

2024

UCare Medicare Group Plans Formulary (List of Covered Drugs)

- UCare Medicare Group Plans (HMO-POS)

This formulary was updated on 10/22/2024.

PLEASE READ: This document contains information about the drugs we cover in these plans.

For more recent information or other questions, please contact:

UCare Medicare Group Plans Customer Service at 612-676-6840 or 1-877-447-4385 (this call is free)

For TTY users: 612-676-6810 or 1-800-688-2534 (this call is free)

All lines answered 8 am – 8 pm, seven days a week, or visit [ucare.org](https://www.ucare.org)

Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-3200 (voice)** or toll free at **1-800-203-7225 (voice)**, **612-676-6810 (TTY)**, or **1-800-688-2534 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**.

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: cag@ucare.org

Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမုဂ်ကတိံ ကညိ ကျိဂ်အယိ, နမနုဂ် ကျိဂ်အတိံမဇာလါ တလဂ်ဘုဂ်လဂ်စူ နိတမံဘဂ်သုနုဂ်လိံ. ဝိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បរិវេណ។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **612-676-3200/1-800-203-7225**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **612-676-3200/1-800-203-7225**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **612-676-3200/1-800-203-7225**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **612-676-3200/1-800-203-7225**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **612-676-3200/1-800-203-7225**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **612-676-3200/1-800-203-7225**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **612-676-3200/1-800-203-7225**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **612-676-3200/1-800-203-7225** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **612-676-3200/1-800-203-7225**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **612-676-3200/1-800-203-7225**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **612-676-3200/1-800-203-7225** र फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **612-676-3200/1-800-203-7225**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **612-676-3200/1-800-203-7225**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **612-676-3200/1-800-203-7225**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **612-676-3200/1-800-203-7225**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**612-676-3200/1-800-203-7225** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means UCare Minnesota. When it refers to “plan” or “our plan,” it means UCare Medicare Group Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/22/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the UCare Medicare Group Plans Formulary?

A formulary is a list of covered drugs selected by UCare Medicare Group 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. UCare Medicare Group Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a UCare Medicare Group Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but UCare Medicare Group Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find

information in the section below titled “How do I request an exception to the UCare Medicare Group Plans Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the UCare Medicare Group Plans Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/22/2024. To get updated information about the drugs covered by UCare Medicare Group Plans, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Medicare Group Plans Formulary are available on our website, [ucare.org/member-documents](https://www.ucare.org/member-documents). Upon your request, UCare will mail you an updated printed edition.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 13. 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.” If you know what your drug is used for, look for the category name in the list that begins on page 13. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 199. 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?

UCare Medicare Group 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:** UCare Medicare Group Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from UCare Medicare Group Plans before you fill your prescriptions. If you don't get approval, UCare Medicare Group Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, UCare Medicare Group Plans limits the amount of the drug that UCare Medicare Group Plans will cover. For example, UCare Medicare Group Plans provides 30 tablets per prescription for *escitalopram* 20 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, UCare Medicare Group 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, UCare Medicare Group Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare Medicare Group Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask UCare Medicare Group 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 UCare Medicare Group Plans Formulary?” on page 9 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 Customer Service and ask if your drug is covered. If you learn that UCare Medicare Group Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by UCare Medicare Group Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by UCare Medicare Group Plans.
- You can ask UCare Medicare Group 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 UCare Medicare Group Plans Formulary?

You can ask UCare Medicare Group Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier (Tier 4). If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UCare Medicare Group Plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, UCare Medicare Group Plans will only approve your request for an exception if the alternative drug is 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.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a

decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Transition of Care

If you are a current UCare Medicare Group Plans member transitioning to a different level of care, you may be prescribed medications not on our formulary. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are transitioning to a different level of care. If you are a current UCare Medicare Group Plans member, admitted or discharged from a long-term care facility, you will be allowed refill-too-soon overrides to ensure that you have access to an adequate supply of your medications.

For more information

For more detailed information about your UCare Medicare Group Plans prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day 7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

UCare Medicare Group Plans Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by UCare Medicare Group Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 199.

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

The information in the Requirements/Limits column tells you if UCare Medicare Group Plans have any special requirements for coverage of your drug.

Explanation of Requirements/Limits	
PA	Prior authorization: Drugs that require approval from UCare before we'll cover it
PA²	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA³	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST	Step Therapy: Drugs that require you to try another drug before we'll cover it
QL	Quantity limit: There are limits to the amount of drug covered per fill
Part B Covered	Diabetic supplies covered under Part B (medical) benefit
INS	Insulins with a \$35 copay per one-month supply
VAC	Part D Adult Vaccine covered at \$0 (no cost)
VAC AGE	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45
MFG	Drug coverage is limited to certain manufacturers
NDS	Drugs limited to a 30-day supply per fill

Explanation of Requirements/Limits	
* (drugs with asterisk)	Additional drugs covered for select plans. Refer to your Evidence of Coverage for more details.
LA	Drugs that are only available at certain pharmacies. If you have questions, call Customer Service at the number on the back of your member ID card.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	3	
<i>amphetamine-dextroamphetamine</i>	1	
<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>	3	
<i>methamphetamine hcl</i>	3	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	QL 60 EA / 30 DAYS
<i>clonidine hcl er</i>	3	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	QL 30 EA / 30 DAYS PA
STIMULANTS - MISC.		
<i>armodafinil</i>	1	QL 30 EA / 30 DAYS PA
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	3	
<i>methylphenidate hcl er (la)</i>	3	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>modafinil</i>	1	<div data-bbox="1133 205 1192 239">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 254 1192 287">PA</div>
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate 1 gm/4ml solution</i>	1	
<i>amikacin sulfate 500 mg/2ml solution</i>	3	
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	3	
<i>gentamicin sulfate 10 mg/ml solution</i>	1	
<i>gentamicin sulfate 40 mg/ml solution</i>	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	
STREPTOMYCIN SULFATE	3	
<i>tobramycin 300 mg/4ml nebu soln</i>	4	<div data-bbox="1133 1245 1192 1278">QL</div> 224 ML / 28 OVER TIME <div data-bbox="1133 1314 1192 1348">PA</div> <div data-bbox="1133 1371 1192 1404">NDS</div> Non-Extended Day Supply
<i>tobramycin 300 mg/5ml nebu soln</i>	4	<div data-bbox="1133 1455 1192 1488">QL</div> 300 ML / 30 DAYS <div data-bbox="1133 1503 1192 1537">PA</div> <div data-bbox="1133 1560 1192 1593">NDS</div> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	3	
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ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HADLIMA 40 MG/0.4ML SOLN PRSYR	4	QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA 40 MG/0.8ML SOLN PRSYR	4	QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	4	QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	4	QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	4	QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN 40 MG/0.4ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT (ABBVIE)	4	<ul style="list-style-type: none"> QL 4 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA-PED<40KG CROHNS STARTER	4	<ul style="list-style-type: none"> QL 2 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA-PED>/=40KG CROHNS START	4	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA-PS/UV/ADOL HS STARTER	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA-PSORIASIS/VEIT STARTER	4	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SIMLANDI (1 PEN)	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
SIMLANDI (2 PEN)	4	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	4	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	4	<ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
RINVOQ 45 MG TAB ER 24H	4	<ul style="list-style-type: none"> QL 84 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
XELJANZ 1 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XELJANZ XR	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
GOLD COMPOUNDS		
RIDAURA	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
ACTEMRA ACTPEN	4	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
KEVZARA	4	<ul style="list-style-type: none"> QL 2.28 ML / 28 DAYS PA NDS Non-Extended Day Supply
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR)	4	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	3	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibuprofen (motrin)</i>	1	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 375 mg tab dr, naproxen 500 mg tab, naproxen 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin 600 mg tab</i>	3	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA 10 & 20 & 30 MG TAB THPK	4	<ul style="list-style-type: none"> QL 55 EA / 180 OVER TIME PA NDS Non-Extended Day Supply LA
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OTEZLA 20 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
OTEZLA 30 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	4	<ul style="list-style-type: none"> QL 55 EA / 28 DAYS PA NDS Non-Extended Day Supply
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA 50 MG/0.4ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 2.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA CLICKJECT	4	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	4	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL MINI	4	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL SURECLICK	4	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ANALGESICS - NONNARCOTIC		
SALICYLATES		
<i>diflunisal</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	3	<ul style="list-style-type: none"> QL 10 EA / 30 DAYS PA
FENTANYL CITRATE (FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE)	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fentanyl citrate 200 mcg loz handle</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2400 ML / 30 OVER TIME</div> </div>
<i>hydromorphone hcl 2 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>450 EA / 30 DAYS</div> </div>
<i>hydromorphone hcl 4 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>240 EA / 30 DAYS</div> </div>
<i>hydromorphone hcl 8 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>120 EA / 30 DAYS</div> </div>
<i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> </div>
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>360 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
METHADONE HCL 10 MG/5ML SOLUTION	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1800 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
METHADONE HCL 5 MG/5ML SOLUTION	3	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3600 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>morphine sulfate (concentrate)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>180 ML / 30 DAYS</div> </div>
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>180 ML / 30 DAYS</div> </div>
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>180 EA / 30 DAYS</div> </div>
MORPHINE SULFATE 10 MG/5ML SOLUTION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1800 ML / 30 DAYS</div> </div>
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>900 ML / 30 DAYS</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>morphine sulfate er 200 mg tab er</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 100 mg/5ml conc</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">270 ML / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg cap</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">360 EA / 30 OVER TIME</div> </div>
<i>oxycodone hcl 5 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">360 EA / 30 DAYS</div> </div>
<i>oxycodone hcl 5 mg/5ml solution</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">5400 ML / 30 DAYS</div> </div>
<i>tramadol hcl 50 mg tab</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">240 EA / 30 DAYS</div> </div>
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE (ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION, ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">4980 ML / 30 DAYS</div> </div>
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">390 EA / 30 DAYS</div> </div>
<i>endocet</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">360 EA / 30 DAYS</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 5400 ML / 30 DAYS </div>
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 360 EA / 30 DAYS </div>
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 360 EA / 30 DAYS </div>
<i>tramadol-acetaminophen</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 360 EA / 30 DAYS </div>
OPIOID PARTIAL AGONISTS		
BELBUCA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / 30 OVER TIME </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>buprenorphine</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 4 EA / 28 DAYS </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 90 EA / 30 DAYS </div>
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 90 EA / 30 DAYS </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL 60 EA / 30 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	3	QL 10 ML / 30 DAYS
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	3	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	3	QL 150 GM / 30 DAYS PA
TESTOSTERONE 10 MG/ACT (2%) GEL	3	QL 120 GM / 30 DAYS PA
<i>testosterone 12.5 mg/act (1%) gel</i>	3	QL 300 GM / 30 DAYS PA
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	3	QL 75 GM / 30 DAYS PA
<i>testosterone 25 mg/2.5gm (1%) gel</i>	3	QL 300 GM / 30 DAYS PA
<i>testosterone 30 mg/act solution</i>	3	QL 180 ML / 30 DAYS PA
<i>testosterone 50 mg/5gm (1%) gel</i>	3	QL 300 GM / 30 DAYS PA
<i>testosterone cypionate 100 mg/ml solution</i>	1	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	PA
<i>testosterone cypionate 200 mg/ml solution</i>	1	PA
TESTOSTERONE ENANTHATE	1	PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	3	PA
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL STEROIDS		
<i>hydrocortisone (perianal)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	2	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole</i>	4	NDS Non-Extended Day Supply
BENZNIDAZOLE	3	LA
<i>ivermectin 3 mg tab</i>	2	
<i>praziquantel</i>	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab)</i>	1	
<i>metronidazole 500 mg/100ml solution</i>	3	
METRONIDAZOLE 500 MG/100ML SOLUTION	3	
<i>pentamidine isethionate for injection solution</i>	3	
<i>pentamidine isethionate for nebulization solution</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / 28 DAYS</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA³</div> </div>
<i>tinidazole</i>	1	
TRIMETHOPRIM	1	
<i>trimethoprim</i>	1	
XIFAXAN 200 MG TAB	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">9 EA / 30 OVER TIME</div> </div>
XIFAXAN 550 MG TAB	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 EA / 30 DAYS</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div>

ANTI-INFECTIVE MISC. - COMBINATIONS

<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab, sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	

ANTIPROTOZOAL AGENTS

<i>atovaquone</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NITAZOXANIDE 500 MG TAB	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">6 EA / 3 OVER TIME</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c85134; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
CARBAPENEMS		
<i>ertapenem sodium</i>	3	
<i>imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)</i>	3	
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	3	
MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>30 EA / 10 OVER TIME</div> </div>
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>10 EA / 10 DAYS</div> </div>
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	1	
CYCLIC LIPOPEPTIDES		
DAPTOMYCIN	4	<div style="display: flex; align-items: center;"> <div style="background-color: #c85134; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
GLYCOPEPTIDES		
DALVANCE	4	<div style="display: flex; align-items: center;"> <div style="background-color: #c85134; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	3	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	3	QL 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	3	QL 2 EA / 10 OVER TIME
VANCOMYCIN HCL IN NAACL (VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION)	2	
LEPROSTATICS		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	3	
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	3	
<i>clindamycin phosphate in d5w</i>	3	
CLINDAMYCIN PHOSPHATE IN NAACL	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lincomycin hcl</i>	1	
MONOBACTAMS		
<i>aztreonam</i>	3	
CAYSTON	4	<ul style="list-style-type: none"> QL 84 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
OXAZOLIDINONES		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	4	NDS Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	3	
SIVEXTRO 200 MG TAB	4	<ul style="list-style-type: none"> QL 6 EA / 6 OVER TIME PA NDS Non-Extended Day Supply
ZYVOX 200 MG/100ML SOLUTION	2	
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	3	
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomicin tromethamine</i>	3	
<i>methenamine hippurate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	
NITRATES		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	
<i>nitroglycerin 0.4 mg/spray solution</i>	3	
ANTIANSXIETY AGENTS		
ANTIANSXIETY AGENTS - MISC.		
<i>bupirone hcl (bupirone hcl 5 mg tab, bupirone hcl 7.5 mg tab, bupirone hcl 10 mg tab, bupirone hcl 15 mg tab, bupirone hcl 30 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	3	
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<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	3	
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BENZODIAZEPINES

<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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<i>alprazolam 2 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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<i>clorazepate dipotassium</i>	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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<i>diazepam 5 mg/5ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1200 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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<i>diazepam 5 mg/ml conc</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">240 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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<i>diazepam intensol</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">240 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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<i>lorazepam 2 mg/ml conc</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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<i>lorazepam intensol</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">150 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px;">PA²</div> </div>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxazepam</i>	3	<div data-bbox="1133 170 1192 205" style="background-color: #666699; color: white; padding: 2px;">QL</div> <div data-bbox="1203 170 1468 205">120 EA / 30 DAYS</div> <div data-bbox="1133 218 1192 254" style="background-color: #996633; color: white; padding: 2px;">PA²</div>
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	3	
<i>quinidine gluconate er</i>	3	
<i>quinidine sulfate</i>	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	3	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 400 mg tab)</i>	3	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>dofetilide</i>	3	
<i>pacerone (pacerone 100 mg tab, pacerone 400 mg tab)</i>	3	
<i>pacerone 200 mg tab</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	4	<div data-bbox="1133 1577 1192 1612" style="background-color: #996633; color: white; padding: 2px;">PA³</div> <div data-bbox="1133 1625 1192 1661" style="background-color: #996633; color: white; padding: 2px;">NDS</div> <div data-bbox="1203 1625 1474 1692">Non-Extended Day Supply</div>





DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10 MG/0.5ML SOLN PRSYR	4	PA
FASENRA 30 MG/ML SOLN PRSYR	4	PA NDS Non-Extended Day Supply LA
FASENRA PEN	4	PA NDS Non-Extended Day Supply LA
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG RECON SOLN	4	QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG/ML SOLN A-INJ	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG/ML SOLN PRSYR	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	QL 25.8 GM / 30 DAYS
INCRUSE ELLIPTA	2	QL 30 EA / 30 DAYS
<i>ipratropium bromide 0.02 % solution</i>	1	PA ³
SPIRIVA HANDIHALER	2	QL 90 EA / 90 DAYS
SPIRIVA RESPIMAT	2	QL 4 GM / 30 DAYS
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	3	
STEROID INHALANTS		
ASMANEX (120 METERED DOSES)	2	QL 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	2	QL 1 EA / 30 DAYS
ASMANEX HFA	2	QL 13 GM / 30 DAYS
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	3	<ul style="list-style-type: none"> QL 120 ML / 30 DAYS PA³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	3	QL 24 GM / 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL 21.2 GM / 30 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 10.6 GM / 30 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 21.2 GM / 30 DAYS
SYMPATHOMIMETICS		
ADVAIR HFA	2	QL 12 GM / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	PA ³
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i>	1	PA ³
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	3	
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	PA ³
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate hfa (proventil equivalent)</i>	1	QL 13.4 GM / 30 DAYS
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	QL 36 GM / 30 DAYS
<i>albuterol sulfate hfa 108 (proair equivalent)</i>	1	QL 17 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANORO ELLIPTA	2	QL 60 EA / 30 DAYS
<i>arformoterol tartrate</i>	1	QL 120 ML / 30 DAYS PA ³
BREO ELLIPTA	2	QL 60 EA / 30 DAYS
<i>brey-na</i>	1	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	2	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	1	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	2	QL 8 GM / 30 DAYS
DULERA	2	QL 26 GM / 30 DAYS
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 EA / 30 DAYS
<i>formoterol fumarate</i>	3	QL 120 ML / 30 DAYS PA ³
<i>ipratropium-albuterol</i>	1	PA ³
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	3	PA ³
LEVALBUTEROL TARTRATE	2	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	2	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	2	QL 4 GM / 30 DAYS
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRELEGY ELLIPTA	2	QL 60 EA / 30 DAYS
VENTOLIN HFA (VENTOLIN HFA, VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN)	2	QL 36 GM / 30 DAYS
<i>wixela inhub</i>	1	QL 60 EA / 30 DAYS
XANTHINES		
<i>theophylline</i>	1	
<i>theophylline er (theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h, theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	
XARELTO STARTER PACK	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i>	3	
<i>fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)</i>	4	 Non-Extended Day Supply
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	3	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
THROMBIN INHIBITORS		
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 150 MG CAP)	3	
PRADAXA 110 MG CAP	3	
ANTICONSULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	4	 60 EA / 30 DAYS   Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
FYCOMPA 0.5 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> QL 720 ML / 30 DAYS PA² NDS Non-Extended Day Supply
FYCOMPA 2 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA²
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	3	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS
<i>clobazam 2.5 mg/ml suspension</i>	3	<ul style="list-style-type: none"> QL 480 ML / 30 DAYS
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp)</i>	3	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA²
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab)</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA²
<i>clonazepam 2 mg tab</i>	1	<ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA²
<i>clonazepam 2 mg tab disp</i>	3	<ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA²
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	3	<ul style="list-style-type: none"> QL 10 EA / 30 OVER TIME
LIBERVANT	3	<ul style="list-style-type: none"> QL 10 EA / 30 DAYS PA²

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NAYZILAM	3	QL 10 EA / 30 OVER TIME
SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	4	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
SYMPAZAN 5 MG FILM	3	QL 60 EA / 30 DAYS
VALTOCO 10 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 15 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 20 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
VALTOCO 5 MG DOSE	4	QL 10 EA / 30 OVER TIME NDS Non-Extended Day Supply
ANTICONVULSANTS - MISC.		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	3	QL 60 EA / 30 DAYS
APTIOM 200 MG TAB	3	QL 180 EA / 30 DAYS
APTIOM 400 MG TAB	3	QL 90 EA / 30 DAYS
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	4	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
BRIVIACT 10 MG/ML SOLUTION	4	QL 600 ML / 30 DAYS NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	1	
<i>carbamazepine (carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg/10ml suspension)</i>	3	
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)</i>	3	
DIACOMIT	4	<div data-bbox="1133 655 1192 688">PA²</div> <div data-bbox="1133 705 1192 739">NDS</div> <div data-bbox="1203 705 1474 772">Non-Extended Day Supply</div> <div data-bbox="1133 777 1192 810">LA</div>
EPIDIOLEX	3	<div data-bbox="1133 842 1192 875">PA²</div> <div data-bbox="1133 892 1192 926">LA</div>
<i>epitol</i>	1	
EPRONTIA	3	
FINTEPLA	4	<div data-bbox="1133 1073 1192 1106">QL</div> <div data-bbox="1203 1073 1468 1106">360 ML / 30 DAYS</div> <div data-bbox="1133 1123 1192 1157">PA²</div> <div data-bbox="1133 1173 1192 1207">NDS</div> <div data-bbox="1203 1173 1474 1241">Non-Extended Day Supply</div> <div data-bbox="1133 1245 1192 1278">LA</div>
<i>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg/5ml solution, lacosamide 100 mg/10ml solution)</i>	2	
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	3	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	
<i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i>	3	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 500 mg/5ml solution, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	
<i>levetiracetam er</i>	1	
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i>	1	
<i>oxcarbazepine 300 mg/5ml suspension</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pregabalin (pregabalin 20 mg/ml solution, pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap, pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	1	
<i>roweepra 500 mg tab</i>	1	
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)</i>	4	<div data-bbox="1133 617 1192 653">PA²</div> <div data-bbox="1133 667 1192 703">NDS</div> Non-Extended Day Supply
<i>rufinamide 200 mg tab</i>	3	<div data-bbox="1133 753 1192 789">PA²</div>
SPRITAM	3	
<i>topiramate</i>	1	
ZONISADE	3	
<i>zonisamide</i>	1	
ZTALMY	4	<div data-bbox="1133 1058 1192 1094">QL</div> 1100 ML / 30 DAYS <div data-bbox="1133 1129 1192 1165">PA²</div> <div data-bbox="1133 1180 1192 1215">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1251 1192 1287">LA</div>
CARBAMATES		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i>	3	
<i>felbamate 600 mg/5ml suspension</i>	4	<div data-bbox="1133 1482 1192 1518">NDS</div> Non-Extended Day Supply
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	4	<div data-bbox="1133 1577 1192 1612">QL</div> 56 EA / 28 DAYS <div data-bbox="1133 1627 1192 1663">PA²</div> <div data-bbox="1133 1677 1192 1713">NDS</div> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (350 MG DAILY DOSE)	4	QL 56 EA / 28 DAYS PA ² NDS Non-Extended Day Supply
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK)	3	QL 28 EA / 28 DAYS PA ²
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	4	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
XCOPRI (XCOPRI 25 MG TAB, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	4	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
GABA MODULATORS		
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	3	
<i>vigabatrin</i>	4	PA ² NDS Non-Extended Day Supply LA
<i>vigadrone</i>	4	PA ² NDS Non-Extended Day Supply LA
VIGAFYDE	4	QL 720 ML / 30 DAYS PA ² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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vigpoder

4

PA²
NDS
LA

Non-Extended Day Supply

HYDANTOINS

DILANTIN 30 MG CAP

2

phenytek

1

phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)

1

phenytoin infatabs

1

phenytoin sodium extended

1

SUCCINIMIDES

ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)

1

methsuximide

3

VALPROIC ACID

divalproex sodium

1

divalproex sodium er

1

valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution, valproic acid 500 mg/10ml solution)

1

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

mirtazapine

1

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	3	QL 60 EA / 30 DAYS
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	4	QL 28 EA / 14 OVER TIME PA ² NDS Non-Extended Day Supply
ZURZUVAE 30 MG CAP	4	QL 14 EA / 14 OVER TIME PA ² NDS Non-Extended Day Supply
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	4	NDS Non-Extended Day Supply
MARPLAN	3	
PHENELZINE SULFATE 15 MG TAB	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>tranylcypromine sulfate</i>	3	
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SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	
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<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	
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<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap)</i>	1	
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FLUOXETINE HCL 90 MG CAP DR	3	
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<i>fluvoxamine maleate</i>	1	
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<i>fluvoxamine maleate er</i>	3	
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<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	1	
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<i>paroxetine hcl 10 mg/5ml suspension</i>	3	
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<i>paroxetine hcl er</i>	3	
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<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	
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SEROTONIN MODULATORS

NEFAZODONE HCL	3	
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<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab, trazodone hcl 300 mg tab)</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRINTELLIX	3	QL 30 EA / 30 DAYS
<i>vilazodone hcl</i>	3	QL 30 EA / 30 DAYS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	1	
DRIZALMA SPRINKLE	3	QL 60 EA / 30 DAYS
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	
FETZIMA	3	QL 30 EA / 30 DAYS
FETZIMA TITRATION	3	QL 28 EA / 180 OVER TIME
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	3	
<i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap, clomipramine hcl 75 mg cap)</i>	3	
<i>desipramine hcl</i>	3	
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	3	
<i>imipramine hcl</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>imipramine pamoate</i>	3	
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate</i>	3	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	3	
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl (glipizide-metformin hcl 2.5-250 mg tab, glipizide-metformin hcl 2.5-500 mg tab, glipizide-metformin hcl 5-500 mg tab)</i>	1	
GLYXAMBI	2	QL 30 EA / 30 DAYS
INVOKAMET	2	QL 60 EA / 30 DAYS
INVOKAMET XR	2	QL 60 EA / 30 DAYS
JANUMET	2	QL 60 EA / 30 DAYS
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
JANUMET XR 100-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB)	2	QL 60 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 60 EA / 30 DAYS
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	2	QL 90 ML / 30 DAYS INS \$35 Insulin
SYNJARDY	2	QL 60 EA / 30 DAYS
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 60 EA / 30 DAYS
BIGUANIDES		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIABETIC OTHER		
<i>diazoxide</i>	3	
GLUCAGON EMERGENCY 1 MG KIT	2	
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
KORLYM	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>mifepristone 300 mg tab</i>	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	2	QL 30 EA / 30 DAYS
TRADJENTA	2	QL 30 EA / 30 DAYS
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	3	QL 180 EA / 30 DAYS
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	2	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA
MOUNJARO	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
OZEMPIC (2 MG/DOSE)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>3 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
RYBELSUS	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
TRULICITY (TRULICITY 1.5 MG/0.5ML SOLN A-INJ, TRULICITY 3 MG/0.5ML SOLN A-INJ, TRULICITY 4.5 MG/0.5ML SOLN A-INJ)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
VICTOZA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>9 ML / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
HUMULIN R U-500 KWIKPEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
INSULIN ASP PROT & ASP FLEXPEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
INSULIN ASPART	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
INSULIN ASPART FLEXPEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>
INSULIN ASPART PENFILL	2	<div style="display: flex; align-items: center;"> <div style="background-color: #2e5496; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> <div>\$35 Insulin</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN ASPART PROT & ASPART	2	INS \$35 Insulin
LANTUS	2	INS \$35 Insulin
LANTUS SOLOSTAR	2	INS \$35 Insulin
NOVOLIN 70/30	2	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN	2	INS \$35 Insulin
NOVOLIN 70/30 FLEXPEN RELION	2	INS \$35 Insulin
NOVOLIN 70/30 RELION	2	INS \$35 Insulin
NOVOLIN N	2	INS \$35 Insulin
NOVOLIN N FLEXPEN	2	INS \$35 Insulin
NOVOLIN N FLEXPEN RELION	2	INS \$35 Insulin
NOVOLIN N RELION	2	INS \$35 Insulin
NOVOLIN R	2	INS \$35 Insulin
NOVOLIN R FLEXPEN	2	INS \$35 Insulin
NOVOLIN R FLEXPEN RELION	2	INS \$35 Insulin
NOVOLIN R RELION	2	INS \$35 Insulin
NOVOLOG	2	PA ³ INS \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	2	INS \$35 Insulin
NOVOLOG FLEXPEN	2	INS \$35 Insulin
NOVOLOG FLEXPEN RELION	2	INS \$35 Insulin
NOVOLOG MIX 70/30	2	INS \$35 Insulin
NOVOLOG MIX 70/30 FLEXPEN	2	INS \$35 Insulin

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLOG MIX 70/30 RELION	2	INS \$35 Insulin
NOVOLOG PENFILL	2	INS \$35 Insulin
NOVOLOG RELION	2	PA ³ INS \$35 Insulin
TOUJEO MAX SOLOSTAR	2	INS \$35 Insulin
TOUJEO SOLOSTAR	2	INS \$35 Insulin

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl</i>	1
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MEGLITINIDE ANALOGUES

<i>nateglinide</i>	1
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<i>repaglinide</i>	1
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SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

INVOKANA	2	QL 30 EA / 30 DAYS
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JARDIANCE	2	QL 30 EA / 30 DAYS
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SULFONYLUREAS

<i>glimepiride (glimepiride 1 mg tab, glimepiride 2 mg tab, glimepiride 4 mg tab)</i>	1
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<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1
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<i>glipizide er (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i>	1
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<i>glipizide xl</i>	1
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	3	
<i>loperamide (immodium)</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	2	
<i>deferasirox (deferasirox 180 mg tab, deferasirox 360 mg tab)</i>	4	PA NDS Non-Extended Day Supply
<i>deferasirox 90 mg tab</i>	3	PA
<i>deferiprone</i>	4	PA NDS Non-Extended Day Supply LA
OPIOID ANTAGONISTS		
KLOXXADO	2	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID, NALOXONE HCL 4 MG/10ML SOLUTION)	1	
<i>naltrexone hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPVEE	2	
VIVITROL	4	NDS Non-Extended Day Supply
ZIMHI	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	3	QL 60 EA / 30 DAYS PA³
<i>ondansetron 4 mg tab disp</i>	1	PA³
<i>ondansetron 8 mg tab disp</i>	1	PA³
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i>	1	PA³
<i>ondansetron hcl 4 mg/5ml solution</i>	3	PA³
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine</i>	1	
<i>scopolamine</i>	3	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine</i>	3	
<i>dronabinol</i>	3	QL 60 EA / 30 DAYS PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i>	3	QL 3 EA / 2 OVER TIME PA³
<i>aprepitant (aprepitant 80 & 125 mg cap, aprepitant 80 & 125 mg misc, aprepitant 80 mg cap)</i>	3	QL 6 EA / 4 OVER TIME PA³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VARUBI (180 MG DOSE)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>4 EA / 28 OVER TIME</div> </div> <div style="background-color: #c4863d; color: white; padding: 2px 5px; margin-top: 5px;">PA³</div>
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
CASPOFUNGIN ACETATE 50 MG RECON SOLN	4	<div style="background-color: #c4863d; color: white; padding: 2px 5px; display: inline-block;">NDS</div> Non-Extended Day Supply
CASPOFUNGIN ACETATE 70 MG RECON SOLN	3	
<i>micafungin sodium</i>	4	<div style="background-color: #c4863d; color: white; padding: 2px 5px; display: inline-block;">NDS</div> Non-Extended Day Supply
ANTIFUNGALS		
ABELCET	3	<div style="background-color: #c4863d; color: white; padding: 2px 5px; display: inline-block;">PA³</div>
AMPHOTERICIN B	3	<div style="background-color: #c4863d; color: white; padding: 2px 5px; display: inline-block;">PA³</div>
<i>flucytosine</i>	4	<div style="background-color: #c4863d; color: white; padding: 2px 5px; display: inline-block;">NDS</div> Non-Extended Day Supply
<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	4	<div style="background-color: #c4863d; color: white; padding: 2px 5px; display: inline-block;">NDS</div> Non-Extended Day Supply
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>fluconazole in sodium chloride (fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	3	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	3	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	4	PA NDS Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	3	PA
<i>voriconazole 200 mg recon soln</i>	4	PA NDS Non-Extended Day Supply
<i>voriconazole 40 mg/ml recon susp</i>	4	PA NDS Non-Extended Day Supply

ANTIHISTAMINES

ANTIHISTAMINES - NON-SEDATING



<i>cetirizine (zyrtec)</i>	1	
<i>desloratadine 5 mg tab</i>	1	
<i>levocetirizine (xyzal)</i>	3	

ANTIHISTAMINES - PHENOTHIAZINES

<i>promethazine hcl (6.25 mg/5ml sol, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVES - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	QL 30 EA / 30 DAYS
ANTIHYPERTENSIVES - MISC.		
<i>icosapent ethyl</i>	3	
<i>omega-3-acid ethyl esters</i>	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	2	
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	3	
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	2	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	3	
<i>gemfibrozil</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin sodium</i>	1	
<i>lovastatin (lovastatin 20 mg tab, lovastatin 40 mg tab)</i>	1	QL 60 EA / 30 DAYS
<i>lovastatin 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL 30 EA / 30 DAYS
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT	3	QL 2 ML / 28 DAYS PA
REPATHA	2	QL 6 ML / 28 DAYS PA
REPATHA PUSHTRONEX SYSTEM	2	QL 7 ML / 28 DAYS PA
REPATHA SURECLICK	2	QL 6 ML / 28 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine (perindopril erbumine, perindopril erbumine 2 mg tab, perindopril erbumine 8 mg tab)</i>	1	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine</i>	4	 Non-Extended Day Supply
<i>phenoxybenzamine hcl</i>	4	 Non-Extended Day Supply
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl (guanfacine hcl 1 mg tab, guanfacine hcl 2 mg tab)</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i>	1	
<i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab, bisoprolol-hydrochlorothiazide 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 10-12.5 mg tab, lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
VASODILATORS		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	3	
ANTIMALARIALS		
<i>chloroquine phosphate</i>	3	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	2	
<i>pyrimethamine</i>	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> <p>Non-Extended Day Supply</p> </div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quinine sulfate</i>	3	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	PA NDS Non-Extended Day Supply
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	3	
<i>pyridostigmine bromide er</i>	3	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION)	1	
<i>isoniazid 300mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup</i>	3	
PASER	2	
PRIFTIN	3	
<i>pyrazinamide</i>	3	
<i>rifabutin</i>	3	
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	1	
<i>rifampin 600 mg recon soln</i>	3	
SIRTURO	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRECTOR	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB)	1	PA ³
<i>cyclophosphamide 25 mg cap</i>	1	PA ³
<i>cyclophosphamide 50 mg cap</i>	1	PA ³
GLEOSTINE	4	NDS Non-Extended Day Supply
LEUKERAN	3	
<i>temozolomide</i>	Part B Covered	
ANTIMETABOLITES		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i>	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
ONUREG	4	QL 14 EA / 28 DAYS PA ² NDS Non-Extended Day Supply
PURIXAN	4	NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TABLOID	3	
XATMEP	3	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	4	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply
FRUZAQLA 5 MG CAP	4	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply
INLYTA 1 MG TAB	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
INLYTA 5 MG TAB	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (10 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (12 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (14 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (18 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (20 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (24 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (4 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (8 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² LA
VENCLEXTA 100 MG TAB	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA 50 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA STARTING PACK	4	<ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>erlotinib hcl 25 mg tab</i>	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
EXKIVITY	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>gefitinib</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
GILOTRIF	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TAGRISSO	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VIZIMPRO	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERIVEDGE	4	PA ² NDS Non-Extended Day Supply LA
ODOMZO	4	PA ² NDS Non-Extended Day Supply
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	4	QL 120 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>abiraterone acetate 500 mg tab</i>	4	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
AKEEGA	4	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
ELIGARD 22.5 MG KIT	3	QL 1 EA / 84 OVER TIME
ELIGARD 30 MG KIT	3	QL 1 EA / 112 OVER TIME
ELIGARD 45 MG KIT	3	QL 1 EA / 168 OVER TIME
ELIGARD 7.5 MG KIT	3	QL 1 EA / 28 DAYS
EMCYT	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERLEADA 240 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ERLEADA 60 MG TAB	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>exemestane</i>	3	
FIRMAGON	3	PA ²
FIRMAGON (240 MG DOSE)	3	PA ²
<i>letrozole</i>	1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	4	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS NDS Non-Extended Day Supply
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	4	<ul style="list-style-type: none"> QL 1 EA / 84 OVER TIME NDS Non-Extended Day Supply
LYSODREN	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply LA
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	1	PA ²
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	3	PA
<i>nilutamide</i>	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NUBEQA	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ORGOVYX	4	<ul style="list-style-type: none"> QL 30 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ORSERDU 345 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ORSERDU 86 MG TAB	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
SOLTAMOX	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
TRELSTAR MIXJECT 11.25 MG RECON SUSP	3	<ul style="list-style-type: none"> QL 1 EA / 84 OVER TIME
TRELSTAR MIXJECT 22.5 MG RECON SUSP	3	<ul style="list-style-type: none"> QL 1 EA / 168 OVER TIME
TRELSTAR MIXJECT 3.75 MG RECON SUSP	3	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XTANDI 80 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	4	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (60 MG TWICE WEEKLY)	4	<ul style="list-style-type: none"> QL 24 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (80 MG TWICE WEEKLY)	4	<ul style="list-style-type: none"> QL 32 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	4	<ul style="list-style-type: none"> QL 5 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI FEMARA (200 MG DOSE)	4	<ul style="list-style-type: none"> QL 49 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI FEMARA (400 MG DOSE)	4	<ul style="list-style-type: none"> QL 70 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI FEMARA (600 MG DOSE)	4	<ul style="list-style-type: none"> QL 91 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
LONSURF	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ALUNBRIG 30 MG TAB	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
AUGTYRO	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BALVERSA 5 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF 100 MG CAP	4	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOSULIF 100 MG TAB	4	<p>QL 120 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
BOSULIF 50 MG CAP	4	<p>QL 30 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p>
BRAFTOVI	4	<p>QL 180 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
BRUKINSA	4	<p>PA²</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
CABOMETYX	4	<p>QL 30 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
CALQUENCE 100 MG CAP	4	<p>QL 60 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p>
CALQUENCE 100 MG TAB	4	<p>QL 60 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CAPRELSA 100 MG TAB	4	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
CAPRELSA 300 MG TAB	4	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
COMETRIQ (100 MG DAILY DOSE)	4	PA ² NDS Non-Extended Day Supply LA
COMETRIQ (140 MG DAILY DOSE)	4	PA ² NDS Non-Extended Day Supply LA
COMETRIQ (60 MG DAILY DOSE)	4	PA ² NDS Non-Extended Day Supply LA
COPIKTRA	4	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
COTELLIC	4	QL 63 EA / 28 DAYS PA ² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dasatinib (dasatinib 50 mg tab, dasatinib 70 mg tab, dasatinib 80 mg tab, dasatinib 100 mg tab, dasatinib 140 mg tab)</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>dasatinib 20 mg tab</i>	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>everolimus 2 mg tab sol</i>	4	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>everolimus 3 mg tab sol</i>	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>everolimus 5 mg tab sol</i>	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
FOTIVDA	4	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
GAVRETO	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IBRANCE	4	<ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply LA
ICLUSIG	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IDHIFA	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>imatinib mesylate 100 mg tab</i>	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>imatinib mesylate 400 mg tab</i>	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IMBRUVICA 140 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMBRUVICA 70 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> QL 324 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
INREBIC	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAKAFI	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 100 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 50 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI (200 MG DOSE)	4	<ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI (400 MG DOSE)	4	<ul style="list-style-type: none"> QL 42 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI (600 MG DOSE)	4	<ul style="list-style-type: none"> QL 63 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KOSELUGO 10 MG CAP	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KOSELUGO 25 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KRAZATI	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>lapatinib ditosylate</i>	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
LORBRENA 100 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LORBRENA 25 MG TAB	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUMAKRAS 120 MG TAB	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LUMAKRAS 320 MG TAB	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LYNPARZA	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LYTGOBI (12 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply
LYTGOBI (16 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 112 EA / 28 DAYS PA² NDS Non-Extended Day Supply
LYTGOBI (20 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 140 EA / 28 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 0.05 MG/ML RECON SOLN	4	<ul style="list-style-type: none"> QL 1200 ML / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MEKINIST 0.5 MG TAB	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 2 MG TAB	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
MEKTOVI	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
NERLYNX	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
NINLARO	4	<ul style="list-style-type: none"> QL 3 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
OGSIVEO (OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB)	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
OGSIVEO 50 MG TAB	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply
OJEMDA 100 MG TAB	4	<ul style="list-style-type: none"> QL 24 EA / 28 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OJEMDA 25 MG/ML RECON SUSP	4	<ul style="list-style-type: none"> QL 96 ML / 28 DAYS PA² NDS Non-Extended Day Supply
OJJAARA	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>pazopanib hcl</i>	4	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
PEMAZYRE	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
PIQRAY (200 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (250 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (300 MG DAILY DOSE)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
QINLOCK	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 40 MG CAP	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 40 MG TAB	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 80 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
REZLIDHIA	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 100 MG CAP	4	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 200 MG CAP	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROZLYTREK 50 MG PACKET	4	<ul style="list-style-type: none"> QL 336 EA / 28 DAYS PA² NDS Non-Extended Day Supply
RUBRACA	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RYDAPT	4	<ul style="list-style-type: none"> QL 224 EA / 28 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 100 MG TAB	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 20 MG TAB	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 40 MG TAB	4	<ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>sorafenib tosylate</i>	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
STIVARGA	4	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA










DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sunitinib malate</i>	4	PA ² NDS Non-Extended Day Supply
TABRECTA	4	QL 120 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	4	QL 120 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
TAFINLAR 10 MG TAB SOL	4	QL 840 EA / 28 DAYS PA ² NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	4	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	4	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
TALZENNA 0.25 MG CAP	4	QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
TASIGNA	4	PA ² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAZVERIK	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TEPMETKO	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TIBSOVO	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>torpenz</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TRUQAP	4	<ul style="list-style-type: none"> QL 64 EA / 28 DAYS PA² NDS Non-Extended Day Supply
TURALIO 125 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VANFLYTA 17.7 MG TAB	4	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VANFLYTA 26.5 MG TAB	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
VERZENIO	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 100 MG CAP	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 20 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 25 MG CAP	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VONJO	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XALKORI 150 MG CAP SPRINK	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XALKORI 200 MG CAP	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI 250 MG CAP	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XOSPATA	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
ZEJULA 100 MG CAP	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZELBORAF	4	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOLINZA	4	PA ² NDS Non-Extended Day Supply
ZYDELIG	4	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
ZYKADIA	4	QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA ² NDS Non-Extended Day Supply LA
BESREMI	4	QL 2 ML / 28 DAYS PA ² NDS Non-Extended Day Supply LA
<i>bexarotene 75 mg cap</i>	4	PA ² NDS Non-Extended Day Supply
<i>hydroxyurea</i>	1	
MATULANE	4	NDS Non-Extended Day Supply LA
SYNRIBO	4	PA ² NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tretinoin 10 mg cap</i>	4	 Non-Extended Day Supply
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	4	 240 EA / 30 DAYS   Non-Extended Day Supply
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
MESNEX 400 MG TAB	4	 Non-Extended Day Supply
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa</i>	3	
NOURIANZ	4	 30 EA / 30 DAYS   Non-Extended Day Supply 
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	1	
TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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ANTIPARKINSON COMT INHIBITORS

<i>entacapone</i>	3	
<i>tolcapone</i>	4	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="border: 1px solid black; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	
<i>bromocriptine mesylate</i>	3	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	3	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab, carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)</i>	1	
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	3	
RYTARY	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	3	
<i>selegiline hcl</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
LITHIUM CARBONATE (LITHIUM CARBONATE 150 MG CAP, LITHIUM CARBONATE 300 MG CAP)	1	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab)</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate er</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS - MISC.		
CAPLYTA	3	QL 30 EA / 30 DAYS PA²
<i>lurasidone hcl</i>	1	
NUPLAZID	4	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	3	QL 30 EA / 30 DAYS
VRAYLAR 1.5 & 3 MG CAP THPK	3	QL 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	3	QL 60 EA / 30 DAYS
BENZISOXAZOLES		
FANAPT	3	QL 60 EA / 30 DAYS PA²
FANAPT TITRATION PACK	3	QL 8 EA / 180 OVER TIME PA²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL 3.5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL 5 ML / 180 OVER TIME NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	<p>QL 0.75 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	<p>QL 1 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	<p>QL 1.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	<p>QL 0.25 ML / 28 DAYS</p>
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	<p>QL 0.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	<p>QL 0.88 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	<p>QL 1.32 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	<p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	<p>QL 2.63 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	3	<p>QL 30 EA / 30 DAYS</p>
<i>paliperidone er 6 mg tab er 24h</i>	3	<p>QL 60 EA / 30 DAYS</p>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PERSERIS	4	<div data-bbox="1133 170 1192 205">QL</div> 1 EA / 30 DAYS <div data-bbox="1133 218 1192 254">NDS</div> Non-Extended Day Supply
<i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	3	
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 3 mg tab, risperidone 4 mg tab)</i>	1	
<i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	2	<div data-bbox="1133 768 1192 804">QL</div> 2 EA / 28 DAYS
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	4	<div data-bbox="1133 867 1192 903">QL</div> 2 EA / 28 DAYS <div data-bbox="1133 915 1192 951">NDS</div> Non-Extended Day Supply
UZEDY 100 MG/0.28ML SUSP PRSYR	4	<div data-bbox="1133 999 1192 1035">QL</div> 0.28 ML / 30 DAYS <div data-bbox="1133 1050 1192 1085">NDS</div> Non-Extended Day Supply
UZEDY 125 MG/0.35ML SUSP PRSYR	4	<div data-bbox="1133 1140 1192 1176">QL</div> 0.35 ML / 30 DAYS <div data-bbox="1133 1190 1192 1226">NDS</div> Non-Extended Day Supply
UZEDY 150 MG/0.42ML SUSP PRSYR	4	<div data-bbox="1133 1281 1192 1316">QL</div> 0.42 ML / 60 OVER TIME <div data-bbox="1133 1331 1192 1367">NDS</div> Non-Extended Day Supply
UZEDY 200 MG/0.56ML SUSP PRSYR	4	<div data-bbox="1133 1421 1192 1457">QL</div> 0.56 ML / 60 OVER TIME <div data-bbox="1133 1472 1192 1507">NDS</div> Non-Extended Day Supply
UZEDY 250 MG/0.7ML SUSP PRSYR	4	<div data-bbox="1133 1562 1192 1598">QL</div> 0.7 ML / 60 OVER TIME <div data-bbox="1133 1612 1192 1648">NDS</div> Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UZEDY 50 MG/0.14ML SUSP PRSYR	4	QL 0.14 ML / 30 DAYS NDS Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	4	QL 0.21 ML / 30 DAYS NDS Non-Extended Day Supply
BUTYROPHENONES		
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	3	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<i>haloperidol lactate 5 mg/ml solution</i>	3	
DIBENZAPINES		
<i>asenapine maleate</i>	3	QL 60 EA / 30 DAYS
<i>clozapine (clozapine 25 mg tab disp, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab disp)</i>	3	
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 200 mg tab)</i>	1	
CLOZAPINE 12.5 MG TAB DISP	3	
<i>loxapine succinate</i>	1	
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 10 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	1	
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg recon soln, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	3	
SECUADO	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
VERSACLOZ	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
ZYPREXA RELPREVV 210 MG RECON SUSP	3	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS
DIHYDROINDOLONES		
MOLINDONE HCL	3	
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i>	3	
<i>compro</i>	3	
<i>fluphenazine decanoate</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 10 mg tab)</i>	3	
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<i>perphenazine</i>	3	
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<i>prochlorperazine</i>	3	
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<i>prochlorperazine maleate</i>	3	
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<i>thioridazine hcl</i>	3	
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<i>trifluoperazine hcl</i>	2	
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QUINOLINONE DERIVATIVES

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>2.4 ML / 56 OVER TIME</div> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
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ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>3.2 ML / 56 OVER TIME</div> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
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ABILIFY MAINTENA	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>1 EA / 28 DAYS</div> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
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<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; margin-bottom: 5px;">QL</div> <div>60 EA / 30 DAYS</div> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-bottom: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
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<i>aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	1	
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<i>aripiprazole 1 mg/ml solution</i>	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ARISTADA 1064 MG/3.9ML PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 3.9 ML / 56 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div>
ARISTADA 441 MG/1.6ML PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1.6 ML / 28 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div>
ARISTADA 662 MG/2.4ML PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2.4 ML / 28 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div>
ARISTADA 882 MG/3.2ML PRSYR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 3.2 ML / 28 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div>
ARISTADA INITIO	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 4.8 ML / 365 OVER TIME</div> <div>NDS Non-Extended Day Supply</div> </div>
REXULTI	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 EA / 30 DAYS</div> <div>NDS Non-Extended Day Supply</div> </div>
THIOXANTHENES		
<i>thiothixene</i>	3	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	3	
<i>abacavir sulfate 300 mg tab</i>	2	
<i>abacavir sulfate-lamivudine</i>	3	
<i>abacavir-lamivudine-zidovudine</i>	4	NDS Non-Extended Day Supply
APRETUDE	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
APTIVUS 250 MG CAP	4	NDS Non-Extended Day Supply
<i>atazanavir sulfate</i>	3	
BIKTARVY	4	NDS Non-Extended Day Supply
CABENUVA	4	NDS Non-Extended Day Supply
CIMDUO	4	NDS Non-Extended Day Supply
COMPLERA	3	
<i>darunavir</i>	4	NDS Non-Extended Day Supply
DELSTRIGO	4	NDS Non-Extended Day Supply
DESCOVY	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
DOVATO	4	NDS Non-Extended Day Supply
EDURANT	4	NDS Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	3	
<i>efavirenz-emtricitab-tenofo df</i>	4	NDS Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	4	NDS Non-Extended Day Supply
<i>emtricitabine</i>	3	
<i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i>	4	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	3	QL 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	2	
<i>etravirine</i>	4	NDS Non-Extended Day Supply
EVOTAZ	4	NDS Non-Extended Day Supply
<i>fosamprenavir calcium</i>	4	NDS Non-Extended Day Supply
FUZEON	4	NDS Non-Extended Day Supply
GENVOYA	4	NDS Non-Extended Day Supply
INTELENCE 25 MG TAB	2	
INVIRASE	4	NDS Non-Extended Day Supply
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	4	NDS Non-Extended Day Supply
ISENTRESS 25 MG CHEW TAB	2	
ISENTRESS HD	4	NDS Non-Extended Day Supply
JULUCA	4	NDS Non-Extended Day Supply
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i>	3	
<i>lamivudine-zidovudine</i>	3	
LEXIVA 50 MG/ML SUSPENSION	3	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	3	
<i>maraviroc</i>	4	 Non-Extended Day Supply
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	3	
<i>nevirapine er (nevirapine er 100 mg tab er 24h, nevirapine er 400 mg tab er 24h)</i>	3	
NORVIR 100 MG PACKET	2	
ODEFSEY	4	 Non-Extended Day Supply
PIFELTRO	4	 Non-Extended Day Supply
PREZCOBIX	4	 Non-Extended Day Supply
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB)	3	
PREZISTA 100 MG/ML SUSPENSION	4	 Non-Extended Day Supply
REYATAZ 50 MG PACKET	4	 Non-Extended Day Supply
<i>ritonavir</i>	1	
RUKOBIA	4	 Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	4	 Non-Extended Day Supply
SELZENTRY 25 MG TAB	2	
STRIBILD	4	 Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	4	 Non-Extended Day Supply
SYMTUZA	3	
TEMIXYS	4	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	4	 Non-Extended Day Supply
TIVICAY 10 MG TAB	2	
TIVICAY PD	4	 Non-Extended Day Supply
TRIUMEQ	4	 Non-Extended Day Supply
TRIUMEQ PD	4	 Non-Extended Day Supply
TRIZIVIR	4	 Non-Extended Day Supply
TROGARZO	4	 Non-Extended Day Supply 
VIRACEPT	4	 Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	4	 Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	2	<ul style="list-style-type: none"> QL 20 EA / 5 OVER TIME \$0 Copay
PAXLOVID (300/100)	2	<ul style="list-style-type: none"> QL 30 EA / 5 OVER TIME \$0 Copay
CMV AGENTS		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
<i>valganciclovir hcl 450 mg tab</i>	1	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	3	
BARACLUDE 0.05 MG/ML SOLUTION	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
<i>entecavir</i>	3	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	3	
LEDIPASVIR-SOFOSBUVIR	4	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 100-40 MG TAB	4	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	4	<ul style="list-style-type: none"> QL 168 EA / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PEGASYS	4	PA NDS Non-Extended Day Supply
RIBAVIRIN 200 MG CAP	1	
RIBAVIRIN 200 MG TAB	1	
SOFOSBUVIR-VELPATASVIR	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
VEMLIDY	4	NDS Non-Extended Day Supply
VOSEVI	4	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
HERPES AGENTS		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	3	
<i>acyclovir sodium</i>	3	PA ³
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	2	QL 42 EA / 180 OVER TIME
<i>oseltamivir phosphate 30 mg cap</i>	2	QL 84 EA / 180 OVER TIME
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	QL 540 ML / 180 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
MISC. ANTIVIRALS		
LAGEVRIO	2	QL 40 EA / 5 OVER TIME
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 40 mg/5ml solution, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	3	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	1	

DRUG NAME**DRUG TIER****REQUIREMENTS / LIMITS**

diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)

1

diltiazem hcl er beads

1

diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 240 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)

1

felodipine er

1

isradipine

1

matzim la

1

nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)

3

nifedipine er

1

nifedipine er osmotic release

1

nimodipine

3

taztia xt

1

tiadylt er

1

verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)

1

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERAPAMIL HCL ER (VERAPAMIL HCL ER 100 MG CAP ER 24H, VERAPAMIL HCL ER 200 MG CAP ER 24H, VERAPAMIL HCL ER 300 MG CAP ER 24H)	3	
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h)</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin (digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)

1

ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)

2

QL 60 EA / 30 DAYS

IMPOTENCE AGENTS

CAVERJECT

3*

CAVERJECT IMPULSE

3*

EDEX

3*

MUSE

3*

sildenafil citrate (sildenafil citrate 25 mg tab, sildenafil citrate 50 mg tab, sildenafil citrate 100 mg tab)

1*

tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)

1*

TRI-MIX

2*

vardenafil hcl

1*

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>bosentan</i>	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
OPSUMIT	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply
<i>sildenafil citrate 20 mg tab</i>	1	<ul style="list-style-type: none"> PA
<i>tadalafil (pah)</i>	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> Non-Extended Day Supply </div> </div>
SINUS NODE INHIBITORS		
CORLANOR 5 MG TAB	2	QL 60 EA / 30 DAYS
CORLANOR 5 MG/5ML SOLUTION	2	QL 450 ML / 30 DAYS
CORLANOR 7.5 MG TAB	2	QL 60 EA / 30 DAYS
<i>ivabradine hcl</i>	2	QL 60 EA / 30 DAYS
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	3	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div> 30 EA / 30 DAYS </div> </div>
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	2	QL 30 EA / 30 DAYS
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	1	
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	1	
CEFAZOLIN SODIUM 100 GM RECON SOLN	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFAZOLIN SODIUM 2 GM RECON SOLN	1	
CEFAZOLIN SODIUM 300 GM RECON SOLN	1	
CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN)	1	
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	1	
<i>cefotetan disodium</i>	3	
CEFOTETAN DISODIUM-DEXTROSE	3	
<i>cefoxitin sodium</i>	3	
CEFOXITIN SODIUM-DEXTROSE	3	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	3	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	3	
<i>ceftazidime (ceftazidime 2 gm recon soln, cefazidime 6 gm recon soln)</i>	3	
CEFTAZIDIME AND DEXTROSE	3	
CEFTRIAZONE SODIUM (CEFTRIAZONE SODIUM 1 GM RECON SOLN, CEFTRIAZONE SODIUM 2 GM RECON SOLN, CEFTRIAZONE SODIUM 10 GM RECON SOLN, CEFTRIAZONE SODIUM 100 GM RECON SOLN)	3	
<i>ceftriazone sodium (ceftriazone sodium 250 mg recon soln, ceftriazone sodium 500 mg recon soln)</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	3	
CEFTRIAZONE SODIUM- DEXTROSE	3	
<i>tazicef 1 gm recon soln</i>	3	
<i>tazicef 2 gm recon soln</i>	3	
TAZICEF 6 GM RECON SOLN	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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CEPHALOSPORINS - 4TH GENERATION

cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution) 3

CEFEPIME-DEXTROSE 3

CEPHALOSPORINS - 5TH GENERATION

TEFLARO 4

 Non-Extended Day Supply

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

altavera 1

alyacen 1/35 1

apri 1

aranelle 1

aubra 1

aubra eq 1

aviane 1

azurette 1

blisovi 24 fe 3

blisovi fe 1.5/30 3

camrese 1

camrese lo 3

cryselle-28 1

cyred 1

cyred eq 1

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	3	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>hailey 24 fe</i>	3	
<i>introvale</i>	3	
<i>isibloom</i>	1	
<i>jasmiel</i>	3	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levonorgest-eth est & eth est</i>	3	
<i>levonorgest-eth estrad 91-day (levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab, levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab)</i>	3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg- mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	1	
<i>levora 0.15/30 (28)</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>nikki</i>	3	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tarina 24 fe</i>	3	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	3	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	3	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	3	
<i>trivora (28)</i>	1	
<i>turqoz</i>	1	
TYBLUME	3	
<i>tydemy</i>	3	
VELIVET	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wymzya fe</i>	3	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	3	
<i>xulane</i>	3	
<i>zafemy</i>	3	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	3	QL 1 EA / 365 OVER TIME
<i>eluryng</i>	3	
<i>enilloring</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	
<i>haloette</i>	3	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104	2	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	1	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>sharobel</i>	1	
SLYND	3	
<i>tulana</i>	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	2	
<i>budesonide er</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #c8863f; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #c8863f; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>decadron (decadron 0.5 mg tab, decadron 0.75 mg tab)</i>	1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	1	
DEXAMETHASONE SOD PHOS +RFID	1	
<i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf)</i>	3	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	1	PA ³
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2	PA ³
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	3	PA ³
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	1	PA ³
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	1	PA ³
PREDNISON (PREDNISON 1 MG TAB, PREDNISON 2.5 MG TAB, PREDNISON 5 MG TAB, PREDNISON 5 MG/5ML SOLUTION, PREDNISON 10 MG TAB, PREDNISON 20 MG TAB, PREDNISON 50 MG TAB)	1	PA ³
<i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
PREDNISON INTENSOL	3	PA ³
SOLU-CORTEF	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOLU-MEDROL (PF)	3	
SOLU-MEDROL 1000 MG RECON SOLN	3	
SOLU-MEDROL 2 GM RECON SOLN	3	
SOLU-MEDROL 500 MG RECON SOLN	3	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1*	
<i>hydrocodone bit-homatrop mbr</i> (<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab, hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>)	1*	
<i>hydromet</i>	1*	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1*	
CAPCOF	2*	
CODITUSSIN AC	2*	
CODITUSSIN DAC	2*	
g tussin ac	1*	
<i>guaiaatussin ac</i>	1*	
<i>guaifenesin ac</i>	1*	
<i>guaifenesin dac</i>	1*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>guaifenesin-codeine</i>	1*	
HISTEX-AC	2*	
HYDROCOD POLI-CHLORPHE POLI ER	2*	
<i>hydrocod poli-chlorphe poli er</i>	1*	
M-CLEAR WC	2*	
M-END PE	2*	
MAR-COF BP	2*	
MAR-COF CG EXPECTORANT	2*	
<i>maxi-tuss ac</i>	1*	
MAXI-TUSS CD	2*	
NINJACOF-XG	2*	
POLY-TUSSIN AC	2*	
PRO-RED AC	2*	
PROMETHAZINE VC/CODEINE	2*	
<i>promethazine-codeine</i>	1*	
<i>promethazine-dm</i>	1*	
<i>promethazine-phenyleph-codeine</i>	1*	
<i>pseudoeph-bromphen-dm</i>	1*	
RYDEX	2*	
TUSSICAPS	2*	
TUXARIN ER	2*	
TUZISTRA XR	2*	
<i>virtussin a/c</i>	1*	
<i>virtussin ac w/a/c</i>	1*	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VIRTUSSIN DAC	2*	
Z-TUSS AC	2*	
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	PA ³
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>acutane</i>	3	
<i>amnestem</i>	3	
<i>avita 0.025 % cream</i>	3	QL 45 GM / 30 DAYS PA
<i>claravis</i>	3	
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i>	1	QL 60 ML / 30 DAYS
<i>clindamycin phosphate 1 % gel</i>	1	QL 75 GM / 30 DAYS
ERY	2	QL 60 EA / 30 DAYS
<i>erythromycin 2 % solution</i>	1	QL 60 ML / 30 DAYS
<i>isotretinoin</i>	3	
<i>sulfacetamide sodium (acne)</i>	3	QL 118 ML / 30 DAYS
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel, tretinoin 0.05 % gel)</i>	2	QL 45 GM / 30 DAYS PA
<i>tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i>	3	QL 45 GM / 30 DAYS PA
<i>zenatane</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac 1% gel</i>	1	QL 1000 GM / 30 DAYS
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate 0.1 % cream</i>	1	QL 30 GM / 30 DAYS
<i>gentamicin sulfate 0.1 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>mupirocin 2% ointment</i>	1	QL 220 GM / 30 DAYS
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77 % gel</i>	1	QL 100 GM / 30 DAYS
<i>ciclopirox 1 % shampoo</i>	1	QL 120 ML / 30 DAYS
<i>ciclopirox 8 % solution</i>	1	QL 13.2 ML / 30 DAYS
<i>ciclopirox olamine 0.77 % cream</i>	1	QL 90 GM / 30 DAYS
<i>ciclopirox olamine 0.77 % suspension</i>	1	QL 60 ML / 30 DAYS
<i>clotrimazole (lotrimin)</i>	1	QL 30 ML / 28 OVER TIME
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL 90 GM / 30 DAYS
<i>econazole nitrate</i>	3	QL 85 GM / 30 DAYS
<i>ketconazole 2 % cream</i>	1	QL 120 GM / 30 DAYS
<i>ketconazole 2 % shampoo</i>	1	QL 240 ML / 30 DAYS
<i>klayesta</i>	1	QL 60 GM / 30 DAYS
<i>nyamyc</i>	1	QL 60 GM / 30 DAYS
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i>	1	QL 30 GM / 30 DAYS
<i>nystatin 100000 unit/gm powder</i>	1	QL 60 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nystatin-triamcinolone</i>	2	QL 60 GM / 30 DAYS
<i>nystop</i>	1	QL 60 GM / 30 DAYS
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	4	QL 60 GM / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>diclofenac sodium 3 % gel</i>	3	QL 100 GM / 30 DAYS PA
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	1	QL 40 GM / 30 DAYS
PANRETIN	4	PA ² NDS Non-Extended Day Supply
VALCHLOR	4	QL 240 GM / 30 DAYS PA ² NDS Non-Extended Day Supply LA
ANTIPSORIATICS		
<i>acitretin</i>	3	
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	3	QL 120 GM / 30 DAYS
CALCIPOTRIENE 0.005 % SOLUTION	2	QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METHOXSALLEN RAPID	4	NDS Non-Extended Day Supply
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
SKYRIZI PEN	4	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	4	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA 90 MG/ML SOLN PRSYR	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	4	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
TALTZ 20 MG/0.25ML SOLN PRSYR	4	QL 0.25 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ 40 MG/0.5ML SOLN PRSYR	4	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	3	QL 60 GM / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	3	QL 30 GM / 30 DAYS
<i>penciclovir</i>	3	QL 5 GM / 7 OVER TIME
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	2	QL 453.6 GM / 30 DAYS
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	1	QL 90 GM / 30 DAYS
<i>betamethasone dipropionate 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	1	QL 100 GM / 30 DAYS
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	QL 120 ML / 30 DAYS
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>betamethasone valerate 0.1 % lotion</i>	1	QL 120 ML / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clobetasol prop emollient base</i>	3	QL 120 GM / 30 DAYS
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)</i>	3	QL 120 GM / 30 DAYS
<i>clobetasol propionate 0.05 % foam</i>	3	QL 100 GM / 30 DAYS
<i>clobetasol propionate 0.05 % lotion</i>	3	QL 118 ML / 30 DAYS
<i>clobetasol propionate 0.05 % shampoo</i>	3	QL 236 ML / 30 DAYS
<i>clobetasol propionate 0.05 % solution</i>	3	QL 100 ML / 30 DAYS
<i>clobetasol propionate e</i>	3	QL 120 GM / 30 DAYS
<i>clodan 0.05 % shampoo</i>	3	QL 236 ML / 30 DAYS
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	3	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide 0.01 % solution</i>	3	QL 90 ML / 30 DAYS
<i>fluocinolone acetonide 0.025 % ointment</i>	3	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide body</i>	3	QL 120 ML / 30 DAYS
<i>fluocinolone acetonide scalp</i>	3	QL 120 ML / 30 DAYS
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % ointment)</i>	1	QL 60 GM / 30 DAYS
FLUOCINONIDE 0.05 % GEL	1	QL 60 GM / 30 DAYS
<i>fluocinonide 0.05 % solution</i>	1	QL 60 ML / 30 DAYS
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	3	QL 50 GM / 30 DAYS
<i>hydrocortisone</i>	1	QL 240 GM / 30 DAYS
HYDROCORTISONE 2.5 % LOTION	1	QL 118 ML / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS
<i>mometasone furoate 0.1 % solution</i>	1	QL 180 ML / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream)</i>	1	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i>	1	QL 120 ML / 30 DAYS
<i>triamcinolone acetonide 0.5 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>triderm</i>	1	QL 454 GM / 30 DAYS

ECZEMA AGENTS

ADBRY 150 MG/ML SOLN PRSYR	4	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	4	QL 4.56 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	4	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	QL 1.34 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EMOLLIENTS		
<i>ammonium lactate (amlactin)</i>	1	
ENZYMES - TOPICAL		
SANTYL	2	QL 180 GM / 30 OVER TIME
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	QL 24 EA / 30 DAYS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	3	QL 100 GM / 30 DAYS
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	3	QL 100 GM / 30 DAYS
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX 0.5 % SOLUTION	1	QL 7 ML / 30 DAYS
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine hcl 4 % solution</i>	1	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	1	QL 60 ML / 7 OVER TIME
<i>lidocaine patches</i>	3	QL 90 EA / 30 DAYS PA
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 30 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROSACEA AGENTS		
<i>azelaic acid</i>	3	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	1	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	3	QL 45 GM / 30 DAYS
<i>metronidazole 0.75 % lotion</i>	3	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	3	QL 60 GM / 30 DAYS
SCABICIDES PEDICULICIDES		
LINDANE	3	
<i>malathion</i>	3	
<i>permethrin (nix)</i>	2	
WOUND CARE PRODUCTS		
REGRANEX	4	NDS Non-Extended Day Supply
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA BLUE TEST	Part B Covered	
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	
SUCRAID	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)</i>	1	
<i>acetazolamide er</i>	1	
<i>methazolamide</i>	3	
DIURETIC COMBINATIONS		
<i>AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB</i>	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	
<i>ethacrynic acid</i>	3	
<i>furosemide (furosemide 8 mg/ml solution, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>torseamide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	
<i>indapamide</i>	1	
<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	3	
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL 1 EA / 30 DAYS
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab, risedronate sodium 35 mg tab, risedronate sodium 150 mg tab)</i>	1	
<i>risedronate sodium 35 mg tab dr</i>	3	
<i>teriparatide</i>	4	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	4	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XGEVA	4	<div data-bbox="1133 174 1187 205">QL</div> 1.7 ML / 28 DAYS <div data-bbox="1133 222 1187 254">PA</div> <div data-bbox="1133 279 1187 310">NDS</div> Non-Extended Day Supply
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	4	<div data-bbox="1133 434 1187 466">PA</div> <div data-bbox="1133 491 1187 522">NDS</div> Non-Extended Day Supply <div data-bbox="1133 548 1187 579">LA</div>
GROWTH HORMONES		
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	4	<div data-bbox="1133 726 1187 758">PA</div> <div data-bbox="1133 783 1187 814">NDS</div> Non-Extended Day Supply
SKYTROFA	4	<div data-bbox="1133 907 1187 938">PA</div> <div data-bbox="1133 963 1187 995">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1020 1187 1052">LA</div>
HORMONE RECEPTOR MODULATORS		
OSPHENA	3	
<i>raloxifene hcl</i>	1	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	4	<div data-bbox="1133 1350 1187 1381">PA</div> <div data-bbox="1133 1407 1187 1438">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1463 1187 1495">LA</div>
METABOLIC MODIFIERS		
<i>betaine</i>	4	<div data-bbox="1133 1610 1187 1642">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1667 1187 1698">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	3	
<i>carglumic acid</i>	4	PA NDS Non-Extended Day Supply LA
<i>cinacalcet hcl</i>	3	PA
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	3	
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
NEXVIAZYME	4	PA NDS Non-Extended Day Supply LA
<i>nitisinone</i>	4	PA NDS Non-Extended Day Supply
OPFOLDA	3	QL 8 EA / 28 DAYS
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	3	
<i>sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)</i>	4	PA NDS Non-Extended Day Supply LA
<i>sodium phenylbutyrate 500 mg tab</i>	4	PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	2	QL 30 EA / 30 DAYS PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	3	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray</i>	3	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	2	
SOMATOSTATIC AGENTS		
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	3	PA
SIGNIFOR	4	QL 60 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>estradiol-norethindrone acet</i>	3	
<i>fyavolv</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>jinteli</i>	3	
<i>norethindrone-eth estradiol</i>	3	
ESTROGENS		
<i>dotti</i>	3	
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk)</i>	3	
<i>estradiol (estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	
<i>estradiol valerate</i>	3	
<i>lyllana</i>	3	
MENEST	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	3	
<i>ciprofloxacin in d5w</i>	1	
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levofloxacin 25 mg/ml solution</i>	3	
<i>levofloxacin in d5w (levofloxacin in d5w 500 mg/100ml solution, levofloxacin in d5w 750 mg/150ml solution)</i>	3	
<i>levofloxacin in d5w 250 mg/50ml solution</i>	1	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	3	
MOXIFLOXACIN HCL IN NAACL	3	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	3	
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
RELTONE	3	PA
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	2	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	3	
DIPENTUM	4	NDS Non-Extended Day Supply
<i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 400 mg cap dr, mesalamine 800 mg tab dr, mesalamine 1000 mg suppos)</i>	2	
<i>mesalamine 4 gm enema</i>	3	
<i>mesalamine er 0.375 gm cap er 24h</i>	2	
<i>mesalamine er 500 mg cap er</i>	3	
<i>mesalamine-cleanser</i>	3	
SKYRIZI 180 MG/1.2ML SOLN CART	4	QL 1.2 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
SKYRIZI 360 MG/2.4ML SOLN CART	4	QL 2.4 ML / 56 OVER TIME PA NDS Non-Extended Day Supply
<i>sulfasalazine</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	4	NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LINZESS	2	QL 30 EA / 30 DAYS
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	QL 30 EA / 30 DAYS
RELISTOR 12 MG/0.6ML SOLUTION	4	QL 18 ML / 30 DAYS PA NDS Non-Extended Day Supply
RELISTOR 8 MG/0.4ML SOLUTION	4	QL 12 ML / 30 DAYS PA NDS Non-Extended Day Supply
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>lanthanum carbonate</i>	4	NDS Non-Extended Day Supply
<i>sevelamer carbonate</i>	3	
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS NO 2	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALKALINIZERS		
<i>potassium citrate er</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON	3	PA LA
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
RENACIDIN	2	
<i>sodium chloride 0.9 % solution</i>	3	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	2	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
URINARY STONE AGENTS		
LITHOSTAT	3	
<i>tiopronin 100 mg tab</i>	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	2	
GOUT AGENTS		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	
URICOSURICS		
<i>probenecid</i>	2	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	4	PA NDS Non-Extended Day Supply LA
<i>sajazir</i>	4	PA NDS Non-Extended Day Supply LA
COMPLEMENT INHIBITORS		
CINRYZE	4	PA NDS Non-Extended Day Supply LA
HAEGARDA	4	PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RUCONEST	4	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 281">NDS</div> <div data-bbox="1203 222 1477 281">Non-Extended Day Supply</div> <div data-bbox="1133 296 1195 333">LA</div>
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole er</i>	3	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	3	
<i>prasugrel hcl</i>	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	<div data-bbox="1133 1199 1195 1236">QL</div> <div data-bbox="1203 1199 1451 1236">60 EA / 30 DAYS</div> <div data-bbox="1133 1247 1195 1285">PA</div> <div data-bbox="1133 1295 1195 1354">NDS</div> <div data-bbox="1203 1295 1477 1354">Non-Extended Day Supply</div> <div data-bbox="1133 1365 1195 1402">LA</div>
<i>miglustat</i>	4	<div data-bbox="1133 1430 1195 1467">PA</div> <div data-bbox="1133 1478 1195 1537">NDS</div> <div data-bbox="1203 1478 1477 1537">Non-Extended Day Supply</div> <div data-bbox="1133 1547 1195 1585">LA</div>
<i>yargesa</i>	4	<div data-bbox="1133 1612 1195 1650">PA</div> <div data-bbox="1133 1661 1195 1719">NDS</div> <div data-bbox="1203 1661 1477 1719">Non-Extended Day Supply</div> <div data-bbox="1133 1730 1195 1768">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AGENTS FOR SICKLE CELL DISEASE		
DROXIA	2	
I-glutamine 5 gm packet	4	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
COBALAMINS		
<i>cyanocobalmin (vitamin b12)</i>	1*	
HYDROXOCOBALAMIN ACETATE	2*	
METHYLCOBALAMIN 10000 MCG RECON SOLN	2*	
FOLIC ACID/FOLATES		
<i>folic acid</i>	1*	
HEMATOPOIETIC GROWTH FACTORS		
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	4	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	2	PA
RETACRIT 40000 UNIT/ML SOLUTION	4	PA NDS Non-Extended Day Supply
UDENYCA	4	NDS Non-Extended Day Supply
ZARXIO	4	NDS Non-Extended Day Supply
ZIEXTENZO	4	NDS Non-Extended Day Supply
HEMATOPOIETIC MIXTURES		
<i>folic acid / vitamin b6 / vitamin b12</i>	1*	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	3	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	1	QL 30 EA / 30 DAYS
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone</i>	3	QL 30 EA / 30 DAYS
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	QL 30 EA / 30 DAYS PA ²
<i>zaleplon 10 mg cap</i>	3	QL 60 EA / 30 DAYS
<i>zaleplon 5 mg cap</i>	3	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	QL 60 EA / 30 DAYS
<i>zolpidem tartrate er</i>	3	QL 30 EA / 30 DAYS
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	3	QL 30 EA / 30 DAYS
DAYVIGO	3	QL 30 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>ramelteon</i>	2	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS
<i>tasimelteon</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply

LAXATIVES

LAXATIVE COMBINATIONS

GAVILYTE-C	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
GOLYTELY	1	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
SUFLAVE	2	

LAXATIVES - MISCELLANEOUS

<i>constulose</i>	1	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	3	
<i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i>	1	
<i>clarithromycin er</i>	3	
ERYTHROMYCINS		
<i>ery-tab</i>	3	
ERYTHROCIN STEARATE	3	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	3	
<i>erythromycin base (erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab, erythromycin base 500 mg tab dr)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	3	
FIDAXOMICIN		
DIFICID 200 MG TAB	2	QL 20 EA / 10 OVER TIME
DIFICID 40 MG/ML RECON SUSP	2	QL 136 ML / 10 OVER TIME
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS	2	
<i>gauze pads and dressings</i>	2	
DIABETIC SUPPLIES		
<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	QL 1 EA / 274 OVER TIME PA
DEXCOM G6 SENSOR	Part B Covered	QL 3 EA / 30 DAYS PA
DEXCOM G6 TRANSMITTER	Part B Covered	QL 1 EA / 68 OVER TIME PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DEXCOM G7 RECEIVER	Part B Covered	<div data-bbox="1133 170 1195 233">QL</div> <div data-bbox="1203 170 1455 233">1 EA / 275 OVER TIME</div> <div data-bbox="1133 243 1195 285">PA</div>
DEXCOM G7 SENSOR	Part B Covered	<div data-bbox="1133 300 1195 363">QL</div> <div data-bbox="1203 300 1430 363">3 EA / 30 DAYS</div> <div data-bbox="1133 373 1195 415">PA</div>
FREESTYLE LIBRE 14 DAY READER	Part B Covered	<div data-bbox="1133 415 1195 478">QL</div> <div data-bbox="1203 415 1455 478">1 EA / 274 OVER TIME</div> <div data-bbox="1133 489 1195 531">PA</div>
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	<div data-bbox="1133 552 1195 615">QL</div> <div data-bbox="1203 552 1430 615">2 EA / 28 DAYS</div> <div data-bbox="1133 625 1195 667">PA</div>
FREESTYLE LIBRE 2 PLUS SENSOR	Part B Covered	<div data-bbox="1133 667 1195 730">QL</div> <div data-bbox="1203 667 1430 730">2 EA / 30 DAYS</div> <div data-bbox="1133 741 1195 783">PA</div>
FREESTYLE LIBRE 2 READER	Part B Covered	<div data-bbox="1133 783 1195 846">QL</div> <div data-bbox="1203 783 1455 846">1 EA / 274 OVER TIME</div> <div data-bbox="1133 856 1195 898">PA</div>
FREESTYLE LIBRE 2 SENSOR	Part B Covered	<div data-bbox="1133 919 1195 982">QL</div> <div data-bbox="1203 919 1430 982">2 EA / 28 DAYS</div> <div data-bbox="1133 993 1195 1035">PA</div>
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	<div data-bbox="1133 1035 1195 1098">QL</div> <div data-bbox="1203 1035 1430 1098">2 EA / 30 DAYS</div> <div data-bbox="1133 1108 1195 1150">PA</div>
FREESTYLE LIBRE 3 READER	Part B Covered	<div data-bbox="1133 1150 1195 1213">QL</div> <div data-bbox="1203 1150 1455 1213">1 EA / 274 OVER TIME</div> <div data-bbox="1133 1224 1195 1266">PA</div>
FREESTYLE LIBRE 3 SENSOR	Part B Covered	<div data-bbox="1133 1287 1195 1350">QL</div> <div data-bbox="1203 1287 1430 1350">2 EA / 28 DAYS</div> <div data-bbox="1133 1360 1195 1402">PA</div>
FREESTYLE LIBRE READER	Part B Covered	<div data-bbox="1133 1402 1195 1465">QL</div> <div data-bbox="1203 1402 1455 1465">1 EA / 274 OVER TIME</div> <div data-bbox="1133 1476 1195 1518">PA</div>
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	<div data-bbox="1133 1539 1195 1602">QL</div> <div data-bbox="1203 1539 1430 1602">2 EA / 20 DAYS</div> <div data-bbox="1133 1612 1195 1654">PA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 G6 INTRO (GEN 5)	3	QL 1 EA / 275 OVER TIME
OMNIPOD 5 G6 PODS (GEN 5)	3	QL 15 EA / 30 DAYS
OMNIPOD 5 G7 INTRO (GEN 5)	3	QL 1 EA / 275 OVER TIME
OMNIPOD 5 G7 PODS (GEN 5)	3	QL 15 EA / 30 DAYS
OMNIPOD 5 LIBRE2 PLUS G6	3	QL 1 EA / 275 OVER TIME
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL 15 EA / 30 DAYS
OMNIPOD 5 PACK	3	QL 15 EA / 30 DAYS
OMNIPOD CLASSIC PDM (GEN 3)	3	QL 1 EA / 275 OVER TIME
OMNIPOD DASH INTRO (GEN 4)	3	QL 1 EA / 275 OVER TIME
OMNIPOD DASH PDM (GEN 4)	3	QL 1 EA / 275 OVER TIME
OMNIPOD DASH PODS (GEN 4)	3	QL 15 EA / 30 DAYS
MISC. DEVICES		
<i>alcohol swabs</i>	2	
ALCOHOL SWABS 1X1	2	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
<i>needles and syringes</i>	2	
<i>needles and syringes</i>	2	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	2	QL 1 ML / 30 DAYS PA
AJOVY	2	QL 1.5 ML / 30 DAYS PA
EMGALITY	2	QL 2 ML / 30 DAYS PA
EMGALITY (300 MG DOSE)	2	QL 3 ML / 30 DAYS PA
NURTEC	2	QL 16 EA / 30 DAYS PA
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	1	
MIGERGOT	3	
<i>sumatriptan-naproxen sodium</i>	3	QL 18 EA / 30 OVER TIME
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	QL 16 ML / 30 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SEROTONIN AGONISTS		
<i>eletriptan hydrobromide</i>	3	QL 18 EA / 30 OVER TIME
<i>naratriptan hcl</i>	1	QL 18 EA / 30 OVER TIME
<i>rizatriptan benzoate</i>	1	QL 36 EA / 28 OVER TIME
<i>sumatriptan</i>	3	QL 12 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 18 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	3	QL 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	3	QL 8 ML / 28 DAYS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i>	3	QL 18 EA / 30 OVER TIME
<i>zomig (zomig 2.5 mg tab, zomig 5 mg tab)</i>	3	QL 18 EA / 30 OVER TIME
MINERALS ELECTROLYTES		
CALCIUM		
<i>calcium gluconate 10 % solution</i>	1	
ELECTROLYTE MIXTURES		
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION)	3	PA ³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	3	
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION	3	
KCL (0.149%) IN NAACL	3	
KCL (0.298%) IN NAACL	3	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	3	
KCL-LACTATED RINGERS-D5W	3	
LACTATED RINGERS	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	3	
<i>potassium chloride in nacl 20-0.45 meq/l-% solution</i>	3	
<i>potassium chloride in nacl 20-0.9 meq/l-% solution</i>	3	
<i>potassium chloride in nacl 40-0.9 meq/l-% solution</i>	3	
FLUORIDE		
<i>sodium fluoride</i>	1	
<i>sodium fluoride chewable tablet</i>	1	
MAGNESIUM		
<i>magnesium sulfate 50 % solution</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PHOSPHATE		
K-PHOS	2	
POTASSIUM		
<i>klor-con 10</i>	1	
<i>klor-con 20 meq packet</i>	3	
<i>klor-con 8 meq tab er</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 10 meq/50ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 20 meq/50ml solution, potassium chloride 40 meq/15ml (20%) solution)</i>	1	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION)	3	
<i>potassium chloride 2 meq/ml solution</i>	3	
<i>potassium chloride 20 meq packet</i>	3	
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	1	
SODIUM		
<i>sodium chloride</i>	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine 250 mg tab</i>	4	<div data-bbox="1133 659 1192 695">PA</div> <div data-bbox="1133 709 1192 768">NDS</div> Non-Extended Day Supply
<i>trientine hcl 250 mg cap</i>	4	<div data-bbox="1133 800 1192 835">PA</div> <div data-bbox="1133 850 1192 909">NDS</div> Non-Extended Day Supply
IMMUNOMODULATORS		
<i>lenalidomide</i>	4	<div data-bbox="1133 1010 1192 1045">QL</div> 28 EA / 28 DAYS <div data-bbox="1133 1060 1192 1096">PA²</div> <div data-bbox="1133 1110 1192 1169">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1184 1192 1220">LA</div>
REVLIMID	4	<div data-bbox="1133 1241 1192 1276">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1291 1192 1327">PA²</div> <div data-bbox="1133 1341 1192 1400">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1415 1192 1451">LA</div>
REZUROCK	4	<div data-bbox="1133 1476 1192 1512">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 1526 1192 1562">PA</div> <div data-bbox="1133 1577 1192 1635">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1650 1192 1686">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	4	<div data-bbox="1133 174 1190 205">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 222 1190 254">NDS</div> Non-Extended Day Supply <div data-bbox="1133 291 1190 323">LA</div>
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	4	<div data-bbox="1133 359 1190 390">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 407 1190 438">NDS</div> Non-Extended Day Supply <div data-bbox="1133 476 1190 508">LA</div>
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tab</i>	1	<div data-bbox="1133 617 1190 648">PA³</div>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	3	<div data-bbox="1133 695 1190 726">PA³</div>
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	3	<div data-bbox="1133 852 1190 884">PA³</div>
ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H)	3	<div data-bbox="1133 1041 1190 1073">PA³</div>
ENVARUSUS XR 4 MG TAB ER 24H	4	<div data-bbox="1133 1163 1190 1194">PA³</div> <div data-bbox="1133 1211 1190 1243">NDS</div> Non-Extended Day Supply
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	4	<div data-bbox="1133 1304 1190 1335">PA³</div> <div data-bbox="1133 1352 1190 1383">NDS</div> Non-Extended Day Supply
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	3	<div data-bbox="1133 1457 1190 1488">PA³</div>
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	<div data-bbox="1133 1572 1190 1604">PA³</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	4	PA ³ NDS Non-Extended Day Supply
<i>mycophenolate sodium</i>	2	PA ³
<i>mycophenolic acid</i>	2	PA ³
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	3	PA ³
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	3	PA ³
<i>sirolimus 1 mg/ml solution</i>	4	PA ³ NDS Non-Extended Day Supply
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	PA ³

PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS

VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VIJOICE 200 & 50 MG TAB THPK	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply

POTASSIUM REMOVING AGENTS

<i>kionex</i>	1	
LOKELMA	3	
<i>sodium polystyrene sulfonate (sodium polystyrene sulfonate powder, sodium polystyrene sulfonate 15 gm/60ml suspension)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf) 15 gm/60ml suspension, sps (sodium polystyrene sulf) 30 gm/120ml suspension)</i>	1	
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VELTASSA (VELTASSA 8.4 GM PACKET, VELTASSA 16.8 GM PACKET, VELTASSA 25.2 GM PACKET)	2	
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SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> 4 ML / 28 DAYS Non-Extended Day Supply
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MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

LIDOCAINE HCL 4 % SOLUTION	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	1	

ANTI-INFECTIVES - THROAT

<i>clotrimazole 10 mg troche</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin 100000 unit/ml suspension</i>	1	

ANTISEPTICS - MOUTH/THROAT


<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>perio gard</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DENTAL PRODUCTS		
<i>cavarest</i>	1	
<i>clinpro 5000</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoridex</i>	1	
<i>fluoridex enhanced whitening</i>	1	
<i>fluorimax 5000</i>	1	
<i>fraiche 5000 dental</i>	1	
<i>just right 5000</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	1	
PREVIDENT 5000 SENSITIVE	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
SOD FLUORIDE-POTASSIUM NITRATE	1	
<i>sodium fluoride (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i>	1	
SODIUM FLUORIDE 5000 ENAMEL	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % cream, sodium fluoride 5000 ppm 1.1 % gel, sodium fluoride 5000 ppm 1.1 % paste)</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	2	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>vitamin b complex</i>	1*	
B-COMPLEX W/ FOLIC ACID		
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2*	
<i>vitamin b complex / vitamin c / folic acid</i>	1*	
PRENATAL VITAMINS		
<i>prenatal vitamin</i>	3	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)</i>	1	
<i>chlorzoxazone 500 mg tab</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	3	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	3	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	3	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	3	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	1	
NASAL STEROIDS		
<i>flunisolide</i>	1	QL 50 ML / 30 DAYS
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 32 GM / 30 DAYS
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL 34 GM / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS	4	<ul style="list-style-type: none"> QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
RADICAVA ORS STARTER KIT	4	<ul style="list-style-type: none"> QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>riluzole</i>	3	<ul style="list-style-type: none"> PA
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose 10 % solution</i>	3	<ul style="list-style-type: none"> PA³
<i>dextrose 5 % solution</i>	3	
PROTEINS		
CLINIMIX/DEXTROSE (4.25/10)	3	<ul style="list-style-type: none"> PA³
CLINIMIX/DEXTROSE (4.25/5)	3	<ul style="list-style-type: none"> PA³
CLINIMIX/DEXTROSE (5/15)	3	<ul style="list-style-type: none"> PA³
CLINIMIX/DEXTROSE (5/20)	3	<ul style="list-style-type: none"> PA³
<i>plenamine</i>	3	<ul style="list-style-type: none"> PA³

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate-timolol</i>	2	
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	2	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate 1 % solution</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE	4	 Non-Extended Day Supply
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution)</i>	2	
<i>brimonidine tartrate 0.2 % solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	QL 7 GM / 7 OVER TIME
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	QL 7 GM / 7 OVER TIME
<i>ciprofloxacin hcl 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
<i>erythromycin 5 mg/gm ointment</i>	1	QL 7 GM / 7 OVER TIME
<i>gatifloxacin</i>	3	QL 5 ML / 7 OVER TIME
<i>gentamicin sulfate 0.3 % solution</i>	1	QL 10 ML / 7 OVER TIME
LEVOFLOXACIN 0.5 % SOLUTION	1	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	QL 6 ML / 7 OVER TIME
NATACYN	3	QL 15 ML / 7 OVER TIME
<i>neomycin-bacitracin zn-polymyx</i>	1	QL 7 GM / 7 OVER TIME
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	QL 10 ML / 7 OVER TIME
<i>ofloxacin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
<i>polymyxin b-trimethoprim</i>	1	QL 10 ML / 7 OVER TIME

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
<i>sulfacetamide sodium 10 % solution</i>	1	QL 15 ML / 7 OVER TIME
<i>tobramycin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
TRIFLURIDINE	1	QL 15 ML / 7 OVER TIME
XDEMVIY	4	QL 10 ML / 42 DAYS PA NDS Non-Extended Day Supply
ZIRGAN	3	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	QL 60 EA / 30 DAYS
RESTASIS	2	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	2	QL 5.5 ML / 30 DAYS
VERKAZIA	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	QL 60 EA / 30 DAYS
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	2	
ROCKLATAN	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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OPHTHALMIC NERVE GROWTH FACTORS		
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OXERVATE	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>112 ML / 365 OVER TIME</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div></div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">LA</div> <div></div> </div> </div>
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OPHTHALMIC STEROIDS		
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<i>bacitra-neomycin-polymyxin-hc</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate 0.5 % gel</i>	2	
<i>loteprednol etabonate 0.5 % suspension</i>	3	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
<i>tobramycin-dexamethasone</i>	1	

OPHTHALMICS - MISC.		
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<i>azelastine hcl 0.05 % solution</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CROMOLYN SODIUM 4 % SOLUTION	1	
CYSTARAN	4	<ul style="list-style-type: none"> QL 60 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	3	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	1	
<i>olopatadine</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	3	QL 5 ML / 30 DAYS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	3	
<i>travoprost (bak free)</i>	1	QL 5 ML / 30 DAYS
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
OTIC STEROIDS		
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAKED 1 GM/10ML SOLUTION	4	PA NDS Non-Extended Day Supply
GAMUNEX-C 1 GM/10ML SOLUTION	4	PA NDS Non-Extended Day Supply
PRIVIGEN 20 GM/200ML SOLUTION	4	PA NDS Non-Extended Day Supply
VARIZIG	1	VAC \$0 Part D Adult Vaccine
MONOCLONAL ANTIBODIES		
BEYFORTUS	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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PASSIVE IMMUNIZING AGENTS - COMBINATIONS

HYQVIA	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NDS Non-Extended Day Supply</div> <div>LA</div> </div>
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PENICILLINS

AMINOPENICILLINS

<i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	1	
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AMOXICILLIN 400 MG/5ML RECON SUSP	1	
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<i>ampicillin</i>	1	
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<i>ampicillin sodium 1 gm recon soln</i>	3	
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<i>ampicillin sodium 10 gm recon soln</i>	3	
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AMPICILLIN SODIUM 125 MG RECON SOLN	3	
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AMPICILLIN SODIUM 2 GM RECON SOLN	1	
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NATURAL PENICILLINS



BICILLIN L-A	3	
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<i>penicillin g potassium</i>	3	
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PENICILLIN G PROCAINE	3	
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PENICILLIN G SODIUM	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG TAB, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 500 MG TAB)	1	
PFIZERPEN	1	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN- POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN- POT CLAVULANATE 875-125 MG TAB)	1	
AMOXICILLIN-POT CLAVULANATE ER	3	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	3	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	3	
<i>piperacillin sod-tazobactam so</i>	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	3	
<i>nafcillin sodium 10 gm recon soln</i>	4	 Non-Extended Day Supply
NAFCILLIN SODIUM IN DEXTROSE	3	
<i>oxacillin sodium</i>	3	
OXACILLIN SODIUM IN DEXTROSE	3	
PROGESTINS		
PROGESTINS		
<i>gallifrey</i>	1	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	3	
<i>norethindrone acetate</i>	1	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	3	
<i>disulfiram</i>	1	
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE	4	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
XYWAV	4	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA
ANTIDEMENTIA AGENTS		
<i>donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp)</i>	1	QL 30 EA / 30 DAYS
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	1	
<i>donepezil hcl 23 mg tab</i>	3	QL 30 EA / 30 DAYS
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	3	
<i>galantamine hydrobromide er</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	3	
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	
<i>memantine hcl er</i>	3	
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	2	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	4	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO 6 MG TAB	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	4	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H)	4	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR 6 MG TAB ER 24H	4	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	4	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	4	<ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA NDS Non-Extended Day Supply
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP, INGREZZA 80 MG CAP SPRINK)	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
INGREZZA 40 & 80 MG CAP THPK	4	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
<i>tetrabenazine</i>	4	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	4	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
AVONEX PREFILLED	4	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
<i>dalfampridine er</i>	2	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dimethyl fumarate 120 mg cap dr</i>	4	<p>QL 14 EA / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>dimethyl fumarate 240 mg cap dr</i>	4	<p>QL 60 EA / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>dimethyl fumarate starter pack</i>	4	<p>QL 120 EA / 180 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>fingolimod hcl</i>	4	<p>QL 30 EA / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	<p>QL 30 ML / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	<p>QL 12 ML / 28 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>glatopa 20 mg/ml soln prsyr</i>	4	<p>QL 30 ML / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>glatopa 40 mg/ml soln prsyr</i>	4	<p>QL 12 ML / 28 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KESIMPTA	4	<ul style="list-style-type: none"> QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
PLEGRIDY	4	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
REBIF	4	<ul style="list-style-type: none"> QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE	4	<ul style="list-style-type: none"> QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE TITRATION PACK	4	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
REBIF TITRATION PACK	4	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
<i>teriflunomide</i>	4	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VUMERITY	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="text-align: right; margin-top: 2px;">Non-Extended Day Supply</div> </div>
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	3	
PIMOZIDE	3	
SMOKING DETERRENTS		
NICOTROL INHALER	2	
NICOTROL NASAL SPRAY	2	
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	1	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="text-align: right; margin-top: 2px;">560 EA / 28 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="text-align: right; margin-top: 2px;">Non-Extended Day Supply</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
BRONCHITOL TOLERANCE TEST	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="text-align: right; margin-top: 2px;">560 EA / 28 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="text-align: right; margin-top: 2px;">Non-Extended Day Supply</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="text-align: right; margin-top: 2px;">60 EA / 30 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="text-align: right; margin-top: 2px;">Non-Extended Day Supply</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KALYDECO 13.4 MG PACKET	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 5.8 MG PACKET	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	4	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI 75-94 MG PACKET	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
PULMOZYME	4	<ul style="list-style-type: none"> QL 150 ML / 30 DAYS PA³ NDS Non-Extended Day Supply
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	4	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	4	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
PULMONARY FIBROSIS AGENTS		
OFEV	4	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	4	<ul style="list-style-type: none"> QL 270 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>pirfenidone 801 mg tab</i>	4	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TETRACYCLINES		
GLYCYLCYCLINES		
TIGECYCLINE	4	 Non-Extended Day Supply
<i>tigecycline 50 mg recon soln</i>	4	 Non-Extended Day Supply
TETRACYCLINES		
<i>demeclocycline hcl</i>	3	
<i>doxy 100</i>	3	
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i>	1	
<i>doxycycline hyclate 100 mg recon soln</i>	3	
<i>doxycycline monohydrate (doxycycline monohydrate 50 mg cap, doxycycline monohydrate 50 mg tab, doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg cap, doxycycline monohydrate 100 mg tab)</i>	1	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	3	
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i>	1	
<i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i>	3	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole (methimazole 5 mg tab, methimazole 10 mg tab)</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	1	VAC \$0 Part D Adult Vaccine

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOOSTRIX	1	VAC \$0 Part D Adult Vaccine
DAPTACEL	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	PA ³
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	PA ³ VAC \$0 Part D Adult Vaccine
TENIVAC	1	PA ³ VAC \$0 Part D Adult Vaccine
TETANUS-DIPHThERIA TOXOIDS TD	1	PA ³ VAC \$0 Part D Adult Vaccine

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	1
<i>dicyclomine hcl 10 mg/5ml solution</i>	3
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	3

H-2 ANTAGONISTS

<i>cimetidine</i>	1
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>famotidine (pepcid)</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate 1 gm tab</i>	1	
<i>sucralfate 1 gm/10ml suspension</i>	3	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	2	
<i>lansoprazole (prevacid)</i>	2	
<i>omeprazole (omeprazole 10 mg cap dr, omeprazole 20 mg cap dr, omeprazole 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (misoprostol 100 mcg tab, misoprostol 200 mcg tab)</i>	1	
ULCER THERAPY COMBINATIONS		
<i>bis subcit-metronid-tetracyc</i>	3	
<i>bismuth/metronidaz/tetracyclin</i>	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	1	
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	2	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	2	
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	2	
MYRBETRIQ 8 MG/ML SRER	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	3	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	
BCG VACCINE	1	VAC \$0 Part D Adult Vaccine
BEXSERO	1	VAC \$0 Part D Adult Vaccine
CAPVAXIVE	Part B Covered	
HIBERIX	1	
MENACTRA	1	VAC \$0 Part D Adult Vaccine

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MENQUADFI	1	VAC \$0 Part D Adult Vaccine
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	VAC \$0 Part D Adult Vaccine
PEDVAX HIB	1	
PENBRAYA	1	VAC \$0 Part D Adult Vaccine
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC \$0 Part D Adult Vaccine
TYPHIM VI	1	VAC \$0 Part D Adult Vaccine
VAXCHORA	1	VAC \$0 Part D Adult Vaccine
VAXNEUVANCE	Part B Covered	
VIRAL VACCINES		
ABRYSVO	1	VAC \$0 Part D Adult Vaccine
AREXVY	1	VAC \$0 Part D Adult Vaccine
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	PA ³ VAC \$0 Part D Adult Vaccine
ERVEBO	1	
GARDASIL 9	1	VAC-AGE \$0 Part D Adult Vaccine (ages 19 – 45)
HAVRIX 1440 EL U/ML SUSPENSION	1	VAC \$0 Part D Adult Vaccine

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IMOVAX RABIES	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IPOL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IXCHIQ	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
IXIARO	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
JYNNEOS	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
M-M-R II	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
MRESVIA	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PREHEVBRIO	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PRIORIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">2 EA / 365 OVER TIME</div> </div>
		<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
STAMARIL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TWINRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
VARIVAX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
YF-VAX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate 2 % cream</i>	1	
<i>metronidazole vaginal 0.75% gel</i>	1	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
VANDAZOLE	1	
VAGINAL ESTROGENS		
<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	1	
ESTRING	3	
PREMARIN 0.625 MG/GM CREAM	3	
<i>yuvafem</i>	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">2 EA / 30 OVER TIME</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; margin-right: 5px;">MFG</div> <div>Drug coverage is limited to certain manufacturers</div> </div>
SYMJEPI	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>2 EA / 30 OVER TIME</div> </div>
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #c8863f; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="margin-right: 5px;"></div> <div style="background-color: #c8863f; color: white; padding: 2px 5px; margin-right: 5px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>midodrine hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>phytonadione (phytonadione 1 mg/0.5ml solution, phytonadione 5 mg tab, phytonadione 10 mg/ml solution)</i>	1*	
<i>vitamin a</i>	2*	
<i>vitamin d</i>	1*	
<i>vitamin k1</i>	1*	
WATER SOLUBLE VITAMINS		
POTABA	2*	
<i>pyridoxine (vitamin b6)</i>	2*	
<i>thiamine (vitamin b1)</i>	1*	
<i>vitamin c</i>	2*	

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KORLYM	53	LENVIMA (20 MG DAILY DOSE)	70	LIDOCAINE HCL	167
KOSELUGO	85	LENVIMA (24 MG DAILY DOSE)	70	LIDOCAINE HCL	
kourzeq	169	LENVIMA (4 MG DAILY DOSE)	70	URETHRAL/MUCOSAL	138
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		NOVOLIN N FLEXPEN	
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This formulary was updated on 10/22/2024.

For more recent information or other questions, please contact:

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