



# Jefferson Health Plans 2025 Formulary (List of Covered Drugs)

Individual & Family Plans

## **Jefferson Health Plans 2025 Formulary (List of Covered Drugs)**

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 & 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.

### **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 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. 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. 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 & 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 & Family Plan Formulary**

The formulary 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.

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 DRUG
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	<b>QL</b> 100 / fill <b>C</b> \$0 copay for members age 12-59 or members at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i>	0	<b>QL</b> 100 / fill <b>C</b> \$0 copay for members age 12-59 or members at risk for preeclampsia, otherwise not covered
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2	<b>QL</b> 30 / 30 days
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	2	<b>QL</b> 60 / 30 days
<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	<b>QL</b> 1000 / 30 day(s)
<i>diclofenac sodium 1.5 % solution</i>	2	<b>QL</b> 300 / 28 days
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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 (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



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<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>
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	2	<p>QL 2700 / 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>
<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 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>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>
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>
<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>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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (concentrate)</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>
NUCYNTA 100 MG TAB	4	<p>QL 60 / 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 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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>
<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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>
<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
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naltrexone hcl 50 mg tab</i>	1	
VIVITROL	3	QL 1 / 28 days
<b>OPIOID DEPENDENCE</b>		
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	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)</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>	1	QL 120 / 30 days
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	1	QL 120 / 30 day(s)
<i>lofexidine hcl</i>	3	QL 16 / 1 days
LUCEMYRA	3	QL 16 / 1 days
<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/10ml solution)</i>	2	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	
<b>SMOKING CESSATION AGENTS</b>		
APO-VARENICLINE	0	C \$0 for max 24 weeks treatment per year
<i>bupropion hcl er (smoking det)</i>	0	C \$0 for max 24 weeks treatment per year
<i>nicotine polacrilex gum 2 mg</i>	0	C \$0 for max 24 weeks treatment per year
<i>nicotine polacrilex gum 4 mg</i>	0	C \$0 for max 24 weeks treatment per year
<i>nicotine polacrilex lozenge 2 mg</i>	0	C \$0 for max 24 weeks treatment per year
<i>nicotine polacrilex lozenge 4 mg</i>	0	C \$0 for max 24 weeks treatment per year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	C \$0 for max 24 weeks treatment per year



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	C \$0 for max 24 weeks treatment per year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	C \$0 for max 24 weeks treatment per year
NICOTROL	0	C \$0 for max 24 weeks treatment per year
NICOTROL NS	0	C \$0 for max 24 weeks treatment per year
<i>varenicline tartrate</i>	0	C \$0 for max 24 weeks treatment per year
<i>varenicline tartrate (starter)</i>	0	C \$0 for max 24 weeks treatment per year
<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>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	
<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>fosfomicin tromethamine</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	2	QL 1800 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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, 1 % gel, 250 mg tab, 500 mg tab)</i>	2	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	4	
<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>cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap)</i>	2	
CEFACLOR ER	2	
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	2	
CEFOTAXIME SODIUM	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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 (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i>	2	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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>monodoxyne 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>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIACOMIT (250 MG CAP, 250 MG PACKET)	4	QL 360 / 30 days PA
DIACOMIT (500 MG CAP, 500 MG PACKET)	4	QL 180 / 30 days PA
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1	
<i>divalproex sodium er</i>	1	
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 disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	2	
<i>lamotrigine er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h, er 250 mg tab er 24h, er 300 mg tab er 24h)</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 NAACL (500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	2	
<i>roweepra</i>	2	
<i>roweepra xr</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/5ml solution, 500 mg/10ml solution)</i>	2	
<i>valproic acid 250 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	
<i>methsuximide</i>	4	
<b>GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING 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	
<b>NAYZILAM</b>	4	QL 10 / 30 days PA
<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 (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</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
<b>SODIUM CHANNEL AGENTS</b>		



APTIOM (200 MG TAB, 400 MG TAB)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <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: 5px 10px; border-radius: 3px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em; font-weight: bold; margin-right: 5px;">C</span> </div> </div> <p>30 / 30 days Must try at least 3 generic anticonvulsants OR ongoing therapy with the requested drug in the past 180 days</p>
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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
APTIOM (600 MG TAB, 800 MG TAB)	4	<div style="display: flex; flex-direction: column; align-items: center;"> <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: 5px 10px; border-radius: 3px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em; font-weight: bold; margin-right: 5px;">C</span> </div> </div> <p>60 / 30 days 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, 200 mg/10ml suspension)</i>	2	
<i>carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)</i>	2	
DILANTIN 30 MG CAP	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 1200 / 30 days
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 60 / 30 days
<i>lacosamide 200 mg/20ml solution</i>	2	
<i>lacosamide 50 mg tab</i>	2	<div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 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 (150 MG TAB, 200 MG TAB)	3	QL 60 / 30 days
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 (50 MG TAB, 100 MG TAB)	3	QL 30 / 30 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rivastigmine tartrate</i>	2	QL 60 / 30 days
<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) (er 100 mg tab er 12h, er 150 mg tab er 12h, er 200 mg tab er 12h)</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
ZURZUVAE	4	QL 14 / 365 day(s)
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>escitalopram oxalate 10 mg tab</i>	2	QL 45 / 30 days
<i>escitalopram oxalate 20 mg tab</i>	2	QL 30 / 30 days
<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	4	QL 30 / 30 days
		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 (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL 90 / 30 days
<i>fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)</i>	2	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
		ST
TRINTELLIX	4	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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>vilazodone hcl</i>	2	QL 30 / 30 days
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>promethegan</i>	2	
<i>scopolamine</i>	2	QL 10 / 30 days
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRESEMBA (74.5 MG CAP, 186 MG CAP)	4	PA
<i>econazole nitrate 1 % cream</i>	2	QL 85 / 30 days
		QL 60 / 30 days
		ST
ERTACZO	4	C Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)
<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	QL 4 / 28 days PA
<i>ketoconazole 2 % cream</i>	2	QL 60 / 30 days
<i>ketoconazole 2 % shampoo</i>	2	QL 120 / 30 days
<i>ketoconazole 200 mg tab</i>	2	
<i>klayesta</i>	2	QL 60 / 30 day(s)
		QL 60 / 30 days
		ST
<i>luliconazole</i>	4	C Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)
<i>micafungin sodium</i>	2	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>miconazole 3</i>	2	
<i>naftifine hcl 1 % cream</i>	2	QL 90 / 30 days
<i>naftifine hcl 2 % cream</i>	2	QL 60 / 30 days
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine 0.6 mg tab</i>	2	
<i>colchicine-probenecid</i>	2	
<i>febuxostat 40 mg tab</i>	2	ST C Must try generic allopurinol
<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 (CGRP) RECEPTOR ANTAGONISTS</b>		
AIMOVIG	3	QL 1 / 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 day(s) PA
UBRELVY	3	QL 16 / 30 day(s) 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
ERGOTAMINE-CAFFEINE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
		QL 9 / 30 days
<i>sumatriptan-naproxen sodium</i>	4	ST C Must try at least 2 generic triptans AND naproxen
<i>zolmitriptan (2.5 mg tab disp, 5 mg tab disp)</i>	2	QL 9 / 30 days
<i>zolmitriptan (2.5 mg tab, 5 mg tab)</i>	2	QL 9 / 30 day(s)
<i>zolmitriptan 5 mg solution</i>	2	QL 12 / 30 days
<i>zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03)</i>	2	QL 9 / 30 day(s)
<i>zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04)</i>	2	QL 9 / 30 day(s)
<b>ANTIMYASTHENIC AGENTS PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine bromide 60 mg tab</i>	2	
<i>pyridostigmine bromide er</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
SIRTURO	4	PA
TRECTOR	3	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>melphalan hcl</i>	2	
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	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
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	
DOCETAXEL	2	
DROXIA	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>letrozole 2.5 mg tab</i>	2	
<b>ENZYME INHIBITORS</b>		
<i>adriamycin 2 mg/ml solution</i>	2	
<i>daunorubicin hcl 20 mg/4ml solution</i>	2	
<i>doxorubicin hcl 2 mg/ml solution</i>	2	
<i>doxorubicin hcl liposomal</i>	2	
<i>etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	2	
<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	
<b>MOLECULAR TARGET INHIBITORS</b>		
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



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMETRIQ (140 MG DAILY DOSE)	5	PA
COMETRIQ (60 MG DAILY DOSE)	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>dasatinib</i>	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<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
JAKAFI	5	PA
KISQALI (200 MG DOSE)	5	PA
KISQALI (400 MG DOSE)	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI (600 MG DOSE)	5	PA
KISQALI FEMARA (200 MG DOSE)	5	PA
KISQALI FEMARA (400 MG DOSE)	5	PA
KISQALI FEMARA (600 MG DOSE)	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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
TRUQAP	5	PA
TRUSELTIQ (100MG DAILY DOSE)	5	PA
TRUSELTIQ (125MG DAILY DOSE)	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	5	PA
VIZIMPRO	5	PA
VONJO	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE</b>		
ERBITUX	5	
<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	
<b>TREATMENT ADJUNCTS</b>		
<i>mesna</i>	2	
MESNEX 400 MG TAB	5	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pyrimethamine 25 mg tab</i>	4	PA
<i>quinine sulfate 324 mg cap</i>	2	
<b>ANTIPARKINSON AGENTS</b>		
<b>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	
<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	
<b>NEUPRO</b>	3	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	2	
<i>ropinirole hcl er (er 2 mg tab er 24h, er 4 mg tab er 24h, er 6 mg tab er 24h, er 8 mg tab er 24h, er 12 mg tab er 24h)</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	2	
<i>haloperidol lactate 2 mg/ml conc</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>		
<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	
<i>lurasidone hcl</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg recon soln, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab disp)</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
<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	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
		QL 30 / 30 days
		ST
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	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
<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



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>risperidone microspheres er</i>	3	QL 2 / 28 day(s)
		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
<b>TREATMENT-RESISTANT</b>		
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	2	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	0	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
<i>efavirenz 200 mg cap</i>	2	QL 90 / 30 days
<i>efavirenz 50 mg cap</i>	2	QL 240 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 120-15 MG TAB	3	QL 30 / 30 days
DESCOVY 200-25 MG TAB	3	QL 30 / 30 days C \$0 copay for pre-exposure prophylaxis only
<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
<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
SELZENTRY 20 MG/ML SOLUTION	3	QL 1840 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELZENTRY 25 MG TAB	3	QL 240 / 30 days
SELZENTRY 75 MG TAB	3	QL 60 / 30 days
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
<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	4	QL 30 / 30 days
PREZISTA 100 MG/ML SUSPENSION	3	QL 400 / 30 days
PREZISTA 150 MG TAB	3	QL 180 / 30 days
PREZISTA 75 MG TAB	3	QL 300 / 30 days
REYATAZ 50 MG PACKET	3	QL 180 / 30 days
<i>ritonavir</i>	2	QL 360 / 30 days
SYM TUZA	4	QL 30 / 30 days
VIRACEPT 250 MG TAB	3	QL 270 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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>		
PAXLOVID (150/100)	3	QL 20 / 30 day(s)
PAXLOVID (300/100)	3	QL 30 / 30 day(s)
<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>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>meprobamate</i>	2	
<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
ALPRAZOLAM INTENSOL	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	2	
<i>lamotrigine starter kit-orange</i>	2	
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1	
<i>lithium carbonate 300 mg tab</i>	2	
<i>lithium carbonate er</i>	2	
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	2	
<i>subvenite starter kit-green</i>	2	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>subvenite starter kit-orange</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
<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)	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
<i>pioglitazone hcl</i>	1	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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>		
<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	2	QL 60 / 30 day(s)
ELIQUIS 2.5 MG TAB	3	QL 60 / 30 day(s)
ELIQUIS 5 MG TAB	3	QL 74 / 30 day(s)
ELIQUIS DVT/PE STARTER PACK	3	QL 74 / 30 day(s)
<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)</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 (10 MG TAB, 20 MG TAB)	3	QL 30 / 30 day(s)
XARELTO (2.5 MG TAB, 15 MG TAB)	3	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO 1 MG/ML RECON SUSP	3	QL 620 / 30 day(s)
XARELTO STARTER PACK	3	QL 51 / 30 day(s)
ZONTIVITY	4	
<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-dipyridamole er</i>	2	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate (75 mg tab, 300 mg tab)</i>	2	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOPTELET	5	QL 2 / 30 day(s) PA
<i>prasugrel hcl</i>	2	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</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 (1 mg tab, 2 mg tab)</i>	2	
<i>methyl dopa</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 (200 mg tab, 300 mg tab)</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 (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h)</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadyt 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 (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hctz</i>	1	
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 (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	3	QL 60 / 30 days
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	QL 240 / 30 day(s)
<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 (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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 (2.5 mg tab, 5 mg tab, 10 mg tab)</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	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 10px;">60 / 30 days</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #800080; color: white; padding: 2px 5px; margin-right: 5px;">C</div> <div>\$0 copay for members age 40 through 75</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atorvastatin 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="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> </div> <div>           90 / 30 days            \$0 copay for members age 40 through 75         </div> </div>
<i>atorvastatin 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> <div>           60 / 30 days         </div> </div>
<i>atorvastatin calcium 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> <div>           30 / 30 days         </div> </div>
<i>fluvastatin 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="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> </div> <div>           60 / 30 days            \$0 copay for members age 40 through 75         </div> </div>
<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="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> </div> <div>           30 / 30 days            \$0 copay for members age 40 through 75         </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="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> </div> <div>           30 / 30 days            \$0 copay for members age 40 through 75         </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="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> </div> <div>           60 / 30 days            \$0 copay for members age 40 through 75         </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="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> </div> <div>           30 / 30 days            \$0 copay for members age 40 through 75         </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="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> </div> <div>           60 / 30 days            \$0 copay for members age 40 through 75         </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> <div>           60 / 30 days         </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> <div>           30 / 30 days         </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="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">C</div> </div> <div>           30 / 30 days            \$0 copay for members age 40 through 75         </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 80 mg tab</i>	1	QL 30 / 30 days
<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	QL 30 / 30 days
<i>ezetimibe-simvastatin</i>	2	QL 30 / 30 days
<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>MINERALOCORTICOID RECEPTOR ANTAGONISTS</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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)
<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>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	2	QL 30 / 30 day(s)
<i>methamphetamine hcl</i>	4	QL 150 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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</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
<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



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO 12 MG TAB	5	QL 120 / 30 day(s) PA
AUSTEDO 6 MG TAB	5	QL 60 / 30 days PA
AUSTEDO 9 MG TAB	5	QL 120 / 30 days PA
AUSTEDO XR (30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5	QL 30 / 30 day(s) 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
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	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 SPRINK, 60 MG CAP SPRINK, 80 MG CAP SPRINK)	5	QL 30 / 30 day(s) PA
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
		ST
		C Must try at least 2 of the following: gabapentin, duloxetine, pregabalin
		QLC 1 pack per 365 days
SAVELLA TITRATION PACK	4	C Must try at least 2 of the following: gabapentin, duloxetine, pregabalin
		QLC 1 pack per 365 days
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	5	QL 4 / 28 days
AVONEX PREFILLED	5	QL 4 / 28 days
BETASERON	5	QL 15 / 30 day(s)
<i>dalfampridine er</i>	5	QL 60 / 30 days PA
<i>dimethyl fumarate 120 mg cap dr</i>	5	QL 14 / 28 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dimethyl fumarate 240 mg cap dr</i>	5	QL 60 / 30 days PA
<i>dimethyl fumarate starter pack</i>	5	QL 1 / 30 days PA
<i>fingolimod hcl</i>	5	QL 30 / 30 days PA
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	QL 30 / 30 days
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	QL 12 / 28 days
<i>glatopa 20 mg/ml soln prsyr</i>	4	QL 30 / 30 days
<i>glatopa 40 mg/ml soln prsyr</i>	4	QL 12 / 28 days
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>DERMATOLOGICAL AGENTS</b>		
<b>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
<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>metronidazole 0.75 % lotion</i>	2	
<i>myorisan</i>	2	PA
ROSDAN (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	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 45 / 30 days</div> <div>PA</div> <div>C Custom</div> </div>
<i>tretinoin 0.05 % gel</i>	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>C Custom</div> </div>
<i>tretinoin microsphere (0.04 % gel, 0.1 % gel)</i>	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>C Custom</div> </div>
<i>tretinoin microsphere pump (pump 0.04 % gel, pump 0.1 % gel)</i>	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>PA</div> <div>C Custom</div> </div>
<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
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	2	
<i>anucort-hc</i>	2	
<i>anusol-hc 25 mg suppos</i>	2	
<i>beser 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>doxepin hcl 5 % cream</i>	4	ST C Must try at least one generic topical steroid AND at least one generic topical calcineurin inhibitor
		QL 60 / 30 days
EUCRISA	3	ST C 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	QL 120 / 30 days
<i>fluocinonide 0.05 % solution</i>	2	QL 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	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>halcinonide</i>	4	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	2	QL 50 / 30 days
<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	
HYDROCORTISONE BUTYRATE (0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION)	2	
<i>hydrocortisone butyrate 0.1 % cream</i>	2	QL 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>procto-med hc</i>	2	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	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	5	PA
<i>podofilox 0.5 % solution</i>	2	
REGRANEX	4	QL 30 / 30 days PA
SANTYL	4	QL 90 / 30 days
<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	
<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



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>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
SULFAMYLON 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	
<i>carglumic acid</i>	5	PA
COMPLETE NATAL DHA	3	
<i>effer-k 25 meq effer tab</i>	2	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
MULTI-VITAMIN/FLUORIDE	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	
<i>nafrinse</i>	2	
<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 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium chloride (pf)</i>	2	
<i>sodium chloride flush</i>	2	
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)	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
<i>deferasirox</i>	5	PA
<i>deferasirox granules</i>	5	PA
<i>deferiprone</i>	5	PA
FERRIPROX 100 MG/ML SOLUTION	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>POTASSIUM BINDERS</b>		
LOKELMA	4	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	2	
<i>sps (sodium polystyrene sulf)</i>	2	
<b>VITAMINS</b>		
<i>cyanocobalamin 1000 mcg/ml solution</i>	2	
<i>folic acid 1 mg tab</i>	1	
<i>folic acid cap 0.8 mg</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 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>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2	
<i>lactulose encephalopathy</i>	2	
LINZESS	3	QL 30 / 30 days
<i>lubiprostone</i>	2	QL 60 / 30 days
MOVANTIK	3	QL 30 / 30 days
OSMOPREP	4	
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	
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alosetron 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	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<i>amoxicill-clarithro-lansopraz</i>	2	QL 14 / 365 days
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	3	C \$0 copay for members age 45 through 75
GATTEX	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>gavilyte-n with flavor pack</i>	2	C \$0 copay for members age 45 through 75
MYALEPT	5	PA
<i>na sulfate-k sulfate-mg sulf</i>	2	C \$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl</i>	2	C \$0 copay for members age 45 through 75
<i>peg-3350/electrolytes</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
SUTAB	3	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nizatidine (150 mg cap, 300 mg cap)</i>	2	
<b>PROTECTANTS</b>		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	2	
<i>sucralfate 1 gm tab</i>	2	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	2	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>ST</li> <li>C Must try at least 2 generic PPIs (e.g., pantoprazole, omeprazole, rabeprazole)</li> </ul>
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	2	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>C Custom</li> </ul>
<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	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>PA</li> <li>C Custom</li> </ul>
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	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
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<i>betaine</i>	5	PA
CERDELGA	5	<ul style="list-style-type: none"> <li>QL 56 / 28 days</li> <li>PA</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CREON	3	
<i>cromolyn sodium 100 mg/5ml conc</i>	2	
CYSTAGON	5	PA
CYSTARAN	5	PA
EVRYSDI	5	PA
<i>javygtor</i>	5	PA
<i>miglustat</i>	5	QL 90 / 30 day(s) PA
<i>nitisinone</i>	5	PA
ORFADIN 4 MG/ML SUSPENSION	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
<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	
<i>mirabegron er</i>	2	QL 30 / 30 day(s)



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)</i>	2	QL 60 / 30 days
<i>solifenacin succinate</i>	2	QL 30 / 30 days
<i>tolterodine tartrate</i>	2	QL 60 / 30 days
<i>tolterodine tartrate er</i>	2	QL 30 / 30 days
<i>tropium chloride</i>	2	QL 60 / 30 days
<i>tropium 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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>deflazacort (18 mg tab, 30 mg tab, 36 mg tab)</i>	5	QL 30 30 / day(s) PA
<i>deflazacort 22.75 mg/ml suspension</i>	5	QL 52 / 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 phos +rfid</i>	2	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
<i>hydrocortisone sod suc (pf)</i>	4	
MEDROL 2 MG TAB	4	
<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 (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	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	
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA

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>amabelz</i>	2	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aubra eq</i>	0	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dasetta 7/7/7</i>	0	
<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 0.75 mg/1.25 gm (0.06%) gel</i>	4	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	2	
<i>estradiol-norethindrone acet</i>	2	
<i>ethynodiol diac-eth estradiol</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etonogestrel-ethinyl estradiol</i>	0	QL 13 / 365 days
EVAMIST	4	
<i>falmina</i>	0	
<i>fayosim</i>	0	
FEMLYV	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>joyeaux</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<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>levonorgest-eth estradiol-iron</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	
LO LOESTRIN FE	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	



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>loestrin fe 1/20</i>	0	
<i>lojaimiess</i>	0	
<i>lopreeza</i>	2	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>luteru</i>	0	
<i>lyllana</i>	2	
<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>mimvey</i>	2	
<i>mono-lynyah</i>	0	
NATAZIA	0	
<i>necon 0.5/35 (28)</i>	0	
NEXTSTELLIS	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	
TYBLUME	0	
<i>tydemy</i>	0	
<i>velivet</i>	0	
<i>vestura</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>zovia 1/35 (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
<b>PROGESTINS</b>		
<i>camila</i>	0	
<i>deblitane</i>	0	
DEPO-SUBQ PROVERA 104	0	QL 1 / 84 days
ELLA	0	
<i>emzahh</i>	0	
<i>errin</i>	0	
<i>gallifrey</i>	2	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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
SLYND	0	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<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>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID	3	
<i>unithroid</i>	1	
<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
<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 (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	4	PA
ORLISSA	3	PA
SIGNIFOR	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>IMMUNOLOGICAL AGENTS</b>		
<b>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
<b>IMMUNOGLOBULINS</b>		
HYQVIA	5	PA
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
ARCALYST	5	PA
BEYFORTUS	0	
DUPIXENT	5	PA
KEVZARA	5	PA
RIDAURA	4	
RINVOQ	5	PA
RINVOQ LQ	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 (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<b>IMMUNOSUPPRESSANTS</b>		
ADALIMUMAB-ADAZ	5	PA
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)	5	PA
HUMIRA (2 SYRINGE)	5	PA



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA-CD/UC/HS STARTER	5	PA
HUMIRA-PED<40KG CROHNS STARTER	5	PA
HUMIRA-PED>/=40KG CROHNS START	5	PA
HUMIRA-PED>/=40KG UC STARTER	5	PA
HUMIRA-PS/UV/ADOL HS STARTER	5	PA
HUMIRA-PSORIASIS/UEVIT STARTER	5	PA
HYRIMOZ	5	PA
HYRIMOZ-CROHNS/UC STARTER	5	PA
HYRIMOZ-CROHNS/UC STARTER PACK	5	PA
HYRIMOZ-PED CROHNS STARTER	5	PA
HYRIMOZ-PLAQ PSOR/UEVIT START	5	PA
HYRIMOZ-PLAQUE PSORIASIS START	5	PA
<i>leflunomide 10 mg tab</i>	2	QL 30 / 30 days
<i>leflunomide 20 mg tab</i>	2	QL 150 / 30 days
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2	
<b>VACCINES</b>		
ABRYSVO	0	
ACTHIB	0	
ADACEL	0	
AFLURIA	0	
AFLURIA PRESERVATIVE FREE	0	
AFLURIA QUADRIVALENT	0	
AREXVY	0	
ASTRAZENECA COVID-19 VACCINE	0	
BEXSERO	0	
BOOSTRIX	0	
CAPVAXIVE	0	
COMIRNATY	0	
DAPTACEL	0	
DENGVAXIA	0	
DIPHTHERIA-TETANUS TOXOIDS DT	0	
ENGERIX-B	0	
FLUAD	0	
FLUAD QUADRIVALENT	0	
FLUARIX	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUMIST QUADRIVALENT	0	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUZONE HIGH-DOSE	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT	0	
GARDASIL 9	0	
HAVRIX	0	
HEPLISAV-B	0	
HIBERIX	0	
INFANRIX	0	
IPOL	0	
JANSSEN COVID-19 VACCINE	0	
JYNNEOS	0	
KINRIX	0	
M-M-R II	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO (RECON SOLN, SOLUTION)	0	
MODERNA COVID-19 BIVAL 6M-5Y	0	
MODERNA COVID-19 BIVAL BOOSTER	0	
MODERNA COVID-19 BIVALENT	0	
MODERNA COVID-19 VAC (BOOSTER)	0	
MODERNA COVID-19 VAC 6M-11Y	0	
MODERNA COVID-19 VACC 6-11Y	0	
MODERNA COVID-19 VACC 6M-5Y	0	
MODERNA COVID-19 VACCINE	0	
MRESVIA	0	
NOVAVAX COVID-19 VACCINE	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIARIX	0	
PEDVAX HIB	0	
PENTACEL	0	
PFIZER COVID-19 BIVAL 6MO-4YR	0	
PFIZER COVID-19 VAC BIVAL 5-11	0	
PFIZER COVID-19 VAC BIVALENT	0	
PFIZER COVID-19 VAC-TRIS 5-11Y	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y	0	
PFIZER-BIONT COVID-19 VAC-TRIS	0	
PFIZER-BIONTECH COVID-19 VACC	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	
SANOFI COVID-19 VAC (BOOSTER)	0	
SHINGRIX	0	
SPIKEVAX	0	
SPIKEVAX COVID-19 VACCINE	0	
TDVAX	0	
TENIVAC	0	
TETANUS-DIPHTHERIA TOXOIDS TD	0	
TRUMENBA	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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>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	
<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	
<i>ibandronate sodium 150 mg tab</i>	2	QL 1 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
TYMLOS	5	QL 1.56 / 30 day(s) PA
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	2	
XGEVA	5	PA
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	5	PA
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	
DIASCREEN LIQUID URINE CONTROL	3	
DIASTIX	3	
DIASTIX REAGENT	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



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 PLUS SENSOR	3	QL 2 / 30 day(s) PA
FREESTYLE LIBRE 2 READER	3	QL 1 / 365 days PA
FREESTYLE LIBRE 2 SENSOR	3	QL 3 / 30 days PA
FREESTYLE LIBRE 3 PLUS SENSOR	3	QL 2 / 30 day(s) 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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 LIBRE2 PLUS G6	3	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	PA
OMNIPOD 5 PACK	3	PA
OMNIPOD CLASSIC PDM (GEN 3)	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
PENBRAYA	0	
PRECISION XTRA BLOOD GLUCOSE	3	QL 150 / 30 days
PRECISION XTRA W/DEVICE KIT	3	QL 1 / 365 days
RELION ULTIMA GLUCOSE SYSTEM	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<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	
<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	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin zn-polymyx</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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>		
ALOCRIAL	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: 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>
<i>olopatadine hcl ophth soln 0.1%</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>timolol maleate (once-daily)</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	
<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; padding: 5px; margin-right: 5px;">C</div> <div> <p>Must try at least one generic (e.g., latanoprost, bimatoprost, travoprost) AND Lumigan®</p> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<b>CORTISPORIN-TC</b>		
<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>		
ARNUITY ELLIPTA	3	QL 30 / 30 days
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	2	
<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 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)
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL 34 / 30 days
<i>triamcinolone acetonide nasal suspension 55 mcg/act</i>	2	QL 1 / 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, 4 MG/5ML SOLUTION, 6 MG TAB)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
DIPHENHYDRAMINE HCL (12.5 MG/5ML ELIXIR, 50 MG/ML SOLUTION)	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>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
<i>zafirlukast 10 mg tab</i>	2	QL 120 / 30 days
<i>zafirlukast 20 mg tab</i>	2	QL 60 / 30 days
		QL 120 / 30 days
<i>zileuton er</i>	4	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



PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	1	
<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	
<b>CYSTIC FIBROSIS AGENTS</b>		
CAYSTON	5	QL 84 / 28 days PA
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<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	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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 10.3 / 30 day(s)
BREZTRI AEROSPHERE	3	QL 10.7 / 30 days
<i>budesonide-formoterol fumarate</i>	2	QL 10.2 / 30 day(s)
COMBIVENT RESPIMAT	3	QL 4 / 30 days
FASENRA	5	PA
FASENRA PEN	5	PA
<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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pseudoeph-bromphen-dm</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
TUZISTRA XR	4	
<i>wixela inhub</i>	2	QL 60 / 30 day(s)
<b>SKELETAL MUSCLE RELAXANTS</b>		
BOTOX	4	PA
<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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>modafinil 200 mg tab</i>	2	QL 60 / 30 days PA
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hailey 1.5/30	91	hydrocortisone (perianal)	75
hailey 24 fe	91	hydrocortisone acetate	75
hailey fe 1.5/30	91	HYDROCORTISONE BUTYRATE	75
hailey fe 1/20	91	hydrocortisone butyrate	75
halcinonide	75	hydrocortisone sod suc (pf)	87
halobetasol propionate	75	hydrocortisone valerate	75
haloette	91	hydrocortisone-acetic acid	115
haloperidol	43	hydromet	120
haloperidol decanoate	43	hydromorphone hcl	8
haloperidol lactate	43	hydromorphone hcl er	3
HARVONI	46	hydroxychloroquine sulfate	41
HAVRIX	103	hydroxyurea	35
heather	96	hydroxyzine hcl	116
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iclevia . . . . .	91	isoniazid . . . . .	32
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ifosfamide . . . . .	32	isradipine . . . . .	61
ILEVRO . . . . .	113	itraconazole . . . . .	28
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imipenem-cilastatin . . . . .	16		
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klor-con.....	77	LENVIMA (10 MG DAILY DOSE).....	38
klor-con 10.....	77	LENVIMA (12 MG DAILY DOSE).....	38
klor-con m10.....	77	LENVIMA (14 MG DAILY DOSE).....	38
klor-con m15.....	77	LENVIMA (18 MG DAILY DOSE).....	38
klor-con m20.....	77	LENVIMA (20 MG DAILY DOSE).....	38
klor-con sprinkle.....	77	LENVIMA (24 MG DAILY DOSE).....	38
klor-con/ef.....	78	LENVIMA (4 MG DAILY DOSE).....	38
KOSELUGO.....	38	LENVIMA (8 MG DAILY DOSE).....	38
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leucovorin calcium	35	liothyronine sodium	98
LEUKERAN	32	lisdexamfetamine dimesylate	67
leuprolide acetate	98	lisinopril	60
levabuterol hcl	117	lisinopril-hydrochlorothiazide	63
levabuterol tartrate	117	lithium carbonate	52
LEVEMIR	56	lithium carbonate er	52
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LEVEMIR FLEXTOUCH	56	lo-zumandimine	92
levetiracetam	19	loestrin 1.5/30 (21)	92
levetiracetam er	19	loestrin 1/20 (21)	92
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levo-t	98	loestrin fe 1/20	93
levobunolol hcl	114	lofexidine hcl	12
levocarnitine	80	lojaimiess	93
levocarnitine sf	80	LOKELMA	80
levocetirizine dihydrochloride	116	LONSURF	35
levofloxacin	17,113	loperamide hcl cap 2 mg	81
levonest	92	lopinavir-ritonavir	50
levonorg-eth estrad triphasic	92	lopreeza	93
levonorgest-eth est & eth est	92	lorazepam	52
levonorgest-eth estrad 91-day	92	lorazepam intensol	52
levonorgest-eth estradiol-iron	92	LORBRENA	38
levonorgestrel 1.5 mg tab	96	loryna	93
levonorgestrel-ethinyl estrad	92	losartan potassium	59
levora 0.15/30 (28)	92	losartan potassium-hctz	63
levorphanol tartrate	3	LOTEMAX	113
levothyroxine sodium	98	loteprednol etabonate	114
levoxyl	98	lovastatin	65
LEXIVA	50	low-ogestrel	93
lidocaine	11	loxapine succinate	43
lidocaine hcl	11	lubiprostone	81
lidocaine hcl urethral/mucosal	11	LUCEMYRA	12
lidocaine viscous hcl	11	luliconazole	28
lidocaine-prilocaine	11	LUMAKRAS	38
lidocan	11	LUMIGAN	114
LILETTA (52 MG)	96	LUPRON DEPOT-PED (1-MONTH)	98
lillow	92	LUPRON DEPOT-PED (3-MONTH)	98
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M		metformin hcl	54
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magnesium sulfate	78	methadone hcl	4
magnesium sulfate in d5w	78	methadone hcl intensol	4
malathion	76	methamphetamine hcl	67
maraviroc	49	methazolamide	114
marlissa	93	methenamine hippurate	14
MARPLAN	23	methimazole	98
MATULANE	32	methocarbamol	121
matzim la	62	methotrexate sodium	101
MAVYRET	46	methotrexate sodium (pf)	101
meclizine hcl	26	methoxsalen rapid	76
meclofenamate sodium	3	methscopolamine bromide	81
MEDROL	87	methsuximide	20
medroxyprogesterone acetate	97	methyl dopa	59
mefenamic acid	3	methylphenidate hcl	68
mefloquine hcl	41	methylphenidate hcl er	68
megestrol acetate	97	methylphenidate hcl er (cd)	68
MEKINIST	38	methylphenidate hcl er (la)	68
MEKTOVI	38	methylphenidate hcl er (osm)	68
melodetta 24 fe	93	methylprednisolone	87
meloxicam	3	methylprednisolone acetate	87
melphalan	32	methylprednisolone sodium succ	87
melphalan hcl	33	methyltestosterone	88
memantine hcl	23	metoclopramide hcl	26
memantine hcl er	23	metolazone	64
MENACTRA	103	metoprolol succinate er	61
MENEST	93	metoprolol tartrate	61
MENQUADFI	103	metoprolol-hydrochlorothiazide	63
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meprobamate	51	metyrosine	63
mercaptopurine	34	mexiletine hcl	60
meropenem	16	mibelas 24 fe	93
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merzee	93	miconazole 3	29
mesalamine	105	microgestin 1.5/30	93
		microgestin 1/20	93

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microgestin fe 1/20	93	MOXIFLOXACIN HCL	113
midodrine hcl	59	moxifloxacin hcl (2x day)	113
miglitol	54	MRESVIA	103
miglustat	84	MULTAQ	60
mili	93	MULTI-VITAMIN/FLUORIDE	78
mimvey	93	multi-vitamin/fluoride/iron	78
minitran	67	MULTISTIX 10 SG	110
minocycline hcl	18	multivitamin w/fluoride	78
minoxidil	67	multivitamin/fluoride	78
mirabegron er	84	multivitamins/fluoride	78
MIRCERA	58	mupirocin	77
MIRENA (52 MG)	97	mutamycin	35
mirtazapine	23	MYALEPT	82
misoprostol	83	mycophenolate mofetil	101
mitomycin	35	mycophenolate sodium	101
mitoxantrone hcl	35	mycophenolic acid	101
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MODERNA COVID-19 VACC 6-11Y	103	nadolol	61
MODERNA COVID-19 VACC 6M-5Y	103	nafrinse	78
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molindone hcl	43	naltrexone hcl	12
mometasone furoate	75,115	naproxen	3
mondoxyne nl	18	naproxen dr	3
mono-lynyah	93	naproxen sodium	3
monoject flush syringe	78	naratriptan hcl	31
monoject sodium chloride flush	78	NATACYN	113
montelukast sodium	116	NATAZIA	93
morgidox	18	nateglinide	54
morphine sulfate	8	NATPARA	106
morphine sulfate (concentrate)	9	NAYZILAM	20
morphine sulfate er	4	nebivolol hcl	61
morphine sulfate er beads	4	necon 0.5/35 (28)	93
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nefazodone hcl	25	nitrofurantoin monohyd macro	14
neo-polycin	111	nitroglycerin	67
neo-polycin hc	111	NIVESTYM	58
neomycin sulfate	13	nizatidine	83
neomycin-bacitracin zn-polymyx	111	nora-be	97
neomycin-polymyxin-dexameth	112	NORDITROPIN FLEXP	87
neomycin-polymyxin-gramicidin	112	norelgestromin-eth estradiol	93
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NEUPRO	42	norethindron-ethinyl estrad-fe	93
NEVANAC	114	norethindrone	97
nevirapine	48	norethindrone acet-ethinyl est	94
nevirapine er	48	norethindrone acetate	97
NEXIUM	83	norethindrone-eth estradiol	94
NEXPLANON	97	norgestim-eth estrad triphasic	94
NEXTSTELLIS	93	norgestimate-eth estradiol	94
niacin er (antihyperlipidemic)	66	norlyda	97
nicardipine hcl	61	norlyroc	97
nicotine polacrilex gum 2 mg	12	normal saline flush	78
nicotine polacrilex gum 4 mg	12	NORPACE CR	60
nicotine polacrilex lozenge 2 mg	12	nortrel 0.5/35 (28)	94
nicotine polacrilex lozenge 4 mg	12	nortrel 1/35 (21)	94
nicotine td patch 24hr 14 mg/24hr	12	nortrel 1/35 (28)	94
nicotine td patch 24hr 21 mg/24hr	13	nortrel 7/7/7	94
nicotine td patch 24hr 7 mg/24hr	13	nortriptyline hcl	26
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nimodipine	61	NOVOLIN R	57
NINLARO	38	NOVOLIN R FLEXPEN	57
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nisoldipine er	61	NOVOLOG FLEXPEN	57
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olmesartan-amlodipine-hctz.....	63	oxandrolone.....	88
olopatadine hcl.....	116	oxaprozin.....	3
olopatadine hcl ophth soln 0.1%.....	112	oxazepam.....	52
olopatadine hcl ophth soln 0.2%.....	112	oxcarbazepine.....	21
omega-3-acid ethyl esters.....	66	oxiconazole nitrate.....	29
omeprazole.....	83	oxybutynin chloride.....	85
OMNIFLEX DIAPHRAGM.....	110	oxybutynin chloride er.....	85
OMNIPOD 5 G6 INTRO (GEN 5).....	110	oxycodone hcl.....	9,10
OMNIPOD 5 G6 PODS (GEN 5).....	110	oxycodone-acetaminophen.....	10
OMNIPOD 5 G7 INTRO (GEN 5).....	110	oxymorphone hcl.....	10
OMNIPOD 5 G7 PODS (GEN 5).....	110	oxymorphone hcl er.....	4
OMNIPOD 5 LIBRE2 PLUS G6.....	110	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	54
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paroex . . . . .	71	phenelzine sulfate . . . . .	23
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PEG-PREP . . . . .	81	phytonadione . . . . .	58
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PENICILLIN G POT IN DEXTROSE . . . . .	16	pioglitazone hcl . . . . .	54
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PENICILLIN G PROCAINE . . . . .	16	pioglitazone hcl-metformin hcl . . . . .	55
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prasugrel hcl.....	59	procainamide hcl.....	60
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		risedronate sodium . . . . .	106
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		ropinirole hcl . . . . .	42
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XOLAIR	100	zolmitriptan	31
XOSPATA	40	zolpidem tartrate	122
XPOVIO (100 MG ONCE WEEKLY)	40	zolpidem tartrate er	122
XPOVIO (40 MG ONCE WEEKLY)	40	zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03)	31
XPOVIO (40 MG TWICE WEEKLY)	40	zomig 5 mg tab (ndc: 60846-0133-60 and 60846- 2384-04)	31
XPOVIO (60 MG ONCE WEEKLY)	40	zonisamide	22
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XPOVIO (80 MG ONCE WEEKLY)	40	zovia 1/35 (28)	96
XPOVIO (80 MG TWICE WEEKLY)	40	zovia 1/35e (28)	96
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