/5ml syrup, hydroxyzine hcl 50 mg/25ml syrup)	2	QL 30 / 1 days
kindermed kids allergy	1	QL 30 / 1 days
kls aller-fex	1	QL 30 / 30 days
kls aller-tec childrens	1	QL 300 / 30 days
kls allergy medicine	1	QL 6 / 1 days
kp diphenhydramine hcl	1	QL 6 / 1 days
levocetirizine dihydrochloride 2.5 mg/5ml solution	1	
levocetirizine dihydrochloride 5 mg tab	1	QL 30 / 30 days
liquid allergy relief	1	QL 30 / 1 days
loratadine (loratadine 10 mg chew tab, loratadine 10 mg tab disp)	1	
loratadine 10 mg tab	1	QL 30 / 30 days
loratadine 5 mg/5ml solution	1	QL 300 / 30 days
loratadine childrens 5 mg chew tab	1	
loratadine childrens 5 mg/5ml solution	1	QL 300 / 30 days
m-dryl	1	QL 30 / 1 days
maxallergy kids	1	QL 30 / 1 days
medi-phedryl	1	QL 6 / 1 days
meijer antihistamine allergy	1	QL 6 / 1 days
mm aller-ben	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mm fexofenadine hcl	1	QL 30 / 30 days
naramin	1	QL 30 / 1 days
olopatadine hcl 0.6 % solution	2	
PATANASE	2	
pediacare childrens allergy	1	QL 30 / 1 days
pharbedryl (pharbedryl 25 mg cap, pharbedryl 50 mg cap)	1	QL 6 / 1 days
promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 12.5 mg/10ml solution)	1	QL 30 mL / 1 day(s) AL1 At least 6 yrs old C Age restriction, clinical PA required
px allergy (px allergy 25 mg cap, px allergy 25 mg tab)	1	QL 6 / 1 days
px allergy 12.5 mg/5ml liquid	1	QL 30 / 1 days
qc all day allergy	1	QL 120 / 30 days
qc allergy childrens	1	QL 30 / 1 days
qc allergy relief (qc allergy relief 25 mg cap, qc allergy relief 25 mg tab)	1	QL 6 / 1 days
qc allergy relief 180 mg tab	1	QL 30 / 30 days
qc allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
qc childrens allergy	1	QL 300 / 30 days
qc complete allergy medicine	1	QL 6 / 1 days
qc loratadine allergy relief	1	QL 30 / 30 days
ra allergy 12.5 mg/5ml liquid	1	QL 30 / 1 days
ra allergy 25 mg tab	1	QL 6 / 1 days
ra allergy medication (ra allergy medication 25 mg cap, ra allergy medication 25 mg tab)	1	QL 6 / 1 days
ra allergy medication 12.5 mg/5ml liquid	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ra allergy relief 10 mg cap	1	
ra allergy relief 25 mg cap	1	QL 6 / 1 days
ra allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
ra allergy relief childrens 5 mg chew tab	1	
ra complete allergy	1	QL 6 / 1 days
ra diphedryl allergy	1	QL 30 / 1 days
sb allergy 25 mg cap	1	QL 6 / 1 days
sb allergy medicine 12.5 mg/5ml liquid	1	QL 30 / 1 days
sb allergy medicine 25 mg tab	1	QL 6 / 1 days
siladryl allergy	1	QL 30 / 1 days
sm all day allergy	1	QL 120 / 30 days
sm all day allergy childrens (sm all day allergy childrens 1 mg/ml solution, sm all day allergy childrens 5 mg/5ml solution)	1	QL 300 / 30 days
sm all day allergy relief	1	QL 30 / 30 days
sm allergy childrens	1	QL 300 / 30 days
sm allergy relief 25 mg tab	1	QL 6 / 1 days
sm allergy relief 60 mg tab	1	QL 60 / 30 days
sm allergy relief childrens	1	QL 30 / 1 days
sm childrens loratadine	1	QL 300 / 30 days
sm fexofenadine hcl 180 mg tab	1	QL 30 / 30 days
sm fexofenadine hcl 60 mg tab	1	QL 60 / 30 days
sm loratadine 10 mg tab	1	QL 30 / 30 days
sm loratadine 5 mg/5ml solution	1	QL 300 / 30 days
total allergy	1	QL 6 / 1 days
total allergy medicine	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
wal-dryl allergy (wal-dryl allergy 25 mg cap, wal-dryl allergy 25 mg tab)	1	QL 6 / 1 days
wal-dryl allergy 12.5 mg/5ml liquid	1	QL 30 / 1 days
wal-dryl allergy childrens	1	QL 30 / 1 days
wal-zyr 10 mg cap	1	
XYZAL ALLERGY 24HR CHILDRENS	2	
ZYRTEC ALLERGY	2	
zyrtec allergy 10 mg tab	2	QL 120 / 30 days
ANTILEUKOTRIENES		
ACCOLATE (ACCOLATE 10 MG TAB, ACCOLATE 20 MG TAB)	2	
montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)	1	QL 30 / 30 days
montelukast sodium 4 mg packet	2	QL 30 / 30 days
SINGULAIR (SINGULAIR 4 MG CHEW TAB, SINGULAIR 4 MG PACKET, SINGULAIR 5 MG CHEW TAB, SINGULAIR 10 MG TAB)	2	QL 30 / 30 days
zafirlukast 10 mg tab	2	QL 4 / 1 days
zafirlukast 20 mg tab	2	QL 60 / 30 days
zileuton er	2	
ZYFLO	2	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	1	QL 12.9 / 26 days
INCRUSE ELLIPTA	1	QL 30 / 30 days
ipratropium bromide (ipratropium bromide 0.02 % solution, ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)	1	
ipratropium bromide hfa	2	
LONHALA MAGNAIR REFILL KIT	2	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LONHALA MAGNAIR STARTER KIT	2	QL 60 / 30 days
SPIRIVA HANDIHALER	1	QL 30 / 30 days
SPIRIVA RESPIMAT (SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN, SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN)	1	QL 4 / 30 days
tiotropium bromide	2	
TUDORZA PRESSAIR	2	
umeclidinium ellipta	2	
YUPELRI	2	
BRONCHODILATORS, SYMPATHOMIMETIC		
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)	1	
albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)	2	QL 4 / 1 days
albuterol sulfate (albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 8 mg/20ml syrup)	1	QL 40 / 1 days
albuterol sulfate hfa	1	QLC 2 inhalers/month
arformoterol tartrate	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
epinephrine (epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln prsyr)	2	
epinephrine 0.15 mg/0.3ml soln a-inj	1	
epinephrine 0.15 mg/0.3ml soln a-inj (only mylan preferred)	1	
epinephrine 0.3 mg/0.3ml soln a-inj (only mylan preferred)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPIPEN 2-PAK	2	
EPIPEN JR 2-PAK	2	
eq sinus & congestion max str	1	
formoterol fumarate	2	QL 120 / 30 days
gnp nasal decongestant 30 mg tab	1	
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)	1	
levalbuterol hcl 1.25 mg/0.5ml nebu soln	2	
levalbuterol tartrate	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	
PROVENTIL HFA	1	QLC 2 inhalers/month
qc sinus congestion	1	
SEREVENT DISKUS	1	QL 60 / 30 days
STRIVERDI RESPIMAT	1	QL 4 / 30 days
sudafed	1	
sudafed sinus congestion	1	
SYMJEPI (SYMJEPI 0.15 MG/0.3ML SOLN PRSYR, SYMJEPI 0.3 MG/0.3ML SOLN PRSYR)	2	
terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)	2	QL 90 / 30 days
VENTOLIN HFA	1	QLC 2 inhalers/month
XOPENEX (XOPENEX 0.31 MG/3ML NEBU SOLN, XOPENEX 0.63 MG/3ML NEBU SOLN, XOPENEX 1.25 MG/3ML NEBU SOLN)	2	
XOPENEX CONCENTRATE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XOPENEX HFA	1	QL 30 / 30 days
CYSTIC FIBROSIS AGENTS		
BETHKIS	2	
CAYSTON	2	
KITABIS PAK	2	
TOBI	2	
TOBI PODHALER	2	
tobramycin (tobramycin 300 mg/4ml nebu soln, tobramycin 300 mg/5ml nebu soln)	2	
MAST CELL STABILIZERS		
cromolyn sodium 20 mg/2ml nebu soln	1	QL 240 / 30 days
cromolyn sodium 5.2 mg/act aero soln	1	QL 30 / 30 days
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP (DALIRESP 250 MCG TAB, DALIRESP 500 MCG TAB)	2	
elixophyllin	1	QL 2250 / 30 days
JASCAYD (JASCAYD 9 MG TAB, JASCAYD 18 MG TAB)	2	QL 60 / 30 day(s)
OHTUVAYRE	2	
roflumilast (roflumilast 250 mcg tab, roflumilast 500 mcg tab)	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	
theophylline (theophylline 80 mg/15ml elixir, theophylline 80 mg/15ml solution)	1	QL 2250 / 30 days
theophylline er (theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)	1	QL 30 / 30 days
theophylline er 300 mg tab er 12h	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	2	QL 60 / 30 days PA
ADEMPAS (ADEMPAS 0.5 MG TAB, ADEMPAS 1 MG TAB, ADEMPAS 1.5 MG TAB, ADEMPAS 2 MG TAB, ADEMPAS 2.5 MG TAB)	2	
alyq	2	QL 60 / 30 days PA
ambrisentan (ambrisentan 5 mg tab, ambrisentan 10 mg tab)	1	PA
bosentan (bosentan 62.5 mg tab, bosentan 125 mg tab)	1	PA
bosentan 32 mg tab sol	2	
LETAIRIS (LETAIRIS 5 MG TAB, LETAIRIS 10 MG TAB)	2	
LIQREV	2	
macitentan	2	
OPSUMIT	2	
OPSYNVI (OPSYNVI 10-20 MG TAB, OPSYNVI 10-40 MG TAB)	2	
ORENITRAM (ORENITRAM 0.125 MG TAB ER, ORENITRAM 0.25 MG TAB ER, ORENITRAM 1 MG TAB ER, ORENITRAM 2.5 MG TAB ER, ORENITRAM 5 MG TAB ER)	2	
ORENITRAM MONTH 1	2	
ORENITRAM MONTH 2	2	
ORENITRAM MONTH 3	2	
REVATIO 10 MG/ML RECON SUSP	1	PA
REVATIO 20 MG TAB	2	
sildenafil citrate 10 mg/ml recon susp	1	
sildenafil citrate 20 mg tab	1	PA
tadalafil (pah)	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TADLIQ	2	
TRACLEER (TRACLEER 32 MG TAB SOL, TRACLEER 62.5 MG TAB, TRACLEER 125 MG TAB)	2	
TYVASO	1	PA
TYVASO DPI INSTITUTIONAL KIT (TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER, TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER, TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER, TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER, TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER)	1	PA
TYVASO DPI MAINTENANCE KIT (TYVASO DPI MAINTENANCE KIT 16 MCG POWDER, TYVASO DPI MAINTENANCE KIT 32 MCG POWDER, TYVASO DPI MAINTENANCE KIT 48 MCG POWDER, TYVASO DPI MAINTENANCE KIT 64 MCG POWDER, TYVASO DPI MAINTENANCE KIT 80 MCG POWDER, TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER, TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X64MCG POWDER, TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X64MCG POWDER, TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X80MCG POWDER)	1	PA
TYVASO DPI TITRATION KIT (TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER, TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER)	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 (VENTAVIS 10 MCG/ML SOLUTION, VENTAVIS 20 MCG/ML SOLUTION)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
YUTREPIA (YUTREPIA 26.5 MCG CAP, YUTREPIA 53 MCG CAP, YUTREPIA 79.5 MCG CAP, YUTREPIA 106 MCG CAP)	2	
PULMONARY FIBROSIS AGENTS		
ESBRIET (ESBRIET 267 MG CAP, ESBRIET 267 MG TAB, ESBRIET 801 MG TAB)	2	
nintedanib esylate (nintedanib esylate 100 mg cap, nintedanib esylate 150 mg cap)	2	
OFEV (OFEV 100 MG CAP, OFEV 150 MG CAP)	1	PA
pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab, pirfenidone 534 mg tab, pirfenidone 801 mg tab)	1	PA
RESPIRATORY TRACT AGENTS, OTHER		
12 hour allergy-d	1	
12hr allergy & congestion	1	
24hr allergy & congestion reli	1	
acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)	1	
ADVAIR DISKUS (ADVAIR DISKUS 100-50 MCG/ACT AER POW BA, ADVAIR DISKUS 250-50 MCG/ACT AER POW BA, ADVAIR DISKUS 500-50 MCG/ACT AER POW BA)	1	QL 60 / 30 days
ADVAIR HFA (ADVAIR HFA 45-21 MCG/ACT AEROSOL, ADVAIR HFA 115-21 MCG/ACT AEROSOL, ADVAIR HFA 230-21 MCG/ACT AEROSOL)	1	QL 12 / 30 days
afrin 12 hour	1	
afrin nodrip childrens	1	
afrin nodrip extra moisture	1	
afrin nodrip night	1	
afrin nodrip original	1	
afrin nodrip severe congest	1	
afrin nodrip sinus	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
afrin original	1	
afrin severe congestion	1	
AIRDUO DIGIHALER (AIRDUO DIGIHALER 55-14 MCG/ACT AER POW BA, AIRDUO DIGIHALER 113-14 MCG/ACT AER POW BA, AIRDUO DIGIHALER 232-14 MCG/ACT AER POW BA)	2	
AIRDUO RESPICLICK 113/14	2	
AIRDUO RESPICLICK 232/14	2	
AIRDUO RESPICLICK 55/14	2	
AIRSUPRA	2	
alavert d-12 hour allergy/cong	2	
all day allergy d	1	
all day allergy-d	1	
allergy nasal spray (momet)	2	
allergy relief 50 mcg/act suspension	2	QL 16 / 20 days
allergy relief d 5-120 mg tab er 12h	1	
allergy relief d-12	1	
allergy relief d-24	1	
allergy relief d12 5-120 mg tab er 12h	1	
allergy relief-d 10-240 mg tab er 24h	1	
allergy relief/nasal decongest (allergy relief/nasal decongest 5-120 mg tab er 12h, allergy relief/nasal decongest 10-240 mg tab er 24h)	1	
allergy-d 12hr	1	
allergy-d 24hr	1	
allergy/congestion relief	1	
altarussin dm	1	QL 240 / 14 days
altituss	1	QL 240 / 14 days
ANORO ELLIPTA	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
antihistamine & nasal deconges	1	
azelastine-fluticasone	2	
benzonatate 100 mg cap	1	
benzonatate 200 mg cap	1	QL 90 / 30 days
BEVESPI AEROSPHERE	1	
biocotron	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	
breyna (breyna 80-4.5 mcg/act aerosol, breyna 160-4.5 mcg/act aerosol)	2	QLC 4 inhalers/90 days
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	2	
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL 10.7 / 30 days
bromfed dm	1	
budesonide-formoterol fumarate (budesonide-formoterol fumarate 80-4.5 mcg/act aerosol, budesonide-formoterol fumarate 160-4.5 mcg/act aerosol)	2	QLC 4 inhalers/90 days
cetirizine-pseudoephedrine er	1	
chest congestion relief dm 10-100 mg/5ml syrup	1	QL 240 / 14 days
CINQAIR	2	
CLARINEX-D 12 HOUR	2	
CLARITIN-D 24 HOUR	2	
COMBIVENT RESPIMAT	1	QL 4 / 20 days
cvs allergy relief d (cvs allergy relief d 5-120 mg tab er 12h, cvs allergy relief d 60-120 mg tab er 12h)	1	
cvs allergy relief d24	1	
cvs allergy relief-d 5-120 mg tab er 12h	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs allergy relief-d12	1	
cvs fluticasone propionate	2	QL 16 / 20 days
cvs mucus extended release 600 mg tab er 12h	1	QL 120 / 30 day(s)
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)	1	QL 240 / 14 days
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)	1	QL 240 / 14 days
diabetic tussin dm	1	QL 240 / 14 days
DUAKLIR PRESSAIR	2	
DULERA (DULERA 50-5 MCG/ACT AEROSOL, DULERA 100-5 MCG/ACT AEROSOL, DULERA 200-5 MCG/ACT AEROSOL)	1	QLC 4 inhalers/90 days
DYMISTA	2	
eq 12 hour mucus relief	1	QL 120 / 30 day(s)
eq mucus er 600 mg tab er 12h	1	QL 120 / 30 day(s)
eq mucus relief	1	QL 120 / 30 day(s)
eq tussin dm cough/chest	1	QL 240 / 14 days
eql tussin dm cough/chest cong	1	QL 240 / 14 days
EXDENSUR	2	
FASENRA (FASENRA 10 MG/0.5ML SOLN PRSYR, FASENRA 30 MG/ML SOLN PRSYR)	1	PA
FASENRA PEN	1	PA
fexofenadine-pseudoephed er (fexofenadine-pseudoephed er 60-120 mg tab er 12h, fexofenadine-pseudoephed er 180-240 mg tab er 24h)	1	
flonase allergy rel childrens	2	QL 16 / 20 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluticasone furoate-vilanterol (fluticasone furoate-vilanterol 100-25 mcg/act aer pow ba, fluticasone furoate-vilanterol 200-25 mcg/act aer pow ba)	2	
fluticasone propionate 50 mcg/act suspension	2	QL 16 / 20 days
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)	1	QL 60 / 30 days
fluticasone-salmeterol (fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol)	2	
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)	1	QL 1 / 30 days
ft all day allergy-d	1	
ft allergy & congestion-d 12hr	1	
ft allergy d-12 hour	1	
ft allergy relief 24 hr	2	QL 16 / 20 days
ft allergy relief-d	1	
ft mucus relief 12hr	1	QL 120 / 30 day(s)
ft mucus relief 12hr max str	1	
ft mucus relief dm 30-600 mg tab er 12h	1	QL 120 / 30 days
ft nasal spray	1	
geri-tussin	1	
geri-tussin dm (geri-tussin dm 10-100 mg/5ml liquid, geri-tussin dm 10-100 mg/5ml syrup)	1	QL 240 / 14 days
giltuss cough & chest	1	QL 240 / 14 days
giltuss cough & chest children	1	QL 240 / 14 days
giltuss diabetic cough & cold	1	QL 240 / 14 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mucus relief 600 mg tab er 12h	1	QL 120 / 30 day(s)
mucus relief dm 30-600 mg tab er 12h	1	QL 120 / 30 days
mucus relief er 1200 mg tab er 12h	1	
mucus relief er 600 mg tab er 12h	1	QL 120 / 30 day(s)
mucus relief max st	1	
mucus-dm	1	QL 120 / 30 days
nasal decongestant spray	1	
nasal moisturizing spray	1	
nasonex 24hr	2	
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
ocean nasal spray	1	
PROMETHAZINE VC	1	QL 6 / 1 days
promethazine-dm	1	
PROMETHAZINE-PHENYLEPHRINE	1	QL 6 / 1 days
pseudoeph-bromphen-dm	1	
px allergy relief d (loratid)	1	
px tussin dm	1	QL 240 / 14 days
qc allergy relief 50 mcg/act suspension	2	QL 16 / 20 days
qc loratadine-d	1	
qc mucus relief	1	QL 120 / 30 day(s)
qc mucus relief max st	1	
qc tussin dm cough/congestion (qc tussin dm cough/congestion 10-100 mg/5ml liquid, qc tussin dm cough/congestion 20-200 mg/10ml liquid)	1	QL 240 / 14 days
ra allergy/congestion	1	
ra allergy/congestion relief	1	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYMBICORT (SYMBICORT 80-4.5 MCG/ACT AEROSOL, SYMBICORT 160-4.5 MCG/ACT AEROSOL)	1	QLC 4 inhalers/90 days
TEZSPIRE (TEZSPIRE 210 MG/1.91ML SOLN A-INJ, TEZSPIRE 210 MG/1.91ML SOLN PRSYR)	1	QL 1.91 mL / 28 day(s) PA
theraflu severe congestion rel	1	
TRELEGY ELLIPTA (TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA, TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA)	1	QL 60 / 30 days
true nasal moisturizing	1	
tusnel diabetic	1	QL 240 / 14 days
tussin	1	
tussin cough+chest cong dm sf	1	QL 240 / 14 days
tussin cough+chest congest dm	1	QL 240 / 14 days
tussin dm (tussin dm 10-100 mg/5ml liquid, tussin dm 20-200 mg/10ml liquid, tussin dm 100-10 mg/5ml liquid, tussin dm 100-10 mg/5ml syrup)	1	QL 240 / 14 days
tussin dm cough & chest conges (tussin dm cough & chest conges 10-100 mg/5ml liquid, tussin dm cough & chest conges 20-200 mg/10ml liquid)	1	QL 240 / 14 days
tussin dm cough + chest 200-20 mg/10ml liquid	1	QL 240 / 14 days
tussin mucus+chest congest sf	1	
tussin mucus+chest congestion	1	
umeclidinium-vilanterol	2	
vicks sinex 12 hour decongest	1	
vicks sinex moisturizing	1	
vicks sinex severe	1	
vicks sinex severe decongest	1	
wal-fex d allergy & congestion 180-240 mg tab er 24h	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
wal-itin d	1	
wal-tussin cough/chest dm	1	QL 240 / 14 days
wal-tussin dm cgh/chest cong	1	QL 240 / 14 days
wixela inhub (wixela inhub 100-50 mcg/act aer pow ba, wixela inhub 250-50 mcg/act aer pow ba, wixela inhub 500-50 mcg/act aer pow ba)	2	QL 60 / 30 days
zyrtec-d allergy & sinus	2	
SKELETAL MUSCLE RELAXANTS		
AMRIX (AMRIX 15 MG CAP ER 24H, AMRIX 30 MG CAP ER 24H)	2	
ATMEKSI	2	
BOTOX (BOTOX 100 UNIT RECON SOLN, BOTOX 200 UNIT RECON SOLN)	1	PA
carisoprodol 250 mg tab	2	
carisoprodol 350 mg tab	2	QL 4 / 1 days
chlorzoxazone (chlorzoxazone 250 mg tab, chlorzoxazone 375 mg tab, chlorzoxazone 750 mg tab)	2	
chlorzoxazone 500 mg tab	2	QL 180 / 30 days
cyclobenzaprine hcl 10 mg tab	1	QL 90 / 30 days
cyclobenzaprine hcl 5 mg tab	1	QL 180 / 30 days
cyclobenzaprine hcl 7.5 mg tab	1	
cyclobenzaprine hcl er (cyclobenzaprine hcl er 15 mg cap er 24h, cyclobenzaprine hcl er 30 mg cap er 24h)	2	
DYSPORT (DYSPORT 300 UNIT RECON SOLN, DYSPORT 500 UNIT RECON SOLN)	1	PA
fexmid	2	
lorzone (lorzone 375 mg tab, lorzone 750 mg tab)	2	
metaxalone (metaxalone, metaxalone 400 mg tab, metaxalone 800 mg tab)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methocarbamol 1000 mg tab	1	
methocarbamol 500 mg tab	1	QL 480 / 30 day(s)
methocarbamol 750 mg tab	1	QL 300 / 30 days
MYOBLOC (MYOBLOC 2500 UNIT/0.5ML SOLUTION, MYOBLOC 5000 UNIT/ML SOLUTION, MYOBLOC 10000 UNIT/2ML SOLUTION)	2	
NORGESIC	2	
NORGESIC FORTE	2	
orphenadrine citrate er	2	QL 60 / 30 days
ORPHENADRINE-ASPIRIN-CAFFEINE	2	
ORPHENGESIC FORTE	2	
SOMA (SOMA 250 MG TAB, SOMA 350 MG TAB)	2	
tanlor	2	
vanadom	2	QL 4 / 1 days
XEOMIN (XEOMIN 50 UNIT RECON SOLN, XEOMIN 100 UNIT RECON SOLN, XEOMIN 200 UNIT RECON SOLN)	2	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
AMBIEN (AMBIEN 5 MG TAB, AMBIEN 10 MG TAB)	2	QL 30 / 30 days
AMBIEN CR (AMBIEN CR 6.25 MG TAB ER, AMBIEN CR 12.5 MG TAB ER)	2	QL 30 / 30 days
BELSOMRA (BELSOMRA 5 MG TAB, BELSOMRA 10 MG TAB, BELSOMRA 15 MG TAB, BELSOMRA 20 MG TAB)	2	QL 30 / 30 days
cvs sleep aid	1	QL 4 / 1 days
cvs sleep aid nighttime 25 mg tab	1	QL 4 / 1 days
cvs sleep-aid (doxylamine)	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs sleepaid (diphenhydramine)	1	QL 4 / 1 days
cvs ultra sleep	1	QL 4 / 1 days
DAYVIGO (DAYVIGO 5 MG TAB, DAYVIGO 10 MG TAB)	2	
DORAL	2	
doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)	2	
EDLUAR (EDLUAR 5 MG SL TAB, EDLUAR 10 MG SL TAB)	2	QL 30 / 30 days
eq sleep-aid	1	QL 4 / 1 days
eql nighttime sleep aid 25 mg tab	1	QL 4 / 1 days
estazolam (estazolam 1 mg tab, estazolam 2 mg tab)	2	QL 30 / 30 days
eszopiclone (eszopiclone 1 mg tab, eszopiclone 2 mg tab, eszopiclone 3 mg tab)	1	QL 30 / 30 days
FLURAZEPAM HCL (FLURAZEPAM HCL 15 MG CAP, FLURAZEPAM HCL 30 MG CAP)	2	QL 30 / 30 days
ft nighttime sleep aid	1	QL 4 / 1 days
ft sleep aid (doxylamine)	1	QL 4 / 1 days
gnp nighttime sleep (doxylam)	1	QL 4 / 1 days
gnp sleep aid 25 mg tab	1	QL 4 / 1 days
gnp sleep aid nighttime	1	QL 4 / 1 days
goodsense sleep aid ultra	1	QL 4 / 1 days
HALCION	2	AL1 At least 21 yrs old
HETLIOZ	2	QL 30 / 30 days
HETLIOZ LQ	2	QL 158 mL / 30 day(s)
hm nighttime sleep aid	1	QL 4 / 1 days
kls sleep aid	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LUNESTA (LUNESTA 1 MG TAB, LUNESTA 2 MG TAB, LUNESTA 3 MG TAB)	2	QL 30 / 30 days
night time sleep aid	1	QL 4 / 1 days
nighttime sleep aid	1	QL 4 / 1 days
nytol quickcaps	1	QL 4 / 1 days
qc rest simply	1	QL 4 / 1 days
QUAZEPAM	2	
QUVIVIQ (QUVIVIQ 25 MG TAB, QUVIVIQ 50 MG TAB)	2	
ra night sleep aid	1	QL 4 / 1 days
ra nighttime sleep aid	1	QL 4 / 1 days
ra sleep aid (diphenhydramine)	1	QL 4 / 1 days
ra sleep aid 25 mg tab	1	QL 4 / 1 days
ramelteon	2	
RESTORIL (RESTORIL 7.5 MG CAP, RESTORIL 15 MG CAP, RESTORIL 22.5 MG CAP, RESTORIL 30 MG CAP)	2	QL 30 / 30 days
ROZEREM	2	
sb sleep	1	QL 4 / 1 days
SILENOR (SILENOR 3 MG TAB, SILENOR 6 MG TAB)	2	
simply sleep	1	QL 4 / 1 days
sleep aid (diphenhydramine)	1	QL 4 / 1 days
sleep aid (doxylamine)	1	QL 4 / 1 days
sleep aid 25 mg tab	1	QL 4 / 1 days
sleep ii	1	QL 4 / 1 days
sleep tabs	1	QL 4 / 1 days
sleep-aid 25 mg tab	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sleep-tabs	1	QL 4 / 1 days
sm nighttime sleep aid	1	QL 4 / 1 days
sm sleep aid	1	QL 4 / 1 days
sominex nighttime sleep-aid	1	QL 4 / 1 days
tasimelteon	2	QL 30 / 30 day(s)
temazepam (temazepam 15 mg cap, temazepam 30 mg cap)	1	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
temazepam (temazepam 7.5 mg cap, temazepam 22.5 mg cap)	2	QL 30 / 30 days
triazolam 0.125 mg tab	2	QL 60 / 30 days
triazolam 0.25 mg tab	2	QL 30 / 30 days AL1 At least 21 yrs old
unisom sleeptabs	1	QL 4 / 1 days
wal-som	1	QL 4 / 1 days
zaleplon (zaleplon 5 mg cap, zaleplon 10 mg cap)	1	QL 60 / 30 days
ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB)	2	QL 30 / 30 days
zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 10 mg tab)	1	QL 30 / 30 days
ZOLPIDEM TARTRATE 7.5 MG CAP	2	
zolpidem tartrate er (zolpidem tartrate er 6.25 mg tab er, zolpidem tartrate er 12.5 mg tab er)	2	QL 30 / 30 days
ZOLPIMIST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WAKEFULNESS PROMOTING AGENTS		
armodafinil (armodafinil 50 mg tab, armodafinil 150 mg tab, armodafinil 200 mg tab, armodafinil 250 mg tab)	1	PA
modafinil (modafinil 100 mg tab, modafinil 200 mg tab)	1	PA
NUVIGIL (NUVIGIL 50 MG TAB, NUVIGIL 150 MG TAB, NUVIGIL 200 MG TAB, NUVIGIL 250 MG TAB)	2	
PROVIGIL (PROVIGIL 100 MG TAB, PROVIGIL 200 MG TAB)	2	
SUNOSI (SUNOSI 75 MG TAB, SUNOSI 150 MG TAB)	2	
WAKIX (WAKIX 4.45 MG TAB, WAKIX 17.8 MG TAB)	2	

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