



**Jefferson Health Plans**  
**2024 Formulary**  
**(List of Covered Drugs)**  
Individual and Family Plans

## Jefferson Health Plans 2024 Formulary (List of Covered Drugs)

This formulary was last updated on 01/01/2024. For more recent information or other questions, please contact Jefferson Health Plans Member Relations at **1-833-422-4690 (TTY 1-877-454-8477)** or visit **JeffersonHealthPlans.com/Individuals-Families**. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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### What is the Jefferson Health Plans Individuals and Family Plan Formulary?

A formulary is a list of covered drugs selected by Jefferson Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Jefferson Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Jefferson Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage. For a complete listing of all prescription drugs covered by Jefferson Health Plans, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. This formulary was updated as of 01/01/2024.

### Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Jefferson Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

### How do I use the Formulary?

There are two ways to find your drug within the formulary:

#### Medical Condition

The formulary begins on page **5**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents.

#### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **124**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### What are generic drugs?

Jefferson Health Plans covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Jefferson Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Jefferson Health Plans before you fill your prescriptions. If you don't get approval, Jefferson Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Jefferson Health Plans limits the amount of the drug that Jefferson Health Plans will cover. For example, Jefferson Health Plans provides 60 tablets per prescription for atorvastatin 10 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Jefferson Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Jefferson Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Jefferson Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **5**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Jefferson Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Jefferson Health Plans' formulary?" below for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Relations at **1-833-422-4690 (TTY 1-877-454-8477)** and ask if your drug is covered.

If you learn that Jefferson Health Plans does not cover your drug, you have two options:

- You can ask Member Relations for a list of similar drugs that are covered by Jefferson Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Jefferson Health Plans.
- You can ask Jefferson Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Jefferson Health Plans' Individuals and Family Plan Formulary?

You can ask Jefferson Health Plans to make an exception to our coverage rules. Generally, Jefferson Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

## For more information

For more detailed information about your Jefferson Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Jefferson Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## Jefferson Health Plans Individuals and Family Plan Formulary

The formulary that begins on page **5** provides coverage information about the drugs covered by Jefferson Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page **124**.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lower-case italics (e.g., *valsartan*).

The information in the Requirements/Limits column tells you if Jefferson Health Plans has any special requirements for coverage of your drug.

TIER	DESCRIPTION
0	Preventative
1	Preferred Generics
2	Generics
3	Preferred Brands
4	Non-Preferred Drugs
5	Specialty

TYPE	DESCRIPTION
QL	Quantity Limit There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame
PA	Prior Authorization You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
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

## LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>aspirin chew tab 81 mg</i>	0	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">100 / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800080; color: white; border-radius: 50%; padding: 5px; margin-right: 5px; display: flex; align-items: center; justify-content: center;">C</div> <div>                     \$0 copay for members age 12-59 or members at risk for preeclampsia, otherwise not covered                 </div> </div>
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">QL</div> <div>30 / 30 days</div> </div>
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	2	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">QL</div> <div>60 / 30 days</div> </div>
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium 1 % gel</i>	2	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1000 / 30 day(s)</div> </div>
<i>diclofenac sodium 1.5 % solution</i>	2	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">QL</div> <div>300 / 28 days</div> </div>
<i>diclofenac sodium er</i>	2	
<i>diclofenac-misoprostol</i>	2	
<i>diflunisal 500 mg tab</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium 600 mg tab</i>	4	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibu</i>	1	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	2	
<i>indomethacin er</i>	2	
<i>ketoprofen (25 mg cap, 50 mg cap, 75 mg cap)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ketoprofen er</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	QL 20 / 30 days
KIPROFEN	2	
<i>meclofenamate sodium (50 mg cap, 100 mg cap)</i>	2	
<i>mefenamic acid 250 mg cap</i>	2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	2	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2	
<i>oxaprozin 600 mg tab</i>	2	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	2	
<i>relafen</i>	2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	2	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	2	QL 4 / 28 days PA
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	2	QL 10 / 30 days PA
<i>hydromorphone hcl er</i>	2	QL 30 / 30 days PA
<i>levorphanol tartrate (2 mg tab, 3 mg tab)</i>	5	PA
<i>methadone hcl 10 mg tab</i>	2	QL 240 / 30 days PA
<i>methadone hcl 10 mg/5ml solution</i>	2	QL 1800 / 30 days PA
<i>methadone hcl 10 mg/ml conc</i>	2	QL 60 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methadone hcl 5 mg tab</i>	2	QL 480 / 30 days PA
<i>methadone hcl 5 mg/5ml solution</i>	2	QL 3600 / 30 days PA
<i>methadone hcl intensol</i>	2	QL 60 / 30 days PA
<i>morphine sulfate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 30 mg cap er 24h, er 50 mg cap er 24h, er 60 mg cap er 24h, er 80 mg cap er 24h, er 100 mg cap er 24h)</i>	2	QL 60 / 30 days PA
<i>morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	2	QL 90 / 30 days PA
<i>morphine sulfate er beads</i>	2	QL 30 / 30 days PA
NUCYNTA ER	4	QL 60 / 30 days PA
<i>oxymorphone hcl er</i>	2	QL 60 / 30 days PA
SUBLOCADE	5	
<i>tramadol hcl (er biphasic)</i>	2	QL 30 / 30 days PA
<i>tramadol hcl er (biphasic)</i>	2	QL 30 / 30 days PA
<i>tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)</i>	2	QL 30 / 30 days PA
XTAMPZA ER	3	QL 60 / 30 days PA

OPIOID ANALGESICS, SHORT-ACTING



ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	2	<p>QL 2700 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acetaminophen-codeine 300-15 mg tab</i>	2	<p>QL 390 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>acetaminophen-codeine 300-30 mg tab</i>	2	<p>QL 360 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>acetaminophen-codeine 300-60 mg tab</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>apap-caff-dihydrocodeine 320.5-30-16 mg cap</i>	2	<p>QL 300 / 30 day(s)</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2	<p>QL 30 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>butorphanol tartrate 1 mg/ml solution</i>	2	<p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>butorphanol tartrate 10 mg/ml solution</i>	2	<p>QL 5 / 30 days</p> <p>PA</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>butorphanol tartrate 2 mg/ml solution</i>	2	<p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>carisoprodol-aspirin-codeine</i>	4	<p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>duramorph</i>	2	<p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	2	<p>QL 360 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>endocet 10-325 mg tab</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>endocet 7.5-325 mg tab</i>	2	<p>QL 240 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	2	<p>QL 120 / 30 days</p> <p>PA</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	2	<p>QL 2700 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	2	<p>QL 360 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	2	<p>QL 240 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>hydrocodone-ibuprofen</i>	2	<p>QL 150 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>hydromorphone hcl 2 mg/ml solution</i>	2	<p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>lorcet</i>	2	<p>QL 360 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>lorcet hd</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>lorcet plus</i>	2	<p>QL 240 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	2	<p>QL 900 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
MORPHINE SULFATE (PF) (0.5 MG/ML SOLUTION, 1 MG/ML SOLUTION, 8 MG/ML SOLUTION)	2	<p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
MORPHINE SULFATE (PF) 10 MG/ML SOLUTION	2	<p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate 10 mg/ml solution</i>	2	QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>morphine sulfate 4 mg/ml solution</i>	2	QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>morphine sulfate 8 mg/ml solution</i>	2	QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>nalbuphine hcl 10 mg/ml solution</i>	2	QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>nalbuphine hcl 20 mg/ml solution</i>	2	QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
NUCYNTA 100 MG TAB	4	QL 60 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCYNTA 50 MG TAB	4	<p>QL 120 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
NUCYNTA 75 MG TAB	4	<p>QL 90 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>oxycodone hcl 5 mg/5ml solution</i>	2	<p>QL 900 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	2	<p>QL 360 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	2	<p>QL 240 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>oxymorphone hcl</i>	2	<p>QL 180 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>tramadol hcl 50 mg tab</i>	2	<p>QL 240 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>
<i>tramadol-acetaminophen</i>	2	<p>QL 240 / 30 days</p> <p>QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>glydo</i>	2	QL 60 / 30 days
<i>lidocaine 5 % ointment</i>	2	QL 50 / 30 days
<i>lidocaine 5 % patch</i>	2	QL 90 / 30 days
<i>lidocaine hcl 4 % solution</i>	2	QL 50 / 30 days
<i>lidocaine hcl urethral/mucosal</i>	2	QL 60 / 30 days
<i>lidocaine viscous hcl</i>	2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	QL 30 / 30 days
<i>lidocan</i>	2	QL 90 / 30 days
NAYZILAM	4	QL 10 / 30 days PA
<i>premium lidocaine</i>	2	QL 50 / 30 days
SYNERA	4	QL 2 / 30 days
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
<i>acamprosate calcium</i>	2	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	2	
VIVITROL	5	QL 1 / 28 days
<b>OPIOID DEPENDENCE</b>		
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	2	QL 120 / 30 day(s)
<i>buprenorphine hcl 0.3 mg/ml solution</i>	2	
<i>buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg film, -naloxone 4-1 mg film, -naloxone 8-2 mg film, -naloxone 8-2 mg sl tab)</i>	2	QL 120 / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL 60 / 30 days
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUCEMYRA	4	<div style="display: flex; align-items: center;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>16 / 1 days</div> </div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; margin-top: 5px; width: fit-content;">PA</div>
<b>OPIOID REVERSAL AGENTS</b>		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid, 4 mg/10ml solution)</i>	2	
<i>naltrexone hcl 50 mg tab</i>	2	
<b>SMOKING CESSATION AGENTS</b>		
APO-VARENICLINE	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>bupropion hcl er (smoking det)</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>nicotine polacrilex gum 2 mg</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>nicotine polacrilex gum 4 mg</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>nicotine polacrilex lozenge 2 mg</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>nicotine polacrilex lozenge 4 mg</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
NICOTROL	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
NICOTROL NS	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>varenicline tartrate</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year
<i>varenicline tartrate (starter)</i>	0	<div style="background-color: #8e44ad; color: white; padding: 2px 5px;">C</div> \$0 for max 24 weeks treatment per year

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)</i>	2	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2	QL 60 / 30 days
<i>neomycin sulfate 500 mg tab</i>	2	
<i>paromomycin sulfate 250 mg cap</i>	2	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	2	
<b>ANTIBACTERIALS, OTHER</b>		
<i>aztreonam</i>	2	
CAYSTON	5	QL 84 / 28 days PA
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate (2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
CLINDAMYCIN PHOSPHATE IN NAACL	2	
DAPTOMYCIN	2	
<i>fosfomycin tromethamine</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	2	QL 1800 / 30 days
<i>linezolid 600 mg tab</i>	2	QL 60 / 30 days
<i>linezolid 600 mg/300ml solution</i>	2	
LINEZOLID IN SODIUM CHLORIDE	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 500 mg tab)</i>	2	
<i>nitrofurantoin 25 mg/5ml suspension</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin macrocrystal 25 mg cap</i>	2	
<i>nitrofurantoin monohyd macro</i>	1	
<i>polymyxin b sulfate 500000 unit recon soln</i>	2	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	2	
SIVEXTRO 200 MG TAB	4	PA
TIGECYCLINE	2	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	2	
<i>trimethoprim 100 mg tab</i>	2	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	2	
<i>vancomycin hcl 125 mg cap</i>	2	QL 120 / 30 days
<i>vancomycin hcl 250 mg cap</i>	2	QL 240 / 30 days
XIFAXAN 200 MG TAB	4	QL 9 / 30 days
XIFAXAN 550 MG TAB	4	PA
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<i>ceftiofur (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap)</i>	2	
CEFTIOFUR ER	2	
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	2	
<i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	2	
CEFAZOLIN SODIUM-DEXTROSE (GM/50ML-% SOLUTION, GM-%(50ML) RECON SOLN)	2	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	2	
<i>cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution)</i>	2	
CEFEPIME-DEXTROSE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	2	
CEFOTAXIME SODIUM 2 GM RECON SOLN	2	
<i>cefotetan disodium</i>	2	
CEFOTETAN DISODIUM-DEXTROSE	2	
<i>cefoxitin sodium</i>	2	
CEFOXITIN SODIUM-DEXTROSE	2	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	2	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2	
<i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	2	
CEFTAZIDIME AND DEXTROSE	2	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	2	
<i>ceftriaxone sodium in dextrose</i>	2	
CEFTRIAZONE SODIUM-DEXTROSE	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap, 750 mg cap)</i>	2	
<i>tazicef (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	2	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp)</i>	2	
<i>amoxicillin (250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	2	
<i>amoxicillin-pot clavulanate er</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln)</i>	2	
<i>ampicillin-sulbactam sodium</i>	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	2	
<i>oxacillin sodium</i>	2	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	2	
PENICILLIN G PROCAINE	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam so</i>	2	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	2	
<i>imipenem-cilastatin</i>	2	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	2	
MEROPENEM-SODIUM CHLORIDE	2	
<b>MACROLIDES</b>		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	2	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clarithromycin er</i>	2	
DIFICID (40 MG/ML RECON SUSP, 200 MG TAB)	3	PA
e.e.s. 400	2	
<i>ery-tab</i>	2	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	2	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i>	4	
<i>erythromycin base (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	2	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	2	
<b>QUINOLONES</b>		
BAXDELA 450 MG TAB	3	
BESIVANCE	3	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin hcl 0.3 % solution</i>	2	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>moxifloxacin hcl 400 mg tab</i>	2	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	2	
<b>SULFONAMIDES</b>		
<i>sulfadiazine 500 mg tab</i>	2	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	2	
<i>sulfatrim pediatric</i>	2	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	2	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	2	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2	
<i>mondoxyme nl 100 mg cap</i>	2	
<i>morgidox 100 mg cap</i>	2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	2	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	4	<p>QL 60 / 30 days</p> <p>ST</p> <p>C Must try generic levetiracetam OR ongoing therapy with the requested drug in the past 180 days</p>
BRIVIACT 10 MG/ML SOLUTION	4	<p>QL 600 / 30 days</p> <p>ST</p> <p>C Must try generic levetiracetam OR ongoing therapy with the requested drug in the past 180 days</p>
BRIVIACT 50 MG/5ML SOLUTION	4	<p>ST</p> <p>C Must try generic levetiracetam OR ongoing therapy with the requested drug in the past 180 days</p>
DIACOMIT (250 MG CAP, 250 MG PACKET)	4	<p>QL 360 / 30 days</p> <p>PA</p>
DIACOMIT (500 MG CAP, 500 MG PACKET)	4	<p>QL 180 / 30 days</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	2	
<i>divalproex sodium er</i>	2	
EPIDIOLEX	5	PA
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	2	
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	QL 30 / 30 days
FYCOMPA 0.5 MG/ML SUSPENSION	4	QL 720 / 30 days
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i>	2	
<i>lamotrigine er</i>	2	
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	2	
<i>lamotrigine starter kit-orange</i>	2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2	
<i>levetiracetam er</i>	2	
LEVETIRACETAM IN NACL (500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
<i>subvenite</i>	2	
<i>subvenite starter kit-blue</i>	2	
<i>subvenite starter kit-green</i>	2	
<i>subvenite starter kit-orange</i>	2	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	2	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XCOPRI (150 MG TAB, 200 MG TAB)	3	QL 60 / 30 days
XCOPRI (50 MG TAB, 100 MG TAB)	3	QL 30 / 30 days
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
CELONTIN	4	
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	
<i>methsuximide</i>	4	
<b>GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
<i>clobazam (10 mg tab, 20 mg tab)</i>	2	QL 60 / 30 days
<i>clobazam 2.5 mg/ml suspension</i>	2	QL 480 / 30 days
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	2	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2	
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2	
<i>primidone (50 mg tab, 250 mg tab)</i>	2	
<i>tiagabine hcl</i>	2	
<i>vigabatrin 500 mg packet</i>	5	QL 180 / 30 day(s) PA
<i>vigabatrin 500 mg tab</i>	5	QL 180 / 30 days PA
<i>vigadrone 500 mg packet</i>	5	QL 180 / 30 day(s) PA
<i>vigadrone 500 mg tab</i>	5	QL 180 / 30 days PA
<i>vigpoder</i>	5	QL 180 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM (200 MG TAB, 400 MG TAB)	4	<p>QL 30 / 30 days</p> <p>ST</p> <p>C Must try at least 3 generic anticonvulsants OR ongoing therapy with the requested drug in the past 180 days</p>
APTIOM (600 MG TAB, 800 MG TAB)	4	<p>QL 60 / 30 days</p> <p>ST</p> <p>C Must try at least 3 generic anticonvulsants OR ongoing therapy with the requested drug in the past 180 days</p>
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	2	
<i>carbamazepine er</i>	2	
DILANTIN 30 MG CAP	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	2	QL 60 / 30 days
<i>lacosamide 10 mg/ml solution</i>	2	QL 1200 / 30 days
<i>lacosamide 200 mg/20ml solution</i>	2	
<i>lacosamide 50 mg tab</i>	2	QL 120 / 30 days
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	2	
<i>phenytek</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2	
<i>phenytoin infatabs</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenytoin sodium 50 mg/ml solution</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide 200 mg tab</i>	2	QL 480 / 30 days PA
<i>rufinamide 40 mg/ml suspension</i>	2	QL 2760 / 30 days PA
<i>rufinamide 400 mg tab</i>	2	QL 240 / 30 days PA
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	3	QL 56 / 28 days
XCOPRI (350 MG DAILY DOSE)	3	QL 56 / 28 days
XCOPRI (COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	3	QL 28 / 28 days
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<b>ANTIDEMENTIA AGENTS</b>		
<b>ANTIDEMENTIA AGENTS, OTHER</b>		
<i>ergoloid mesylates 1 mg tab</i>	2	
<b>CHOLINESTERASE INHIBITORS</b>		
<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2	QL 60 / 30 days
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	1	QL 60 / 30 days
<i>donepezil hcl 23 mg tab</i>	1	QL 30 / 30 days
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	2	QL 60 / 30 days
<i>galantamine hydrobromide 4 mg/ml solution</i>	2	QL 360 / 30 days
<i>galantamine hydrobromide er</i>	2	QL 30 / 30 days
<i>rivastigmine</i>	2	QL 30 / 30 days
<i>rivastigmine tartrate</i>	2	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution, 28 x 5 mg &amp; 21 x 10 mg tab)</i>	2	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2	QL 60 / 30 days
<i>memantine hcl er</i>	2	QL 30 / 30 days
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	2	QL 120 / 30 days
<i>bupropion hcl er (sr)</i>	2	QL 60 / 30 days
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2	QL 90 / 30 days
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2	QL 30 / 30 days
<i>mirtazapine (15 mg tab, 15 mg tab disp)</i>	2	QL 90 / 30 days
<i>mirtazapine (30 mg tab, 30 mg tab disp)</i>	2	QL 60 / 30 days
<i>mirtazapine (7.5 mg tab, 45 mg tab, 45 mg tab disp)</i>	2	QL 30 / 30 days
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM	4	QL 30 / 30 days
MARPLAN	4	
<i>phenelzine sulfate 15 mg tab</i>	2	
<i>tranylcypromine sulfate</i>	2	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	2	QL 45 / 30 days
<i>citalopram hydrobromide 10 mg tab</i>	2	QL 90 / 30 days
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	QL 600 / 30 days
<i>desvenlafaxine succinate er</i>	2	QL 30 / 30 days
<i>escitalopram oxalate 10 mg tab</i>	2	QL 45 / 30 days
<i>escitalopram oxalate 20 mg tab</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION		TIER	LIMITS & RESTRICTIONS
	<i>escitalopram oxalate 5 mg tab</i>	2	QL 90 / 30 days
	<i>escitalopram oxalate 5 mg/5ml solution</i>	2	QL 600 / 30 days
FETZIMA			QL 30 / 30 days
		4	ST C Must try at least 3 generic antidepressants (e.g., citalopram, venlafaxine, sertraline tablet) OR ongoing therapy with the requested drug in the past 180 days
FETZIMA TITRATION		4	ST C Must try at least 3 generic antidepressants (e.g., citalopram, venlafaxine, sertraline tablet) OR ongoing therapy with the requested drug in the past 180 days QLC 2 packs per 365 days
	<i>fluoxetine hcl 10 mg tab</i>	2	QL 90 / 30 days
	<i>fluoxetine hcl 20 mg tab</i>	2	QL 120 / 30 days
	<i>fluoxetine hcl 20 mg/5ml solution</i>	2	QL 600 / 30 days
	<i>fluoxetine hcl 40 mg cap</i>	2	QL 60 / 30 days
	<i>fluoxetine hcl 90 mg cap dr</i>	2	QL 4 / 28 days
	<i>fluvoxamine maleate</i>	2	QL 90 / 30 days
	<i>fluvoxamine maleate er</i>	2	QL 60 / 30 days
	<i>nefazodone hcl (50 mg tab, 100 mg tab, 250 mg tab)</i>	2	QL 60 / 30 days
	<i>nefazodone hcl 150 mg tab</i>	2	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nefazodone hcl 200 mg tab</i>	2	QL 90 / 30 days
<i>paroxetine hcl 10 mg tab</i>	2	QL 180 / 30 days
<i>paroxetine hcl 10 mg/5ml suspension</i>	2	QL 900 / 30 days
<i>paroxetine hcl 20 mg tab</i>	2	QL 90 / 30 days
<i>paroxetine hcl 30 mg tab</i>	2	QL 60 / 30 days
<i>paroxetine hcl 40 mg tab</i>	2	QL 30 / 30 days
<i>paroxetine hcl er (er 25 mg tab er 24h, er 37.5 mg tab er 24h)</i>	2	QL 60 / 30 days
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	2	QL 30 / 30 days
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	2	QL 90 / 30 days
<i>sertraline hcl 100 mg tab</i>	2	QL 60 / 30 days
<i>sertraline hcl 20 mg/ml conc</i>	2	QL 300 / 30 days
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	2	QL 30 / 30 days
TRINTELLIX	4	<p>QL 30 / 30 days</p> <p>ST</p> <p>C Must try at least 3 generic antidepressants (e.g., citalopram, venlafaxine, sertraline tablet) OR ongoing therapy with the requested drug in the past 180 days</p>
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er (er 37.5 mg cap er 24h, er 75 mg cap er 24h)</i>	2	QL 90 / 30 days
<i>venlafaxine hcl er (er 37.5 mg tab er 24h, er 75 mg tab er 24h, er 150 mg cap er 24h, er 150 mg tab er 24h)</i>	2	QL 60 / 30 days
VIIBRYD STARTER PACK	3	QLC 2 packs per 365 days
<i>vilazodone hcl</i>	2	QL 30 / 30 days



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>TRICYCLICS</b>		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2	
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2	
<i>imipramine pamoate</i>	2	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>compro</i>	2	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2	
<i>metoclopramide hcl (5 mg tab, 10 mg tab)</i>	1	
<i>metoclopramide hcl (5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution)</i>	2	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate (10 mg/2ml solution, 50 mg/10ml solution)</i>	2	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	2	
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i>	2	
<i>promethegan</i>	2	
<i>scopolamine</i>	2	QL 10 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trimethobenzamide hcl 300 mg cap</i>	2	
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
AKYNZEO 300-0.5 MG CAP	4	QL 2 / 28 days
<i>aprepitant</i>	2	
<i>dronabinol</i>	2	QL 60 / 30 days
<i>granisetron hcl 1 mg tab</i>	2	QL 60 / 30 days
<i>granisetron hcl 1 mg/ml solution</i>	2	QL 2 / 28 days
<i>ondansetron 4 mg tab disp</i>	2	QL 180 / 30 days
<i>ondansetron 8 mg tab disp</i>	2	QL 90 / 30 days
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 4 mg/5ml solution, 40 mg/20ml solution)</i>	2	
<i>ondansetron hcl 24 mg tab</i>	2	QL 2 / 28 days
<i>ondansetron hcl 4 mg tab</i>	2	QL 180 / 30 days
<i>ondansetron hcl 8 mg tab</i>	2	QL 90 / 30 days
		QL 4 / 28 days
SANCUSO	3	ST C Must try oral ondansetron and oral granisetron
VARUBI (180 MG DOSE)	3	
<b>ANTIFUNGALS</b>		
<i>amphotericin b 50 mg recon soln</i>	2	
<i>caspofungin acetate</i>	2	
<i>clotrimazole 1 % cream</i>	1	QL 120 / 30 day(s)
<i>clotrimazole 1 % solution</i>	2	QL 30 / 30 day(s)
<i>clotrimazole 10 mg troche</i>	2	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	4	PA
<i>econazole nitrate 1 % cream</i>	2	QL 85 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERTACZO	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">60 / 30 days</div> <div style="background-color: #92D050; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> <div style="background-color: #800080; color: white; padding: 10px 5px; border-radius: 3px; display: flex; align-items: center; justify-content: center; width: 20px; height: 20px; margin: 5px auto;">C</div> <div style="margin-top: 5px;">Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)</div> </div>
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	4	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
GYNAZOLE-1	4	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	2	
JUBLIA	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">4 / 28 days</div> <div style="background-color: #00AEEF; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>ketoconazole 2 % cream</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 / 30 days</div>
<i>ketoconazole 2 % shampoo</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 days</div>
<i>ketoconazole 200 mg tab</i>	2	
<i>klayesta</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 / 30 day(s)</div>
<i>luliconazole</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">60 / 30 days</div> <div style="background-color: #92D050; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> <div style="background-color: #800080; color: white; padding: 10px 5px; border-radius: 3px; display: flex; align-items: center; justify-content: center; width: 20px; height: 20px; margin: 5px auto;">C</div> <div style="margin-top: 5px;">Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)</div> </div>
<i>micafungin sodium</i>	2	
<i>miconazole 3 200 mg suppos</i>	2	
<i>naftifine hcl 1 % cream</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>90 / 30 days</div>
<i>naftifine hcl 2 % cream</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 / 30 days</div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nyamyc</i>	2	QL 60 / 30 days
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2	QL 60 / 30 days
<i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	2	
<i>nystop</i>	2	QL 60 / 30 days
		QL 60 / 30 days
		ST
<i>oxiconazole nitrate</i>	4	C Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)
<i>posaconazole 100 mg tab dr</i>	4	QL 93 / 30 days PA
<i>posaconazole 40 mg/ml suspension</i>	4	QL 630 / 30 days PA
		QL 60 / 30 days
		ST
<i>sulconazole nitrate (1 % cream, 1 % solution)</i>	4	C Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)
<i>terbinafine hcl 250 mg tab</i>	2	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	4	PA
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine 0.6 mg tab</i>	2	
<i>colchicine-probenecid</i>	2	
		ST
<i>febuxostat 40 mg tab</i>	2	C Must try generic allopurinol

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>febuxostat 80 mg tab</i>	2	ST C Must try generic allopurinol
<i>probenecid</i>	2	
<b>ANTIMIGRAINE AGENTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CRGP) RECEPTOR</b>		
AIMOVIG	3	QL 1 / 28 days PA
AJOVY	3	QL 1.5 / 28 days PA
EMGALITY	3	QL 2 / 28 days PA
EMGALITY (300 MG DOSE)	3	QL 3 / 28 days PA
NURTEC	3	QL 16 / 30 days PA
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	2	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	2	QL 8 / 30 days PA
<i>ergotamine-caffeine</i>	2	
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<i>almotriptan malate</i>	2	QL 12 / 30 days
<i>eletriptan hydrobromide</i>	2	QL 12 / 30 days
<i>frovatriptan succinate</i>	4	QL 18 / 30 days
<i>naratriptan hcl</i>	2	QL 9 / 30 days
<i>rizatriptan benzoate</i>	2	QL 12 / 30 days
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	2	QL 12 / 28 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL 9 / 30 days
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	2	QL 6 / 30 days
<i>sumatriptan succinate refill</i>	2	QL 6 / 30 days
<i>sumatriptan-naproxen sodium</i>	4	QL 9 / 30 days ST C Must try at least 2 generic triptans AND naproxen
<i>zolmitriptan (2.5 mg solution, 5 mg solution)</i>	2	QL 12 / 30 days
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	2	QL 9 / 30 days
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine bromide 60 mg tab</i>	2	
<i>pyridostigmine bromide er</i>	2	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
<i>rifabutin</i>	2	
<b>ANTITUBERCULARS</b>		
<i>cycloserine 250 mg cap</i>	2	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	2	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	2	
PASER	4	
PRIFTIN	3	
<i>pyrazinamide 500 mg tab</i>	2	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	2	
SIRUORO	4	PA
TRECTOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
<i>busulfan</i>	2	
<i>carboplatin</i>	2	
CARMUSTINE (50 MG RECON SOLN, 100 MG RECON SOLN, 300 MG RECON SOLN)	4	
<i>cisplatin (50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i>	2	
<i>cyclophosphamide (1 gm recon soln, 2 gm recon soln, 500 mg recon soln)</i>	4	
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	2	
GLEOSTINE	5	
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i>	2	
LEUKERAN	3	
MATULANE	3	
<i>melphalan</i>	2	
<i>melphalan hcl</i>	2	
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION)	5	
<i>paraplatin</i>	2	
TEMODAR 100 MG RECON SOLN	5	PA
<i>temozolomide</i>	5	PA
<b>ANTIANDROGENS</b>		
<i>abiraterone acetate</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	2	
NUBEQA	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTANDI	5	PA
YONSA	5	PA
<b>ANTIANGIOGENIC AGENTS</b>		
<i>lenalidomide</i>	5	QL 28 / 28 days PA
POMALYST	5	QL 21 / 28 days PA
REVLIMID	5	QL 28 / 28 days PA
THALOMID (150 MG CAP, 200 MG CAP)	5	QL 60 / 30 days PA
THALOMID (50 MG CAP, 100 MG CAP)	5	QL 30 / 30 days PA
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT	5	
<i>fulvestrant</i>	5	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	2	C \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate</i>	2	
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	2	
<i>azacitidine</i>	5	
<i>capecitabine</i>	4	PA
<i>cladribine</i>	2	
<i>clofarabine</i>	2	
<i>cytarabine</i>	2	
<i>cytarabine (pf)</i>	2	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>decitabine</i>	5	
<i>floxuridine 0.5 gm recon soln</i>	2	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	2	
<i>gemcitabine hcl 1 gm recon soln</i>	5	
<i>mercaptopurine 50 mg tab</i>	2	
NIPENT	3	
ONUREG	5	PA
<i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln)</i>	5	
TABLOID	3	
<b>ANTINEOPLASTICS, OTHER</b>		
AKEEGA	5	PA
<i>arsenic trioxide (10 mg/10ml solution, 12 mg/6ml solution)</i>	2	
AUGTYRO	5	PA
<i>bleomycin sulfate</i>	2	
DACARBAZINE (100 MG RECON SOLN, 200 MG RECON SOLN)	2	
<i>docetaxel (20 mg/2ml solution, 20 mg/ml conc, 80 mg/4ml conc, 80 mg/8ml solution, 160 mg/16ml solution, 160 mg/8ml conc)</i>	2	
<i>fludarabine phosphate 50 mg recon soln</i>	2	
FRUZAQLA	5	PA
<i>hydroxyurea 500 mg cap</i>	2	
INQOVI	5	PA
IWILFIN	5	PA
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	2	
LONSURF	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYSODREN	3	
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	2	
<i>mitoxantrone hcl</i>	5	
<i>mutamycin</i>	2	
OJJAARA	5	PA
PHOTOFRIN	3	
<i>vinblastine sulfate</i>	2	
<i>vincasar pfs</i>	2	
<i>vincristine sulfate</i>	2	
<i>vinorelbine tartrate</i>	2	
WELIREG	5	PA
ZOLINZA	5	PA
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole 1 mg tab</i>	2	C \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>exemestane</i>	2	C \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>letrozole 2.5 mg tab</i>	2	
<b>ENZYME INHIBITORS</b>		
<i>adriamycin (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	2	
<i>daunorubicin hcl 20 mg/4ml solution</i>	2	
<i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	2	
<i>doxorubicin hcl liposomal</i>	2	
<i>etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etoposide 50 mg cap</i>	4	
<i>idarubicin hcl</i>	2	
<i>irinotecan hcl (40 mg/2ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	5	
<i>irinotecan hcl 300 mg/15ml solution</i>	2	
<i>toposar</i>	2	
<i>topotecan hcl 4 mg recon soln</i>	2	
TRUQAP	5	PA
MOLECULAR TARGET INHIBITORS		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE (100 MG CAP, 100 MG TAB)	5	PA
CAPRELSA	5	PA
COMETRIQ (100 MG DAILY DOSE)	5	PA
COMETRIQ (140 MG DAILY DOSE)	5	PA
COMETRIQ (60 MG DAILY DOSE)	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erlotinib hcl</i>	5	PA
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	5	PA
FOTIVDA	5	PA
GAVRETO	5	PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	PA
IBRANCE	5	PA
ICLUSIG	5	PA
IDHIFA	5	PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB)	5	PA
INLYTA	5	PA
INREBIC	5	PA
IRESSA	5	PA
JAKAFI	5	PA
KISQALI (200 MG DOSE)	5	PA
KISQALI (400 MG DOSE)	5	PA
KISQALI (600 MG DOSE)	5	PA
KISQALI FEMARA (400 MG DOSE)	5	PA
KISQALI FEMARA (600 MG DOSE)	5	PA
KISQALI FEMARA(200 MG DOSE)	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (10 MG DAILY DOSE)	5	PA
LENVIMA (12 MG DAILY DOSE)	5	PA
LENVIMA (14 MG DAILY DOSE)	5	PA
LENVIMA (18 MG DAILY DOSE)	5	PA
LENVIMA (20 MG DAILY DOSE)	5	PA
LENVIMA (24 MG DAILY DOSE)	5	PA
LENVIMA (4 MG DAILY DOSE)	5	PA
LENVIMA (8 MG DAILY DOSE)	5	PA
LORBRENA	5	PA
LUMAKRAS	5	PA
LYNPARZA	5	PA
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	5	PA
MEKTOVI	5	PA
NERLYNX	5	PA
NINLARO	5	PA
ODOMZO	5	PA
<i>paclitaxel</i>	2	
<i>paclitaxel protein-bound part</i>	2	
<i>pazopanib hcl</i>	5	PA
PEMAZYRE	5	PA
PIQRAY (200 MG DAILY DOSE)	5	PA
PIQRAY (250 MG DAILY DOSE)	5	PA
PIQRAY (300 MG DAILY DOSE)	5	PA
RETEVMO	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TABRECTA	5	PA
TAFINLAR	5	PA
TAGRISSO	5	PA
TALZENNA	5	PA
TASIGNA	5	PA
TAZVERIK	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TRUSELTIQ (100MG DAILY DOSE)	5	PA
TRUSELTIQ (125MG DAILY DOSE)	5	PA
TRUSELTIQ (50MG DAILY DOSE)	5	PA
TRUSELTIQ (75MG DAILY DOSE)	5	PA
TUKYSA	5	PA
TURALIO	5	PA
VENCLEXTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VERZENIO	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
XOSPATA	5	PA
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5	PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5	PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5	PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5	PA
XPOVIO (60 MG TWICE WEEKLY)	5	PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5	PA
XPOVIO (80 MG TWICE WEEKLY)	5	PA
ZEJULA	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA
<b>MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE</b>		
ERBITUX	5	
XGEVA	5	PA
<b>RETINOIDS</b>		
<i>bexarotene 1 % gel</i>	5	QL 60 / 30 days PA
<i>bexarotene 75 mg cap</i>	5	PA
PANRETIN	4	QL 60 / 30 days
<i>tretinoin 10 mg cap</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>TREATMENT ADJUNCTS</b>		
<i>mesna</i>	2	
MESNEX 400 MG TAB	5	
VONJO	5	PA
<b>ANTIPARASITICS ANTHELMINTHICS</b>		
<i>albendazole 200 mg tab</i>	4	PA
EMVERM	4	QL 12 / 365 days
<i>ivermectin 3 mg tab</i>	2	
<i>praziquantel 600 mg tab</i>	2	
<b>ANTIPROTOZOALS</b>		
ALINIA 100 MG/5ML RECON SUSP	4	QL 540 / 30 days
<i>atovaquone 750 mg/5ml suspension</i>	2	
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	2	
COARTEM	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide 500 mg tab</i>	2	
<i>pentamidine isethionate</i>	2	
<i>primaquine phosphate</i>	2	
<i>pyrimethamine 25 mg tab</i>	4	PA
<i>quinine sulfate 324 mg cap</i>	2	
<b>ANTIPARKINSON AGENTS ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	2	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
<i>tolcapone</i>	2	
<b>DOPAMINE AGONISTS</b>		
<i>apomorphine hcl 30 mg/3ml soln cart</i>	5	PA
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	2	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	2	
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa 25 mg tab</i>	4	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er</i>	2	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	2	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	2	
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 200 mg tab)</i>	2	
<i>fluphenazine decanoate 25 mg/ml solution</i>	2	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	2	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxapine succinate</i>	2	
<i>molindone hcl</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
<b>2ND GENERATION/ATYPICAL</b>		
ABILIFY MAINTENA	3	QL 1 / 28 days
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	4	
ARISTADA 1064 MG/3.9ML PRSYR	3	QL 3.9 / 56 days
ARISTADA 441 MG/1.6ML PRSYR	3	QL 1.6 / 28 days
ARISTADA 662 MG/2.4ML PRSYR	3	QL 2.4 / 28 days
ARISTADA 882 MG/3.2ML PRSYR	3	QL 3.2 / 28 days
ARISTADA INITIO	3	
<i>asenapine maleate</i>	2	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	3	QL 3.5 / 180 days
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	3	QL 5 / 180 days
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	QL 0.75 / 28 days
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	QL 1 / 28 days
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	QL 1.5 / 28 days
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL 0.25 / 28 days
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	QL 0.5 / 28 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	QL 0.88 / 84 days
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	QL 1.32 / 84 days
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	QL 1.75 / 84 days
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	QL 2.63 / 84 days
<i>lurasidone hcl</i>	2	
<i>olanzapine</i>	2	
<i>paliperidone er 1.5 mg tab er 24h</i>	2	QL 240 / 30 days
<i>paliperidone er 3 mg tab er 24h</i>	2	QL 120 / 30 days
<i>paliperidone er 6 mg tab er 24h</i>	2	QL 60 / 30 days
<i>paliperidone er 9 mg tab er 24h</i>	2	QL 30 / 30 days
PERSERIS	3	QL 1 / 28 days
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>quetiapine fumarate er</i>	2	
		QL 60 / 30 days
		ST
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	4	Must try at least 3 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone) OR ongoing therapy with the requested drug in the past 180 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RISPERDAL CONSTA	3	QL 2 / 28 days
<i>risperidone (0.25 mg tab disp, 2 mg tab disp, 4 mg tab disp)</i>	2	QL 60 / 30 days
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	QL 60 / 30 days
<i>risperidone 0.5 mg tab disp</i>	2	QL 120 / 30 days
<i>risperidone 1 mg tab disp</i>	2	QL 30 / 30 days
<i>risperidone 1 mg/ml solution</i>	2	
<i>risperidone 3 mg tab disp</i>	2	QL 90 / 30 days
		QL 30 / 30 days
		ST
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	4	C Must try at least 3 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone) OR ongoing therapy with the requested drug in the past 180 days
		ST
VRAYLAR 1.5 & 3 MG CAP THPK	4	C Must try at least 3 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone) OR ongoing therapy with the requested drug in the past 180 days
		QLC 2 packs per 365 days
<i>ziprasidone hcl</i>	2	QL 60 / 30 days
ZYPREXA RELPREVV	3	
TREATMENT-RESISTANT		
<i>clozapine</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
<i>cidofovir 75 mg/ml solution</i>	4	
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	4	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil</i>	5	
BARACLUDE 0.05 MG/ML SOLUTION	5	QL 600 / 30 days
<i>entecavir</i>	5	
EPIVIR HBV 5 MG/ML SOLUTION	3	
<i>lamivudine 100 mg tab</i>	2	
VEMLIDY	5	QL 30 / 30 days PA
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	5	QL 28 / 28 days PA
EPCLUSA (MG PACKET, MG TAB)	5	QL 56 / 28 days PA
HARVONI (33.75-150 MG PACKET, 90-400 MG TAB)	5	QL 28 / 28 days PA
HARVONI (MG PACKET, MG TAB)	5	QL 56 / 28 days PA
LEDIPASVIR-SOFOSBUVIR	5	QL 28 / 28 days PA
MAVYRET 100-40 MG TAB	5	QL 84 / 28 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVYRET 50-20 MG PACKET	5	QL 140 / 28 days PA
<i>ribavirin (6 gm recon soln, 200 mg cap, 200 mg tab)</i>	2	
SOFOSBUVIR-VELPATASVIR	5	QL 28 / 28 days PA
SOVALDI	5	QL 28 / 28 days PA
VOSEVI	5	QL 28 / 28 days PA
ZEPATIER	5	QL 28 / 28 days PA
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
APRETUDE	3	QL 3 / 30 days
BIKTARVY	3	QL 30 / 30 days
DOVATO	3	QL 30 / 30 days
GENVOYA	3	QL 30 / 30 days
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 100 MG PACKET)	3	QL 180 / 30 days
ISENTRESS 400 MG TAB	3	QL 60 / 30 days
ISENTRESS HD	3	QL 60 / 30 days
JULUCA	4	QL 30 / 30 days
STRIBILD	3	QL 30 / 30 days
TIVICAY	3	QL 60 / 30 days
TIVICAY PD	3	QL 180 / 30 days
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
COMPLERA	3	QL 30 / 30 days
EDURANT	3	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>efavirenz 200 mg cap</i>	2	QL 90 / 30 days
<i>efavirenz 50 mg cap</i>	2	QL 240 / 30 days
<i>efavirenz 600 mg tab</i>	2	QL 30 / 30 days
<i>efavirenz-emtricitab-tenofo df</i>	2	QL 30 / 30 days
<i>efavirenz-lamivudine-tenofovir</i>	2	QL 30 / 30 days
<i>etravirine 100 mg tab</i>	2	QL 120 / 30 days
<i>etravirine 200 mg tab</i>	2	QL 60 / 30 days
INTELENCE 25 MG TAB	3	QL 120 / 30 days
<i>nevirapine 200 mg tab</i>	2	QL 60 / 30 days
<i>nevirapine 50 mg/5ml suspension</i>	2	QL 1200 / 30 days
<i>nevirapine er 100 mg tab er 24h</i>	2	QL 120 / 30 days
<i>nevirapine er 400 mg tab er 24h</i>	2	QL 30 / 30 days
ODEFSEY	3	QL 30 / 30 days
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	2	QL 900 / 30 days
<i>abacavir sulfate 300 mg tab</i>	2	QL 60 / 30 days
<i>abacavir sulfate-lamivudine</i>	2	QL 30 / 30 days
CIMDUO	3	QL 30 / 30 days
DESCOVY	3	QL 30 / 30 days
<i>emtricitabine</i>	2	QL 30 / 30 days
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	2	QL 30 / 30 days
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	2	QL 30 / 30 days C \$0 copay for pre-exposure prophylaxis only

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMTRIVA 10 MG/ML SOLUTION	3	QL 680 / 30 days
<i>lamivudine 10 mg/ml solution</i>	2	QL 960 / 30 days
<i>lamivudine 150 mg tab</i>	2	QL 60 / 30 days
<i>lamivudine 300 mg tab</i>	2	QL 30 / 30 days
<i>lamivudine-zidovudine</i>	2	QL 60 / 30 days
RETROVIR 10 MG/ML SOLUTION	3	
<i>stavudine</i>	2	QL 60 / 30 days
TEMIXYS	3	QL 30 / 30 days
<i>tenofovir disoproxil fumarate</i>	2	QL 30 / 30 days
TRIUMEQ	3	QL 30 / 30 days
TRIUMEQ PD	3	QL 180 / 30 days
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	3	QL 30 / 30 days
VIREAD 40 MG/GM POWDER	3	QL 240 / 30 days
<i>zidovudine 100 mg cap</i>	2	QL 180 / 30 days
<i>zidovudine 300 mg tab</i>	2	QL 60 / 30 days
<i>zidovudine 50 mg/5ml syrup</i>	2	QL 1920 / 30 days
<b>ANTI-HIV AGENTS, OTHER</b>		
CABENUVA 400 & 600 MG/2ML SUSP	3	QL 4 / 28 days
CABENUVA 600 & 900 MG/3ML SUSP	3	QL 6 / 28 days
FUZEON	5	QL 60 / 30 days PA
<i>maraviroc 150 mg tab</i>	2	QL 60 / 30 days
<i>maraviroc 300 mg tab</i>	2	QL 120 / 30 days
RUKOBIA	4	QL 60 / 30 days PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELZENTRY 20 MG/ML SOLUTION	3	QL 1840 / 30 days
SELZENTRY 25 MG TAB	3	QL 240 / 30 days
SELZENTRY 75 MG TAB	3	QL 60 / 30 days
TROGARZO	5	
TYBOST	3	QL 30 / 30 days
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
APTIVUS 250 MG CAP	3	QL 120 / 30 days
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	2	QL 60 / 30 days
<i>atazanavir sulfate 300 mg cap</i>	2	QL 30 / 30 days
<i>darunavir 600 mg tab</i>	2	QL 60 / 30 days
<i>darunavir 800 mg tab</i>	2	QL 30 / 30 days
EVOTAZ	3	QL 30 / 30 days
<i>fosamprenavir calcium</i>	2	QL 120 / 30 days
LEXIVA 50 MG/ML SUSPENSION	3	QL 1575 / 30 days
<i>lopinavir-ritonavir 100-25 mg tab</i>	2	QL 240 / 30 days
<i>lopinavir-ritonavir 200-50 mg tab</i>	2	QL 120 / 30 days
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	2	QL 480 / 30 days
NORVIR 100 MG PACKET	3	
NORVIR 80 MG/ML SOLUTION	3	QL 360 / 30 days
PREZCOBIX	3	QL 30 / 30 days
PREZISTA 100 MG/ML SUSPENSION	3	QL 400 / 30 days
PREZISTA 150 MG TAB	3	QL 180 / 30 days
PREZISTA 600 MG TAB	3	QL 60 / 30 days
PREZISTA 75 MG TAB	3	QL 300 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREZISTA 800 MG TAB	3	QL 30 / 30 days
REYATAZ 50 MG PACKET	3	QL 180 / 30 days
<i>ritonavir</i>	2	QL 360 / 30 days
SYMTUZA	4	QL 30 / 30 days
VIRACEPT 250 MG TAB	3	QL 270 / 30 days
VIRACEPT 625 MG TAB	3	QL 120 / 30 days
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	2	
RELENZA DISKHALER	3	QL 40 / 90 days
<i>rimantadine hcl</i>	2	
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	2	
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	2	QL 90 / 30 days
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	2	QL 120 / 30 days
<b>ANTIVIRAL, CORONAVIRUS AGENTS</b>		
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	0	
MODERNA COVID-19 VAC 6M-11Y	0	
PAXLOVID (150/100)	3	QL 20 / 30 day(s)
PAXLOVID (300/100)	3	QL 30 / 30 day(s)
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	0	
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	2	
<i>meprobamate</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BENZODIAZEPINES</b>		
<i>alprazolam (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	2	QL 150 / 30 days
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2	QL 120 / 30 days
<b>ALPRAZOLAM INTENSOL</b>	3	QL 300 / 30 days
<i>chlordiazepoxide hcl 10 mg cap</i>	2	QL 300 / 30 days
<i>chlordiazepoxide hcl 25 mg cap</i>	2	QL 360 / 30 days
<i>chlordiazepoxide hcl 5 mg cap</i>	2	QL 240 / 30 days
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	2	QL 120 / 30 days
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	2	QL 300 / 30 days
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	2	QL 90 / 30 days
<i>clorazepate dipotassium 15 mg tab</i>	2	QL 180 / 30 days
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL 120 / 30 days
<i>diazepam 5 mg/5ml solution</i>	2	QL 1200 / 30 days
<i>diazepam 5 mg/ml conc</i>	2	QL 240 / 30 days
<i>diazepam intensol</i>	2	QL 240 / 30 days
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	2	QL 150 / 30 days
<i>lorazepam 0.5 mg tab</i>	2	QL 600 / 30 days
<i>lorazepam 1 mg tab</i>	2	QL 300 / 30 days
<i>lorazepam intensol</i>	2	QL 150 / 30 days
<i>oxazepam</i>	2	QL 120 / 30 days
<b>BIPOLAR AGENTS</b>		
<b>MOOD STABILIZERS</b>		
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1	
<i>lithium carbonate 300 mg tab</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lithium carbonate er</i>	2	
<b>BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS</b>		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL 90 / 30 days
<i>alogliptin benzoate</i>	1	QL 30 / 30 days
<i>alogliptin-metformin hcl</i>	1	QL 60 / 30 days
<i>glimepiride (1 mg tab, 2 mg tab)</i>	1	QL 120 / 30 days
<i>glimepiride 4 mg tab</i>	1	QL 60 / 30 days
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	QL 120 / 30 days
<i>glipizide er 10 mg tab er 24h</i>	1	QL 60 / 30 days
<i>glipizide er 2.5 mg tab er 24h</i>	1	QL 120 / 30 days
<i>glipizide er 5 mg tab er 24h</i>	1	QL 90 / 30 days
<i>glipizide xl 10 mg tab er 24h</i>	1	QL 60 / 30 days
<i>glipizide xl 2.5 mg tab er 24h</i>	1	QL 120 / 30 days
<i>glipizide xl 5 mg tab er 24h</i>	1	QL 90 / 30 days
<i>glipizide-metformin hcl</i>	1	QL 120 / 30 days
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	QL 120 / 30 days
GLYBURIDE MICRONIZED	1	QL 60 / 30 days
<i>glyburide-metformin</i>	1	QL 120 / 30 days
GLYXAMBI	3	QL 30 / 30 days
JANUMET	3	QL 60 / 30 days
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3	QL 60 / 30 days
JANUMET XR 100-1000 MG TAB ER 24H	3	QL 30 / 30 days
JANUVIA	3	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENTADUETO	3	QL 60 / 30 days
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL 60 / 30 days
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL 30 / 30 days
<i>metformin hcl 1000 mg tab</i>	1	QL 75 / 30 days
<i>metformin hcl 500 mg tab</i>	1	QL 150 / 30 days
<i>metformin hcl 850 mg tab</i>	1	QL 90 / 30 days C \$0 copay for members age 35 through 70 for prevention of diabetes
<i>metformin hcl er 500 mg tab er 24h</i>	1	QL 120 / 30 days
<i>metformin hcl er 750 mg tab er 24h</i>	1	QL 60 / 30 days
<i>miglitol</i>	2	QL 90 / 30 days
<i>nateglinide 120 mg tab</i>	1	QL 90 / 30 days
<i>nateglinide 60 mg tab</i>	1	QL 180 / 30 days
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	3	QL 1.5 / 28 days ST C Must have metformin use within last 180 days
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	QL 3 / 28 days ST C Must have metformin use within last 180 days
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	QL 3 / 28 days ST C Must have metformin use within last 180 days
OZEMPIC (2 MG/DOSE)	3	QL 3 / 28 days ST C Must have metformin use within last 180 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pioglitazone hcl</i>	1	QL 30 / 30 days
<i>pioglitazone hcl-glimepiride</i>	1	QL 30 / 30 days
<i>pioglitazone hcl-metformin hcl</i>	1	QL 90 / 30 days
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1	QL 120 / 30 days
<i>repaglinide 2 mg tab</i>	1	QL 240 / 30 days
SOLIQUA	3	QL 18 / 30 days ST C Must have insulin use within last 180 days
SYMLINPEN 120	4	QL 10.8 / 30 days ST C Must have insulin use within last 180 days
SYMLINPEN 60	4	QL 6 / 30 days ST C Must have insulin use within last 180 days
SYNJARDY (5-1000 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	3	QL 60 / 30 days
SYNJARDY 5-500 MG TAB	3	QL 120 / 30 days
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL 60 / 30 days
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL 30 / 30 days
TRADJENTA	3	QL 30 / 30 days
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	QL 30 / 30 days
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3	QL 60 / 30 days
TRULICITY	3	QL 2 / 28 days ST C Must have metformin use within last 180 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL 30 / 30 days
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	3	QL 60 / 30 days
XULTOPHY	3	QL 15 / 30 days
		ST
		C Must have insulin use within last 180 days
<b>GLYCEMIC AGENTS</b>		
<i>diazoxide 50 mg/ml suspension</i>	4	
GLUCAGON EMERGENCY 1 MG KIT	2	
<b>INSULINS</b>		
BASAGLAR KWIKPEN	3	
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
FIASP PUMPCART	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG PENFILL	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>ANTICOAGULANTS</b>		
ELIQUIS	3	
ELIQUIS DVT/PE STARTER PACK	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i>	4	
FRAGMIN	4	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	2	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution, 5000 unit/ml solution)</i>	2	
<i>jantoven</i>	1	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	3	
XARELTO STARTER PACK	3	
ZONTIVITY	4	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
<i>anagrelide hcl</i>	2	
ARANESP (ALBUMIN FREE)	5	PA
MIRCERA	5	PA
NIVESTYM	5	PA
PROMACTA (12.5 MG TAB, 25 MG TAB)	5	QL 30 / 30 days PA
PROMACTA (50 MG TAB, 75 MG TAB)	5	QL 60 / 30 days PA
PROMACTA 12.5 MG PACKET	5	QL 360 / 30 days PA
PROMACTA 25 MG PACKET	5	QL 180 / 30 days PA
RETACRIT	5	PA
ZIEXTENZO	5	PA
<b>HEMOSTASIS AGENTS</b>		
<i>phytonadione 5 mg tab</i>	2	
<i>tranexamic acid 650 mg tab</i>	2	
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin tab delayed release 81 mg</i>	0	QL 100 / fill C \$0 copay for members age 12-59 or members at risk for preeclampsia, otherwise not covered
<i>aspirin-dipyridamole er</i>	2	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate (75 mg tab, 300 mg tab)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	2	
DOPTELET	5	QL 2 / 30 day(s) PA
<i>prasugrel hcl</i>	2	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine</i>	2	QL 4 / 28 days
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>guanfacine hcl</i>	2	
<i>methyldopa</i>	2	
<i>midodrine hcl</i>	2	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>phenoxybenzamine hcl 10 mg cap</i>	4	PA
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	2	
<i>terazosin hcl</i>	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fosinopril sodium</i>	1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine (, 2 mg tab)</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	2	
<i>digitek</i>	2	
<i>digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	2	
<i>disopyramide phosphate</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	2	
MULTAQ	4	
NORPACE CR	3	
<i>pacerone</i>	2	
<i>procainamide hcl (100 mg/ml solution, 500 mg/ml solution)</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2	
<i>sotalol hcl (af)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	2	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	2	QL 30 / 30 days
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL 30 / 30 days
<i>nebivolol hcl 20 mg tab</i>	2	QL 60 / 30 days
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	2	
<i>propranolol hcl er</i>	2	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	2	
<i>nisoldipine er</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl (25 mg/5ml solution, 30 mg tab, 50 mg/10ml solution, 60 mg tab, 90 mg tab, 120 mg tab, 125 mg/25ml solution)</i>	2	
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadytl er</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	2	
<i>verapamil hcl er</i>	2	
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	2	
<i>aliskiren fumarate</i>	2	QL 30 / 30 days
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hctz</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORLANOR (5 MG TAB, 7.5 MG TAB)	4	QL 60 / 30 days
CORLANOR 5 MG/5ML SOLUTION	4	QL 450 / 30 days
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO	3	QL 60 / 30 days
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	4	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone-hctz</i>	2	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hctz</i>	1	
<i>trandolapril-verapamil hcl er</i>	1	
<i>triamterene-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>DIURETICS, LOOP</b>		
<i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>ethacrynic acid</i>	2	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>torseamide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl 5 mg tab</i>	2	
<i>eplerenone</i>	2	
<i>triamterene (50 mg cap, 100 mg cap)</i>	2	
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone</i>	2	
<b>DIURIL</b>	4	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap)</i>	2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	2	
<i>gemfibrozil 600 mg tab</i>	1	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium 10 mg tab</i>	1	<b>QL</b> 60 / 30 days <b>C</b> \$0 copay for members age 40 through 75
<i>atorvastatin calcium 20 mg tab</i>	1	<b>QL</b> 90 / 30 days <b>C</b> \$0 copay for members age 40 through 75
<i>atorvastatin calcium 40 mg tab</i>	1	<b>QL</b> 60 / 30 days
<i>atorvastatin calcium 80 mg tab</i>	1	<b>QL</b> 30 / 30 days
<i>fluvastatin sodium</i>	1	<b>QL</b> 60 / 30 days <b>C</b> \$0 copay for members age 40 through 75

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluvastatin sodium er</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="margin-right: 10px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="margin-left: 5px;">\$0 copay for members age 40 through 75</div> </div> </div>
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="margin-right: 10px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="margin-left: 5px;">\$0 copay for members age 40 through 75</div> </div> </div>
<i>lovastatin 40 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 / 30 days</div> </div> <div style="margin-right: 10px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="margin-left: 5px;">\$0 copay for members age 40 through 75</div> </div> </div>
<i>pravastatin sodium</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="margin-right: 10px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="margin-left: 5px;">\$0 copay for members age 40 through 75</div> </div> </div>
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 / 30 days</div> </div> <div style="margin-right: 10px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="margin-left: 5px;">\$0 copay for members age 40 through 75</div> </div> </div>
<i>rosuvastatin calcium 20 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 / 30 days</div> </div> </div>
<i>rosuvastatin calcium 40 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> </div>
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="margin-right: 10px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div style="margin-left: 5px;">\$0 copay for members age 40 through 75</div> </div> </div>
<i>simvastatin 80 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> </div>
<b>DYSLIPIDEMICS, OTHER</b>		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2	
<i>ezetimibe</i>	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> </div>
<i>ezetimibe-simvastatin</i>	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> </div>



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>icosapent ethyl</i>	2	
<i>niacin er (antihyperlipidemic)</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2	
REPATHA	3	QL 3 / 28 days PA
REPATHA PUSHTRONEX SYSTEM	5	QL 3.5 / 28 days PA
REPATHA SURECLICK	3	QL 3 / 28 days PA
<b>MINERALCORTICOID RECEPTER AGONISTS</b>		
KERENDIA	4	QL 30 / 30 days PA
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>		
FARXIGA	3	QL 30 / 30 days
JARDIANCE	3	QL 30 / 30 days
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	2	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin 0.4 % ointment</i>	4	QL 30 / 30 day(s)
RECTIV	4	QL 30 / 30 days
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS</b>		
<i>riluzole</i>	2	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
<i>amphetamine sulfate</i>	4	
<i>amphetamine-dextroamphet er</i>	2	QL 30 / 30 days
<i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	2	QL 120 / 30 days
<i>amphetamine-dextroamphetamine 30 mg tab</i>	2	QL 60 / 30 days
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	2	QL 180 / 30 day(s)
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	2	QL 1200 / 30 day(s)
<i>dextroamphetamine sulfate er</i>	2	QL 120 / 30 days
<i>methamphetamine hcl</i>	4	QL 150 / 30 days
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
<i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i>	2	QL 60 / 30 days
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	2	QL 30 / 30 days
<i>atomoxetine hcl 18 mg cap</i>	2	QL 120 / 30 days
<i>clonidine hcl er 0.1 mg tab er 12h</i>	2	QL 120 / 30 days
<i>dexmethylphenidate hcl</i>	2	QL 60 / 30 days
<i>dexmethylphenidate hcl er (er 25 mg cap er 24h, er 30 mg cap er 24h, er 35 mg cap er 24h, er 40 mg cap er 24h)</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h)</i>	2	QL 60 / 30 days
<i>guanfacine hcl er</i>	2	QL 30 / 30 days
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	2	QL 180 / 30 days
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl 10 mg/5ml solution</i>	2	QL 900 / 30 days
<i>methylphenidate hcl 5 mg/5ml solution</i>	2	QL 1800 / 30 days
<i>methylphenidate hcl er (cd) (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl er (cd) (er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl er (er 10 mg tab er, er 20 mg tab er)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl er (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl er (la) (er 20 mg cap er 24h, er 30 mg cap er 24h)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl er (la) (er 40 mg cap er 24h, er 60 mg cap er 24h)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	2	QL 30 / 30 days
<i>methylphenidate hcl er 54 mg tab er</i>	2	QL 30 / 30 days
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
AUSTEDO (9 MG TAB, 12 MG TAB)	5	QL 120 / 30 days PA
AUSTEDO 6 MG TAB	5	QL 60 / 30 days PA
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H)	5	QL 30 / 30 days PA
AUSTEDO XR 24 MG TAB ER 24H	5	QL 60 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR PATIENT TITRATION	5	QL 42 / 30 days PA
<i>bac</i>	2	QL 30 / 30 days
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2	QL 30 / 30 days
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	5	QL 30 / 30 days PA
INGREZZA 40 & 80 MG CAP THPK	5	QL 28 / 28 days PA
NUEDEXTA	4	QL 60 / 30 days PA
<i>tetrabenazine 12.5 mg tab</i>	5	QL 90 / 30 days PA
<i>tetrabenazine 25 mg tab</i>	5	QL 120 / 30 days PA
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	2	QL 60 / 30 days
<i>pregabalin (225 mg cap, 300 mg cap)</i>	2	QL 60 / 30 days
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i>	2	QL 90 / 30 days
<i>pregabalin 20 mg/ml solution</i>	2	QL 900 / 30 days
		QL 60 / 30 days ST
SAVELLA (25 MG TAB, 50 MG TAB, 100 MG TAB)	4	C Must try at least 2 of the following: gabapentin, duloxetine, pregabalin
		QL 60 / 30 days ST
SAVELLA 12.5 MG TAB	4	C Must try at least 2 of the following: gabapentin, duloxetine, pregabalin

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAVELLA TITRATION PACK	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #90EE90; padding: 2px; margin-bottom: 5px;">ST</div> <div style="background-color: #800080; color: white; padding: 2px; margin-bottom: 5px;">C</div> <div style="background-color: #000080; color: white; padding: 2px;">QLC</div> </div> Must try at least 2 of the following: gabapentin, duloxetine, pregabalin 1 pack per 365 days
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px; margin-bottom: 5px;">QL</div> <div style="background-color: #000080; color: white; padding: 2px;">PA</div> </div> 30 / 30 days
AVONEX PEN	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px;">QL</div> </div> 4 / 28 days
AVONEX PREFILLED	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px;">QL</div> </div> 4 / 28 days
BETASERON	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px;">QL</div> </div> 15 / 30 day(s)
COPAXONE 20 MG/ML SOLN PRSYR	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px;">QL</div> </div> 30 / 30 days
COPAXONE 40 MG/ML SOLN PRSYR	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px;">QL</div> </div> 12 / 28 days
<i>dalfampridine er</i>	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px; margin-bottom: 5px;">QL</div> <div style="background-color: #000080; color: white; padding: 2px;">PA</div> </div> 60 / 30 days
<i>dimethyl fumarate 120 mg cap dr</i>	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px; margin-bottom: 5px;">QL</div> <div style="background-color: #000080; color: white; padding: 2px;">PA</div> </div> 14 / 28 days
<i>dimethyl fumarate 240 mg cap dr</i>	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px; margin-bottom: 5px;">QL</div> <div style="background-color: #000080; color: white; padding: 2px;">PA</div> </div> 60 / 30 days
<i>dimethyl fumarate starter pack</i>	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px; margin-bottom: 5px;">QL</div> <div style="background-color: #000080; color: white; padding: 2px;">PA</div> </div> 1 / 30 days
<i> fingolimod hcl</i>	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px; margin-bottom: 5px;">QL</div> <div style="background-color: #000080; color: white; padding: 2px;">PA</div> </div> 30 / 30 days
<i>glatiramer acetate 20 mg/ml soln prsyrr</i>	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px;">QL</div> </div> 30 / 30 days
<i>glatiramer acetate 40 mg/ml soln prsyrr</i>	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px;">QL</div> </div> 12 / 28 days
<i>glatopa 20 mg/ml soln prsyrr</i>	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px;">QL</div> </div> 30 / 30 days
<i>glatopa 40 mg/ml soln prsyrr</i>	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #000080; color: white; padding: 2px;">QL</div> </div> 12 / 28 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KESIMPTA	5	PA
PLEGRIDY	5	QL 1 / 28 days PA
PLEGRIDY STARTER PACK	5	QL 1 / 28 days PA
<i>teriflunomide</i>	5	QL 30 / 30 days PA
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	
<b>DERMATOLOGICAL AGENTS ACNE AND ROSACEA AGENTS</b>		
<i>accutane</i>	2	PA
<i>acitretin</i>	2	
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	2	QL 45 / 28 days PA C Custom
<i>adapalene 0.1 % gel</i>	2	QL 45 / 28 day(s)
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i>	2	PA C Custom
<i>amnesteem</i>	2	PA
<i>avita</i>	2	QL 45 / 30 days PA C Custom

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azelaic acid 15 % gel</i>	2	
<i>benzoyl peroxide-erythromycin</i>	2	QL 46.6 / 30 days
<i>brimonidine tartrate 0.33 % gel</i>	4	PA
<i>claravis</i>	2	PA
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	2	QL 50 / 30 days
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2	QL 45 / 30 day(s)
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	2	PA
<i>myorisan</i>	2	PA
ROSADAN (0.75 % CREAM KIT, 0.75 % GEL KIT)	2	
<i>sulfacetamide sodium (acne)</i>	2	QL 118 / 30 days
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	2	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	2	QL 45 / 30 days PA C Custom
<i>tretinoin 0.05 % gel</i>	2	PA C Custom
<i>tretinoin microsphere (0.04 % gel, 0.1 % gel)</i>	4	PA C Custom
<i>tretinoin microsphere pump (pump 0.04 % gel, pump 0.1 % gel)</i>	4	PA C Custom
<i>zenatane</i>	2	PA
<b>DERMATITIS AND PRURITUS AGENTS</b>		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide (0.1 % cream, 0.1 % lotion)</i>	2	QL 120 / 30 days
<i>amcinonide 0.1 % ointment</i>	3	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	2	
<i>anucort-hc</i>	2	
<i>anusol-hc 25 mg suppos</i>	2	
<i>besser 0.05 % lotion</i>	2	QL 120 / 30 days
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	2	
<i>betamethasone valerate 0.12 % foam</i>	2	QL 120 / 30 days
<i>clobetasol prop emollient base</i>	2	QL 120 / 30 days
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2	QL 120 / 30 days
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	2	QL 100 / 30 days
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	2	QL 118 / 30 days
<i>clobetasol propionate 0.05 % liquid</i>	2	QL 125 / 30 days
<i>clobetasol propionate e</i>	2	QL 120 / 30 days
<i>clocortolone pivalate</i>	4	QL 120 / 30 days
<i>clodan 0.05 % shampoo</i>	2	QL 118 / 30 days
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	2	
<i>diflorasone diacetate</i>	4	QL 120 / 30 days
		QL 45 / 30 days
		ST
<i>doxepin hcl 5 % cream</i>	4	Must try at least one generic topical steroid AND at least one generic topical calcineurin inhibitor



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EUCRISA	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #92D050; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">C</div> </div> 60 / 30 days Must try at least one generic topical steroid AND at least one generic topical calcineurin inhibitor
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 / 30 days
<i>fluocinonide 0.05 % solution</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 60 / 30 days
<i>flurandrenolide (0.05 % cream, 0.05 % lotion)</i>	4	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 / 30 days
<i>halcinonide</i>	4	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 50 / 30 days
<i>hemmorex-hc</i>	2	
<i>hydrocortisone (1 % cream, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2	
<i>hydrocortisone (perianal)</i>	2	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	2	
<i>hydrocortisone butyrate (0.1 % lotion, 0.1 % ointment, 0.1 % solution)</i>	2	
<i>hydrocortisone butyrate 0.1 % cream</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 / 30 days
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2	
<i>pimecrolimus</i>	4	
<i>prednicarbate 0.1 % ointment</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 120 / 30 days
<i>procto-med hc</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<i>selenium sulfide 2.5 % lotion</i>	2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	2	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2	
<i>triderm</i>	2	
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	2	QL 120 / 30 days
<i>calcipotriene 0.005 % solution</i>	2	QL 60 / 30 days
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	4	QL 60 / 30 days
<i>calcitrene</i>	2	QL 120 / 30 days
<i>calcitriol 3 mcg/gm ointment</i>	2	QL 100 / 30 days
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2	QL 45 / 30 days
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	2	QL 60 / 30 days
<i>fluorouracil (2 % solution, 5 % solution)</i>	2	QL 20 / 30 days
<i>fluorouracil 0.5 % cream</i>	4	QL 30 / 30 days
<i>fluorouracil 5 % cream</i>	2	QL 80 / 30 days
<i>imiquimod 5 % cream</i>	2	QL 24 / 30 days
<i>methoxsalen rapid</i>	2	
<i>nystatin-triamcinolone</i>	2	QL 60 / 30 days
OTEZLA 30 MG TAB	5	PA
<i>podofilox 0.5 % solution</i>	2	
REGRANEX	4	QL 30 / 30 days PA
SANTYL	4	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	
VEREGEN	4	QL 30 / 30 days
<b>PEDICULICIDES/SCABICIDES</b>		
<i>crotan</i>	4	
<i>ivermectin (0.5 % lotion, 1 % cream)</i>	2	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin 5 % cream</i>	2	
<i>spinosad</i>	2	
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>acyclovir 5 % cream</i>	4	
<i>ciclodan</i>	2	QL 13.2 / 30 days
<i>ciclopirox 0.77 % gel</i>	2	QL 100 / 30 days
<i>ciclopirox 1 % shampoo</i>	2	QL 120 / 30 days
<i>ciclopirox 8 % solution</i>	2	QL 13.2 / 30 days
<i>ciclopirox olamine 0.77 % cream</i>	2	QL 90 / 30 days
<i>ciclopirox olamine 0.77 % suspension</i>	2	QL 60 / 30 days
<i>clindacin</i>	2	
<i>clindamycin phosphate (1 % foam, 1 % swab)</i>	2	
<i>clindamycin phosphate (1 % lotion, 1 % solution)</i>	2	QL 60 / 30 days
<i>clindamycin phosphate 1 % gel</i>	2	QL 75 / 30 days
<i>ery</i>	2	QL 60 / 30 days
<i>erythromycin 2 % gel</i>	2	QL 60 / 30 days
<i>erythromycin 2 % solution</i>	2	QL 120 / 30 days
<i>mupirocin 2 % ointment</i>	2	QL 66 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFAMYLDON 85 MG/GM CREAM	4	
ELECTROLYTES/MINERALS/METALS/VITAMINS ELECTROLYTE/MINERAL REPLACEMENT		
<i>aquastat</i>	2	
<i>aquastat sfr</i>	2	
<i>bd posiflush</i>	2	
<i>bd posiflush safescrub</i>	2	
COMPLETE NATAL DHA	3	
<i>effe-r-k 25 meq effe-r tab</i>	2	
<i>fluoritab</i>	0	C Custom
k-prime	2	
<i>klor-con 10</i>	2	
<i>klor-con 8 meq tab er</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate (2 gm/50ml solution, 50 % solution)</i>	2	
<i>magnesium sulfate in d5w</i>	2	
<i>monoject flush syringe</i>	2	
<i>monoject sodium chloride flush</i>	2	
<i>multi-vitamin/fluoride</i>	2	
<i>multi-vitamin/fluoride/iron</i>	2	
<i>multivitamin w/fluoride</i>	2	
<i>multivitamin/fluoride (multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 1 mg chew tab)</i>	2	
<i>multivitamins/fluoride</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nafrinse</i>	2	
NAFRINSE DROPS	0	C Custom
<i>normal saline flush</i>	2	
<i>potassium chloride (2 meq/ml solution, 10 % solution, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	2	
<i>potassium chloride crys er</i>	2	
<i>potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 15 tab er, er 20 tab er)</i>	2	
<i>potassium citrate er</i>	2	
PRENATAL VITAMIN W/ IRON-FOLIC ACID CHEW TAB 29-1 MG	3	
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 27-0.8 MG	3	
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 27-1 MG	3	
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 28-0.8 MG	3	
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 29-1 MG	3	
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 60-1 MG	3	
PRENATAL-U	3	
<i>saline flush</i>	2	
<i>saline flush zr</i>	2	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	2	
<i>sodium chloride (pf)</i>	2	
<i>sodium chloride flush</i>	2	
<i>sodium fluoride (0.55 (0.25 mg chew tab, 1.1 (0.5 mg chew tab, 1.1 (0.5 mg tab, 1.1 (0.5 mg/ml solution)</i>	0	C Custom
<i>sodium fluoride (2.2 mg chew tab, 2.2 mg tab)</i>	2	
<i>swabflush saline flush</i>	2	
WESNATAL DHA COMPLETE	3	
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
CHEMET	4	
<i>clovique</i>	5	QL 240 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>deferasirox</i>	5	PA
<i>deferasirox granules</i>	5	PA
<i>deferiprone</i>	5	PA
FERRIPROX (100 MG/ML SOLUTION, 1000 MG TAB)	5	PA
<i>penicillamine 250 mg tab</i>	5	
<i>tolvaptan</i>	5	PA
<i>trientine hcl 250 mg cap</i>	5	QL 240 / 30 days
<i>trientine hcl 500 mg cap</i>	5	QL 120 / 30 day(s)
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate 667 mg tab</i>	2	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	4	
PHOSLYRA	3	
<i>sevelamer carbonate</i>	2	
VELPHORO	4	
<b>POTASSIUM BINDERS</b>		
<i>kionex</i>	2	
LOKELMA	4	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	2	
<i>sps</i>	2	
<b>VITAMINS</b>		
<i>cyanocobalamin 1000 mcg/ml solution</i>	2	
<i>dodex</i>	2	
<i>folic acid 1 mg tab</i>	1	
<i>folic acid cap 0.8 mg</i>	0	QL 100 / fill C \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>folic acid tab 400 mcg</i>	0	<b>QL</b> 100 / fill <b>C</b> \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	0	<b>QL</b> 100 / fill <b>C</b> \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2	
<i>levocarnitine sf</i>	2	
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	3	<b>C</b> \$0 copay for members age 45 through 75
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-n with flavor pack</i>	2	<b>C</b> \$0 copay for members age 45 through 75
<i>generlac</i>	2	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2	
<i>lactulose encephalopathy</i>	2	
LINZESS	3	<b>QL</b> 30 / 30 days
<i>lubiprostone</i>	2	<b>QL</b> 60 / 30 days
MOVANTI	3	<b>QL</b> 30 / 30 days
<i>na sulfate-k sulfate-mg sulf</i>	2	<b>C</b> \$0 copay for members age 45 through 75

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OSMOPREP	4	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	C \$0 copay for members age 45 through 75
<i>peg-3350/electrolytes/ascorbat</i>	2	C \$0 copay for members age 45 through 75
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	C \$0 copay for members age 45 through 75
PEG-PREP	3	C \$0 copay for members age 45 through 75
<i>polyethylene glycol 3350 oral packet 17 gm</i>	2	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	
SUTAB	3	C \$0 copay for members age 45 through 75
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alose tron hcl</i>	2	QL 60 / 30 days
<i>diphenoxylate-atropine (mg tab, mg/5ml liquid)</i>	2	
<i>loperamide hcl cap 2 mg</i>	2	
MOTOFEN	4	
XERMELO	5	PA
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
ATROPINE SULFATE (0.25 MG/5ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR)	2	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 10 mg/ml solution, 20 mg tab)</i>	2	
<i>glycopyrrolate (1 mg tab, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution)</i>	2	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	2	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<i>amoxicill-clarithro-lansopraz</i>	2	QL 14 / 365 days
<i>cromolyn sodium 100 mg/5ml conc</i>	2	
GATTEX	5	PA
<i>gavilyte-c</i>	2	C \$0 copay for members age 45 through 75
<i>gavilyte-g</i>	2	C \$0 copay for members age 45 through 75
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA
<i>peg-3350/electrolytes</i>	2	C \$0 copay for members age 45 through 75
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	2	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	2	
<i>famotidine (pf)</i>	2	
<i>famotidine premixed</i>	2	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	2	
<b>PROTECTANTS</b>		
<i>sucralfate 1 gm tab</i>	2	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	2	QL 60 / 30 days ST C Must try at least 2 generic PPIs (e.g., pantoprazole, omeprazole, rabeprazole)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 days</div> <div>PA</div> <div>C Custom</div> </div>
<i>esomeprazole magnesium 20 mg cap dr</i>	2	QL 60 / 30 day(s)
<i>esomeprazole magnesium 40 mg cap dr</i>	2	QL 60 / 30 days
<i>lansoprazole 15 mg cap dr</i>	2	QL 60 / 30 day(s)
<i>lansoprazole 30 mg cap dr</i>	2	QL 60 / 30 days
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 days</div> <div>PA</div> <div>C Custom</div> </div>
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	2	QL 60 / 30 days
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	2	QL 60 / 30 days
<i>rabeprazole sodium 20 mg tab dr</i>	2	QL 30 / 30 days
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine</i>	5	PA
<i>carglumic acid</i>	5	PA
CERDELGA	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 56 / 28 days</div> <div>PA</div> </div>
CREON	3	
CYSTAGON	5	PA
CYSTARAN	5	PA
DROXIA	3	
EVRYSDI	5	PA
<i>javygtor</i>	5	PA
<i>miglustat</i>	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 90 / 30 day(s)</div> <div>PA</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYALEPT	5	PA
<i>nitisinone</i>	5	PA
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAP)	5	PA
PROLASTIN-C	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	5	QL 750 / 30 days PA
<i>sodium phenylbutyrate 500 mg tab</i>	5	QL 1200 / 30 days PA
SUCRAID	5	QL 354 / 30 days PA
VIOKACE	3	
<i>yargesa</i>	5	QL 90 / 30 day(s) PA
ZENPEP	3	
<b>GENITOURINARY AGENTS ANTISPASMODICS, URINARY</b>		
<i>darifenacin hydrobromide er</i>	2	QL 30 / 30 days
<i>fesoterodine fumarate er</i>	2	QL 30 / 30 days
<i>flavoxate hcl</i>	2	
GEMTESA	3	QL 30 / 30 days
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	QL 30 / 30 days
MYRBETRIQ 8 MG/ML SRER	3	QL 300 / 30 days
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2	
<i>oxybutynin chloride er</i>	2	QL 60 / 30 days
<i>solifenacin succinate</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolterodine tartrate</i>	2	QL 60 / 30 days
<i>tolterodine tartrate er</i>	2	QL 30 / 30 days
<i>trospium chloride</i>	2	QL 60 / 30 days
<i>trospium chloride er</i>	2	QL 30 / 30 days
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	2	QL 30 / 30 days
		QL 30 / 30 days
		ST
CARDURA XL	4	C Must try at least 2 generic alpha blockers (e.g., alfuzosin, doxazosin, tamsulosin, prazosin, terazosin)
<i>dutasteride 0.5 mg cap</i>	2	QL 30 / 30 days
<i>dutasteride-tamsulosin hcl</i>	2	QL 30 / 30 days
<i>finasteride 5 mg tab</i>	2	QL 30 / 30 days
<i>silodosin</i>	2	QL 30 / 30 days
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	2	QL 30 / 30 days PA
<i>tamsulosin hcl</i>	2	QL 60 / 30 days
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>argyle sterile saline</i>	2	
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	2	
<i>curity sterile saline</i>	2	
ELMIRON	4	
ENCARE	0	
INTRAROSA	4	
OPTIONS GYNOL II CONTRACEPTIVE	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenazo 200 mg tab</i>	2	
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	2	
PHEXXI	0	
SHUR-SEAL CONTRACEPTIVE	0	
TODAY SPONGE	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	0	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
<i>decadron</i>	2	
<i>deflazacort (18 mg tab, 30 mg tab, 36 mg tab)</i>	5	QL 30 30 / day(s) PA
<i>deflazacort 6 mg tab</i>	5	QL 60 30 / day(s) PA
DEPO-MEDROL 20 MG/ML SUSPENSION	4	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	2	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	2	
EMFLAZA (18 MG TAB, 30 MG TAB, 36 MG TAB)	5	QL 30 / 30 days PA
EMFLAZA 22.75 MG/ML SUSPENSION	5	QL 52 / 30 days PA
EMFLAZA 6 MG TAB	5	QL 60 / 30 days PA
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
MEDROL 2 MG TAB	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	2	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	2	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg tab disp, 15 mg tab disp, 15 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	2	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	2	
PREDNISONE INTENSOL	3	
SOLU-CORTEF	4	
SOLU-MEDROL 2 GM RECON SOLN	4	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	5	PA
<i>desmopressin ace spray refrig</i>	2	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution)</i>	2	
<i>desmopressin acetate pf</i>	2	
<i>desmopressin acetate spray</i>	2	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)</b>		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>		
<b>ANABOLIC STEROIDS</b>		
<i>oxandrolone 10 mg tab</i>	2	QL 60 / 30 days
<i>oxandrolone 2.5 mg tab</i>	2	QL 240 / 30 days
<b>ANDROGENS</b>		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	2	
<i>depo-testosterone</i>	2	PA
<i>methyltestosterone 10 mg cap</i>	4	PA
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	2	PA
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	2	PA
<i>testosterone enanthate 200 mg/ml solution</i>	2	PA
<b>ESTROGENS</b>		
<i>afirmelle</i>	0	
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	
<i>amethia lo</i>	0	
<i>amethyst</i>	0	
<b>ANNOVERA</b>	0	QL 1 / 365 days
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aurovela 1.5/30</i>	0	
<i>aurovela 1/20</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30</i>	0	
<i>aurovela fe 1/20</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette</i>	0	
<i>balziva</i>	0	
<i>bekyree</i>	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	
<i>blisovi fe 1/20</i>	0	
<i>briellyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>caziant</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal</i>	0	
<i>chateal eq</i>	0	
CLIMARA PRO	3	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>daysee</i>	0	
<i>delyla</i>	0	
DEPO-ESTRADIOL	4	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	0	
<i>dolishale</i>	0	
<i>dotti</i>	2	
<i>drospiren-eth estrad-levomefol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
ELESTRIN	4	
<i>elinest</i>	0	
<i>eluryng</i>	0	QL 13 / 365 days
<i>emoquette</i>	0	
<i>enilloring</i>	0	QL 13 / 365 days
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.1 mg/gm cream, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)</i>	2	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	2	
ESTROGEL	4	
<i>ethynodiol diac-eth estradiol</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL 13 / 365 days
EVAMIST	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>femynor</i>	0	
<i>finzala</i>	0	
<i>fyavolv</i>	2	
<i>gemmily</i>	0	
<i>hailey 1.5/30</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30</i>	0	
<i>hailey fe 1/20</i>	0	
<i>haloette</i>	0	QL 13 / 365 days
<i>iclevia</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jaimiess</i>	0	
<i>jasmiel</i>	0	
<i>jinteli</i>	2	
<i>jolessa</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>kelnor 1/50</i>	0	
<i>kurvelo</i>	0	
<i>larin 1.5/30</i>	0	
<i>larin 1/20</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30</i>	0	
<i>larin fe 1/20</i>	0	
<i>larissia</i>	0	
<i>layolis fe</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>levonorgest-eth est &amp; eth est</i>	0	
<i>levonorgest-eth estrad 91-day</i>	0	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	0	
<i>levora 0.15/30 (28)</i>	0	
<i>lillow</i>	0	
<i>lo-zumandimine</i>	0	
<i>loestrin 1.5/30 (21)</i>	0	
<i>loestrin 1/20 (21)</i>	0	
<i>loestrin fe 1.5/30</i>	0	
<i>loestrin fe 1/20</i>	0	
<i>lojaimiess</i>	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>lutra</i>	0	
<i>lyllana</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>marlissa</i>	0	
<i>melodetta 24 fe</i>	0	
MENEST	4	
<i>merzee</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30</i>	0	
<i>microgestin 1/20</i>	0	
<i>microgestin 24 fe</i>	0	
<i>microgestin fe 1.5/30</i>	0	
<i>microgestin fe 1/20</i>	0	
<i>mili</i>	0	
<i>mono-lynyah</i>	0	
<i>necon 0.5/35 (28)</i>	0	
<i>nikki</i>	0	
<i>norelgestromin-eth estradiol</i>	0	
<i>norethin ace-eth estrad-fe</i>	0	
<i>norethin-eth estradiol-fe</i>	0	
<i>norethindron-ethinyl estrad-fe</i>	0	
<i>norethindrone acet-ethinyl est</i>	0	
<i>norethindrone-eth estradiol</i>	2	
<i>norgestim-eth estrad triphasic</i>	0	
<i>norgestimate-eth estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>nylia 7/7/7</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nymyo</i>	0	
<i>ocella</i>	0	
<i>orsythia</i>	0	
<i>philith</i>	0	
<i>pimtrea</i>	0	
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
<i>setlakin</i>	0	
<i>simliya</i>	0	
<i>simpesse</i>	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20</i>	0	
<i>tarina fe 1/20 eq</i>	0	
<i>taysofy</i>	0	
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tri-linyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-nymyo</i>	0	
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	
<i>turqoz</i>	0	
TWIRLA	0	
<i>tydemy</i>	0	
<i>velivet</i>	0	
<i>vestura</i>	0	
<i>vienva</i>	0	
<i>viorele</i>	0	
<i>volnea</i>	0	
<i>vyfemla</i>	0	
<i>vylibra</i>	0	
<i>wera</i>	0	
<i>wymzya fe</i>	0	
<i>xulane</i>	0	
<i>yuvafem</i>	2	
<i>zafemy</i>	0	
<i>zarah</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zovia 1/35 (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER</b>		
<i>amabelz</i>	2	
<i>estradiol-norethindrone acet</i>	2	
<i>lopreeza</i>	2	
<i>mimvey</i>	2	
<b>PROGESTINS</b>		
<i>camila</i>	0	
<i>deblitane</i>	0	
DEPO-SUBQ PROVERA 104	0	QL 1 / 84 days
ELLA	0	
<i>errin</i>	0	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	
KYLEENA	0	QL 1 / 365 days
<i>levonorgestrel 1.5 mg tab</i>	0	
LILETTA (52 MG)	0	QL 1 / 365 days
<i>lyleq</i>	0	
<i>lyza</i>	0	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	QL 1 / 84 days
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension, 800 mg/20ml suspension)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MIRENA (52 MG)	0	QL 1 / 365 days
NEXPLANON	0	QL 1 / 365 days
<i>nora-be</i>	0	
<i>norethindrone 0.35 mg tab</i>	0	
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norlyda</i>	0	
<i>norlyroc</i>	0	
OPILL	0	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2	
<i>sharobel</i>	0	
SKYLA	0	QL 1 / 365 days
<i>tulana</i>	0	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	4	
OSPHENA	4	
<i>raloxifene hcl</i>	2	QL 30 / 30 days C \$0 copay for women ages 35 and older for the primary prevention of breast cancer
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox</i>	2	
<i>levo-t</i>	2	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID	3	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unithroid</i>	2	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>		
<i>cabergoline</i>	2	
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	5	PA
LANREOTIDE ACETATE	5	PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	5	PA
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
<i>octreotide acetate</i>	4	PA
ORLISSA	3	PA
SIGNIFOR	5	PA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5	PA
SOMAVERT	5	PA
SYNAREL	5	PA
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS</b>		
<i>methimazole (5 mg tab, 10 mg tab)</i>	2	
<i>propylthiouracil 50 mg tab</i>	2	
<b>IMMUNOLOGICAL AGENTS ANGIOEDEMA AGENTS</b>		
HAEGARDA	5	QL 20 / 30 days PA
<i>icatibant acetate</i>	5	QL 27 / 30 days PA
<i>sajazir</i>	5	QL 27 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>IMMUNOGLOBULINS</b>		
HYQVIA	5	PA
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
ARCALYST	5	PA
DUPIXENT	5	PA
KEVZARA	5	PA
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA
RIDAURA	4	
RINVOQ	5	PA
SKYRIZI (150 MG DOSE)	5	PA
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION)	5	PA
SKYRIZI PEN	5	PA
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	5	PA
TALTZ	5	PA
TREMFYA	5	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	5	PA
XELJANZ XR	5	PA
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE	5	PA
INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	5	
PEGASYS	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL	4	
<i>azasan</i>	2	
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	2	
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	2	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR	4	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	2	
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
HUMIRA	5	PA
HUMIRA (2 PEN) (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT)	5	PA
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5	PA
HUMIRA PEDIATRIC CROHNS START	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC START	5	PA
HUMIRA PEN-PSOR/UEVIT STARTER	5	PA
HUMIRA-PS/UV/ADOL HS STARTER	5	PA
<i>leflunomide 10 mg tab</i>	2	QL 30 / 30 days
<i>leflunomide 20 mg tab</i>	2	QL 150 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methotrexate sodium (1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2	
<i>methotrexate sodium (pf)</i>	2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	2	
<i>mycophenolate sodium</i>	2	
<i>mycophenolic acid</i>	2	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	
SIMPONI	5	PA
SIMPONI ARIA	5	PA
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	2	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2	
<b>VACCINES</b>		
ACTHIB	0	
ADACEL	0	
AFLURIA QUADRIVALENT	0	
BEXSERO	0	
BOOSTRIX	0	
DAPTACEL	0	
DENGVAXIA	0	
DIPHTHERIA-TETANUS TOXOIDS DT	0	
ENGERIX-B	0	
FLUAD QUADRIVALENT	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST QUADRIVALENT	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT	0	
GARDASIL 9	0	
HAVRIX	0	
HEPLISAV-B	0	
HIBERIX	0	
INFANRIX	0	
IPOL	0	
KINRIX	0	
M-M-R II	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO (RECON SOLN, SOLUTION)	0	
PEDIARIX	0	
PEDVAX HIB	0	
PENTACEL	0	
PNEUMOVAX 23	0	
PREHEVBRIO	0	
PREVNAR 13	0	
PREVNAR 20	0	
PRIORIX	0	
PROQUAD	0	
QUADRACEL	0	
RECOMBIVAX HB	0	
ROTARIX	0	
ROTATEQ	0	
SHINGRIX	0	
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TDVAX	0	
TENIVAC	0	
TETANUS-DIPHTHERIA TOXOIDS TD	0	
TRUMENBA	0	
TWINRIX	0	
VAQTA	0	
VARIVAX	0	
VAXELIS	0	
VAXNEUVANCE	0	
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
<i>balsalazide disodium</i>	2	
DIPENTUM	4	
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	2	
<i>mesalamine er 0.375 gm cap er 24h</i>	2	
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	2	
<b>GLUCOCORTICOIDS</b>		
<i>budesonide 3 mg cp dr part</i>	4	
<i>budesonide er</i>	4	
<i>colocort</i>	2	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	2	
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL 4 / 28 days
<i>alendronate sodium (5 mg tab, 10 mg tab)</i>	1	QL 30 / 30 days
<i>alendronate sodium 70 mg/75ml solution</i>	2	
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	5	QL 60 / 30 days
<i>cinacalcet hcl 90 mg tab</i>	5	QL 120 / 30 days
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	2	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	2	
FORTEO	5	QL 2.4 / 28 days PA
<i>ibandronate sodium 150 mg tab</i>	2	QL 1 / 30 days
<i>ibandronate sodium 3 mg/3ml solution</i>	2	
NATPARA	5	PA
<i>pamidronate disodium 30 mg/10ml solution</i>	4	
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	2	
PROLIA	5	QL 1 / 180 days PA
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	2	QL 4 / 28 days
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	2	QL 30 / 30 days
<i>risedronate sodium 150 mg tab</i>	2	QL 1 / 28 days
<i>teriparatide</i>	5	QL 2.4 / 28 day(s) PA
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	5	QL 2.4 / 28 day(s) PA
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	QL 2.48 / 28 days PA
TYMLOS	5	QL 1.56 / 30 day(s) PA
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	2	
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>argyle sterile water</i>	2	
BD ALCOHOL PADS	3	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	3	
BD SHARPS CONTAINER HOME MISC	3	
BLOOD GLUCOSE CALIBRATION - LIQUID	3	
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	3	
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	3	
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	3	
CAYA	0	QL 1 / 365 days
CHEMSTRIP 10 MD	3	
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP UGK	3	
CONDOMS - MALE	0	QL 12 / 30 days
CONDOMS LATEX LUBRICATED	0	QL 12 / 30 days
CONDOMS LATEX NON-LUBRICATED	0	QL 12 / 30 days
CONDOMS NON-LATEX LUBRICATED	0	QL 12 / 30 days
CONTOUR MONITOR	3	QL 1 / 365 days
CONTOUR NEXT EZ	3	QL 1 / 365 days
CONTOUR NEXT GEN MONITOR DEVICE	3	QL 1 / 365 day(s)
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	3	QL 1 / 365 days
CONTOUR NEXT LINK	3	QL 1 / 365 days



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT MONITOR	3	QL 1 / 365 days
CONTOUR NEXT ONE	3	QL 1 / 365 days
CONTOUR NEXT TEST	3	QL 150 / 30 days
CONTOUR TEST	3	QL 150 / 30 days
CVS KETONE CARE	3	
DEXCOM G6 RECEIVER	3	QL 1 / 365 days PA
DEXCOM G6 SENSOR	3	QL 3 / 30 days PA
DEXCOM G6 TRANSMITTER	3	QL 4 / 365 days PA
DEXCOM G7 RECEIVER	3	QL 1 / 365 days PA
DEXCOM G7 SENSOR	3	QL 3 / 30 days PA
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	
DIASCREEN 5	3	
DIASCREEN 6	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	
DIASCREEN LIQUID URINE CONTROL	3	
DIASTIX	3	
FC FEMALE CONDOM	0	QL 12 / 30 days
FEMCAP	0	QL 1 / 365 days
FREESTYLE FREEDOM LITE	3	QL 1 / 365 days
FREESTYLE INSULINX TEST	3	QL 150 / 30 days
FREESTYLE LIBRE 14 DAY READER	3	QL 1 / 365 days PA
FREESTYLE LIBRE 14 DAY SENSOR	3	QL 3 / 30 days PA
FREESTYLE LIBRE 2 READER	3	QL 1 / 365 days PA
FREESTYLE LIBRE 2 SENSOR	3	QL 3 / 30 days PA
FREESTYLE LIBRE 3 READER	3	QL 1 / 365 day(s) PA
FREESTYLE LIBRE 3 SENSOR	3	QL 3 / 30 days PA
FREESTYLE LIBRE READER	3	QL 1 / 365 days PA
FREESTYLE LITE	3	QL 1 / 365 days
FREESTYLE LITE TEST	3	QL 150 / 30 days
FREESTYLE PRECISION NEO SYSTEM	3	QL 1 / 365 days
FREESTYLE PRECISION NEO TEST	3	QL 150 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE TEST	3	QL 150 / 30 days
GAUZE PADS & DRESSINGS - PADS 2" X 2"	3	
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 0.5 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
KETO-DIASTIX	3	
LANCETS MISC	3	QL 200 / 30 days
LANCING DEVICE MISC	3	
MULTISTIX 10 SG	3	
NEEDLES, INSULIN DISP., SAFETY	3	
OMNIFLEX DIAPHRAGM	0	QL 1 / 365 days
OMNIPOD 5 G6 INTRO (GEN 5)	3	PA
OMNIPOD 5 G6 PODS (GEN 5)	3	PA
OMNIPOD 5 G7 INTRO (GEN 5)	3	PA
OMNIPOD 5 G7 PODS (GEN 5)	3	PA
OMNIPOD 5 PACK	3	PA
OMNIPOD DASH INTRO (GEN 4)	3	PA
OMNIPOD DASH PDM (GEN 4)	3	PA
OMNIPOD DASH PODS (GEN 4)	3	PA
OPTIUMEZ TEST	3	QL 150 / 30 days
PARAGARD INTRAUTERINE COPPER	0	QL 1 / 365 days
PRECISION XTRA BLOOD GLUCOSE	3	QL 150 / 30 days
PRECISION XTRA W/DEVICE KIT	3	QL 1 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION ULTIMA GLUCOSE SYSTEM	3	
RELION ULTIMA TEST	3	
<i>sterile water for irrigation</i>	2	
VISTOGARD	5	QL 20 / 5 days
<i>water for irrigation, sterile</i>	2	
WIDE-SEAL DIAPHRAGM 60	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 65	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 70	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 75	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 80	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 85	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 90	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 95	0	QL 1 / 365 days
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>ak-poly-bac</i>	2	
<i>altafrin</i>	2	
<i>atropine sulfate 1 % solution</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>bacitracin-polymyxin b</i>	2	
BLEPHAMIDE S.O.P.	3	
<i>brimonidine tartrate-timolol</i>	2	
<i>cyclopentolate hcl (0.5 % solution, 1 % solution, 2 % solution)</i>	2	
<i>cyclosporine 0.05 % emulsion</i>	2	QL 60 / 30 day(s)
<i>dorzolamide hcl-timolol mal</i>	2	
LACRISERT	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin zn-polymyx</i>	2	
<i>neomycin-polymyxin-dexameth (ointment, suspension)</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	2	
<i>polycin</i>	2	
<i>proparacaine hcl 0.5 % solution</i>	2	
RESTASIS MULTIDOSE	3	QL 5.5 / 28 day(s)
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone</i>	2	
<i>tropicamide (0.5 % solution, 1 % solution)</i>	1	
ZYLET	4	
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine hcl 0.05 % solution</i>	2	
<i>bepotastine besilate</i>	2	
<i>cromolyn sodium 4 % solution</i>	2	
<i>epinastine hcl</i>	2	
LASTACAPT	4	<div style="display: flex; align-items: center;"> <div style="background-color: #90EE90; padding: 2px 5px; margin-right: 5px;">ST</div> <div style="background-color: #800080; padding: 5px; margin-right: 5px;">C</div> <div> <p>Must try at least 2 of the following generics: azelastine ophthalmic solution, cromolyn ophthalmic solution, epinastine ophthalmic solution, olopatadine ophthalmic solution</p> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olopatadine hcl ophth soln 0.1%</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	2	
ZERVIATE	4	<div style="display: flex; align-items: center;"> <div style="background-color: #90EE90; padding: 2px 5px; margin-right: 5px;">ST</div> <div style="background-color: #800080; padding: 2px 5px; margin-right: 5px;">C</div> <div> <p>Must try at least 2 of the following generics: azelastine ophthalmic solution, cromolyn ophthalmic solution, epinastine ophthalmic solution, olopatadine ophthalmic solution</p> </div> </div>
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE	3	
<i>bacitracin 500 unit/gm ointment</i>	2	
<i>erythromycin 5 mg/gm ointment</i>	2	
<i>gatifloxacin 0.5 % solution</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate 0.3 % solution</i>	2	
<i>levofloxacin 0.5 % solution</i>	2	
MOXIFLOXACIN HCL (0.5 % SOLUTION, 1 MG/ML SOLUTION, 5 MG/ML SOLUTION)	2	
<i>moxifloxacin hcl (2x day)</i>	2	
NATACYN	3	
<i>ofloxacin 0.3 % solution</i>	2	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2	
<i>tobramycin 0.3 % solution</i>	1	
<i>trifluridine</i>	2	
ZIRGAN	4	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium (once-daily)</i>	2	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>difluprednate</i>	2	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	3	
ILEVRO	3	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2	
LOTEMAX 0.5 % OINTMENT	4	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	2	
NEVANAC	3	
<i>prednisolone acetate 1 % suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>betaxolol hcl 0.5 % solution</i>	2	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl</i>	2	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	2	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>acetazolamide er</i>	2	
ALPHAGAN P 0.1 % SOLUTION	3	
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate (0.15 % solution, 0.2 % solution)</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl 2 % solution</i>	2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	2	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	2	
SIMBRINZA	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>bimatoprost 0.03 % solution</i>	2	
<i>latanoprost 0.005 % solution</i>	2	
LUMIGAN	3	
<i>tafluprost (pf)</i>	2	
<i>travoprost (bak free)</i>	2	
ZIOPTAN	4	<div style="display: flex; align-items: center;"> <div style="background-color: #90EE90; padding: 2px 5px; margin-right: 5px;">ST</div> <div style="background-color: #800080; color: white; padding: 5px 10px; margin-right: 5px;">C</div> <div> <p>Must try at least one generic (e.g., latanoprost, bimatoprost, travoprost) AND Lumigan®</p> </div> </div>
<b>OTIC AGENTS</b>		
<i>acetic acid 2 % solution</i>	2	
<i>ciprofloxacin hcl 0.2 % solution</i>	2	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>ciprofloxacin-fluocinolone pf</i>	2	
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>flac</i>	2	
<i>fluocinolone acetonide 0.01 % oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i>	2	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
ARNUIITY ELLIPTA	3	QL 30 / 30 days
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	2	
FLOVENT DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	3	QL 60 / 30 day(s)



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLOVENT DISKUS 250 MCG/ACT AER POW BA	3	QL 240 / 30 day(s)
<i>fluticasone propionate diskus (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)</i>	3	QL 60 / 30 day(s)
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	3	QL 240 / 30 day(s)
<i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	3	QL 24 / 30 day(s)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3	QL 22 / 30 day(s)
PULMICORT FLEXHALER	3	QL 2 / 30 day(s)
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	2	
CARBINOXAMINE MALEATE (4 MG TAB, 6 MG TAB)	2	
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	2	
<i>clemastine fumarate 2.68 mg tab</i>	2	
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	2	
<i>desloratadine</i>	2	
<i>di-phen</i>	2	
<i>diphen 12.5 mg/5ml elixir</i>	2	
<i>diphenhydramine hcl (12.5 mg/5ml elixir, 50 mg/ml solution)</i>	2	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
<i>hydroxyzine hcl (25 mg/ml solution, 50 mg/ml solution)</i>	2	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)</i>	2	
<i>olopatadine hcl 0.6 % solution</i>	2	
<i>promethazine hcl 6.25 mg/5ml solution</i>	2	
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	2	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zafirlukast 10 mg tab</i>	2	QL 120 / 30 days
<i>zafirlukast 20 mg tab</i>	2	QL 60 / 30 days
<i>zileuton er</i>	4	QL 120 / 30 days ST C Must try both of the following generics: montelukast and zafirlukast
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA	3	QL 25.8 / 30 days
<i>ipratropium bromide (0.02 % solution, 0.03 % solution, 0.06 % solution)</i>	2	
SPIRIVA HANDIHALER	3	QL 30 / 30 days
SPIRIVA RESPIMAT	3	QL 4 / 30 days
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln)</i>	2	
<i>albuterol sulfate hfa</i>	2	QL 36 / 30 day(s)
<i>arformoterol tartrate</i>	4	QL 120 / 30 days
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	2	
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL 120 / 30 days
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	2	
<i>levalbuterol tartrate</i>	2	QL 30 / 30 days
SEREVENT DISKUS	3	QL 60 / 30 days
STRIVERDI RESPIMAT	3	QL 4 / 30 days
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO (13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET)	5	QL 56 / 28 days PA
KALYDECO (5.8 MG PACKET, 75 MG PACKET)	5	QL 56 / 28 day(s) PA
KALYDECO 150 MG TAB	5	QL 60 / 30 days PA
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	QL 56 / 28 days PA
ORKAMBI 100-125 MG TAB	5	QL 112 / 28 days PA
ORKAMBI 200-125 MG TAB	5	QL 120 / 30 days PA
PULMOZYME	5	PA
SYMDEKO	5	QL 56 / 28 days PA
<i>tobramycin 300 mg/4ml nebu soln</i>	5	QL 224 / 28 days PA
<i>tobramycin 300 mg/5ml nebu soln</i>	5	QL 280 / 28 days PA
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	5	QL 84 / 28 days PA
TRIKAFTA (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK)	5	QL 56 / 28 days PA
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2	
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>elixophyllin</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>roflumilast</i>	2	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	2	
<i>theophylline er (er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)</i>	2	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5	QL 90 / 30 days PA
<i>alyq</i>	5	QL 60 / 30 days PA
<i>ambrisentan</i>	5	QL 30 / 30 days PA
<i>bosentan</i>	5	QL 60 / 30 days PA
OPSUMIT	5	QL 30 / 30 days PA
ORENITRAM	5	PA
ORENITRAM MONTH 1	5	PA
ORENITRAM MONTH 2	5	PA
ORENITRAM MONTH 3	5	PA
<i>sildenafil citrate 10 mg/12.5ml solution</i>	5	PA
<i>sildenafil citrate 20 mg tab</i>	5	QL 90 / 30 days PA
<i>tadalafil (pah)</i>	5	QL 60 / 30 days PA
TRACLEER 32 MG TAB SOL	5	QL 120 / 30 days PA
TYVASO	5	QL 28 / 28 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO REFILL	5	QL 28 / 28 days PA
TYVASO STARTER	5	QL 28 / 28 days PA
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5	PA
VENTAVIS	5	QL 270 / 30 days PA
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV	5	QL 60 / 30 days PA
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	5	QL 270 / 30 days PA
<i>pirfenidone (534 mg tab, 801 mg tab)</i>	5	QL 90 / 30 days PA
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2	
ADVAIR HFA	3	QL 12 / 30 days
ANORO ELLIPTA	3	QL 60 / 30 days
<i>benzonatate (100 mg cap, 200 mg cap)</i>	2	
BEVESPI AEROSPHERE	3	QL 10.7 / 30 days
BREO ELLIPTA	3	QL 60 / 30 day(s)
<i>breynd</i>	2	QL 10.2 / 30 days
BREZTRI AEROSPHERE	3	QL 10.7 / 30 days
<i>bromfed dm</i>	2	
<i>budesonide-formoterol fumarate</i>	2	QL 10.2 / 30 days
COMBIVENT RESPIMAT	3	QL 4 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FASENRA	5	PA
FASENRA PEN	5	PA
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL 50 / 30 days
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL 16 / 30 day(s)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	2	QL 60 / 30 day(s)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	
<i>hydrocod poli-chlorphe poli er</i>	2	
<i>hydrocodone bit-homatrop mbr (mg tab, mg/5ml solution)</i>	2	
<i>hydromet</i>	2	
<i>ipratropium-albuterol</i>	2	
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL 34 / 30 days
<i>nebusal 3 % nebu soln</i>	2	
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5	PA
<i>promethazine-codeine</i>	2	
<i>promethazine-dm</i>	2	
<i>promethazine-phenyleph-codeine</i>	2	
<i>promethazine-phenylephrine</i>	2	
<i>pseudoeph-bromphen-dm</i>	2	
<i>pulmosal</i>	2	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	2	
TRELEGY ELLIPTA	3	QL 60 / 30 days
<i>triamcinolone acetonide nasal suspension 55 mcg/act</i>	2	QL 1 / 30 days
TUZISTRA XR	4	
<b>SKELETAL MUSCLE RELAXANTS</b>		
BOTOX	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carisoprodol (250 mg tab, 350 mg tab)</i>	2	
<i>chlorzoxazone 500 mg tab</i>	2	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	2	
<i>metaxalone 800 mg tab</i>	4	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2	
<i>orphenadrine citrate er</i>	2	
XEOMIN	4	PA
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2	QL 30 / 30 days
<i>estazolam</i>	2	QL 30 / 30 days
<i>eszopiclone</i>	2	QL 30 / 30 days
HETLIOZ LQ	5	QL 158 / 30 days PA
<i>ramelteon</i>	2	QL 30 / 30 days
<i>tasimelteon</i>	5	QL 30 / 30 days PA
<i>temazepam</i>	2	QL 30 / 30 days
<i>triazolam</i>	2	QL 30 / 30 days
<i>zaleplon</i>	2	QL 30 / 30 days
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	QL 30 / 30 days
<i>zolpidem tartrate er</i>	2	QL 30 / 30 days
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil</i>	2	QL 30 / 30 days PA
<i>modafinil 100 mg tab</i>	2	QL 30 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>modafinil 200 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>60 / 30 days</span> </div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
SODIUM OXYBATE	5	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>540 / 30 days</span> </div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
SUNOSI	3	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>30 / 30 days</span> </div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
XYREM	5	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>540 / 30 days</span> </div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
XYWAV	5	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>540 / 30 days</span> </div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>



## Index of Covered Drugs

<b>A</b>	
abacavir sulfate	51
abacavir sulfate-lamivudine	51
ABILIFY MAINTENA	46
abiraterone acetate	35
acamprosate calcium	14
acarbose	56
accutane	74
acebutolol hcl	64
ACETAMINOPHEN-CODEINE	5
acetaminophen-codeine	5
acetazolamide	65
acetazolamide er	115
acetic acid	116
acetylcysteine	121
acitretin	74
ACTHIB	104
ACTIMMUNE	102
acyclovir	54,79
ADACEL	104
adapalene	74
adapalene-benzoyl peroxide	74
adefovir dipivoxil	49
ADEMPAS	120
adriamycin	38
adrucil	36
ADVAIR HFA	121
afirmelle	91
AFLURIA QUADRIVALENT	104
AIMOVIG	33
AJOVY	33
ak-poly-bac	112
AKEEGA	37
AKYNZEO	30
ala-cort	75
albendazole	44
albuterol sulfate	118
albuterol sulfate hfa	118
alclometasone dipropionate	75
ALECENSA	39
alendronate sodium	106
alfuzosin hcl er	88
ALINIA	44
aliskiren fumarate	65
allopurinol	32
almotriptan malate	33
ALOCRI	113
alogliptin benzoate	56
alogliptin-metformin hcl	56
ALOMIDE	113
alosetron hcl	84
ALPHAGAN P	115
alprazolam	55
ALPRAZOLAM INTENSOL	55
altafrin	112
altavera	91
ALUNBRIG	39
alyacen 1/35	91
alyacen 7/7/7	91
alyq	120
amabelz	99
amantadine hcl	45
ambrisentan	120
amcinonide	75
amethia	91
amethia lo	91
amethyst	91
amikacin sulfate	16
amiloride hcl	67
amiloride-hydrochlorothiazide	65
amiodarone hcl	63
amitriptyline hcl	29
amlodipine besy-benazepril hcl	65
amlodipine besylate	64
amlodipine besylate-valsartan	65
amlodipine-atorvastatin	65
amlodipine-olmesartan	65
amlodipine-valsartan-hctz	65
ammonium lactate	76
amnesteem	74
amoxapine	29

amoxicill-clarithro-lansopraz	85	ashlyna	91
amoxicillin	18	aspirin chew tab 81 mg	2
amoxicillin-pot clavulanate	19	aspirin tab delayed release 81 mg	61
amoxicillin-pot clavulanate er	19	aspirin-dipyridamole er	61
amphetamine sulfate	70	ASTAGRAF XL	103
amphetamine-dextroamphet er	70	atazanavir sulfate	53
amphetamine-dextroamphetamine	70	atenolol	64
amphotericin b	30	atenolol-chlorthalidone	65
ampicillin	19	atomoxetine hcl	70
ampicillin sodium	19	atorvastatin calcium	67
ampicillin-sulbactam sodium	19	atovaquone	44
anagrelide hcl	61	atovaquone-proguanil hcl	44
anastrozole	38	ATROPINE SULFATE	84
ANNOVERA	91	atropine sulfate	112
ANORO ELLIPTA	121	ATROVENT HFA	118
anucort-hc	76	AUBAGIO	73
anusol-hc	76	aubra	91
apap-caff-dihydrocodeine	5	aubra eq	91
APO-VARENICLINE	15	AUGTYRO	37
apomorphine hcl	45	aurovela 1.5/30	92
apraclonidine hcl	115	aurovela 1/20	92
aprepitant	30	aurovela 24 fe	92
APRETUDE	50	aurovela fe 1.5/30	92
apri	91	aurovela fe 1/20	92
APTIOM	24	AUSTEDO	71
APTIVUS	53	AUSTEDO XR	71
aquastat	80	AUSTEDO XR PATIENT TITRATION	72
aquastat sfr	80	aviane	92
aranelle	91	avita	74
ARANESP (ALBUMIN FREE)	61	AVONEX PEN	73
ARCALYST	102	AVONEX PREFILLED	73
arformoterol tartrate	118	ayuna	92
argyle sterile saline	88	AYVAKIT	39
argyle sterile water	108	azacitidine	36
aripiprazole	46	azasan	103
ARISTADA	46	AZASITE	114
ARISTADA INITIO	46	azathioprine	103
armodafinil	123	azelaic acid	75
ARNUITY ELLIPTA	116	azelastine hcl	113,117
arsenic trioxide	37	azithromycin	19
asenapine maleate	46	aztreonam	16

azurette.....	92	bimatoprost.....	116
<b>B</b>		bisoprolol fumarate.....	64
bac.....	72	bisoprolol-hydrochlorothiazide.....	65
bacitra-neomycin-polymyxin-hc.....	112	bleomycin sulfate.....	37
bacitracin.....	114	BLEPHAMIDE S.O.P.....	112
bacitracin-polymyxin b.....	112	blisovi 24 fe.....	92
baclofen.....	49	blisovi fe 1.5/30.....	92
balsalazide disodium.....	106	blisovi fe 1/20.....	92
BALVERSA.....	39	BLOOD GLUCOSE CALIBRATION - LIQUID.....	108
balziva.....	92	BLOOD GLUCOSE CALIBRATION - LIQUID -	
BARACLUDE.....	49	HIGH.....	108
BASAGLAR KWIKPEN.....	59	BLOOD GLUCOSE CALIBRATION - LIQUID -	
BAXDELA.....	20	LOW.....	108
BD ALCOHOL PADS.....	108	BLOOD GLUCOSE CALIBRATION - LIQUID -	
BD INSULIN SYRINGE.....	108	NORMAL.....	108
bd posiflush.....	80	BOOSTRIX.....	104
bd posiflush safescrub.....	80	bosentan.....	120
BD SHARPS CONTAINER HOME MISC.....	108	BOSULIF.....	39
bekyree.....	92	BOTOX.....	122
benazepril hcl.....	62	BRAFTOVI.....	39
benazepril-hydrochlorothiazide.....	65	BREO ELLIPTA.....	121
benzonatate.....	121	breyna.....	121
benzoyl peroxide-erythromycin.....	75	BREZTRI AEROSPHERE.....	121
benztropine mesylate.....	44	briellyn.....	92
bepotastine besilate.....	113	BRILINTA.....	61
beser.....	76	brimonidine tartrate.....	75,115
BESIVANCE.....	20	brimonidine tartrate-timolol.....	112
betaine.....	86	brinzolamide.....	115
betamethasone dipropionate.....	76	BRIVIACT.....	21
betamethasone dipropionate aug.....	76	bromfed dm.....	121
betamethasone valerate.....	76	bromfenac sodium (once-daily).....	114
BETASERON.....	73	bromocriptine mesylate.....	45
betaxolol hcl.....	64,115	BRUKINSA.....	39
bethanechol chloride.....	88	budesonide.....	106,116
BEVESPI AEROSPHERE.....	121	budesonide er.....	106
bexarotene.....	43	budesonide-formoterol fumarate.....	121
BEXSERO.....	104	bumetanide.....	66
bicalutamide.....	35	buprenorphine.....	3
BICILLIN L-A.....	19	buprenorphine hcl.....	14
BIKTARVY.....	50	buprenorphine hcl-naloxone hcl.....	14
		bupropion hcl.....	26

bupropion hcl er (smoking det) . . . . .	15	carisoprodol-aspirin-codeine . . . . .	6
bupropion hcl er (sr) . . . . .	26	CARMUSTINE . . . . .	35
bupropion hcl er (xl) . . . . .	26	carteolol hcl . . . . .	115
bupirone hcl . . . . .	54	cartia xt . . . . .	65
busulfan . . . . .	35	carvedilol . . . . .	64
butalbital-apap-caff-cod . . . . .	6	carvedilol phosphate er . . . . .	64
butalbital-apap-caffeine . . . . .	72	caspofungin acetate . . . . .	30
butalbital-aspirin-caffeine . . . . .	2	CAYA . . . . .	108
butorphanol tartrate . . . . .	6	CAYSTON . . . . .	16
C			
CABENUVA . . . . .	52	caziant . . . . .	92
cabergoline . . . . .	101	cefaclor . . . . .	17
CABOMETYX . . . . .	39	CEFACTOR ER . . . . .	17
calcipotriene . . . . .	78	cefadroxil . . . . .	17
calcipotriene-betameth diprop . . . . .	78	cefazolin sodium . . . . .	17
calcitonin (salmon) . . . . .	106	CEFAZOLIN SODIUM-DEXTROSE . . . . .	17
calcitrene . . . . .	78	cefdinir . . . . .	17
calcitriol . . . . .	78,106	cefepime hcl . . . . .	17
calcium acetate . . . . .	82	CEFEPIME-DEXTROSE . . . . .	17
calcium acetate (phos binder) . . . . .	82	cefixime . . . . .	18
CALQUENCE . . . . .	39	CEFOTAXIME SODIUM . . . . .	18
camila . . . . .	99	cefotetan disodium . . . . .	18
camrese . . . . .	92	CEFOTETAN DISODIUM-DEXTROSE . . . . .	18
camrese lo . . . . .	92	cefoxitin sodium . . . . .	18
candesartan cilexetil . . . . .	62	CEFOXITIN SODIUM-DEXTROSE . . . . .	18
candesartan cilexetil-hctz . . . . .	65	cefpodoxime proxetil . . . . .	18
capecitabine . . . . .	36	cefprozil . . . . .	18
CAPRELSA . . . . .	39	ceftazidime . . . . .	18
captopril . . . . .	62	CEFTAZIDIME AND DEXTROSE . . . . .	18
carbamazepine . . . . .	24	ceftriaxone sodium . . . . .	18
carbamazepine er . . . . .	24	ceftriaxone sodium in dextrose . . . . .	18
carbidopa . . . . .	45	CEFTRIAZONE SODIUM-DEXTROSE . . . . .	18
carbidopa-levodopa . . . . .	45	cefuroxime axetil . . . . .	18
carbidopa-levodopa er . . . . .	45	cefuroxime sodium . . . . .	18
carbidopa-levodopa-entacapone . . . . .	45	celecoxib . . . . .	2
CARBINOXAMINE MALEATE . . . . .	117	CELONTIN . . . . .	23
carboplatin . . . . .	35	cephalexin . . . . .	18
CARDURA XL . . . . .	88	CERDELGA . . . . .	86
carglumic acid . . . . .	86	cetirizine hcl . . . . .	117
carisoprodol . . . . .	123	cevimeline hcl . . . . .	74
		charlotte 24 fe . . . . .	92
		chateal . . . . .	92

chateal eq . . . . .	92	clindamycin palmitate hcl . . . . .	16
CHEMET . . . . .	81	clindamycin phos-benzoyl perox . . . . .	75
CHEMSTRIP 10 MD . . . . .	108	clindamycin phosphate . . . . .	16,79
CHEMSTRIP 10/SG . . . . .	108	clindamycin phosphate in d5w . . . . .	16
CHEMSTRIP 2 GP . . . . .	108	CLINDAMYCIN PHOSPHATE IN NAACL . . . . .	16
CHEMSTRIP 5 OB . . . . .	108	clobazam . . . . .	23
CHEMSTRIP 7 . . . . .	108	clobetasol prop emollient base . . . . .	76
CHEMSTRIP 9 . . . . .	108	clobetasol propionate . . . . .	76
CHEMSTRIP UGK . . . . .	108	clobetasol propionate e . . . . .	76
chlordiazepoxide hcl . . . . .	55	clocortolone pivalate . . . . .	76
chlorhexidine gluconate . . . . .	74	clodan . . . . .	76
chloroquine phosphate . . . . .	44	clofarabine . . . . .	36
chlorpromazine hcl . . . . .	45	clomipramine hcl . . . . .	29
chlorthalidone . . . . .	67	clonazepam . . . . .	55
chlorzoxazone . . . . .	123	clonidine . . . . .	62
cholestyramine . . . . .	68	clonidine hcl . . . . .	62
cholestyramine light . . . . .	68	clonidine hcl er . . . . .	70
CHORIONIC GONADOTROPIN . . . . .	90	clopidogrel bisulfate . . . . .	61
ciclodan . . . . .	79	clorazepate dipotassium . . . . .	55
ciclopirox . . . . .	79	clotrimazole . . . . .	30
ciclopirox olamine . . . . .	79	clotrimazole-betamethasone . . . . .	78
cidofovir . . . . .	49	clovique . . . . .	81
cilostazol . . . . .	61	clozapine . . . . .	48
CIMDUO . . . . .	51	COARTEM . . . . .	44
cimetidine . . . . .	85	codeine sulfate . . . . .	7
cimetidine hcl . . . . .	85	colchicine . . . . .	32
cinacalcet hcl . . . . .	107	colchicine-probenecid . . . . .	32
ciprofloxacin hcl . . . . .	20,116	colesevelam hcl . . . . .	68
ciprofloxacin-dexamethasone . . . . .	116	colestipol hcl . . . . .	68
ciprofloxacin-fluocinolone pf . . . . .	116	colocort . . . . .	106
cisplatin . . . . .	35	COLY-MYCIN S . . . . .	116
citalopram hydrobromide . . . . .	26	COMBIVENT RESPIMAT . . . . .	121
cladribine . . . . .	36	COMETRIQ (100 MG DAILY DOSE) . . . . .	39
claravis . . . . .	75	COMETRIQ (140 MG DAILY DOSE) . . . . .	39
clarithromycin . . . . .	19	COMETRIQ (60 MG DAILY DOSE) . . . . .	39
clarithromycin er . . . . .	20	COMIRNATY . . . . .	54
clemastine fumarate . . . . .	117	COMPLERA . . . . .	50
CLENPIQ . . . . .	83	COMPLETE NATAL DHA . . . . .	80
CLIMARA PRO . . . . .	92	compro . . . . .	29
clindacin . . . . .	79	CONDOMS - MALE . . . . .	108
clindamycin hcl . . . . .	16	CONDOMS LATEX LUBRICATED . . . . .	108

CONDOMS LATEX NON-LUBRICATED	108
CONDOMS NON-LATEX LUBRICATED	108
constulose	83
CONTOUR MONITOR	108
CONTOUR NEXT EZ	108
CONTOUR NEXT GEN MONITOR	108
CONTOUR NEXT LINK	108
CONTOUR NEXT MONITOR	109
CONTOUR NEXT ONE	109
CONTOUR NEXT TEST	109
CONTOUR TEST	109
COPAXONE	73
COPIKTRA	39
CORLANOR	66
CORTISPORIN-TC	116
COTELLIC	39
CREON	86
CRESEMBA	30
cromolyn sodium	85,113,119
crotan	79
cryselle-28	92
curity sterile saline	88
CVS KETONE CARE	109
cyanocobalamin	82
cyclafem 1/35	92
cyclafem 7/7/7	92
cyclobenzaprine hcl	123
cyclopentolate hcl	112
cyclophosphamide	35
cycloserine	34
cyclosporine	103,112
cyclosporine modified	103
cyproheptadine hcl	117
cyred	92
cyred eq	92
CYSTAGON	86
CYSTARAN	86
cytarabine	36
cytarabine (pf)	36

## D

DACARBAZINE	37
dalfampridine er	73
danazol	91
dantrolene sodium	49
dapsone	34
DAPTACEL	104
DAPTOMYCIN	16
darifenacin hydrobromide er	87
darunavir	53
dasetta 1/35	92
dasetta 7/7/7	92
daunorubicin hcl	38
DAURISMO	39
daysee	93
deblitane	99
decadron	89
decitabine	37
deferasirox	82
deferasirox granules	82
deferiprone	82
deflazacort	89
delyla	93
demeclocycline hcl	20
DENGVAXIA	104
DEPO-ESTRADIOL	93
DEPO-MEDROL	89
DEPO-SUBQ PROVERA 104	99
depo-testosterone	91
DESCOVY	51
desipramine hcl	29
desloratadine	117
desmopressin ace spray refrig	90
desmopressin acetate	90
desmopressin acetate pf	90
desmopressin acetate spray	90
desogestrel-ethinyl estradiol	93
desonide	76
desoximetasone	76
desvenlafaxine succinate er	26

dexamethasone	89	dicyclomine hcl	84
DEXAMETHASONE INTENSOL	89	DIFICID	20
dexamethasone sod phosphate pf	89	diflorasone diacetate	76
dexamethasone sodium phosphate	89,114	diflunisal	2
DEXCOM G6 RECEIVER	109	difluprednate	115
DEXCOM G6 SENSOR	109	digitek	63
DEXCOM G6 TRANSMITTER	109	digoxin	63
DEXCOM G7 RECEIVER	109	dihydroergotamine mesylate	33
DEXCOM G7 SENSOR	109	DILANTIN	24
dexlansoprazole	85	dilt-xr	65
dexmethylphenidate hcl	70	diltiazem hcl	65
dexmethylphenidate hcl er	70,71	diltiazem hcl er	65
dextroamphetamine sulfate	70	diltiazem hcl er beads	65
dextroamphetamine sulfate er	70	diltiazem hcl er coated beads	65
di-phen	117	dimethyl fumarate	73
DIACOMIT	21	dimethyl fumarate starter pack	73
DIASCREEN 10	109	DIPENTUM	106
DIASCREEN 1B	109	diphen	117
DIASCREEN 1G	109	diphenhydramine hcl	117
DIASCREEN 1K	109	diphenoxylate-atropine	84
DIASCREEN 2GK	109	DIPHThERIA-TETANUS TOXOIDS DT	104
DIASCREEN 2GP	109	dipyridamole	62
DIASCREEN 3	109	disopyramide phosphate	63
DIASCREEN 4NL	109	disulfiram	14
DIASCREEN 4OBL	109	DIURIL	67
DIASCREEN 4PH	109	divalproex sodium	22
DIASCREEN 5	109	divalproex sodium er	22
DIASCREEN 6	109	docetaxel	37
DIASCREEN 7	110	dodex	82
DIASCREEN 8	110	dofetilide	63
DIASCREEN 9	110	dolishale	93
DIASCREEN LIQUID URINE CONTROL	110	donepezil hcl	25
DIASTIX	110	DOPTLET	62
diazepam	23,55	dorzolamide hcl	115
diazepam intensol	55	dorzolamide hcl-timolol mal	112
diazoxide	59	dotti	93
diclofenac potassium	2	DOVATO	50
diclofenac sodium	2,115	doxazosin mesylate	62
diclofenac sodium er	2	doxepin hcl	29,76,123
diclofenac-misoprostol	2	doxercalciferol	107
dicloxacillin sodium	19	doxorubicin hcl	38

doxorubicin hcl liposomal	38	EMTRIVA	52
doxycycline hyclate	20	EMVERM	44
doxycycline monohydrate	21	enalapril maleate	62
dronabinol	30	enalapril-hydrochlorothiazide	66
drospiren-eth estrad-levomefol	93	ENBREL	103
drospirenone-ethinyl estradiol	93	ENBREL MINI	103
DROXIA	86	ENBREL SURECLICK	103
DUAVEE	100	ENCARE	88
duloxetine hcl	72	endocet	7
DUPIXENT	102	ENGERIX-B	104
duramorph	7	enilloring	93
dutasteride	88	enoxaparin sodium	60
dutasteride-tamsulosin hcl	88	enpresse-28	93
E		enskyce	93
e.e.s. 400	20	entacapone	45
ec-naproxen	2	entecavir	49
econazole nitrate	30	ENTRESTO	66
EDURANT	50	enulose	83
efavirenz	51	ENVARSUS XR	103
efavirenz-emtricitab-tenofo df	51	EPCLUSA	49
efavirenz-lamivudine-tenofovir	51	EPIDIOLEX	22
effer-k	80	epinastine hcl	113
ELESTRIN	93	epinephrine	118
eletriptan hydrobromide	33	epitol	24
ELIGARD	101	EPIVIR HBV	49
elinest	93	eplerenone	67
ELIQUIS	60	ERBITUX	43
ELIQUIS DVT/PE STARTER PACK	60	ergocalciferol	107
elixophyllin	119	ergoloid mesylates	25
ELLA	99	ergotamine-caffeine	33
ELMIRON	88	ERIVEDGE	39
eluryng	93	ERLEADA	35
EMCYT	36	erlotinib hcl	40
EMFLAZA	89	errin	99
EMGALITY	33	ERTACZO	31
EMGALITY (300 MG DOSE)	33	ertapenem sodium	19
emoquette	93	ery	79
EMSAM	26	ery-tab	20
emtricitabine	51	erythromycin	20,79,114
emtricitabine-tenofovir df	51	erythromycin base	20
		erythromycin ethylsuccinate	20



escitalopram oxalate	26,27	felodipine er	64
esomeprazole magnesium	86	FEMCAP	110
estarylla	93	femynor	94
estazolam	123	fenofibrate	67
estradiol	93	fenofibrate micronized	67
estradiol valerate	93	fenofibric acid	67
estradiol-norethindrone acet	99	fenopropfen calcium	2
ESTROGEL	93	fentanyl	3
eszopiclone	123	fentanyl citrate	7
ethacrynic acid	66	FERRIPROX	82
ethambutol hcl	34	fesoterodine fumarate er	87
ethosuximide	23	FETZIMA	27
ethynodiol diac-eth estradiol	93	FETZIMA TITRATION	27
etodolac	2	FIASP	59
etodolac er	2	FIASP FLEXTOUCH	59
etonogestrel-ethinyl estradiol	93	FIASP PENFILL	59
etoposide	38,39	FIASP PUMPCART	59
etravirine	51	finasteride	88
EUCRISA	77	fingolimod hcl	73
euthyrox	100	finzala	94
EVAMIST	93	flac	116
everolimus	40,103	flavoxate hcl	87
EVOTAZ	53	flecainide acetate	63
EVRYSDI	86	FLOVENT DISKUS	116,117
exemestane	38	floxuridine	37
ezetimibe	68	FLUAD QUADRIVALENT	104
ezetimibe-simvastatin	68	FLUARIX QUADRIVALENT	104
F		FLUBLOK QUADRIVALENT	104
falmina	94	FLUCELVAX QUADRIVALENT	104
famciclovir	54	fluconazole	31
famotidine	85	flucytosine	31
famotidine (pf)	85	fludarabine phosphate	37
famotidine premixed	85	fludrocortisone acetate	89
FARXIGA	69	FLULAVAL QUADRIVALENT	104
FASENRA	122	FLUMIST QUADRIVALENT	104
FASENRA PEN	122	flunisolide	122
fayosim	94	fluocinolone acetonide	77,116
FC FEMALE CONDOM	110	fluocinolone acetonide body	77
febuxostat	32,33	fluocinolone acetonide scalp	77
felbamate	22	fluocinonide	77
		fluoritab	80

fluorometholone.....	115	FREESTYLE LIBRE 2 SENSOR.....	110
fluorouracil.....	37,78	FREESTYLE LIBRE 3 READER.....	110
fluoxetine hcl.....	27	FREESTYLE LIBRE 3 SENSOR.....	110
fluphenazine decanoate.....	45	FREESTYLE LIBRE READER.....	110
fluphenazine hcl.....	45	FREESTYLE LITE.....	110
flurandrenolide.....	77	FREESTYLE LITE TEST.....	110
flurbiprofen.....	2	FREESTYLE PRECISION NEO SYSTEM.....	110
flurbiprofen sodium.....	115	FREESTYLE PRECISION NEO TEST.....	110
flutamide.....	35	FREESTYLE TEST.....	111
FLUTICASONE PROPIONATE.....	77	frovatriptan succinate.....	33
fluticasone propionate.....	122	FRUZAOLA.....	37
fluticasone propionate diskus.....	117	fulvestrant.....	36
fluticasone propionate hfa.....	117	furosemide.....	66
fluticasone-salmeterol.....	122	FUZEON.....	52
fluvastatin sodium.....	67	fyavolv.....	94
fluvastatin sodium er.....	68	FYCOMPA.....	22
fluvoxamine maleate.....	27		
fluvoxamine maleate er.....	27	<b>G</b>	
FLUZONE HIGH-DOSE QUADRIVALENT.....	105	gabapentin.....	23
FLUZONE QUADRIVALENT.....	105	galantamine hydrobromide.....	25
FML.....	115	galantamine hydrobromide er.....	25
folic acid.....	82	GARDASIL 9.....	105
folic acid cap 0.8 mg.....	82	gatifloxacin.....	114
folic acid tab 400 mcg.....	83	GATTEX.....	85
folic acid tab 800 mcg.....	83	GAUZE PADS & DRESSINGS - PADS 2" X 2".....	111
fondaparinux sodium.....	60	gavilyte-c.....	85
formoterol fumarate.....	118	gavilyte-g.....	85
FORTEO.....	107	gavilyte-n with flavor pack.....	83
fosamprenavir calcium.....	53	GAVRETO.....	40
fosfomycin tromethamine.....	16	gefitinib.....	40
fosinopril sodium.....	63	gemcitabine hcl.....	37
fosinopril sodium-hctz.....	66	gemfibrozil.....	67
fosphenytoin sodium.....	24	gemmily.....	94
FOSRENOL.....	82	GEMTESA.....	87
FOTIVDA.....	40	generlac.....	83
FRAGMIN.....	60	gengraf.....	103
FREESTYLE FREEDOM LITE.....	110	GENOTROPIN.....	90
FREESTYLE INSULINX TEST.....	110	GENOTROPIN MINIQUICK.....	90
FREESTYLE LIBRE 14 DAY READER.....	110	gentak.....	114
FREESTYLE LIBRE 14 DAY SENSOR.....	110	gentamicin sulfate.....	16,114
FREESTYLE LIBRE 2 READER.....	110	GENVOYA.....	50

GILOTRIF.....	40	heparin sodium (porcine) pf.....	60
glatiramer acetate.....	73	HEPLISAV-B.....	105
glatopa.....	73	HETLIOZ LQ.....	123
GLEOSTINE.....	35	HIBERIX.....	105
glimepiride.....	56	HUMATROPE.....	85
glipizide.....	56	HUMIRA.....	103
glipizide er.....	56	HUMIRA (2 PEN).....	103
glipizide xl.....	56	HUMIRA (2 SYRINGE).....	103
glipizide-metformin hcl.....	56	HUMIRA PEDIATRIC CROHNS START.....	103
GLUCAGON EMERGENCY.....	59	HUMIRA PEN.....	103
glyburide.....	56	HUMIRA PEN-CD/UC/HS STARTER.....	103
GLYBURIDE MICRONIZED.....	56	HUMIRA PEN-PEDIATRIC UC START.....	103
glyburide-metformin.....	56	HUMIRA PEN-PSOR/UEIT STARTER.....	103
glycopyrrolate.....	84	HUMIRA-PS/UV/ADOL HS STARTER.....	103
glydo.....	14	HUMULIN 70/30.....	59
GLYXAMBI.....	56	HUMULIN 70/30 KWIKPEN.....	59
granisetron hcl.....	30	HUMULIN N.....	59
griseofulvin microsize.....	31	HUMULIN N KWIKPEN.....	59
griseofulvin ultramicronsize.....	31	HUMULIN R.....	59
guaifenesin-codeine soln 100-10 mg/5ml.....	122	HUMULIN R U-500 (CONCENTRATED).....	59
guanfacine hcl.....	62	HUMULIN R U-500 KWIKPEN.....	59
guanfacine hcl er.....	71	hydralazine hcl.....	69
GYNAZOLE-1.....	31	hydrochlorothiazide.....	67
		hydrocod poli-chlorphe poli er.....	122
H		hydrocodone bit-homatrop mbr.....	122
HAEGARDA.....	101	hydrocodone-acetaminophen.....	8
hailey 1.5/30.....	94	hydrocodone-ibuprofen.....	8
hailey 24 fe.....	94	hydrocortisone.....	77,106
hailey fe 1.5/30.....	94	hydrocortisone (perianal).....	77
hailey fe 1/20.....	94	hydrocortisone acetate.....	77
halcinonide.....	77	hydrocortisone butyrate.....	77
halobetasol propionate.....	77	hydrocortisone valerate.....	77
haloette.....	94	hydrocortisone-acetic acid.....	116
haloperidol.....	45	hydromet.....	122
haloperidol decanoate.....	46	hydromorphone hcl.....	9
haloperidol lactate.....	46	hydromorphone hcl er.....	3
HARVONI.....	49	hydroxychloroquine sulfate.....	44
HAVRIX.....	105	hydroxyurea.....	37
heather.....	99	hydroxyzine hcl.....	117
hemmorex-hc.....	77	hydroxyzine pamoate.....	117
heparin sodium (porcine).....	60	HYQVIA.....	102

I		
ibandronate sodium	107	
IBRANCE	40	
ibu	2	
ibuprofen	2	
ibuprofen susp 100 mg/5ml	2	
icatibant acetate	101	
iclevia	94	
ICLUSIG	40	
icosapent ethyl	69	
idarubicin hcl	39	
IDHIFA	40	
ifosfamide	35	
ILEVRO	115	
imatinib mesylate	40	
IMBRUVICA	40	
imipenem-cilastatin	19	
imipramine hcl	29	
imipramine pamoate	29	
imiquimod	78	
incassia	99	
INCRELEX	90	
indapamide	67	
indomethacin	2	
indomethacin er	2	
INFANRIX	105	
INGREZZA	72	
INLYTA	40	
INQOVI	37	
INREBIC	40	
INSULIN PEN NEEDLE	111	
INSULIN SYRINGE (DISP) U-100 0.3 ML	111	
INSULIN SYRINGE (DISP) U-100 0.5 ML	111	
INSULIN SYRINGE (DISP) U-100 1 ML	111	
INSULIN SYRINGE (DISP) U-100 1/2 ML	111	
INTELENCE	51	
INTRAROSA	88	
INTRON A	102	
introvale	94	
INVEGA HAFYERA	46	
INVEGA SUSTENNA	46	
INVEGA TRINZA	47	
IPOL	105	
ipratropium bromide	118	
ipratropium-albuterol	122	
irbesartan	62	
irbesartan-hydrochlorothiazide	66	
IRESSA	40	
irinotecan hcl	39	
ISENTRESS	50	
ISENTRESS HD	50	
isibloom	94	
isoniazid	34	
isosorbide dinitrate	69	
isosorbide mononitrate	69	
isosorbide mononitrate er	69	
isotretinoin	75	
isradipine	64	
itraconazole	31	
ivermectin	44,79	
IWILFIN	37	
J		
jaimiess	94	
JAKAFI	40	
jantoven	60	
JANUMET	56	
JANUMET XR	56	
JANUVIA	56	
JARDIANCE	69	
jasmiel	94	
javygtor	86	
jencycla	99	
JENTADUETO	57	
JENTADUETO XR	57	
jinteli	94	
jolessa	94	
JUBLIA	31	
juleber	94	
JULUCA	50	
junel 1.5/30	94	

junel 1/20	94	KYLEENA	99
junel fe 1.5/30	94		
junel fe 1/20	94	L	
junel fe 24	94	labetalol hcl	64
		lacosamide	24
K		LACRISERT	112
k-prime	80	lactulose	83
kaitlib fe	94	lactulose encephalopathy	83
kalliga	94	lamivudine	49,52
KALYDECO	119	lamivudine-zidovudine	52
kariva	94	lamotrigine	22
kelnor 1/35	94	lamotrigine er	22
kelnor 1/50	95	lamotrigine starter kit-blue	22
KERENDIA	69	lamotrigine starter kit-green	22
KESIMPTA	74	lamotrigine starter kit-orange	22
KETO-DIASTIX	111	LANCETS MISC	111
ketoconazole	31	LANCING DEVICE MISC	111
ketoprofen	2	LANREOTIDE ACETATE	101
ketoprofen er	3	lansoprazole	86
ketorolac tromethamine	3,115	lapatinib ditosylate	40
KEVZARA	102	larin 1.5/30	95
KINRIX	105	larin 1/20	95
kionex	82	larin 24 fe	95
KIPROFEN	3	larin fe 1.5/30	95
KISQALI (200 MG DOSE)	40	larin fe 1/20	95
KISQALI (400 MG DOSE)	40	larissia	95
KISQALI (600 MG DOSE)	40	LASTACRAFT	113
KISQALI FEMARA (400 MG DOSE)	40	latanoprost	116
KISQALI FEMARA (600 MG DOSE)	40	layolis fe	95
KISQALI FEMARA(200 MG DOSE)	40	LEDIPASVIR-SOFOSBUVIR	49
klayesta	31	leena	95
klor-con	80	leflunomide	103
klor-con 10	80	lenalidomide	36
klor-con m10	80	LENVIMA (10 MG DAILY DOSE)	41
klor-con m15	80	LENVIMA (12 MG DAILY DOSE)	41
klor-con m20	80	LENVIMA (14 MG DAILY DOSE)	41
klor-con sprinkle	80	LENVIMA (18 MG DAILY DOSE)	41
klor-con/ef	80	LENVIMA (20 MG DAILY DOSE)	41
KOSELUGO	40	LENVIMA (24 MG DAILY DOSE)	41
kourzeq	74	LENVIMA (4 MG DAILY DOSE)	41
kurvelo	95	LENVIMA (8 MG DAILY DOSE)	41

lessina . . . . .	95	LINZESS . . . . .	83
letrozole . . . . .	38	liothyronine sodium . . . . .	100
leucovorin calcium . . . . .	37	lisinopril . . . . .	63
LEUKERAN . . . . .	35	lisinopril-hydrochlorothiazide . . . . .	66
leuprolide acetate . . . . .	101	lithium carbonate . . . . .	55
levabuterol hcl . . . . .	118	lithium carbonate er . . . . .	56
levabuterol tartrate . . . . .	118	lo-zumandimine . . . . .	95
LEVEMIR . . . . .	59	loestrin 1.5/30 (21) . . . . .	95
LEVEMIR FLEXPEN . . . . .	59	loestrin 1/20 (21) . . . . .	95
LEVEMIR FLEXTOUCH . . . . .	59	loestrin fe 1.5/30 . . . . .	95
levetiracetam . . . . .	22	loestrin fe 1/20 . . . . .	95
levetiracetam er . . . . .	22	lojaimiess . . . . .	95
LEVETIRACETAM IN NAACL . . . . .	22	LOKELMA . . . . .	82
levo-t . . . . .	100	LONSURF . . . . .	37
levobunolol hcl . . . . .	115	loperamide hcl cap 2 mg . . . . .	84
levocarnitine . . . . .	83	lopinavir-ritonavir . . . . .	53
levocarnitine sf . . . . .	83	lopreeza . . . . .	99
levocetirizine dihydrochloride . . . . .	117	lorazepam . . . . .	55
levofloxacin . . . . .	20,114	lorazepam intensol . . . . .	55
levonest . . . . .	95	LORBRENA . . . . .	41
levonorg-eth estrad triphasic . . . . .	95	lorcet . . . . .	9
levonorgest-eth est & eth est . . . . .	95	lorcet hd . . . . .	9
levonorgest-eth estrad 91-day . . . . .	95	lorcet plus . . . . .	9
levonorgestrel 1.5 mg tab . . . . .	99	loryna . . . . .	95
levonorgestrel-ethinyl estrad . . . . .	95	losartan potassium . . . . .	62
levora 0.15/30 (28) . . . . .	95	losartan potassium-hctz . . . . .	66
levorphanol tartrate . . . . .	3	LOTEMAX . . . . .	115
levothyroxine sodium . . . . .	100	loteprednol etabonate . . . . .	115
levoxyl . . . . .	100	lovastatin . . . . .	68
LEXIVA . . . . .	53	low-ogestrel . . . . .	95
lidocaine . . . . .	14	loxapine succinate . . . . .	46
lidocaine hcl . . . . .	14	lubiprostone . . . . .	83
lidocaine hcl urethral/mucosal . . . . .	14	LUCEMYRA . . . . .	15
lidocaine viscous hcl . . . . .	14	luliconazole . . . . .	31
lidocaine-prilocaine . . . . .	14	LUMAKRAS . . . . .	41
lidocan . . . . .	14	LUMIGAN . . . . .	116
LILETTA (52 MG) . . . . .	99	LUPRON DEPOT-PED (1-MONTH) . . . . .	101
lillow . . . . .	95	LUPRON DEPOT-PED (3-MONTH) . . . . .	101
lindane . . . . .	79	lurasidone hcl . . . . .	47
linezolid . . . . .	16	lutera . . . . .	95
LINEZOLID IN SODIUM CHLORIDE . . . . .	16	lyleq . . . . .	99

lyllana . . . . .	95	mesalamine er . . . . .	106
LYNPARZA . . . . .	41	mesna . . . . .	44
LYSODREN . . . . .	38	MESNEX . . . . .	44
lyza . . . . .	99	metaxalone . . . . .	123
<b>M</b>			
M-M-R II . . . . .	105	metformin hcl . . . . .	57
magnesium sulfate . . . . .	80	metformin hcl er . . . . .	57
magnesium sulfate in d5w . . . . .	80	methadone hcl . . . . .	3,4
malathion . . . . .	79	methadone hcl intensol . . . . .	4
maraviroc . . . . .	52	methamphetamine hcl . . . . .	70
marlissa . . . . .	96	methazolamide . . . . .	115
MARPLAN . . . . .	26	methenamine hippurate . . . . .	16
MATULANE . . . . .	35	methimazole . . . . .	101
matzim la . . . . .	65	methocarbamol . . . . .	123
MAVYRET . . . . .	49,50	methotrexate sodium . . . . .	104
meclizine hcl . . . . .	29	methotrexate sodium (pf) . . . . .	104
meclofenamate sodium . . . . .	3	methoxsalen rapid . . . . .	78
MEDROL . . . . .	89	methscopolamine bromide . . . . .	84
medroxyprogesterone acetate . . . . .	99	methsuximide . . . . .	23
mefenamic acid . . . . .	3	methylropa . . . . .	62
mefloquine hcl . . . . .	44	methylphenidate hcl . . . . .	71
megestrol acetate . . . . .	99	methylphenidate hcl er . . . . .	71
MEKINIST . . . . .	41	methylphenidate hcl er (cd) . . . . .	71
MEKTOVI . . . . .	41	methylphenidate hcl er (la) . . . . .	71
melodetta 24 fe . . . . .	96	methylphenidate hcl er (osm) . . . . .	71
meloxicam . . . . .	3	methylprednisolone . . . . .	90
melphalan . . . . .	35	methylprednisolone acetate . . . . .	90
melphalan hcl . . . . .	35	methylprednisolone sodium succ . . . . .	90
memantine hcl . . . . .	26	methyltestosterone . . . . .	91
memantine hcl er . . . . .	26	metoclopramide hcl . . . . .	29
MENACTRA . . . . .	105	metolazone . . . . .	67
MENEST . . . . .	96	metoprolol succinate er . . . . .	64
MENQUADFI . . . . .	105	metoprolol tartrate . . . . .	64
MENVEO . . . . .	105	metoprolol-hydrochlorothiazide . . . . .	66
meprobamate . . . . .	54	metronidazole . . . . .	16
mercaptopurine . . . . .	37	metyrosine . . . . .	66
meropenem . . . . .	19	mexiletine hcl . . . . .	63
MEROPENEM-SODIUM CHLORIDE . . . . .	19	mibelas 24 fe . . . . .	96
merzee . . . . .	96	micafungin sodium . . . . .	31
mesalamine . . . . .	106	miconazole 3 . . . . .	31
		microgestin 1.5/30 . . . . .	96
		microgestin 1/20 . . . . .	96

microgestin 24 fe	96	MULTISTIX 10 SG	111
microgestin fe 1.5/30	96	multivitamin w/fluoride	80
microgestin fe 1/20	96	multivitamin/fluoride	80
midodrine hcl	62	multivitamins/fluoride	80
miglitol	57	mupirocin	79
miglustat	86	mutamycin	38
mili	96	MYALEPT	87
mimvey	99	mycophenolate mofetil	104
minitran	69	mycophenolate sodium	104
minocycline hcl	21	mycophenolic acid	104
minoxidil	69	myorisan	75
MIRCERA	61	MYRBETRIO	87
MIRENA (52 MG)	100		
mirtazapine	26	N	
misoprostol	90	na sulfate-k sulfate-mg sulf	83
mitomycin	38	nabumetone	3
mitoxantrone hcl	38	nadolol	64
modafinil	123,124	nafrinse	81
MODERNA COVID-19 VAC 6M-11Y	54	NAFRINSE DROPS	81
moexipril hcl	63	naftifine hcl	31
molindone hcl	46	nalbuphine hcl	11
mometasone furoate	77,122	naloxone hcl	15
mondoxylene nl	21	naltrexone hcl	15
mono-linyah	96	naproxen	3
monoject flush syringe	80	naproxen dr	3
monoject sodium chloride flush	80	naproxen sodium	3
montelukast sodium	117	naratriptan hcl	33
morgidox	21	NATACYN	114
morphine sulfate	10,11	nateglinide	57
morphine sulfate (concentrate)	10	NATPARA	107
MORPHINE SULFATE (PF)	10,11	NAYZILAM	14
morphine sulfate er	4	nebivolol hcl	64
morphine sulfate er beads	4	nebusal	122
MOTOFEN	84	necon 0.5/35 (28)	96
MOVANTIK	83	NEEDLES, INSULIN DISP., SAFETY	111
moxifloxacin hcl	20	nefazodone hcl	27,28
MOXIFLOXACIN HCL	114	neo-polycin	113
moxifloxacin hcl (2x day)	114	neo-polycin hc	113
MULTAQ	63	neomycin sulfate	16
multi-vitamin/fluoride	80	neomycin-bacitracin zn-polymyx	113
multi-vitamin/fluoride/iron	80	neomycin-polymyxin-dexameth	113



neomycin-polymyxin-gramicidin	113	norethin ace-eth estrad-fe	96
neomycin-polymyxin-hc	113,116	norethin-eth estradiol-fe	96
NERLYNX	41	norethindron-ethinyl estrad-fe	96
NEUPRO	45	norethindrone	100
NEVANAC	115	norethindrone acet-ethinyl est	96
nevirapine	51	norethindrone acetate	100
nevirapine er	51	norethindrone-eth estradiol	96
NEXIUM	86	norgestim-eth estrad triphasic	96
NEXPLANON	100	norgestimate-eth estradiol	96
niacin er (antihyperlipidemic)	69	norlyda	100
nicardipine hcl	64	norlyroc	100
nicotine polacrilex gum 2 mg	15	normal saline flush	81
nicotine polacrilex gum 4 mg	15	NORPACE CR	63
nicotine polacrilex lozenge 2 mg	15	nortrel 0.5/35 (28)	96
nicotine polacrilex lozenge 4 mg	15	nortrel 1/35 (21)	96
nicotine td patch 24hr 14 mg/24hr	15	nortrel 1/35 (28)	96
nicotine td patch 24hr 21 mg/24hr	15	nortrel 7/7/7	96
nicotine td patch 24hr 7 mg/24hr	15	nortriptyline hcl	29
NICOTROL	15	NORVIR	53
NICOTROL NS	15	NOVOLIN 70/30	59
nifedipine er	64	NOVOLIN 70/30 FLEXPEN	59
nifedipine er osmotic release	64	NOVOLIN N	59
nikki	96	NOVOLIN N FLEXPEN	60
nilutamide	35	NOVOLIN R	60
nimodipine	64	NOVOLIN R FLEXPEN	60
NINLARO	41	NOVOLOG	60
NIPENT	37	NOVOLOG FLEXPEN	60
nisoldipine er	64	NOVOLOG MIX 70/30	60
nitazoxanide	44	NOVOLOG MIX 70/30 FLEXPEN	60
nitisinone	87	NOVOLOG PENFILL	60
NITRO-BID	69	NUBEQA	35
NITRO-DUR	69	NUCALA	122
nitrofurantoin	16	NUCYNTA	11,12
nitrofurantoin macrocrystal	17	NUCYNTA ER	4
nitrofurantoin monohyd macro	17	NUDEXTA	72
nitroglycerin	70	NURTEC	33
NIVESTYM	61	nyamyc	32
nizatidine	85	nylia 1/35	96
nora-be	100	nylia 7/7/7	96
NORDITROPIN FLEXPRO	90	nymyo	97
norelgestromin-eth estradiol	96	nystatin	32

nystatin-triamcinolone	78	ORFADIN	87
nystop	32	ORLISSA	101
<b>O</b>		ORKAMBI	119
ocella	97	orphenadrine citrate er	123
octreotide acetate	101	orsythia	97
ODEFSEY	51	oseltamivir phosphate	54
ODOMZO	41	OSMOPREP	84
OFEV	121	OSPHENA	100
ofloxacin	20,114	OTEZLA	78,102
OJJAARA	38	oxacillin sodium	19
olanzapine	47	OXALIPLATIN	35
olmesartan medoxomil	62	oxandrolone	91
olmesartan medoxomil-hctz	66	oxaprozin	3
olmesartan-amlodipine-hctz	66	oxazepam	55
olopatadine hcl	117	oxcarbazepine	24
olopatadine hcl ophth soln 0.1%	114	oxiconazole nitrate	32
olopatadine hcl ophth soln 0.2%	114	oxybutynin chloride	87
omega-3-acid ethyl esters	69	oxybutynin chloride er	87
omeprazole	86	oxycodone hcl	12
OMNIFLEX DIAPHRAGM	111	oxycodone-acetaminophen	12,13
OMNIPOD 5 G6 INTRO (GEN 5)	111	oxymorphone hcl	13
OMNIPOD 5 G6 PODS (GEN 5)	111	oxymorphone hcl er	4
OMNIPOD 5 G7 INTRO (GEN 5)	111	OZEMPIC (0.25 OR 0.5 MG/DOSE)	57
OMNIPOD 5 G7 PODS (GEN 5)	111	OZEMPIC (1 MG/DOSE)	57
OMNIPOD 5 PACK	111	OZEMPIC (2 MG/DOSE)	57
OMNIPOD DASH INTRO (GEN 4)	111	<b>P</b>	
OMNIPOD DASH PDM (GEN 4)	111	pacerone	63
OMNIPOD DASH PODS (GEN 4)	111	paclitaxel	41
ondansetron	30	paclitaxel protein-bound part	41
ondansetron hcl	30	paliperidone er	47
ONUREG	37	pamidronate disodium	107
OPILL	100	PANRETIN	43
OPSUMIT	120	pantoprazole sodium	86
OPTIONS GYNOL II CONTRACEPTIVE	88	PARAGARD INTRAUTERINE COPPER	111
OPTIUMEZ TEST	111	paraplatin	35
oralone	74	paricalcitol	107
ORENITRAM	120	paroex	74
ORENITRAM MONTH 1	120	paromomycin sulfate	16
ORENITRAM MONTH 2	120	paroxetine hcl	28
ORENITRAM MONTH 3	120	paroxetine hcl er	28

PASER.....	34	PHEXXI.....	89
PAXLOVID (150/100).....	54	philitr.....	97
PAXLOVID (300/100).....	54	PHOSLYRA.....	82
pazopanib hcl.....	41	PHOTOFRIN.....	38
PEDIARIX.....	105	phytonadione.....	61
PEDVAX HIB.....	105	pilocarpine hcl.....	74,115
peg 3350-kcl-na bicarb-nacl.....	84	pimecrolimus.....	77
peg-3350/electrolytes.....	85	pimozide.....	46
peg-3350/electrolytes/ascorbat.....	84	pimtrea.....	97
peg-kcl-nacl-nasulf-na asc-c.....	84	pindolol.....	64
PEG-PREP.....	84	pioglitazone hcl.....	58
PEGASYS.....	102	pioglitazone hcl-glimepiride.....	58
PEMAZYRE.....	41	pioglitazone hcl-metformin hcl.....	58
pemetrexed disodium.....	37	piperacillin sod-tazobactam so.....	19
penicillamine.....	82	PIQRAY (200 MG DAILY DOSE).....	41
PENICILLIN G POT IN DEXTROSE.....	19	PIQRAY (250 MG DAILY DOSE).....	41
penicillin g potassium.....	19	PIQRAY (300 MG DAILY DOSE).....	41
PENICILLIN G PROCAINE.....	19	pirfenidone.....	121
penicillin g sodium.....	19	pirmella 1/35.....	97
penicillin v potassium.....	19	pirmella 7/7/7.....	97
PENTACEL.....	105	piroxicam.....	3
pentamidine isethionate.....	44	PLEGRIDY.....	74
pentoxifylline er.....	66	PLEGRIDY STARTER PACK.....	74
perindopril erbumine.....	63	PNEUMOVAX 23.....	105
perio gard.....	74	podofilox.....	78
permethrin.....	79	polycin.....	113
perphenazine.....	29	polyethylene glycol 3350 oral packet 17 gm.....	84
PERSERIS.....	47	polyethylene glycol 3350 oral powder 17 gm/scoop.....	84
PFIZER COVID-19 VAC-TRIS 6M-4Y.....	54	polymyxin b sulfate.....	17
pfizerpen.....	19	polymyxin b-trimethoprim.....	114
phenazo.....	89	POMALYST.....	36
phenazopyridine hcl.....	89	portia-28.....	97
phenelzine sulfate.....	26	posaconazole.....	32
phenobarbital.....	23	potassium chloride.....	81
phenoxybenzamine hcl.....	62	potassium chloride crys er.....	81
phenylephrine hcl.....	113	potassium chloride er.....	81
phenytek.....	24	potassium citrate er.....	81
phenytoin.....	24	pramipexole dihydrochloride.....	45
phenytoin infatabs.....	24	pramipexole dihydrochloride er.....	45
phenytoin sodium.....	25	prasugrel hcl.....	62
phenytoin sodium extended.....	25		

pravastatin sodium	68	probenecid	33
praziquantel	44	procainamide hcl	63
prazosin hcl	62	prochlorperazine	29
PRECISION XTRA	111	prochlorperazine edisylate	29
PRECISION XTRA BLOOD GLUCOSE	111	prochlorperazine maleate	29
prednicarbate	77	procto-med hc	77
prednisolone	90	proctosol hc	78
prednisolone acetate	115	proctozone-hc	78
prednisolone sodium phosphate	90	progesterone	100
PREDNISOLONE SODIUM PHOSPHATE	115	PROGRAF	104
prednisone	90	PROLASTIN-C	87
PREDNISONE INTENSOL	90	PROLIA	107
pregabalin	72	PROMACTA	61
PREHEVBRIO	105	promethazine hcl	29,117
PREMARIN	97	promethazine-codeine	122
premium lidocaine	14	promethazine-dm	122
PREMPHASE	97	promethazine-phenyleph-codeine	122
PREMPRO	97	promethazine-phenylephrine	122
PRENATAL VITAMIN W/ IRON-FOLIC ACID CHEW TAB 29-1 MG	81	promethegan	29
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 27- 0.8 MG	81	propafenone hcl	63
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 27- 1 MG	81	propafenone hcl er	63
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 28- 0.8 MG	81	proparacaine hcl	113
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 29- 1 MG	81	propranolol hcl	64
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 60- 1 MG	81	propranolol hcl er	64
PRENATAL-U	81	propylthiouracil	101
prevalite	69	PROQUAD	105
previfem	97	protriptyline hcl	29
PREVNAR 13	105	pseudoeph-bromphen-dm	122
PREVNAR 20	105	PULMICORT FLEXHALER	117
PREZCOBIX	53	pulmosal	122
PREZISTA	53,54	PULMOZYME	119
PRIFTIN	34	pyrazinamide	34
primaquine phosphate	44	pyridostigmine bromide	34
primidone	23	pyridostigmine bromide er	34
PRIORIX	105	pyrimethamine	44
		<b>Q</b>	
		QUADRACEL	105
		quetiapine fumarate	47
		quetiapine fumarate er	47
		quinapril hcl	63

quinapril-hydrochlorothiazide . . . . .	66	rivastigmine . . . . .	25
quinidine sulfate . . . . .	63	rivastigmine tartrate . . . . .	25
quinine sulfate . . . . .	44	rivelsa . . . . .	97
<b>R</b>			
rabeprazole sodium . . . . .	86	rizatRIPTAN benzoate . . . . .	33
raloxifene hcl . . . . .	100	roflumilast . . . . .	120
ramelteon . . . . .	123	ropinirole hcl . . . . .	45
ramipril . . . . .	63	ropinirole hcl er . . . . .	45
ranolazine er . . . . .	66	rosadan . . . . .	17
rasagiline mesylate . . . . .	45	ROSADAN . . . . .	75
reclipsen . . . . .	97	rosuvastatin calcium . . . . .	68
RECOMBIVAX HB . . . . .	105	ROTARIX . . . . .	105
RECTIV . . . . .	70	ROTATEQ . . . . .	105
REGRANEX . . . . .	78	roweepra . . . . .	22
relafen . . . . .	3	roweepra xr . . . . .	22
RELENZA DISKHALER . . . . .	54	ROZLYTREK . . . . .	42
RELION ULTIMA GLUCOSE SYSTEM . . . . .	112	RUBRACA . . . . .	42
RELION ULTIMA TEST . . . . .	112	rufinamide . . . . .	25
repaglinide . . . . .	58	RUKOBIA . . . . .	52
REPATHA . . . . .	69	RYDAPT . . . . .	42
REPATHA PUSHTRONEX SYSTEM . . . . .	69	<b>S</b>	
REPATHA SURECLICK . . . . .	69	sajazir . . . . .	101
RESTASIS MULTIDOSE . . . . .	113	saline flush . . . . .	81
RETACRIT . . . . .	61	saline flush zr . . . . .	81
RETEVMO . . . . .	41	SANCUSO . . . . .	30
RETROVIR . . . . .	52	SANTYL . . . . .	78
REVLIMID . . . . .	36	sapropterin dihydrochloride . . . . .	87
REXULTI . . . . .	47,48	SAVELLA . . . . .	72
REYATAZ . . . . .	54	SAVELLA TITRATION PACK . . . . .	73
ribavirin . . . . .	50	scopolamine . . . . .	29
RIDAURA . . . . .	102	selegiline hcl . . . . .	45
rifabutin . . . . .	34	selenium sulfide . . . . .	78
rifampin . . . . .	34	SELZENTRY . . . . .	53
riluzole . . . . .	70	SEREVENT DISKUS . . . . .	118
rimantadine hcl . . . . .	54	sertraline hcl . . . . .	28
RINVOQ . . . . .	102	setlakin . . . . .	97
risedronate sodium . . . . .	107	sevelamer carbonate . . . . .	82
RISPERDAL CONSTA . . . . .	48	sharobel . . . . .	100
risperidone . . . . .	48	SHINGRIX . . . . .	105
ritonavir . . . . .	54	SHUR-SEAL CONTRACEPTIVE . . . . .	89
		SIGNIFOR . . . . .	101

sildenafil citrate	120	sprintec 28	97
silodosin	88	SPRYCEL	42
silver sulfadiazine	79	sps	82
SIMBRINZA	115	sronyx	97
simliya	97	ssd	79
simpesse	97	stavudine	52
SIMPONI	104	STELARA	102
SIMPONI ARIA	104	sterile water for irrigation	112
simvastatin	68	STIVARGA	42
sirolimus	104	STRIBILD	50
SIRTURO	34	STRIVERDI RESPIMAT	118
SIVEXTRO	17	SUBLOCADE	4
SKYLA	100	subvenite	22
SKYRIZI	102	subvenite starter kit-blue	22
SKYRIZI (150 MG DOSE)	102	subvenite starter kit-green	22
SKYRIZI PEN	102	subvenite starter kit-orange	22
sodium chloride	81,122	SUCRAID	87
sodium chloride (pf)	81	sucalfate	85
sodium chloride flush	81	sulconazole nitrate	32
sodium fluoride	81	sulfacetamide sodium	114
SODIUM OXYBATE	124	sulfacetamide sodium (acne)	75
sodium phenylbutyrate	87	sulfacetamide-prednisolone	113
sodium polystyrene sulfonate	82	sulfadiazine	20
SOFOSBUVIR-VELPATASVIR	50	sulfamethoxazole-trimethoprim	20
solifenacin succinate	87	SULFAMYLON	80
SOLIQUA	58	sulfasalazine	106
SOLU-CORTEF	90	sulfatrim pediatric	20
SOLU-MEDROL	90	sulindac	3
SOMATULINE DEPOT	101	sumatriptan	33
SOMAVERT	101	sumatriptan succinate	34
sorafenib tosylate	42	sumatriptan succinate refill	34
sorine	63	sumatriptan-naproxen sodium	34
sotalol hcl	63	sunitinib malate	42
sotalol hcl (af)	63	SUNOSI	124
SOVALDI	50	SUTAB	84
SPIKEVAX	105	swabflush saline flush	81
spinosad	79	syeda	97
SPIRIVA HANDIHALER	118	SYMDEKO	119
SPIRIVA RESPIMAT	118	SYMLINPEN 120	58
spironolactone	69	SYMLINPEN 60	58
spironolactone-hctz	66	SYMTUZA	54

SYNAREL	101	terbinafine hcl	32
SYNERA	14	terbutaline sulfate	118
SYNJARDY	58	terconazole	32
SYNJARDY XR	58	teriflunomide	74
SYNTHROID	100	teriparatide	107
		teriparatide (recombinant)	107
T		TERIPARATIDE (RECOMBINANT)	107
TABLOID	37	testosterone	91
TABRECTA	42	testosterone cypionate	91
tacrolimus	78,104	testosterone enanthate	91
tadalafil	88	TETANUS-DIPHThERIA TOXOIDS TD	106
tadalafil (pah)	120	tetrabenazine	72
TAFINLAR	42	tetracycline hcl	21
tafluprost (pf)	116	THALOMID	36
TAGRISSE	42	theophylline	120
TALTZ	102	theophylline er	120
TALZENNA	42	thioridazine hcl	46
tamoxifen citrate	36	thiothixene	46
tamsulosin hcl	88	tiadylt er	65
tarina 24 fe	97	tiagabine hcl	23
tarina fe 1/20	97	TIBSOVO	42
tarina fe 1/20 eq	97	TIGECYCLINE	17
TASIGNA	42	tilia fe	97
tasimelteon	123	timolol maleate	64,115
taysofy	97	tinidazole	17
tazarotene	75	TIVICAY	50
tazicef	18	TIVICAY PD	50
taztia xt	65	tizanidine hcl	49
TAZVERIK	42	TOBRADEX	113
TDVAX	106	tobramycin	114,119
telmisartan	62	tobramycin sulfate	16
telmisartan-amlodipine	66	tobramycin-dexamethasone	113
telmisartan-hctz	66	TODAY SPONGE	89
temazepam	123	tolcapone	45
TEMIXYS	52	tolterodine tartrate	88
TEMODAR	35	tolterodine tartrate er	88
temozolomide	35	tolvaptan	82
TENIVAC	106	topiramate	22
tenofovir disoproxil fumarate	52	toposar	39
TEPMETKO	42	topotecan hcl	39
terazosin hcl	62	toremifene citrate	36

torseamide	66	triazolam	123
TRACLEER	120	triderm	78
TRADJENTA	58	trientine hcl	82
tramadol hcl	13	trifluoperazine hcl	46
tramadol hcl (er biphasic)	4	trifluridine	114
tramadol hcl er	4	trihexyphenidyl hcl	44
tramadol hcl er (biphasic)	4	TRIJARDY XR	58
tramadol-acetaminophen	13	TRIKAFTA	119
trandolapril	63	trimethobenzamide hcl	30
trandolapril-verapamil hcl er	66	trimethoprim	17
tranexamic acid	61	trimipramine maleate	29
tranylcypromine sulfate	26	TRINTELLIX	28
travoprost (bak free)	116	TRIUMEO	52
trazodone hcl	28	TRIUMEO PD	52
TRECTOR	34	trivora (28)	98
TRELEGY ELLIPTA	122	TROGARZO	53
TREMFYA	102	tropicamide	113
TRESIBA	60	tropium chloride	88
TRESIBA FLEXTOUCH	60	tropium chloride er	88
tretinoin	43,75	TRULICITY	58
tretinoin microsphere	75	TRUMENBA	106
tretinoin microsphere pump	75	TRUQAP	39
tri femynor	97	TRUSELTIQ (100MG DAILY DOSE)	42
tri-estarylla	97	TRUSELTIQ (125MG DAILY DOSE)	42
tri-legest fe	97	TRUSELTIQ (50MG DAILY DOSE)	42
tri-linyah	98	TRUSELTIQ (75MG DAILY DOSE)	42
tri-lo-estarylla	98	TUKYSA	42
tri-lo-marzia	98	tulana	100
tri-lo-mili	98	TURALIO	42
tri-lo-sprintec	98	turqoz	98
tri-mili	98	TUZISTRA XR	122
tri-nymyo	98	TWINRIX	106
tri-previfem	98	TWIRLA	98
tri-sprintec	98	TYBOST	53
tri-vylibra	98	tydemy	98
tri-vylibra lo	98	TYMLOS	107
triamcinolone acetonide	74,78	TYVASO	120
triamcinolone acetonide nasal suspension	55	TYVASO REFILL	121
mcg/act	122	TYVASO STARTER	121
triamterene	67		
triamterene-hctz	66		



<b>U</b>	
unithroid.....	101
UPTRAVI.....	121
ursodiol.....	85
<b>V</b>	
valacyclovir hcl.....	54
valganciclovir hcl.....	49
valproate sodium.....	22
valproic acid.....	22
valsartan.....	62
valsartan-hydrochlorothiazide.....	66
vancomycin hcl.....	17
VAQTA.....	106
varenicline tartrate.....	15
varenicline tartrate (starter).....	15
VARIVAX.....	106
VARUBI (180 MG DOSE).....	30
VAXELIS.....	106
VAXNEUVANCE.....	106
VCF VAGINAL CONTRACEPTIVE.....	89
velivet.....	98
VELPHORO.....	82
VEMLIDY.....	49
VENCLEXTA.....	42
VENCLEXTA STARTING PACK.....	42
venlafaxine hcl.....	28
venlafaxine hcl er.....	28
VENTAVIS.....	121
verapamil hcl.....	65
verapamil hcl er.....	65
VEREGEN.....	79
VERZENIO.....	42
vestura.....	98
vienva.....	98
vigabatrin.....	23
vigadrone.....	23
vigpoder.....	23
VIIBRYD STARTER PACK.....	28
vilazodone hcl.....	28
vinblastine sulfate.....	38
vincasar pfs.....	38
vincristine sulfate.....	38
vinorelbine tartrate.....	38
VIOKACE.....	87
viorele.....	98
VIRACEPT.....	54
VIREAD.....	52
VISTOGARD.....	112
vitamin d (ergocalciferol).....	107
VITRAKVI.....	43
VIVITROL.....	14
VIZIMPRO.....	43
volnea.....	98
VONJO.....	44
voriconazole.....	32
VOSEVI.....	50
VOTRIENT.....	43
VRAYLAR.....	48
vyfemla.....	98
vylibra.....	98
<b>W</b>	
warfarin sodium.....	60
water for irrigation, sterile.....	112
WELIREG.....	38
wera.....	98
WESNATAL DHA COMPLETE.....	81
WIDE-SEAL DIAPHRAGM 60.....	112
WIDE-SEAL DIAPHRAGM 65.....	112
WIDE-SEAL DIAPHRAGM 70.....	112
WIDE-SEAL DIAPHRAGM 75.....	112
WIDE-SEAL DIAPHRAGM 80.....	112
WIDE-SEAL DIAPHRAGM 85.....	112
WIDE-SEAL DIAPHRAGM 90.....	112
WIDE-SEAL DIAPHRAGM 95.....	112
wymzya fe.....	98
<b>X</b>	
XALKORI.....	43
XARELTO.....	60

XARELTO STARTER PACK	60	ZEPATIER	50
XCOPRI	23,25	ZERVIATE	114
XCOPRI (250 MG DAILY DOSE)	25	zidovudine	52
XCOPRI (350 MG DAILY DOSE)	25	ZIEXTENZO	61
XELJANZ	102	zileuton er	118
XELJANZ XR	102	ZIOPTAN	116
XEOMIN	123	ziprasidone hcl	48
XERMELO	84	ZIRGAN	114
XGEVA	43	zoledronic acid	107
XIFAXAN	17	ZOLINZA	38
XIGDUO XR	59	zolmitriptan	34
XOLAIR	102	zolpidem tartrate	123
XOSPATA	43	zolpidem tartrate er	123
XPOVIO (100 MG ONCE WEEKLY)	43	zonisamide	25
XPOVIO (40 MG ONCE WEEKLY)	43	ZONTIVITY	60
XPOVIO (40 MG TWICE WEEKLY)	43	zovia 1/35 (28)	99
XPOVIO (60 MG ONCE WEEKLY)	43	zovia 1/35e (28)	99
XPOVIO (60 MG TWICE WEEKLY)	43	zumandimine	99
XPOVIO (80 MG ONCE WEEKLY)	43	ZYDELIG	43
XPOVIO (80 MG TWICE WEEKLY)	43	ZYKADIA	43
XTAMPZA ER	4	ZYLET	113
XTANDI	36	ZYPREXA RELPREVV	48
xulane	98		
XULTOPHY	59		
XYREM	124		
XYWAV	124		
 Y			
yargesa	87		
YONSA	36		
yuvaferm	98		
 Z			
zafemy	98		
zafirlukast	118		
zaleplon	123		
zarah	98		
ZEJULA	43		
ZELBORAF	43		
zenatane	75		
ZENPEP	87		

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