

2023 год

Список препаратов, покрываемых программой Medicaid (фармацевтический справочник)

- UCare Connect (SNBC)
- Families and Children (Prepaid Medical Assistance Program (Программа медицинской помощи с предоплатной системой расчетов, PMAP))
- MinnesotaCare
- Minnesota Senior Care Plus (MSC Plus)

Действует с 1 декабря 2023 г.

Округа UCare Connect: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomon, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wadena, Washington, Watonwan, Wilkin, Winona, Wright и Yellow Medicine.

Округа Families and Children (PMAP): Aitkin, Anoka, Benton, Blue Earth, Carlton, Carver, Cass, Chisago, Cook, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Koochiching, Lake, Lake of the Woods, Le Sueur, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Olmsted, Pennington, Pine, Ramsey, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Watonwan, Winona и Wright.

Округа MinnesotaCare: Aitkin, Anoka, Benton, Blue Earth, Carlton, Carver, Cass, Chisago, Cook, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Koochiching, Lake, Lake of the Woods, Le Sueur, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Olmsted, Pennington, Pine, Ramsey, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Watonwan, Winona и Wright.

Округа Minnesota Senior Care Plus: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomon, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Winona, Wright и Yellow Medicine.

Информация, включенная в этот список покрываемых лекарственных препаратов, была верной по состоянию на 01.11.2023. Чтобы получить самую актуальную информацию, зайдите на сайт ucare.org. Если у вас есть вопросы, обратитесь в Службу поддержки клиентов UCare по номеру, указанному на этой странице. Вы можете запросить печатную копию списка покрываемых Medicaid препаратов в любое время.

Служба поддержки клиентов UCare: участники Families and Children (PMAP), MinnesotaCare, MSC+: 612-676-3200 или 1-800-203-7225. UCare Connect: 612-676-3395 или 1-877-903-0061. ТТУ: 612-676-6810 или 1-800-688-2534. Часы работы: с 8 ам до 5 pm, с понедельника по пятницу. Звонки бесплатные. Дополнительную информацию см. по адресу ucare.org. UCare, 500 Stinson Blvd, Minneapolis, MN 55413

ОЗНАКОМЬТЕСЬ СО СЛЕДУЮЩЕЙ ИНФОРМАЦИЕЙ: В ДОКУМЕНТЕ СОДЕРЖИТСЯ ИНФОРМАЦИЯ О ЛЕКАРСТВЕННЫХ ПРЕПАРАТАХ, КОТОРЫЕ МЫ ПОКРЫВАЕМ ПО ЭТИМ ПЛАНАМ. Участники должны пользоваться сетевыми аптеками UCare для получения льгот на отпускаемые по рецепту препараты.

Список может быть изменен и не является всеобъемлющим. Документ регулируется конкретными положениями и правилами штата, в том числе положениями, касающимися замены непатентованных препаратов, списков контролируемых веществ, предпочтения брендов и обязательных непатентованных препаратов, когда это применимо.

Примечание для существующих участников. Список покрываемых препаратов изменился с прошлого года и может изменяться в течение года. Пожалуйста, ознакомьтесь с этим документом, чтобы убедиться, что лекарства, которые вы принимаете, по-прежнему входят в список.

Обращайтесь в Службу поддержки клиентов UCare с вопросами: участники Families and Children (PMAP), MinnesotaCare, MSC+: 612-676-3200 или 1-800-203-7225. UCare Connect: 612-676-3395 или 1-877-903-0061. ТТУ: 612-676-6810 или 1-800-688-253. Часы работы: с 8 am до 5 pm, с понедельника по пятницу. Звонки бесплатные.

Вы также можете найти обновления этого списка по адресу [ucare.org](https://www.ucare.org).

Если у вас есть Medicare, большинство рецептурных препаратов, которые вы принимаете, необходимо получать по программе Medicare Prescription Drug Program (Medicare Part D). Вы должны быть зарегистрированы в плане рецептурных препаратов Medicare, чтобы получать льготы Medicare по рецептурным препаратам.

Уведомление о гражданских правах

Дискриминация является нарушением закона. UCare не допускает дискриминацию по любому из указанных ниже оснований:

- расовая принадлежность
- цвет кожи
- национальное происхождение
- вероисповедание
- религия
- сексуальная ориентация
- статус получателя социальной помощи
- возраст
- инвалидность (включая физические или психические патологии)
- пол (включая гендерные стереотипы и гендерную идентичность)
- семейное положение
- политические убеждения
- медицинское состояние
- состояние здоровья
- получение медицинской помощи и обслуживания
- ранее поданные страховые требования
- история болезни
- генетическая информация

Вы имеете право подать жалобу на дискриминацию, если считаете, что UCare допустил в отношении вас подобное отношение. Вы можете подать жалобу и обратиться за помощью в подаче жалобы лично, по почте, по телефону, по факсу или по электронной почте:

UCare

Кому: Appeals and Grievances (Отдел рассмотрения жалоб и апелляций)

PO Box 52

Minneapolis, MN 55440-0052

Бесплатный номер: 1-800-203-7225

Телетайп: 1-800-688-2534

Факс: 612-884-2021

Эл. почта: cag@ucare.org

Вспомогательные средства и услуги. UCare предоставляет вспомогательные средства и услуги, такие как квалифицированные переводчики или информация в доступных форматах, бесплатно и своевременно, чтобы обеспечить равные возможности для участия в наших программах здравоохранения. **Обращайтесь в UCare** по телефону 612-676-3200 (голосовые сообщения) или 1-800-203-7225 (голосовые сообщения), 612-676-6810 (TTY) или 1-800-688-2534 (TTY).

Услуги языковой помощи. UCare предоставляет переведенные документы и устный перевод на иностранные языки бесплатно и своевременно, когда услуги языковой помощи необходимы для обеспечения доступа к нашей информации и услугам для лиц, плохо владеющих английским языком.

Обращайтесь в UCare по телефону 612-676-3200 (голосовые сообщения) или 1-800-203-7225 (голосовые сообщения), 612-676-6810 (TTY) или 1-800-688-2534 (TTY).

Жалобы о нарушении гражданских прав

Вы имеете право подать жалобу на дискриминацию, если считаете, что UCare допустил в отношении вас подобное отношение. Вы также можете связаться с любым из следующих ведомств напрямую, чтобы подать жалобу в связи с дискриминацией.

Управление по гражданским правам Министерства здравоохранения и социальных служб США Office for Civil Rights, (OCR)

Вы имеете право подать жалобу в OCR, которое является федеральным агентством, если вы считаете, что подверглись дискриминации по какой-либо из перечисленных причин:

- расовая принадлежность
- цвет кожи
- национальное происхождение
- возраст
- инвалидность
- пол
- религия (в некоторых случаях)

Свяжитесь с OCR напрямую, чтобы подать жалобу:

Office for Civil Rights (Управление по гражданским правам)

U.S. Department of Health and Human Services

(Департамент здравоохранения и социального обеспечения США)

Регион Среднего Запада

233 N. Michigan Avenue, Suite 240

Chicago, IL 60601

Центр обслуживания клиентов: бесплатный номер : 800-368-1019

TDD, бесплатный номер: 800-537-7697

Электронная почта: ocrmail@hhs.gov

Департамент по правам человека штата Миннесота (Minnesota Department of Human Rights, MDHR)

В штате Миннесота вы имеете право подать жалобу в MDHR, если подверглись дискриминации по какой-либо из следующих причин:

- расовая принадлежность
- цвет кожи
- национальное происхождение
- религия
- вероисповедание
- пол
- сексуальная ориентация
- семейное положение
- статус получателя социальной помощи
- инвалидность

Обращайтесь непосредственно в **MDHR** для подачи жалобы:

Minnesota Department of Human Rights
540 Fairview Avenue North , Suite 201
St. Paul, MN 55104
651-539-1100 (голосовая связь)
800-657-3704 (звонок бесплатный)
711 или 800-627-3529 (служба коммутируемых сообщений Миннесоты)
651-296-9042 (факс)
Info.MDHR@state.mn.us (электронная почта)

Департамент социального обеспечения штата Миннесота Department of Human Services, (DHS)

Вы имеете право подать жалобу в DHS, если полагаете, что подверглись дискриминации в рамках наших программ медицинского обслуживания по какой-либо из перечисленных причин:

- расовая принадлежность
- цвет кожи
- национальное происхождение
- религия (в некоторых случаях)
- возраст
- инвалидность (включая физические или психические патологии)
- пол (включая гендерные стереотипы и гендерную идентичность)

Жалобы следует подавать в письменной форме в течение 180 дней с даты выявления предполагаемой дискриминации. В жалобе необходимо указать ваше имя и адрес, а также изложить дискриминацию, которая является основанием для жалобы. Мы рассмотрим ее и уведомим вас в письменной форме о том, имеем ли мы полномочия на проведение расследования данной ситуации. Если имеем, то мы расследуем жалобу.

DHS уведомит вас в письменной форме о результатах расследования. В случае несогласия с решением вы имеете право его обжаловать. Чтобы подать апелляцию, необходимо отправить в DHS письменный запрос о пересмотре результатов расследования. В лаконичной форме следует изложить причины, по которым вы не согласны с решением. Включите дополнительную информацию, которую вы считаете важной.

При использовании данного механизма подачи жалобы сотрудники указанного в ней агентства не смогут подвергнуть вас преследованиям. Это означает, что вы не подвергнетесь какому-либо наказанию за подачу жалобы. Подача жалобы таким образом не мешает вам пользоваться прочими юридическими или административными средствами защиты.

Обратитесь непосредственно в **DHS** для подачи жалобы на дискриминацию:

Civil Rights Coordinator (Координатор по вопросам гражданских прав)
Minnesota Department of Human Services (Департамент социального обеспечения штата Миннесота)
Equal Opportunity and Access Division (Отдел равных возможностей и доступа)
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (голосовая связь) или воспользуйтесь предпочитаемой службой коммутируемых сообщений

Американские индейцы могут продолжать или начать пользоваться клиниками племенных и индейских служб здравоохранения Indian Health Services (IHS). Мы не будем требовать предварительного одобрения или навязывать вам какие-либо условия для получения услуг в этих клиниках. Для пожилых людей в возрасте 65 лет и старше это включает в себя услуги по отказу от престарелых Elderly Waiver (EW), доступ к которым осуществляется через племя. Если врач или другой поставщик услуг в клинике племени или IHS направит вас к поставщику услуг в нашей сети, мы не будем требовать, чтобы вы обращались к своему поставщику первичной медицинской помощи до направления.

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ВАЖНАЯ ИНФОРМАЦИЯ

Что такое список покрываемых препаратов?

В список покрываемых препаратов входят отпускаемые по рецепту лекарства, покрываемые UCare. Препараты в списке отбираются UCare при участии врачей и фармацевтов. UCare, как правило, покрывает лекарства, перечисленные в списке покрываемых препаратов, при условии что препарат назначается по медицинским показаниям, препарат отпускается по рецепту в сети аптек UCare и соблюдены прочие требования, связанные с препаратом. Большинство препаратов и некоторые сопутствующие средства доступны в объеме до 30-дневного запаса. Некоторые препараты, которые вы принимаете на регулярной основе при хроническом или вялотекущем заболевании, доступны в объеме до 90-дневного запаса и помечены в этом списке покрываемых препаратов как 90-дневные.

Вносятся ли изменения в список покрываемых препаратов?

В список покрываемых препаратов UCare могут вноситься изменения в течение календарного года. Если изменения повлияют на покрытие препарата, который вы принимаете, UCare приложит обоснованные усилия, чтобы связаться с вами и с вашим врачом, назначившим препарат, и проинформирует вас об изменениях. UCare также проинформирует вас об альтернативных препаратах, которые включены в покрытие.

Примеры некоторых изменений, которые могут быть внесены:

- Препарат, который вы принимаете, больше не является предпочтительным (см. раздел «Что такое список предпочтительных препаратов?» ниже).
- Препарат исключается из списка покрываемых препаратов по соображениям безопасности.
- Изменение требований к предварительному одобрению (см. раздел «Существуют ли какие-либо ограничения на мое покрытие?»).

Как перечислены лекарства в списке покрываемых препаратов?

Есть два способа найти рецептурные препараты в справочнике. Можно искать по заболеванию, относящемуся к вашему препарату, или по алфавиту.

Поиск по заболеванию

Список препаратов, перечисленных по заболеванию, начинается на странице 1. Препараты в справочнике объединены в категории в зависимости от типа заболеваний, для лечения которых их применяют. Если вы знаете, для чего используется ваш препарат, найдите категорию в списке, который начинается на странице 1. Затем в этой категории ищите название вашего препарата.

Поиск по алфавиту

Если вы не уверены, в какой категории искать, вы можете найти свой препарат в указателе. В указателе все препараты, которые включены в справочник, представлены в алфавитном порядке. В указателе перечислены патентованные и непатентованные препараты. Найдите свой препарат в указателе. Рядом с вашим препаратом указан номер страницы в справочнике, на которой содержится информация о покрытии.

Что такое список предпочтительных препаратов?

В Миннесоте все планы здравоохранения должны использовать Список предпочтительных препаратов (Preferred Drug List, PDL) Департамента здравоохранения (Department of Human Services, DHS) штата Миннесота. DHS разрабатывает PDL при поддержке Комитета по составлению справочников препаратов, чтобы лица, назначающие препараты, и участники могли получить сведения о препаратах или категориях препаратов, которые являются более бюджетными. Как правило, у «предпочтительных» препаратов цена не такая высокая, а у «непредпочтительных» — не такая низкая. Предпочтительные препараты доступны для участников с меньшим количеством ограничений. На получение непредпочтительных препаратов требуется предварительное одобрение. Чтобы получить непредпочтительные препараты, ваш врач или поставщик медицинского обслуживания должен получить предварительное одобрение. PDL входит в список покрываемых препаратов UCare. В полный список покрываемых препаратов UCare входят другие препараты помимо тех, которые есть в PDL. PDL доступен на сайте DHS <http://minnesota.magellanmedicaid.com/pdl.asp>.

Что такое непатентованные препараты или биоаналоги?

Непатентованный препарат одобрен Управлением по санитарному надзору за качеством пищевых продуктов и медикаментов (FDA), и в его состав входят те же активные вещества, что и в фирменном препарате. Он обеспечивает тот же клинический эффект, что и фирменный препарат.

Биоаналог — это одобренный FDA биологический препарат (чаще всего инъекционный рецептурный препарат), который мало чем отличается от уже одобренного биологического продукта. С точки зрения безопасности и эффективности он не имеет клинически значимых различий. Биоаналоги — не то же самое, что непатентованные препараты, но, как и непатентованные препараты, биоаналоги делают терапию более доступной.

Замена непатентованным препаратом или биоаналогом означает, что непатентованный препарат и биоаналог лекарственного препарата назначают вместо фирменного препарата или препарата, не являющегося биоаналогом.

UCare будет покрывать фирменный препарат или препарат, не являющийся биоаналогом, только в случае, если:

1. ваш врач письменно проинформирует UCare о том, что фирменный препарат или препарат, не являющийся биоаналогом, необходимы по медицинским показаниям; ИЛИ
2. UCare может выбрать отпуск определенных фирменных вариантов вместо непатентованных препаратов или препаратов, не являющихся биоаналогами, вместо биоаналогов; ИЛИ
3. закон штата Миннесота требует отпуск фирменного препарата или препарата, не являющегося биоаналогом препарата.

В списке покрываемых препаратов фирменные препараты набраны заглавными буквами (например, EPIPEN), а непатентованные препараты выделены курсивом и набраны строчными буквами (например, таблетка сертралина).

Что такое безрецептурные препараты?

Препараты и средства, которые можно купить без рецепта, называются безрецептурными (over-the-counter, OTC). Безрецептурные средства отпускают без рецепта, но если врач выпишет рецепт на безрецептурное средство, UCare может покрыть его. В списке покрываемых препаратов безрецептурные препараты и средства идут после указателя, отдельным списком безрецептурных препаратов (OTC).

Что такое специальные препараты?

Специальные препараты используются людьми со сложными или хроническими заболеваниями. Эти препараты часто требуют специального обращения, дозирования или мониторинга со стороны специально обученного фармацевта.

Если вам назначен препарат, который находится в списке специальных препаратов UCare, ваш врач должен будет отправить рецепт в специализированную аптеку UCare.

Название специализированной аптеки: Fairview Specialty Pharmacy

Телефон и ТТУ: 612-672-5260 или 1-800-595-7140, бесплатно, для вызова ТТУ позвоните в Национальный ретрансляционный центр по номеру 711 и попросите соединить с номером 1-800-595-7140.

Факс: 1-866-347-4939

Часы работы: 24 часа в сутки, семь дней в неделю

Вам также нужно будет позвонить в специализированную аптеку по телефону 612-672-5260 или 1-800-595-7140, бесплатно, совершить вызов ТТУ в Национальный ретрансляционный центр по номеру 711 и попросить соединить с номером 1-800-595-7140, чтобы создать учетную запись. При звонке в специализированную аптеку вам нужно будет назвать идентификационную карту участника UCare.

Что делать, если препарат не входит в список покрываемых препаратов?

Не все препараты покрываются. Если препарат не входит в список покрываемых препаратов, обратитесь в Службу поддержки клиентов UCare: участники Families and Children (PMAP), MinnesotaCare, MSC+: 612-676-3200 или 1-800-203-7225, бесплатно; UCare Connect: 612-676-3395 или 1-877-903-0061, бесплатно; ТТУ: 612-676-6810 или 1-800-688-2534, бесплатно, — и узнайте, покрывается ли препарат. Если нет, он считается препаратом, не включенным в справочник.

Если вам нужен препарат, не входящий в список покрываемых препаратов:

- Можно узнать у врача, есть ли другой покрываемый препарат, который вам подойдет.
- Вы и (или) ваш лечащий врач можете попросить UCare сделать «исключение» и покрыть препарат для вас или снять ограничения. Если ваш запрос на исключение будет одобрен, препарат будет покрыт на соответствующем уровне непатентованного препарата или фирменного препарата с доплатой.

Как правило, UCare одобряет запрос поставщика медицинских услуг на исключение из справочника только в том случае, если альтернативный препарат, который входит в список покрываемых препаратов UCare, будет не таким эффективным в лечении заболевания и (или) вызовет побочные медицинские эффекты.

Если ваш лечащий врач назначает препарат, которого нет в списке покрываемых препаратов, или препарат, требующий предварительного одобрения, ваш врач должен позвонить в Express Scripts или зайти на веб-сайт нашего поставщика, чтобы заполнить форму запроса. Участники также могут найти дополнительную информацию на сайте ucare.org. Обращайтесь в Службу поддержки клиентов UCare по номеру, указанному на обложке, для получения помощи.

Существуют ли какие-либо ограничения на мое покрытие?

Применительно к некоторым покрываемым препаратам действуют дополнительные требования или существуют ограничения на покрытие. К этим требованиям и ограничениям относятся:

- **Предварительное одобрение.** UCare требует, чтобы вы или ваш врач или поставщик медицинских услуг получили предварительное одобрение на определенные препараты. Это означает, что вам нужно будет получить одобрение от UCare, прежде чем вам отпустят ваш рецептурный препарат. Если вы не получите одобрения, UCare может не покрыть препарат.
- **Ограничения на количество.** Для некоторых препаратов UCare ограничивает количество препарата, которое покрывается.
- **Возрастные ограничения.** Некоторые препараты имеют возрастные ограничения. Предварительное одобрение может потребоваться в зависимости от вашего возраста и конкретного назначенного препарата.

Вы можете узнать, требует ли ваш препарат предварительного одобрения, имеются ли ограничения по его количеству или возрастные требования к нему, обратившись к этому списку покрываемых препаратов. Исключение из ограничения на препарат может быть сделано, если ваш врач представит заявление или документацию, подтверждающую запрос. См. рецептурные препараты в разделе 7 «Покрываемые услуги» вашего Руководства для участников для получения дополнительной информации. Вы также можете получить дополнительную информацию об ограничениях, применяемых к конкретным покрываемым препаратам, позвонив в Службу поддержки клиентов UCare: участники Families and Children (PMAP), MinnesotaCare и MSC+ по номеру 612-676-3200 или 1-800-203-7225 (звонок бесплатный); UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный); ТТУ: 612-676-6810 или 1-800-688-2534 (звонок бесплатный), — или посетив наш веб-сайт по адресу ucare.org. Также см. раздел «Можно ли запросить исключение из ограничений покрытия?».

- **Исключенные препараты.** Некоторые препараты исключены из списка покрываемых препаратов. Это означает, что они не покрываются планом. К исключенным препаратам относятся следующие:
 - Препараты, применяемые для лечения сексуальной или эректильной дисфункции
 - Препараты, применяемые для повышения фертильности
 - Препараты, применяемые в косметических целях, в том числе препараты для лечения выпадения волос
 - Препараты, исключенные из покрытия федеральным законодательством или законодательством штата
 - Экспериментальные препараты, исследуемые препараты или препараты, не одобренные или не зарегистрированные Управлением по контролю за качеством пищевых продуктов и медикаментов (Food and Drug Administration, FDA)
 - Медицинский каннабис

Можно ли попросить об исключении из ограничений покрытия?

Да. Вы или ваш поставщик медицинских услуг можете получить Единую форму запросов штата Миннесота на предварительное одобрение на рецептурные препараты (РА) и исключения из справочника на сайте ucare.org или обратившись в Службу поддержки клиентов UCare для участников Families and Children (PMAP), MinnesotaCare и MSC+: 612-676-3200 или 1-800-203-7225, бесплатно; UCare Connect: 612-676-3395 или 1-877-903-0061, бесплатно; ТТУ: 612-676-6810 или 1-800-688-2534, бесплатно. Ваш поставщик медицинских услуг должен отправить эту форму по номеру факса или по адресу, указанному в документе. Чтобы обеспечить тщательный обзор и гарантировать, что вы или ваш лечащий врач получите ответ в течение 24 часов, необходимо предоставить всю информацию, запрашиваемую в форме, в том числе документацию о том, какие препараты применялись с неблагоприятным исходом, включая дозировки и причину неблагоприятного исхода (например, побочные эффекты).

Сколько будет стоить отпуск препарата по рецепту?

Вся информация о доплате за рецептурные препараты указана в Руководстве для участников в разделе 6 «Совместное покрытие затрат». Если у вас есть другие вопросы, обращайтесь в Службу поддержки клиентов UCare: участники Families and Children (PMAP), MinnesotaCare, MSC+: 612-676-3200 или 1-800-203-7225, бесплатно; UCare Connect: 612-676-3395 или 1-877-903-0061, бесплатно; ТТУ: 612-676-6810 или 1-800-688-2534, бесплатно, — или посетив наш веб-сайт по адресу ucare.org.

Условные обозначения в списке препаратов (справочнике)

Разъяснение состояния покрытия		
P	Предпочтительный препарат	Предпочтительные препараты покрываются без предварительного одобрения
90-Day	90-дневный запас	Некоторые препараты, которые принимают на регулярной основе при хроническом или вялотекущем заболевании, доступны в объеме до 90-дневного запаса
NP	Непредпочтительный препарат	На получение непредпочтительных препаратов требуется предварительное одобрение UCare
AD	Дополнительные препараты	Дополнительные препараты, покрываемые UCare
Day Supply Limits	Дневные лимиты запаса препарата	Запас некоторых препаратов перорального применения для лечения онкологии ограничен 14 или 15 днями в рамках одной выдачи в аптеке (в зависимости от размера упаковки) в течение первых 90 дней терапии.
Разъяснение требований		
PA	Предварительное одобрение	Препараты, которые требуют одобрения UCare перед отпуском по рецепту
QL	Ограничение по количеству	Существуют ограничения на количество препарата, которое вы можете получать каждый раз, когда заполняете свой рецепт.
SP	Специальный препарат	Специальные препараты применяют при сложных заболеваниях, и отпуск препарата по рецепту должен осуществляться в аптеке Fairview Specialty Pharmacy.

Drug	Tier	Limits or Restrictions
ANTI-HISTAMINE DRUGS		
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	P	
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLERGY COMPLETE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML	P	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	P	
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING 10 MG	P	
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLER-TEC ORAL TABLET 10 MG	P	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	AD	
<i>carbinoxamine maleate oral tablet 4 mg</i>	AD	
<i>cetirizine oral solution 1 mg/ml</i>	P	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	P	
<i>cetirizine oral tablet,chewable 10 mg, 5 mg</i>	NP	PA
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	P	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML	P	
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG, 5 MG	NP	PA
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML	P	

Drug	Tier	Limits or Restrictions
CLARINEX ORAL SYRUP 2.5 MG/5 ML (0.5 MG/ML)	NP	PA
CLARINEX ORAL TABLET 5 MG	NP	PA
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	NP	PA
<i>clemastine oral tablet 2.68 mg</i>	AD	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	AD	
<i>cyproheptadine oral tablet 4 mg</i>	AD	
<i>desloratadine oral tablet 5 mg</i>	NP	PA; 90 Day
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	NP	PA; 90 Day
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	AD	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	AD	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	AD	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	AD	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	P	90 Day
<i>levocetirizine oral tablet 5 mg</i>	P	90 Day
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
<i>loratadine oral solution 5 mg/5 ml</i>	P	
<i>loratadine oral tablet 10 mg</i>	P	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	AD	
<i>meclizine oral tablet, chewable 25 mg</i>	AD	
NON-DROWSY ALLERGY ORAL TABLET 10 MG	P	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	AD	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	AD	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	AD	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	AD	
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	P	

Drug	Tier	Limits or Restrictions
ANTI-INFECTIVE AGENTS		
<i>abacavir oral solution 20 mg/ml</i>	AD	
<i>abacavir oral tablet 300 mg</i>	AD	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	AD	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	AD	
<i>acyclovir oral capsule 200 mg</i>	P	
<i>acyclovir oral suspension 200 mg/5 ml</i>	P	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	P	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	AD	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	AD	
<i>adefovir oral tablet 10 mg</i>	NP	SP; PA
<i>albendazole oral tablet 200 mg</i>	AD	
<i>amantadine hcl oral capsule 100 mg</i>	AD	90 Day
<i>amantadine hcl oral solution 50 mg/5 ml</i>	AD	90 Day
<i>amantadine hcl oral tablet 100 mg</i>	AD	90 Day
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	AD	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	AD	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	AD	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	AD	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	AD	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	P	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	P	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	NP	PA
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	NP	PA
<i>amphotericin b injection recon soln 50 mg</i>	AD	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	AD	

Drug	Tier	Limits or Restrictions
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	AD	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	AD	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	AD	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	AD	
ANCOBON ORAL CAPSULE 250 MG, 500 MG	NP	PA
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	AD	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	AD	
APTIVUS ORAL CAPSULE 250 MG	AD	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	AD	PA
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	AD	
<i>atovaquone oral suspension 750 mg/5 ml</i>	AD	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	AD	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	NP	PA
AVELOX ORAL TABLET 400 MG	NP	PA
<i>azithromycin intravenous recon soln 500 mg</i>	AD	
<i>azithromycin oral packet 1 gram</i>	P	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	P	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	P	
<i>aztreonam injection recon soln 1 gram</i>	AD	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	NP	PA
AZULFIDINE ORAL TABLET 500 MG	NP	PA
<i>bacitracin intramuscular recon soln 50,000 unit</i>	AD	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	P	SP
BARACLUDGE ORAL TABLET 0.5 MG, 1 MG	NP	SP; PA

Drug	Tier	Limits or Restrictions
BAXDELA ORAL TABLET 450 MG	NP	PA
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	AD	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	P	SP; QL (224 ML per 30 days)
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	AD	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	AD	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	AD	QL (1 Kit per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	AD	QL (1 Kit per 365 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	NP	PA; QL (84 ML per 30 days)
<i>cefaclor oral capsule 250 mg, 500 mg</i>	P	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	P	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	NP	PA
<i>cefadroxil oral capsule 500 mg</i>	P	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	P	
<i>cefadroxil oral tablet 1 gram</i>	NP	PA
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	AD	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 20 gram, 300 g, 500 mg</i>	AD	
<i>cefazolin intravenous recon soln 1 gram</i>	AD	
<i>cefdinir oral capsule 300 mg</i>	P	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	P	
<i>cefditoren pivoxil oral tablet 200 mg</i>	AD	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	AD	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	AD	
<i>cefixime oral capsule 400 mg</i>	NP	PA

Drug	Tier	Limits or Restrictions
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	NP	PA
<i>cefotaxime injection recon soln 1 gram</i>	AD	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	AD	
<i>cefotetan intravenous recon soln 10 gram</i>	AD	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	AD	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	AD	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	NP	PA
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	NP	PA
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	P	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	P	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	AD	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	AD	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	AD	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	AD	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	P	
<i>cefuroxime sodium injection recon soln 750 mg</i>	AD	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	AD	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	P	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	P	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	NP	PA
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	AD	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	AD	
CIMDUO ORAL TABLET 300-300 MG	AD	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	NP	PA

Drug	Tier	Limits or Restrictions
CIPRO ORAL TABLET 250 MG, 500 MG	NP	PA
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG	NP	PA
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	NP	PA
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	P	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	NP	PA
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	NP	PA
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	P	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	NP	PA
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	AD	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	AD	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	AD	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	AD	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml</i>	AD	
COARTEM ORAL TABLET 20-120 MG	AD	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	AD	
COMPLERA ORAL TABLET 200-25-300 MG	AD	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	NP	PA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	AD	
<i>dapsone oral tablet 100 mg, 25 mg</i>	AD	90 Day
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	AD	
<i>darunavir ethanolate oral tablet 600 mg, 800 mg</i>	AD	
DELSTRIGO ORAL TABLET 100-300-300 MG	AD	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	AD	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	AD	

Drug	Tier	Limits or Restrictions
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	AD	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	AD	
DIFICID ORAL TABLET 200 MG	AD	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	NP	PA
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	NP	PA
DOVATO ORAL TABLET 50-300 MG	AD	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	AD	
<i>doxycycline hyclate oral tablet 100 mg</i>	AD	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	AD	
E.E.S. 400 ORAL TABLET 400 MG	P	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	NP	PA
EDURANT ORAL TABLET 25 MG	AD	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	AD	
<i>efavirenz oral tablet 600 mg</i>	AD	
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>	AD	
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	AD	
<i>emtricitabine oral capsule 200 mg</i>	AD	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	AD	
EMTRIVA ORAL SOLUTION 10 MG/ML	AD	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	P	90 Day
EPCLUSA ORAL TABLET 200-50 MG	NP	PA; SP; PA
EPCLUSA ORAL TABLET 400-100 MG	NP	PA; SP
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	P	SP
EPIVIR HBV ORAL TABLET 100 MG	P	SP
<i>ertapenem injection recon soln 1 gram</i>	AD	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	NP	PA

Drug	Tier	Limits or Restrictions
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	NP	PA
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG	NP	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	NP	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	NP	PA
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	NP	PA
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	P	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	NP	PA
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	NP	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	AD	
<i>etravirine oral tablet 100 mg, 200 mg</i>	AD	
EVOTAZ ORAL TABLET 300-150 MG	AD	
<i>famciclovir oral tablet 125 mg, 500 mg</i>	NP	PA; QL (21 EA per 30 days); 90 Day
<i>famciclovir oral tablet 250 mg</i>	NP	PA; QL (60 EA per 30 days); 90 Day
<i>fluconazole in dextrose(iso-o) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	AD	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	AD	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	P	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	P	
<i>fluconazole oral tablet 150 mg</i>	P	QL (2 EA Max Qty Per Fill Retail)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	NP	PA
<i>fosamprenavir oral tablet 700 mg</i>	AD	
<i>fosfomycin tromethamine oral packet 3 gram</i>	AD	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	AD	SP; QL (60 EA Max Qty Per Fill Retail)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	AD	

Drug	Tier	Limits or Restrictions
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	AD	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	AD	
GENVOYA ORAL TABLET 150-150-200-10 MG	AD	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	NP	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	NP	PA
<i>griseofulvin microsize oral tablet 500 mg</i>	NP	PA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	NP	PA
GRIS-PEG (ULTRAMICROSIZED) ORAL TABLET 125 MG, 250 MG	NP	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	NP	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	NP	PA; SP
HEPSERA ORAL TABLET 10 MG	P	SP
<i>hydroxychloroquine oral tablet 200 mg</i>	AD	90 Day
INTELENCE ORAL TABLET 25 MG	AD	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	AD	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	AD	
INVIRASE ORAL TABLET 500 MG	AD	
ISENTRESS HD ORAL TABLET 600 MG	AD	
ISENTRESS ORAL TABLET 400 MG	AD	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	AD	
<i>isoniazid injection solution 100 mg/ml</i>	AD	
<i>isoniazid oral solution 50 mg/5 ml</i>	AD	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	AD	
<i>itraconazole oral capsule 100 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	NP	PA
<i>ivermectin oral tablet 3 mg</i>	AD	PA
JULUCA ORAL TABLET 50-25 MG	AD	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG	NP	PA

Drug	Tier	Limits or Restrictions
<i>ketoconazole oral tablet 200 mg</i>	NP	PA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	P	SP; QL (280 ML per 30 days)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	AD	QL (40 EA per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	P	
<i>lamivudine oral tablet 100 mg</i>	P	SP; 90 Day
<i>lamivudine oral tablet 150 mg, 300 mg</i>	P	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	AD	
LAMPIT ORAL TABLET 120 MG, 30 MG	AD	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NP	PA; SP
<i>levofloxacin oral solution 250 mg/10 ml</i>	P	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	P	
LEXIVA ORAL SUSPENSION 50 MG/ML	AD	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	AD	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	AD	
<i>linezolid oral tablet 600 mg</i>	AD	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	AD	
LIVTENCITY ORAL TABLET 200 MG	AD	PA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	AD	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	AD	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	AD	
MAVYRET ORAL TABLET 100-40 MG	P	PA; SP
<i>mefloquine oral tablet 250 mg</i>	AD	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	AD	
<i>methenamine hippurate oral tablet 1 gram</i>	AD	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	AD	
<i>metronidazole oral capsule 375 mg</i>	AD	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	AD	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	AD	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	AD	

Drug	Tier	Limits or Restrictions
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7), 600-600 MG (28)-MG (28)	NP	PA
<i>moxifloxacin oral tablet 400 mg</i>	NP	PA
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	AD	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	AD	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	AD	
<i>neomycin oral tablet 500 mg</i>	AD	
<i>nevirapine oral suspension 50 mg/5 ml</i>	AD	
<i>nevirapine oral tablet 200 mg</i>	AD	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	AD	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	AD	
NORVIR ORAL SOLUTION 80 MG/ML	AD	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	NP	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	NP	PA
NUZYRA ORAL TABLET 150 MG	NP	PA
<i>nystatin oral powder 150 million unit, 500 million unit</i>	AD	
<i>nystatin oral suspension 100,000 unit/ml</i>	P	
<i>nystatin oral tablet 500,000 unit</i>	NP	PA
ODEFSEY ORAL TABLET 200-25-25 MG	AD	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	NP	PA
ONMEL ORAL TABLET 200 MG	NP	PA
<i>oseltamivir oral capsule 30 mg</i>	P	QL (20 EA per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	P	QL (10 EA per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	P	QL (180 ML per 30 days)
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	AD	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	AD	
<i>oxacillin intravenous recon soln 1 gram, 2 gram</i>	AD	

Drug	Tier	Limits or Restrictions
<i>paromomycin oral capsule 250 mg</i>	AD	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	AD	
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	AD	QL (30 EA per 180 days)
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	P	QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	P	SP; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	P	SP; QL (4 ML per 30 days)
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	NP	PA
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	NP	PA
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	AD	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	AD	
<i>penicillin g sodium injection recon soln 5 million unit</i>	AD	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	AD	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	AD	
<i>pentamidine inhalation recon soln 300 mg</i>	AD	
<i>pentamidine injection recon soln 300 mg</i>	AD	
PIFELTRO ORAL TABLET 100 MG	AD	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	AD	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	AD	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	NP	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	NP	PA
<i>praziquantel oral tablet 600 mg</i>	AD	

Drug	Tier	Limits or Restrictions
<i>pretomanid oral tablet 200 mg</i>	AD	
PREZCOBIX ORAL TABLET 800-150 MG-MG	AD	
PREZISTA ORAL SUSPENSION 100 MG/ML	AD	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	AD	
PRIFTIN ORAL TABLET 150 MG	AD	
PYLERA ORAL CAPSULE 140-125-125 MG	AD	
<i>pyrazinamide oral tablet 500 mg</i>	AD	
<i>pyrimethamine oral tablet 25 mg</i>	AD	PA
<i>quinidine gluconate oral tablet extended release 324 mg</i>	AD	90 Day
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	AD	90 Day
<i>quinine sulfate oral capsule 324 mg</i>	AD	
REBETOL ORAL SOLUTION 40 MG/ML	NP	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	P	QL (20 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	AD	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	NP	PA
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	NP	SP; PA
<i>ribavirin oral capsule 200 mg</i>	P	SP
<i>ribavirin oral tablet 200 mg</i>	P	SP
<i>rifabutin oral capsule 150 mg</i>	AD	
<i>rifampin intravenous recon soln 600 mg</i>	AD	
<i>rifampin oral capsule 150 mg, 300 mg</i>	AD	
RIFATER ORAL TABLET 50-120-300 MG	AD	
<i>rimantadine oral tablet 100 mg</i>	AD	
<i>ritonavir oral tablet 100 mg</i>	AD	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	AD	
SELZENTRY ORAL SOLUTION 20 MG/ML	AD	
SIRTURO ORAL TABLET 100 MG, 20 MG	AD	
SITAVIG BUCCAL MUCCO-ADHESIVE BUCCAL TABLET 50 MG	NP	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NP	PA; SP

Drug	Tier	Limits or Restrictions
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	NP	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	NP	PA; SP
SPORANOX ORAL CAPSULE 100 MG	NP	PA
SPORANOX ORAL SOLUTION 10 MG/ML	NP	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	AD	
STRIBILD ORAL TABLET 150-150-200-300 MG	AD	
<i>sulfadiazine oral tablet 500 mg</i>	AD	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	AD	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	AD	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	AD	
<i>sulfasalazine oral tablet 500 mg</i>	P	90 Day
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	P	90 Day
SUNLENCA ORAL TABLET 300 MG	AD	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	AD	
SUPRAX ORAL CAPSULE 400 MG	P	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML	NP	PA
SUPRAX ORAL TABLET, CHEWABLE 100 MG, 200 MG	NP	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	AD	
SYMTUZA ORAL TABLET 800-150-200-10 MG	AD	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	AD	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	P	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 12 MG/ML, 6 MG/ML	P	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	AD	
<i>terbinafine hcl oral tablet 250 mg</i>	P	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	AD	

Drug	Tier	Limits or Restrictions
<i>tinidazole oral tablet 250 mg, 500 mg</i>	AD	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	AD	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	AD	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	NP	SP; PA; QL (280 ML per 30 days)
TOBI PODHALER INHALATION CAPSULE 28 MG	NP	PA; QL (224 EA per 30 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	NP	SP; PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	NP	SP; PA; QL (280 ML per 30 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	AD	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	NP	SP; PA
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	AD	
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	NP	SP; PA
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	NP	PA
<i>trimethoprim oral tablet 100 mg</i>	AD	
TRIUMEQ ORAL TABLET 600-50-300 MG	AD	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	AD	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>valganciclovir oral recon soln 50 mg/ml</i>	AD	90 Day
<i>valganciclovir oral tablet 450 mg</i>	AD	90 Day
VALTREX ORAL TABLET 1 GRAM, 500 MG	NP	PA
VANCOGIN ORAL CAPSULE 125 MG, 250 MG	NP	PA
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	AD	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	P	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	AD	
VEMLIDY ORAL TABLET 25 MG	NP	SP; PA

Drug	Tier	Limits or Restrictions
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	NP	PA; SP
VIRACEPT ORAL TABLET 250 MG, 625 MG	AD	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	AD	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	AD	SP
<i>voriconazole intravenous recon soln 200 mg</i>	AD	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	NP	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	AD	
VOSEVI ORAL TABLET 400-100-100 MG	P	PA; SP
XENLETA ORAL TABLET 600 MG	AD	PA
XIFAXAN ORAL TABLET 200 MG, 550 MG	AD	PA
XOFLUZA ORAL TABLET 20 MG, 40 MG	NP	PA; QL (2 EA per 30 days)
XOFLUZA ORAL TABLET 80 MG	NP	PA
ZEPATIER ORAL TABLET 50-100 MG	NP	PA; SP
<i>zidovudine oral capsule 100 mg</i>	AD	
<i>zidovudine oral syrup 10 mg/ml</i>	AD	
<i>zidovudine oral tablet 300 mg</i>	AD	
ZITHROMAX ORAL PACKET 1 GRAM	NP	PA
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	NP	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	NP	PA
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	NP	PA
ZOVIRAX ORAL CAPSULE 200 MG	NP	PA
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	NP	PA
ZOVIRAX ORAL TABLET 400 MG, 800 MG	NP	PA
ANTINEOPLASTIC AGENTS		
<i>abiraterone oral tablet 250 mg</i>	AD	PA; SP; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	AD	PA; SP; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	AD	PA; SP; Day Supply Limits; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	AD	PA; SP

Drug	Tier	Limits or Restrictions
ALUNBRIG ORAL TABLET 30 MG	AD	PA; SP; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	AD	PA; SP
<i>anastrozole oral tablet 1 mg</i>	AD	90 Day
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	AD	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	AD	PA; SP; Day Supply Limits
<i>bexarotene oral capsule 75 mg</i>	AD	PA; SP; Day Supply Limits
<i>bexarotene topical gel 1 %</i>	AD	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	AD	90 Day
BOSULIF ORAL TABLET 100 MG	AD	PA; SP; QL (90 EA Max Qty Per Fill Retail)
BOSULIF ORAL TABLET 400 MG, 500 MG	AD	PA; SP
BRAFTOVI ORAL CAPSULE 50 MG	AD	PA
BRAFTOVI ORAL CAPSULE 75 MG	AD	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	AD	PA; SP; Day Supply Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	AD	PA; QL (30 EA Max Qty Per Fill Retail)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	AD	PA; SP; Day Supply Limits; QL (60 EA Max Qty Per Fill Retail)
CALQUENCE ORAL CAPSULE 100 MG	AD	PA; SP; Day Supply Limits; QL (60 EA Max Qty Per Fill Retail)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	AD	SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	AD	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	AD	PA; SP; Day Supply Limits; QL (1 Carton per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	AD	PA; SP; Day Supply Limits; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG	AD	PA; SP; QL (63 EA per 30 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	AD	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	AD	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	AD	
DAURISMO ORAL TABLET 100 MG, 25 MG	AD	PA; SP
<i>diclofenac sodium topical gel 3 %</i>	AD	PA; QL (100 GM per 21 days)

Drug	Tier	Limits or Restrictions
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	P	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	AD	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	AD	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	AD	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	AD	PA; SP
EMCYT ORAL CAPSULE 140 MG	AD	SP
ERIVEDGE ORAL CAPSULE 150 MG	AD	PA; SP; Day Supply Limits
ERLEADA ORAL TABLET 240 MG	AD	PA; SP; QL (30 EA Max Qty Per Fill Retail)
ERLEADA ORAL TABLET 60 MG	AD	PA; SP; QL (120 EA Max Qty Per Fill Retail)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	AD	PA; SP; Day Supply Limits
<i>etoposide oral capsule 50 mg</i>	AD	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	AD	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	AD	PA; SP; Day Supply Limits
<i>exemestane oral tablet 25 mg</i>	AD	90 Day
EXKIVITY ORAL CAPSULE 40 MG	AD	PA; SP; Day Supply Limits; QL (120 EA per 30 days)
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	AD	
<i>fluorouracil topical cream 5 %</i>	AD	
<i>fluorouracil topical solution 2 %, 5 %</i>	AD	
<i>flutamide oral capsule 125 mg</i>	AD	90 Day
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	AD	PA; QL (21 EA Max Qty Per Fill Retail)
GAVRETO ORAL CAPSULE 100 MG	AD	PA
<i>gefitinib oral tablet 250 mg</i>	AD	PA; SP; QL (30 EA Max Qty Per Fill Retail)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	AD	PA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	AD	PA; SP
GLEOSTINE ORAL CAPSULE 5 MG	AD	PA

Drug	Tier	Limits or Restrictions
<i>hydroxyurea oral capsule 500 mg</i>	AD	90 Day
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	AD	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	AD	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	AD	PA
<i>imatinib oral tablet 100 mg</i>	AD	PA; SP
<i>imatinib oral tablet 400 mg</i>	AD	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	AD	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	AD	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	AD	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG	AD	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	AD	PA
INLYTA ORAL TABLET 1 MG, 5 MG	AD	PA; SP
INQOVI ORAL TABLET 35-100 MG	AD	PA; QL (5 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	AD	PA; SP; Day Supply Limits; QL (120 EA per 30 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	AD	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	AD	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	AD	PA; SP; Day Supply Limits
JAYPIRCA ORAL TABLET 100 MG	AD	PA; SP; QL (60 EA Max Qty Per Fill Retail)
JAYPIRCA ORAL TABLET 50 MG	AD	PA; SP; QL (30 EA Max Qty Per Fill Retail)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	AD	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	AD	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	AD	PA; SP
KRAZATI ORAL TABLET 200 MG	AD	PA; QL (180 EA Max Qty Per Fill Retail)
<i>lapatinib oral tablet 250 mg</i>	AD	PA; SP

Drug	Tier	Limits or Restrictions
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	AD	PA; SP; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	AD	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	AD	PA; SP; Day Supply Limits; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	AD	PA; SP; Day Supply Limits; QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	AD	90 Day
LEUKERAN ORAL TABLET 2 MG	AD	
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	AD	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	AD	SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	AD	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	AD	PA; SP
LUMAKRAS ORAL TABLET 120 MG	AD	PA; SP; Day Supply Limits; QL (180 EA Max Qty Per Fill Retail)
LUMAKRAS ORAL TABLET 320 MG	AD	PA; SP; Day Supply Limits; QL (90 EA Max Qty Per Fill Retail)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	AD	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	AD	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	AD	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	AD	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	AD	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	AD	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	AD	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	AD	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	AD	PA; SP; Day Supply Limits
LYTGOBI ORAL TABLET 4 MG	AD	PA; QL (150 EA per 30 days)

Drug	Tier	Limits or Restrictions
MATULANE ORAL CAPSULE 50 MG	AD	
MEGACE ES ORAL SUSPENSION 625 MG/5 ML (125 MG/ML)	NP	PA
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	P	PA; 90 Day
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	NP	PA; 90 Day
<i>megestrol oral tablet 20 mg, 40 mg</i>	P	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	AD	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	AD	PA; SP
MEKTOVI ORAL TABLET 15 MG	AD	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	AD	90 Day
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	AD	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	AD	
<i>methotrexate sodium injection solution 25 mg/ml</i>	AD	
<i>methotrexate sodium oral tablet 2.5 mg</i>	AD	90 Day
MYLERAN ORAL TABLET 2 MG	AD	SP
NERLYNX ORAL TABLET 40 MG	AD	PA; SP; Day Supply Limits
NEXAVAR ORAL TABLET 200 MG	AD	PA; SP; Day Supply Limits
<i>nilutamide oral tablet 150 mg</i>	AD	SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	AD	PA; SP; QL (3 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	AD	PA; SP; Day Supply Limits; QL (120 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	AD	PA; SP; QL (14 EA Max Qty Per Fill Retail)
ORGOVYX ORAL TABLET 120 MG	AD	PA; SP; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 345 MG	AD	PA; QL (30 EA Max Qty Per Fill Retail)
ORSERDU ORAL TABLET 86 MG	AD	PA; QL (90 EA Max Qty Per Fill Retail)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.4 ML	NP	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	AD	PA; SP; QL (28 EA Max Qty Per Fill Retail)

Drug	Tier	Limits or Restrictions
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	AD	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	AD	PA
QINLOCK ORAL TABLET 50 MG	AD	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	AD	PA; SP; Day Supply Limits; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	AD	PA; SP; Day Supply Limits; QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	AD	PA; QL (30 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	AD	PA; SP; QL (60 EA Max Qty Per Fill Retail)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	AD	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG	AD	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	AD	PA; SP; Day Supply Limits; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	AD	PA; SP
RYDAPT ORAL CAPSULE 25 MG	AD	PA; SP; QL (224 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	AD	PA; SP
SIKLOS ORAL TABLET 1,000 MG, 100 MG	NP	PA
<i>sorafenib oral tablet 200 mg</i>	AD	PA; SP; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	AD	PA; SP; Day Supply Limits
STIVARGA ORAL TABLET 40 MG	AD	PA; SP
<i>sunitinib malate oral capsule 12.5 mg</i>	AD	PA; SP; QL (90 EA Max Qty Per Fill Retail)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	AD	PA; SP; QL (30 EA Max Qty Per Fill Retail)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	AD	
TABLOID ORAL TABLET 40 MG	AD	SP
TABRECTA ORAL TABLET 150 MG, 200 MG	AD	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	AD	PA; SP; Day Supply Limits; QL (120 EA per 30 days)

Drug	Tier	Limits or Restrictions
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	AD	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	AD	PA; SP; Day Supply Limits; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	AD	PA; SP; QL (30 EA Max Qty Per Fill Retail)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	AD	90 Day
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	AD	PA; SP; Day Supply Limits
TAZVERIK ORAL TABLET 200 MG	AD	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	AD	SP
TEPMETKO ORAL TABLET 225 MG	AD	PA; Day Supply Limits; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	AD	PA
<i>toremifene oral tablet 60 mg</i>	AD	SP; 90 Day
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	AD	SP
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	AD	PA; QL (21 EA Max Qty Per Fill Retail)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	AD	PA; QL (42 EA Max Qty Per Fill Retail)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	AD	PA; QL (63 EA Max Qty Per Fill Retail)
TUKYSA ORAL TABLET 150 MG	AD	PA; SP; QL (300 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	AD	PA; SP; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	AD	PA; QL (120 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	AD	
VENCLEXTA ORAL TABLET 10 MG	AD	PA; QL (56 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	AD	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	AD	PA; QL (28 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	AD	PA; QL (1 EA per 365 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	AD	PA; SP; Day Supply Limits
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	AD	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	AD	PA

Drug	Tier	Limits or Restrictions
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	AD	PA; SP
VONJO ORAL CAPSULE 100 MG	AD	PA; QL (120 EA Max Qty Per Fill Retail)
VOTRIENT ORAL TABLET 200 MG	AD	PA; SP; Day Supply Limits
WELIREG ORAL TABLET 40 MG	AD	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	AD	PA; SP
XOSPATA ORAL TABLET 40 MG	AD	PA; SP; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	AD	PA
XTANDI ORAL CAPSULE 40 MG	AD	PA; SP; Day Supply Limits; QL (120 EA Max Qty Per Fill Retail)
XTANDI ORAL TABLET 40 MG	AD	PA; SP; Day Supply Limits; QL (120 EA Max Qty Per Fill Retail)
XTANDI ORAL TABLET 80 MG	AD	PA; SP; Day Supply Limits; QL (60 EA Max Qty Per Fill Retail)
ZEJULA ORAL CAPSULE 100 MG	AD	PA; SP; Day Supply Limits; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	AD	PA; SP; QL (30 EA Max Qty Per Fill Retail)
ZELBORAF ORAL TABLET 240 MG	AD	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	AD	SP; Day Supply Limits; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	AD	PA
ZYKADIA ORAL TABLET 150 MG	AD	PA; SP; Day Supply Limits; QL (90 EA Max Qty Per Fill Retail)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	AD	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	AD	

Drug	Tier	Limits or Restrictions
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	AD	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	AD	
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	AD	
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	AD	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	AD	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	AD	
BEXSERO INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	AD	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	AD	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	AD	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	AD	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	AD	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	AD	
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	AD	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	AD	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	AD	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	AD	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	AD	

Drug	Tier	Limits or Restrictions
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	AD	
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	AD	
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	AD	
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	AD	
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	AD	
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	AD	
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	AD	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	AD	
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	AD	
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	AD	
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	AD	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	AD	SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	AD	SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	AD	SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	AD	SP

Drug	Tier	Limits or Restrictions
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	AD	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	AD	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	AD	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	AD	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	AD	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	AD	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	AD	SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	AD	SP
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	AD	SP
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	AD	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	AD	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	AD	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	AD	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	AD	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	AD	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	AD	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	AD	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	AD	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	AD	

Drug	Tier	Limits or Restrictions
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	AD	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	AD	
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	AD	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	AD	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	AD	
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	AD	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	AD	
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	AD	PA; QL (45 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	AD	PA; QL (90 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	AD	PA; QL (45 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	AD	PA; QL (15 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	AD	PA; QL (30 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	AD	PA; QL (60 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	AD	PA; QL (30 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	AD	PA; QL (60 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	AD	PA; QL (30 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	AD	PA; QL (60 EA Max Qty Per Fill Retail)
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	AD	PA; QL (15 EA Max Qty Per Fill Retail)

Drug	Tier	Limits or Restrictions
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	AD	PA; QL (13 EA Max Qty Per Fill Retail)
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	AD	PA; QL (30 EA Max Qty Per Fill Retail)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	AD	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	AD	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	AD	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	AD	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	AD	
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	AD	
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	AD	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	AD	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	AD	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	AD	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	AD	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	AD	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	AD	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	AD	SP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	AD	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	AD	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	AD	

Drug	Tier	Limits or Restrictions
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	AD	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	AD	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	AD	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	AD	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	AD	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	AD	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	AD	
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	AD	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	AD	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	AD	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	AD	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	AD	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	AD	
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	AD	
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i>	AD	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	AD	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	AD	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	AD	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	AD	

Drug	Tier	Limits or Restrictions
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	AD	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	AD	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	AD	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	NP	PA
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	AD	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	AD	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	AD	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	AD	
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	AD	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	AD	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	AD	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	AD	
AUTONOMIC DRUGS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	NP	PA; 90 Day
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	P	QL (1 EA Max Qty Per Fill Retail)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	P	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	NP	PA; QL (1 EA Max Qty Per Fill Retail)

Drug	Tier	Limits or Restrictions
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	NP	PA; QL (1 EA Max Qty Per Fill Retail)
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	NP	PA; Ventolin Generics; QL (36 GM Max Qty Per Fill Retail); 90 Day
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	NP	PA; Proventil Generics; QL (14 GM Max Qty Per Fill Retail); 90 Day
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	NP	PA; Proair Generics; QL (17 GM Max Qty Per Fill Retail); 90 Day
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	P	90 Day
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	P	90 Day
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	NP	PA; 90 Day
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	NP	PA; 90 Day
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	P	90 Day
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLERGY COMPLETE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	P	

Drug	Tier	Limits or Restrictions
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	NP	PA; QL (30 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	NP	PA; QL (120 ML Max Qty Per Fill Retail)
ARICEPT ODT ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	NP	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	NP	PA
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	P	90 Day
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	NP	PA; 90 Day
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	AD	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	AD	
<i>baclofen oral tablet 10 mg, 20 mg</i>	AD	
<i>benztropine injection solution 1 mg/ml</i>	AD	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	AD	90 Day
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA
<i>betaxolol oral tablet 10 mg, 20 mg</i>	NP	PA; 90 Day
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	AD	90 Day
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	NP	PA; QL (11 GM per 30 days)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	P	90 Day
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	NP	PA; 90 Day
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	NP	PA
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	AD	QL (10.2 GM per 30 days)
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	AD	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	NP	PA; QL (120 ML per 30 days)

Drug	Tier	Limits or Restrictions
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	NP	PA
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	NP	PA
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	NP	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	NP	PA
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	P	90 Day
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	PA; 90 Day
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	P	
<i>cevimeline oral capsule 30 mg</i>	AD	90 Day
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	P	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	P	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	P	
<i>chlorzoxazone oral tablet 500 mg</i>	AD	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	NP	PA
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	AD	90 Day
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	AD	90 Day
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	AD	QL (4 EA per 30 days); 90 Day
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	P	QL (8 GM per 30 days)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	NP	PA
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	NP	PA
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	NP	PA
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG	NP	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	AD	

Drug	Tier	Limits or Restrictions
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	AD	
<i>dicyclomine oral capsule 10 mg</i>	AD	90 Day
<i>dicyclomine oral solution 10 mg/5 ml</i>	AD	90 Day
<i>dicyclomine oral tablet 20 mg</i>	AD	90 Day
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	AD	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	AD	
<i>donepezil oral tablet 10 mg, 5 mg</i>	P	90 Day
<i>donepezil oral tablet 23 mg</i>	NP	PA; 90 Day
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	P	90 Day
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>doxazosin oral tablet 8 mg</i>	P	QL (60 EA per 30 days); 90 Day
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	NP	PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	P	QL (2 inhalers per 30 days)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	NP	PA
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	AD	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	NP	PA; Non-Mylan Manufacturer; QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	P	Mylan Manufacturer; QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	AD	
<i>epinephrine injection syringe 0.1 mg/ml</i>	AD	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	P	QL (2 EA Max Qty Per Fill Retail)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	P	QL (2 EA Max Qty Per Fill Retail)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	P	QL (2 EA Max Qty Per Fill Retail)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	P	QL (2 EA Max Qty Per Fill Retail)

Drug	Tier	Limits or Restrictions
<i>ergoloid oral tablet 1 mg</i>	AD	90 Day
EXELON ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	NP	PA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	NP	PA
FLOMAX ORAL CAPSULE 0.4 MG	NP	PA
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	NP	PA; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	NP	PA; QL (1 EA per 30 days); 90 Day
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	NP	PA; QL (120 ML Max Qty Per Fill Retail)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	NP	PA; 90 Day
<i>galantamine oral solution 4 mg/ml</i>	NP	PA; 90 Day
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	NP	PA; 90 Day
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	AD	90 Day
<i>guanidine oral tablet 125 mg</i>	AD	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	NP	PA
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	AD	90 Day
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	AD	90 Day
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	AD	90 Day
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	AD	90 Day
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	AD	90 Day
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	NP	PA; QL (1 EA per 30 days)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	NP	PA
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	NP	PA
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	NP	PA
<i>ipratropium bromide inhalation solution 0.02 %</i>	P	90 Day

Drug	Tier	Limits or Restrictions
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	P	90 Day
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	NP	PA
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	NP	PA
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	P	90 Day
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	NP	PA; 90 Day
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	NP	PA; QL (30 GM Max Qty Per Fill Retail)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	NP	PA; QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	NP	PA
LOPRESSOR HCT ORAL TABLET 100-25 MG, 100-50 MG, 50-25 MG	NP	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	NP	PA
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	P	90 Day
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	NP	PA
<i>metaxalone oral tablet 800 mg</i>	AD	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	AD	
<i>methscopolamine oral tablet 2.5 mg</i>	AD	
<i>methscopolamine oral tablet 5 mg</i>	AD	90 Day
<i>methyldopa oral tablet 250 mg, 500 mg</i>	AD	90 Day
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	AD	90 Day
<i>methyldopate intravenous solution 250 mg/5 ml</i>	AD	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	P	90 Day

Drug	Tier	Limits or Restrictions
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	NP	PA; 90 Day
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	90 Day
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	AD	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	P	90 Day
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	NP	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	NP	PA
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	NP	PA
NICORELIEF BUCCAL GUM 2 MG, 4 MG	P	
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	P	
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	P	
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	P	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	P	
NICOTROL INHALATION CARTRIDGE 10 MG	NP	PA
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	NP	PA
<i>orphenadrine citrate injection solution 30 mg/ml</i>	AD	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	AD	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	NP	PA; QL (120 ML per 30 days)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	AD	90 Day
<i>pindolol oral tablet 10 mg, 5 mg</i>	P	90 Day
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	AD	90 Day
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	NP	PA
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	P	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	NP	PA; QL (2 EA per 30 days)

Drug	Tier	Limits or Restrictions
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	P	90 Day
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	P	90 Day
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	P	90 Day
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	AD	90 Day
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	NP	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	AD	90 Day
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	NP	PA
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	NP	PA
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG	NP	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	PA; 90 Day
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	NP	PA; 90 Day
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG	NP	PA; QL (60 EA per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	P	
<i>silodosin oral capsule 4 mg, 8 mg</i>	NP	PA; 90 Day
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	P	90 Day
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	P	90 Day
SOTYLIZE ORAL SOLUTION 5 MG/ML	NP	PA
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	P	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	P	QL (90 EA per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	P	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (28 ACTUAT)	P	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	NP	PA; QL (4 GM per 30 days)

Drug	Tier	Limits or Restrictions
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	P	QL (2 inhalers per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	P	QL (2 inhlaers per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	P	QL (2 EA per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	P	90 Day
TENORETIC 100 ORAL TABLET 100-25 MG	NP	PA
TENORETIC 50 ORAL TABLET 50-25 MG	NP	PA
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	NP	PA
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>terazosin oral capsule 10 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	AD	90 Day
<i>terbutaline subcutaneous solution 1 mg/ml</i>	AD	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	NP	PA; 90 Day
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	AD	QL (30 EA per 30 days)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	AD	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	AD	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	NP	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	AD	90 Day
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	AD	90 Day
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	NP	PA; QL (8 ML per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	NP	PA
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	P	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	P	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	P	QL (8 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	AD	QL (60 EA per 30 days); 90 Day

Drug	Tier	Limits or Restrictions
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	NP	PA
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	P	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	NP	PA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	NP	PA; QL (30 ML per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	NP	PA
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	P	PA; SP
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	P	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	P	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	P	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	P	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,250 (+/-) UNIT, 375 (+/-) UNIT	P	
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	P	SP
ALPHANINE SD INTRAVENOUS RECON SOLN 812 (+/-) UNIT	P	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	P	SP

Drug	Tier	Limits or Restrictions
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	AD	SP
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	AD	90 Day
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	P	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML, 300 MCG/ML	P	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	P	PA; SP
ARIIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	NP	PA
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	NP	PA; 90 Day
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	AD	90 Day
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	P	SP
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	NP	PA
BRILINTA ORAL TABLET 60 MG, 90 MG	P	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	AD	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	AD	
CABLIVI INJECTION KIT 11 MG	AD	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	AD	PA
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG	AD	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	AD	90 Day
<i>clopidogrel oral tablet 300 mg</i>	P	
<i>clopidogrel oral tablet 75 mg</i>	P	90 Day
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	P	SP
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	AD	90 Day

Drug	Tier	Limits or Restrictions
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	P	SP
COUMADIN INTRAVENOUS RECON SOLN 5 MG	NP	PA
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	NP	PA
<i>desmopressin injection solution 4 mcg/ml</i>	AD	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	AD	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	AD	90 Day
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	P	90 Day
EFFIENT ORAL TABLET 10 MG, 5 MG	NP	PA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	P	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	P	
ELITE-OB 400 ORAL CAPSULE 35-5-1.2-400 MG	AD	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	P	SP
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	P	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	P	
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	P	PA; SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	P	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	P	SP
FEIBA NF INTRAVENOUS RECON SOLN 400-650 UNIT, 651-1,200 UNIT	P	

Drug	Tier	Limits or Restrictions
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	NP	PA
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	P	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	NP	PA
HELIXATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	AD	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	AD	PA; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	P	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,700 UNIT	P	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	P	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	P	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	P	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,701-2,000 UNIT	P	
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	AD	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	AD	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	AD	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	AD	
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	AD	

Drug	Tier	Limits or Restrictions
<i>heparin lock flush (porcine) intravenous syringe 100 unit/ml</i>	AD	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	AD	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	AD	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	AD	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	AD	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	AD	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	AD	
HUMATE-P INTRAVENOUS KIT 1,000-2,000 UNIT, 250-500 UNIT, 500-1,000 UNIT	P	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	P	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	P	SP
INFANT-TODDLER MULTIVIT-IRON 11 MG IRON/ML	AD	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	P	SP
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	P	90 Day
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	P	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	P	SP
KOATE-DVI INTRAVENOUS KIT 500 (+/-) UNIT	P	
KOATE-DVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	P	

Drug	Tier	Limits or Restrictions
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	P	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	P	SP
LEUKINE INJECTION RECON SOLN 250 MCG	AD	SP
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	NP	PA
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	NP	PA
MONOCLATE-P INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT	AD	
MONONINE INTRAVENOUS KIT 500 (+/-) UNIT	P	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT	P	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	AD	SP
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	AD	90 Day
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	AD	90 Day
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	AD	90 Day
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	AD	PA; SP; QL (2 syringes per 30 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	AD	PA; SP; QL (2 syringes per 30 days)
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	P	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	P	SP

Drug	Tier	Limits or Restrictions
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	P	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	P	SP
OXBRYTA ORAL TABLET 300 MG	P	SP
OXBRYTA ORAL TABLET 500 MG	P	PA; SP
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	P	PA; SP; QL (150 EA per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i>	AD	90 Day
PLAVIX ORAL TABLET 300 MG, 75 MG	NP	PA
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	AD	SP
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	AD	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	AD	90 Day
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	AD	90 Day
PNV-SELECT ORAL TABLET 27-1 MG	AD	90 Day
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	AD	90 Day
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	AD	90 Day
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	AD	90 Day
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	AD	90 Day
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	P	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	P	90 Day
PRENATABS FA ORAL TABLET 29-1 MG	AD	90 Day
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	AD	90 Day
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG	AD	90 Day
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	AD	90 Day
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	AD	90 Day

Drug	Tier	Limits or Restrictions
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	NP	SP; PA
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	P	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,200 (+/-) UNIT	P	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	AD	PA; SP
PROMACTA ORAL POWDER IN PACKET 25 MG	AD	SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	AD	PA; SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	P	SP
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	NP	PA
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	P	SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	P	PA; SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	P	SP
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	NP	PA
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	AD	90 Day
<i>tranexamic acid oral tablet 650 mg</i>	AD	90 Day
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	P	SP
TRIADVANCE ORAL TABLET 90-1-50 MG	AD	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	AD	90 Day
TRINATE ORAL TABLET 28 MG IRON- 1 MG	AD	90 Day
TRIVEEN-ONE ORAL CAPSULE 27 MG IRON-1 MG -250 MG	AD	

Drug	Tier	Limits or Restrictions
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	AD	PA; SP; QL (1.2 ML per 30 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	AD	PA; SP; QL (1.2 ML per 30 days)
VENA-BAL DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	AD	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON- 1 MG	AD	
VINATE GT ORAL TABLET 90-1-50 MG	AD	
VINATE M ORAL TABLET 27 MG IRON-1 MG	AD	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	AD	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	AD	90 Day
VIRT-PN ORAL TABLET 27-1 MG	AD	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG	AD	90 Day
VITAFOL-OB ORAL TABLET 65-1 MG	AD	
VITRON-C ORAL TABLET,DELAYED RELEASE (DR/EC) 65 MG IRON- 125 MG	AD	
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG	AD	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	P	SP
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	P	90 Day
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	P	SP
WILATE INTRAVENOUS RECON SOLN 450-450 UNIT, 900-900 UNIT	P	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	NP	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	NP	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	P	
XARELTO ORAL TABLET 2.5 MG	NP	PA
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	P	SP

Drug	Tier	Limits or Restrictions
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	P	SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	AD	PA; SP
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	AD	90 Day
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	AD	90 Day
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	AD	PA; SP; QL (2 syringe per 30 days)
ZONTIVITY ORAL TABLET 2.08 MG	NP	PA
CARDIOVASCULAR DRUGS		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	NP	PA
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA
<i>acebutolol oral capsule 200 mg, 400 mg</i>	NP	PA; 90 Day
<i>acetazolamide oral capsule, extended release 500 mg</i>	AD	90 Day
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	AD	90 Day
<i>acetazolamide sodium injection recon soln 500 mg</i>	AD	
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG	NP	PA
ADCIRCA ORAL TABLET 20 MG	NP	PA; SP; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	NP	PA
<i>aliskiren oral tablet 150 mg, 300 mg</i>	NP	PA
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	NP	PA
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	NP	PA
ALYQ ORAL TABLET 20 MG	NP	SP; PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	P	PA; SP; QL (30 EA Max Qty Per Fill Retail)
<i>amiloride oral tablet 5 mg</i>	AD	90 Day
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	AD	90 Day
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	90 Day
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NP	PA; 90 Day
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	P	90 Day
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	PA; 90 Day
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	P	90 Day
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	NP	PA; 90 Day
ANTARA ORAL CAPSULE 30 MG, 90 MG	NP	PA
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	NP	PA; 90 Day
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	NP	PA
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	NP	PA
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	P	90 Day
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	NP	PA; 90 Day
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	P	90 Day
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	NP	PA
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	NP	PA
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	90 Day
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	P	90 Day
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	NP	PA

Drug	Tier	Limits or Restrictions
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	NP	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA
<i>betaxolol oral tablet 10 mg, 20 mg</i>	NP	PA; 90 Day
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	P	90 Day
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	NP	PA; 90 Day
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	NP	PA; QL (60 EA Max Qty Per Fill Retail)
<i>bumetanide injection solution 0.25 mg/ml</i>	AD	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	AD	90 Day
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	NP	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA
CALAN ORAL TABLET 120 MG	NP	PA
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	NP	PA
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	AD	PA; QL (30 EA Max Qty Per Fill Retail)
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	NP	PA; 90 Day
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	NP	PA; 90 Day
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	P	90 Day
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	P	90 Day
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	NP	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NP	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	NP	PA

Drug	Tier	Limits or Restrictions
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	NP	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	AD	90 Day
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	P	90 Day
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	PA; 90 Day
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	AD	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	AD	90 Day
<i>cholestyramine (with sugar) oral powder 4 gram</i>	P	90 Day
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	P	90 Day
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	P	90 Day
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	P	90 Day
<i>cilostazol oral tablet 100 mg, 50 mg</i>	AD	90 Day
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	AD	90 Day
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	AD	90 Day
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	AD	QL (4 EA per 30 days); 90 Day
<i>colesevelam oral powder in packet 3.75 gram</i>	NP	PA; 90 Day
<i>colesevelam oral tablet 625 mg</i>	NP	PA; 90 Day
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	NP	PA
COLESTID ORAL GRANULES 5 GRAM	NP	PA
COLESTID ORAL PACKET 5 GRAM	NP	PA
COLESTID ORAL TABLET 1 GRAM	NP	PA
<i>colestipol oral granules 5 gram</i>	P	90 Day
<i>colestipol oral packet 5 gram</i>	P	90 Day
<i>colestipol oral tablet 1 gram</i>	P	90 Day
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	NP	PA

Drug	Tier	Limits or Restrictions
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	NP	PA
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	NP	PA
CORLANOR ORAL SOLUTION 5 MG/5 ML	AD	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	AD	
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG	NP	PA
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	NP	PA
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	NP	PA
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	AD	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	AD	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	AD	90 Day
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	AD	90 Day
DILANTIN EXTENDED ORAL CAPSULE 100 MG	P	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	NP	PA
DILANTIN ORAL CAPSULE 30 MG	P	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	NP	PA
<i>diltiazem hcl intravenous recon soln 100 mg</i>	AD	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	AD	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	P	90 Day
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	P	90 Day
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	P	90 Day
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	P	90 Day
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	P	90 Day
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	P	

Drug	Tier	Limits or Restrictions
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	P	90 Day
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	P	90 Day
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	NP	PA
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	NP	PA
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	P	90 Day
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	AD	90 Day
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	AD	90 Day
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>doxazosin oral tablet 8 mg</i>	P	QL (60 EA per 30 days); 90 Day
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	NP	PA
EDARBI ORAL TABLET 40 MG, 80 MG	NP	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	NP	PA
<i>enalapril maleate oral solution 1 mg/ml</i>	NP	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	P	90 Day
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	P	90 Day
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	P	QL (60 EA per 30 days)
EPANED ORAL RECON SOLN 1 MG/ML	NP	PA
EPANED ORAL SOLUTION 1 MG/ML	NP	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	AD	90 Day
<i>eprosartan oral tablet 600 mg</i>	NP	PA; 90 Day
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	NP	PA
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	NP	PA

Drug	Tier	Limits or Restrictions
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	NP	PA
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	NP	PA
<i>ezetimibe oral tablet 10 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	NP	PA; 90 Day
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	P	90 Day
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	NP	PA; 90 Day
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	P	90 Day
<i>fenofibrate micronized oral capsule 30 mg, 90 mg</i>	NP	PA
<i>fenofibrate micronized oral tablet 160 mg</i>	NP	PA
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	P	90 Day
<i>fenofibrate nanocrystallized oral tablet 160 mg</i>	NP	PA
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	NP	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NP	PA
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	P	90 Day
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	NP	PA; 90 Day
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	PA; 90 Day
FENOGLIDE ORAL TABLET 120 MG, 40 MG	NP	PA
FIBRICOR ORAL TABLET 105 MG, 35 MG	NP	PA
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	AD	90 Day
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	NP	PA; 90 Day
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	NP	PA; 90 Day
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	P	90 Day
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	P	90 Day
<i>furosemide injection solution 10 mg/ml</i>	AD	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	AD	90 Day
<i>gemfibrozil oral tablet 600 mg</i>	P	90 Day
<i>guanfacine oral tablet 1 mg, 2 mg</i>	AD	90 Day
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	P	90 Day
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	NP	PA
<i>hydralazine injection solution 20 mg/ml</i>	AD	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	AD	90 Day
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	AD	90 Day
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	AD	90 Day
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	NP	PA
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	NP	PA
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	AD	90 Day
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	NP	PA
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	NP	PA
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	NP	PA
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	NP	PA
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	P	90 Day
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	P	90 Day
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	AD	90 Day
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	AD	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	AD	90 Day
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	AD	90 Day
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	P	90 Day

Drug	Tier	Limits or Restrictions
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	NP	PA
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	P	90 Day
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	NP	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	NP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	NP	PA; PA; QL (30 EA Max Qty Per Fill Retail)
LEVATOL ORAL TABLET 20 MG	NP	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	NP	PA
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	NP	PA
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	P	90 Day
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	P	90 Day
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	NP	PA
LOPID ORAL TABLET 600 MG	NP	PA
LOPRESSOR HCT ORAL TABLET 100-25 MG, 100-50 MG, 50-25 MG	NP	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	NP	PA
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	P	90 Day
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	P	90 Day
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA
LOTENSIN ORAL TABLET 20 MG, 40 MG	NP	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NP	PA
<i>lovastatin oral tablet 10 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>lovastatin oral tablet 20 mg, 40 mg</i>	P	QL (60 EA per 30 days); 90 Day
LOVAZA ORAL CAPSULE 1 GRAM	NP	PA
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	AD	

Drug	Tier	Limits or Restrictions
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	AD	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	AD	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	AD	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NP	PA; 90 Day
<i>methyldopa oral tablet 250 mg, 500 mg</i>	AD	90 Day
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	AD	90 Day
<i>methyldopate intravenous solution 250 mg/5 ml</i>	AD	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	AD	90 Day
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	P	90 Day
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	NP	PA; 90 Day
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	90 Day
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	AD	90 Day
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	NP	PA
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	NP	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	AD	90 Day
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	P	90 Day
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	P	90 Day
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	NP	PA
NEXLETOL ORAL TABLET 180 MG	NP	PA
NEXLIZET ORAL TABLET 180-10 MG	NP	PA
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	P	
<i>niacin oral tablet 100 mg</i>	P	
<i>niacin oral tablet 500 mg</i>	P	90 Day

Drug	Tier	Limits or Restrictions
<i>niacin oral tablet extended release 1,000 mg, 750 mg</i>	P	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	P	90 Day
NIACOR ORAL TABLET 500 MG	NP	PA
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG	P	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	P	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	P	90 Day
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	P	90 Day
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	P	90 Day
<i>nimodipine oral capsule 30 mg</i>	NP	PA
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	NP	PA
NITRO-BID TRANSDERMAL OINTMENT 2 %	AD	90 Day
<i>nitroglycerin oral capsule, extended release 2.5 mg</i>	AD	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	AD	90 Day
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	AD	90 Day
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	AD	90 Day
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	NP	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	NP	PA
NYMALIZE ORAL SOLUTION 30 MG/10 ML, 60 MG/20 ML	NP	PA
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	NP	PA; 90 Day
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	PA; 90 Day
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	NP	PA; 90 Day
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	NP	PA

Drug	Tier	Limits or Restrictions
OPSUMIT ORAL TABLET 10 MG	NP	PA; QL (30 EA Max Qty Per Fill Retail)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	NP	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	P	90 Day
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	P	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	P	90 Day
<i>phenytoin oral tablet, chewable 50 mg</i>	P	90 Day
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	P	90 Day
<i>pindolol oral tablet 10 mg, 5 mg</i>	P	90 Day
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	NP	PA
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	NP	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	P	90 Day
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	AD	90 Day
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	NP	PA
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	AD	
PROCARDIA ORAL CAPSULE 10 MG	NP	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	NP	PA
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	AD	90 Day
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	P	90 Day
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	P	90 Day
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	P	90 Day
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	AD	90 Day
QBRELIS ORAL SOLUTION 1 MG/ML	NP	PA
QUESTRAN LIGHT ORAL POWDER 4 GRAM	NP	PA
QUESTRAN ORAL POWDER 4 GRAM	NP	PA

Drug	Tier	Limits or Restrictions
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	NP	PA
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	90 Day
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	P	90 Day
<i>quinidine gluconate oral tablet extended release 324 mg</i>	AD	90 Day
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	AD	90 Day
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	P	90 Day
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	AD	90 Day
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	NP	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	NP	PA; QL (2 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	NP	PA; QL (2 ML per 28 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	NP	PA; SP; PA; QL (112 ML per 30 days)
REVATIO ORAL TABLET 20 MG	NP	PA; SP; QL (90 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	P	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	P	PA; SP; QL (90 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	P	90 Day
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	P	90 Day
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	P	90 Day
SOTYLIZE ORAL SOLUTION 5 MG/ML	NP	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	AD	90 Day
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	AD	90 Day
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	NP	PA

Drug	Tier	Limits or Restrictions
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	NP	PA; SP; QL (60 EA Max Qty Per Fill Retail)
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	P	90 Day
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	P	
TEKTURNA ORAL TABLET 150 MG, 300 MG	NP	PA
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	NP	PA; 90 Day
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	PA; 90 Day
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	NP	PA; 90 Day
TENORETIC 100 ORAL TABLET 100-25 MG	NP	PA
TENORETIC 50 ORAL TABLET 50-25 MG	NP	PA
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	NP	PA
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>terazosin oral capsule 10 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>theophylline oral solution 80 mg/15 ml</i>	AD	90 Day
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	AD	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	AD	90 Day
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	AD	90 Day
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	NP	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	NP	PA; 90 Day
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	NP	PA
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	AD	90 Day
TRACLEER ORAL TABLET 125 MG, 62.5 MG	P	PA; QL (60 EA Max Qty Per Fill Retail)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	NP	PA; QL (120 EA Max Qty Per Fill Retail)

Drug	Tier	Limits or Restrictions
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	P	90 Day
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	NP	PA; 90 Day
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	AD	90 Day
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	AD	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	AD	90 Day
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	NP	PA
TRICOR ORAL TABLET 145 MG, 48 MG	NP	PA
TRIGLIDE ORAL TABLET 160 MG	NP	PA
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	NP	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 32-48 MCG, 48 MCG, 64 MCG	NP	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	NP	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	NP	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	NP	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	NP	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	PA; QL (60 EA Max Qty Per Fill Retail)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	NP	PA; QL (1 EA Max Qty Per Fill Retail)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	P	90 Day
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	P	90 Day

Drug	Tier	Limits or Restrictions
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	NP	PA
VASERETIC ORAL TABLET 10-25 MG	NP	PA
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	NP	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	NP	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	P	90 Day
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	P	90 Day
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	P	90 Day
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	90 Day
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG	NP	PA
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	NP	PA
VYTORIN 10-10 ORAL TABLET 10-10 MG	NP	PA
VYTORIN 10-20 ORAL TABLET 10-20 MG	NP	PA
VYTORIN 10-40 ORAL TABLET 10-40 MG	NP	PA
VYTORIN 10-80 ORAL TABLET 10-80 MG	NP	PA
WELCHOL ORAL TABLET 625 MG	NP	PA
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	NP	PA
ZETIA ORAL TABLET 10 MG	NP	PA
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	NP	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	NP	PA
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG	NP	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	P	

Drug	Tier	Limits or Restrictions
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	P	
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	NP	PA
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	NP	PA
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	AD	90 Day
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	AD	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	AD	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	AD	QL (180 EA per 30 days)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	P	
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	NP	PA
ADZENYS XR-ODT ORAL TABLET,DISINTEGR BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	NP	PA
AIMOVI AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	NP	PA; QL (1 ML per 30 days)
AIMOVI AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	NP	PA; QL (2 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	P	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	P	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	PA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	AD	
<i>amantadine hcl oral capsule 100 mg</i>	AD	90 Day
<i>amantadine hcl oral solution 50 mg/5 ml</i>	AD	90 Day
<i>amantadine hcl oral tablet 100 mg</i>	AD	90 Day
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	NP	PA

Drug	Tier	Limits or Restrictions
AMBIEN ORAL TABLET 10 MG, 5 MG	NP	PA
AMERGE ORAL TABLET 1 MG, 2.5 MG	NP	PA
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	AD	90 Day
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	AD	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	AD	90 Day
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	NP	PA
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	PA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	NP	PA
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	NP	PA
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	NP	PA
<i>aripiprazole oral solution 1 mg/ml</i>	P	90 Day
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>aripiprazole oral tablet 5 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	NP	PA; QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	NP	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	NP	PA
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	AD	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	NP	PA
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	NP	PA
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG	NP	PA

Drug	Tier	Limits or Restrictions
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	NP	PA; 90 Day
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	NP	PA; 90 Day
<i>atomoxetine oral capsule 10 mg</i>	P	QL (300 EA per 30 days); 90 Day
<i>atomoxetine oral capsule 100 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>atomoxetine oral capsule 18 mg</i>	P	QL (166 EA per 30 days); 90 Day
<i>atomoxetine oral capsule 25 mg</i>	P	QL (120 EA per 30 days); 90 Day
<i>atomoxetine oral capsule 40 mg</i>	P	QL (75 EA per 30 days); 90 Day
<i>atomoxetine oral capsule 60 mg</i>	P	QL (50 EA per 30 days); 90 Day
<i>atomoxetine oral capsule 80 mg</i>	P	QL (37 EA per 30 days); 90 Day
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	AD	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	AD	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	AD	PA; SP
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	NP	PA
BANZEL ORAL SUSPENSION 40 MG/ML	NP	PA
BANZEL ORAL TABLET 200 MG, 400 MG	NP	PA
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	P	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	NP	PA
<i>benztropine injection solution 1 mg/ml</i>	AD	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	AD	90 Day
BRINTELLIX ORAL TABLET 20 MG	NP	PA
BRISDELLE ORAL CAPSULE 7.5 MG	NP	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	NP	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	NP	PA
<i>bromocriptine oral tablet 2.5 mg</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
<i>buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg</i>	NP	PA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	NP	PA; QL (4 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	NP	PA; QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	P	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	P	QL (90 EA per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	P	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	P	90 Day
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	NP	PA
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	AD	90 Day
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	AD	QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	AD	QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	AD	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	AD	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	AD	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	AD	

Drug	Tier	Limits or Restrictions
<i>cabergoline oral tablet 0.5 mg</i>	AD	90 Day
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	NP	PA; QL (30 EA Max Qty Per Fill Retail)
CAPLYTA ORAL CAPSULE 42 MG	NP	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	NP	PA; 90 Day
<i>carbamazepine oral suspension 100 mg/5 ml</i>	P	90 Day
<i>carbamazepine oral tablet 200 mg</i>	P	90 Day
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	P	90 Day
<i>carbamazepine oral tablet, chewable 100 mg</i>	P	90 Day
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	NP	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	P	90 Day
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	P	90 Day
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	P	90 Day
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	P	90 Day
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	NP	PA
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	P	90 Day
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA
CELONTIN ORAL CAPSULE 300 MG	P	
CHILDREN'S TYLENOL ORAL SUSPENSION 160 MG/5 ML	AD	
<i>chlorpromazine injection solution 25 mg/ml</i>	AD	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	AD	90 Day
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	AD	90 Day
<i>citalopram oral capsule 30 mg</i>	NP	PA
<i>citalopram oral solution 10 mg/5 ml</i>	P	90 Day

Drug	Tier	Limits or Restrictions
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>clobazam oral suspension 2.5 mg/ml</i>	NP	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	P	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	AD	90 Day
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	AD	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	AD	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	AD	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	90 Day
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	P	90 Day
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	NP	PA
COMPRO RECTAL SUPPOSITORY 25 MG	AD	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	P	
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	P	PA
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	NP	PA
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	NP	PA
DAYPRO ORAL TABLET 600 MG	NP	PA
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	NP	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG	NP	PA
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	NP	PA
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	NP	PA
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	NP	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
<i>desvenlafaxine fumarate oral tablet extended release 24hr 100 mg, 50 mg</i>	NP	PA
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	NP	PA
<i>desvenlafaxine oral tablet extended release 24hr 50 mg</i>	NP	PA
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	NP	PA; QL (30 EA per 30 days); 90 Day
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	NP	PA
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	P	
<i>dexmethylphenidate oral tablet 10 mg</i>	P	QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg</i>	P	QL (240 EA per 30 days)
<i>dexmethylphenidate oral tablet 5 mg</i>	P	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	P	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	P	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	P	QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	NP	PA
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	P	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	P	QL (360 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg</i>	P	QL (180 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 15 mg</i>	P	QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg</i>	P	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 25 mg</i>	P	QL (72 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 30 mg</i>	P	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 5 mg</i>	P	QL (360 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	P	QL (180 EA per 30 days)

Drug	Tier	Limits or Restrictions
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg</i>	P	QL (144 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	P	QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	P	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	P	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	P	QL (360 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 7.5 mg</i>	P	QL (240 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	NP	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	NP	PA
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	P	
DIASTAT RECTAL KIT 2.5 MG	P	
<i>diazepam injection solution 5 mg/ml</i>	AD	
<i>diazepam injection syringe 5 mg/ml</i>	AD	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	AD	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	AD	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	AD	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	P	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	NP	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	AD	90 Day
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	P	90 Day
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	P	90 Day
<i>diclofenac sodium topical gel 1 %</i>	P	QL (500 GM per 21 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	NP	PA; 90 Day
<i>diflunisal oral tablet 500 mg</i>	AD	90 Day
DILANTIN EXTENDED ORAL CAPSULE 100 MG	P	

Drug	Tier	Limits or Restrictions
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	NP	PA
DILANTIN ORAL CAPSULE 30 MG	P	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	NP	PA
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	P	90 Day
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	P	90 Day
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	P	90 Day
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	AD	90 Day
<i>doxepin oral concentrate 10 mg/ml</i>	AD	90 Day
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	NP	PA
DUEXIS ORAL TABLET 800-26.6 MG	NP	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 60 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	NP	PA; QL (30 EA per 30 days); 90 Day
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	NP	PA
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	NP	PA
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	P	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	NP	PA
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	NP	PA
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	NP	PA
<i>eletriptan oral tablet 20 mg, 40 mg</i>	NP	PA
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	NP	PA; QL (28.8 ML per 30 days)

Drug	Tier	Limits or Restrictions
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	NP	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	P	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	P	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	AD	PA
<i>entacapone oral tablet 200 mg</i>	P	90 Day
EPIDIOLEX ORAL SOLUTION 100 MG/ML	NP	SP; PA
EPITOL ORAL TABLET 200 MG	P	90 Day
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	NP	PA; 90 Day
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	P	QL (30 EA per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	P	90 Day
<i>ethosuximide oral solution 250 mg/5 ml</i>	P	90 Day
<i>etodolac oral capsule 200 mg, 300 mg</i>	AD	90 Day
<i>etodolac oral tablet 400 mg, 500 mg</i>	AD	90 Day
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	AD	90 Day
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	NP	PA
EVEKEO ORAL TABLET 10 MG, 5 MG	NP	PA
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 16 MG, 32 MG, 8 MG	NP	PA
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	NP	PA
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	NP	PA; QL (1 Pack Max Qty Per Fill Retail)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	NP	PA
<i>felbamate oral suspension 600 mg/5 ml</i>	P	90 Day
<i>felbamate oral tablet 400 mg, 600 mg</i>	P	90 Day
FELBATOL ORAL SUSPENSION 600 MG/5 ML	P	
FELBATOL ORAL TABLET 400 MG, 600 MG	NP	PA

Drug	Tier	Limits or Restrictions
<i>fenoprofen oral capsule 400 mg</i>	NP	PA
<i>fenoprofen oral tablet 600 mg</i>	NP	PA
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	AD	PA; QL (30 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	AD	PA; QL (90 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr</i>	NP	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr</i>	P	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	NP	PA
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	NP	PA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	NP	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	NP	PA
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	NP	PA; QL (60 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>fluoxetine oral capsule 20 mg</i>	P	90 Day
<i>fluoxetine oral capsule 40 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	NP	PA
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	P	90 Day
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	NP	PA; 90 Day
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	AD	90 Day
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	AD	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	AD	90 Day
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	AD	90 Day
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	AD	90 Day
<i>flurbiprofen oral tablet 100 mg</i>	P	90 Day
<i>flurbiprofen oral tablet 50 mg</i>	P	

Drug	Tier	Limits or Restrictions
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	NP	PA; 90 Day
<i>fluvoxamine oral tablet 100 mg</i>	P	QL (90 EA per 30 days); 90 Day
<i>fluvoxamine oral tablet 25 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>fluvoxamine oral tablet 50 mg</i>	P	QL (60 EA per 30 days); 90 Day
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	NP	PA
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	NP	PA
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	NP	PA
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	AD	
FROVA ORAL TABLET 2.5 MG	NP	PA
<i>frovatriptan oral tablet 2.5 mg</i>	NP	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	NP	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	NP	PA
FYCOMPA ORAL TABLETS,DOSE PACK 2 MG (7)- 4 MG (7)	NP	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	P	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	P	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	P	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	P	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	NP	PA
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	NP	PA
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	NP	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	NP	PA
<i>guanfacine oral tablet 1 mg, 2 mg</i>	AD	90 Day
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	P	90 Day

Drug	Tier	Limits or Restrictions
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	AD	90 Day
<i>haloperidol lactate injection solution 5 mg/ml</i>	AD	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	AD	90 Day
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	AD	90 Day
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	NP	PA
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	NP	PA
HETLIOZ ORAL CAPSULE 20 MG	NP	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	NP	PA
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	NP	PA
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	NP	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	AD	QL (5400 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	AD	QL (360 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	AD	QL (270 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	AD	QL (675 ML per 30 days)
<i>hydromorphone oral tablet 2 mg</i>	AD	QL (180 EA per 30 days)
<i>hydromorphone oral tablet 4 mg</i>	AD	QL (150 EA per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	AD	QL (60 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	NP	PA
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	AD	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	AD	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	AD	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	NP	PA
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	P	90 Day

Drug	Tier	Limits or Restrictions
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NP	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	AD	90 Day
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	AD	90 Day
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION	P	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	NP	PA
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	P	
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	P	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	P	
INBRIJA INHALATION CAPSULE 42 MG	NP	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	NP	PA
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	NP	PA
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	NP	PA
<i>indomethacin oral capsule 25 mg</i>	P	
<i>indomethacin oral capsule 50 mg</i>	P	90 Day
INFANT'S TYLENOL ORAL SUSPENSION 160 MG/5 ML	AD	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	NP	PA
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	NP	PA
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	P	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	NP	PA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	P	

Drug	Tier	Limits or Restrictions
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	P	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	NP	PA
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 130 MG, 150 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG, 80 MG	NP	PA
KEPPRA ORAL SOLUTION 100 MG/ML	NP	PA
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	NP	PA
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	NP	PA
<i>ketoprofen oral capsule 25 mg</i>	P	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	P	90 Day
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	NP	PA
<i>ketorolac nasal spray,non-aerosol 15.75 mg/spray</i>	NP	PA
<i>ketorolac oral tablet 10 mg</i>	P	QL (20 EA per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	NP	PA
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	NP	PA
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	NP	SP; PA
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	NP	PA
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	P	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	NP	PA
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	NP	PA
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	NP	PA
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	NP	PA

Drug	Tier	Limits or Restrictions
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	NP	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	NP	PA
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	NP	PA
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	NP	PA
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	NP	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	NP	PA
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	NP	PA
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	NP	PA
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	NP	PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	P	90 Day
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	NP	PA
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	P	90 Day
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	P	90 Day
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	PA; 90 Day
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	NP	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	P	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	P	QL (60 EA per 30 days)

Drug	Tier	Limits or Restrictions
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	P	90 Day
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	P	90 Day
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	P	90 Day
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	NP	PA
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	NP	PA
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	AD	
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	AD	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	AD	90 Day
<i>lithium carbonate oral tablet 300 mg</i>	AD	90 Day
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	AD	90 Day
<i>lithium citrate oral solution 8 meq/5 ml</i>	AD	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	AD	
<i>lorazepam oral concentrate 2 mg/ml</i>	AD	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	AD	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	AD	90 Day
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	NP	PA
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	AD	QL (30 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	NP	PA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	NP	PA
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	NP	PA; QL (90 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	NP	PA
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	AD	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	AD	

Drug	Tier	Limits or Restrictions
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	AD	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	AD	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	AD	90 Day
MAXALT ORAL TABLET 10 MG	NP	PA
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	NP	PA
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	NP	PA
<i>mefenamic acid oral capsule 250 mg</i>	NP	PA
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	AD	QL (300 ML Max Qty Per Fill Retail)
<i>meloxicam oral tablet 15 mg</i>	P	QL (30 EA Max Qty Per Fill Retail); 90 Day
<i>meloxicam oral tablet 7.5 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	NP	PA
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	NP	PA; 90 Day
<i>memantine oral solution 2 mg/ml</i>	NP	PA; 90 Day
<i>memantine oral tablet 10 mg, 5 mg</i>	P	90 Day
<i>memantine oral tablets,dose pack 5-10 mg</i>	P	
<i>methadone oral concentrate 10 mg/ml</i>	NP	PA; QL (60 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	NP	PA; QL (300 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	NP	PA; QL (600 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	NP	PA; QL (120 EA per 30 days)
<i>methadone oral tablet,soluble 40 mg</i>	NP	PA; QL (30 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	P	
<i>methylphenidate 10 mg/5 ml sol</i>	NP	PA; QL (180 ML per 30 days)
<i>methylphenidate 5 mg/5 ml soln</i>	NP	PA; QL (180 ML per 30 days)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	NP	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg</i>	NP	PA; QL (180 EA per 30 days)

Drug	Tier	Limits or Restrictions
<i>methylphenidate hcl oral capsule, er biphasic 30-70 20 mg</i>	NP	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg</i>	NP	PA; QL (45 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 50 mg</i>	NP	PA; QL (36 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 60 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	NP	PA
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	P	QL (180 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	P	QL (360 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	P	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	P	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet 5 mg</i>	P	QL (360 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	P	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	P	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg</i>	P	QL (120 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 27 mg</i>	P	QL (80 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	P	QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg</i>	P	QL (40 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	NP	PA
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	NP	PA; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg</i>	NP	PA; QL (720 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 5 mg</i>	NP	PA; QL (360 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	NP	PA

Drug	Tier	Limits or Restrictions
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	NP	PA
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	NP	PA
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	P	90 Day
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	P	90 Day
MOBIC ORAL TABLET 15 MG	NP	PA; QL (30 EA per 30 days)
MOBIC ORAL TABLET 7.5 MG	NP	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	AD	
MORPHABOND ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 100 MG, 15 MG, 30 MG, 60 MG	NP	PA
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	AD	QL (135 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	NP	PA
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	NP	PA
<i>morphine oral solution 10 mg/5 ml</i>	AD	QL (900 ML per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	AD	QL (675 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	AD	PA; QL (180 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	AD	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	P	PA; QL (30 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	P	PA; QL (120 EA per 30 days)
<i>morphine oral tablet extended release 30 mg</i>	P	PA; QL (90 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	NP	PA
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	PA
MYSOLINE ORAL TABLET 250 MG, 50 MG	NP	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	P	90 Day
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	AD	

Drug	Tier	Limits or Restrictions
NALFON ORAL CAPSULE 400 MG	NP	PA
NALFON ORAL TABLET 600 MG	NP	PA
<i>naloxone injection auto-injector 2 mg/0.4 ml</i>	AD	
<i>naloxone injection solution 0.4 mg/ml</i>	P	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	P	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	NP	PA
<i>naltrexone oral tablet 50 mg</i>	AD	
NAMENDA ORAL TABLET 10 MG, 5 MG	NP	PA
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	NP	PA
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	NP	PA
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	NP	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	NP	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	NP	PA
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	NP	PA
<i>naproxen oral suspension 125 mg/5 ml</i>	AD	90 Day
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	P	90 Day
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	P	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	P	90 Day
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	NP	PA
<i>naproxen-esomeprazole oral tablet,ir, delayed rel,biphasic 375-20 mg, 500-20 mg</i>	NP	PA
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	NP	PA
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	P	Only prescription versions are preferred
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	P	

Drug	Tier	Limits or Restrictions
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	P	90 Day
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	NP	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	NP	PA
NEURONTIN ORAL SOLUTION 250 MG/5 ML	NP	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG	NP	PA
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	AD	90 Day
<i>nortriptyline oral solution 10 mg/5 ml</i>	AD	90 Day
NOURIANZ ORAL TABLET 20 MG, 40 MG	NP	SP; PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	NP	PA
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	NP	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	AD	PA; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	NP	PA
NUPLAZID ORAL TABLET 10 MG, 17 MG	NP	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	NP	PA; QL (16 EA per 28 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	P	
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>olanzapine oral tablet 15 mg, 20 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>olanzapine oral tablet,disintegrating 10 mg, 5 mg</i>	NP	PA; QL (60 EA per 30 days); 90 Day
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	NP	PA; QL (30 EA per 30 days); 90 Day
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	NP	PA
OLEPTRO ER ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	NP	PA
ONFI ORAL SUSPENSION 2.5 MG/ML	NP	PA
ONFI ORAL TABLET 10 MG, 20 MG	NP	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	NP	PA

Drug	Tier	Limits or Restrictions
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	NP	PA
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG	NP	PA
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	AD	
<i>oxaprozin oral tablet 600 mg</i>	NP	PA; 90 Day
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	AD	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	P	90 Day
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	P	90 Day
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	NP	PA
<i>oxycodone oral capsule 5 mg</i>	AD	QL (360 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	AD	QL (90 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	AD	QL (1200 ML per 30 days)
<i>oxycodone oral tablet 10 mg</i>	AD	QL (180 EA per 30 days)
<i>oxycodone oral tablet 15 mg</i>	AD	QL (120 EA per 30 days)
<i>oxycodone oral tablet 20 mg</i>	AD	QL (90 EA per 30 days)
<i>oxycodone oral tablet 30 mg</i>	AD	QL (60 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	AD	QL (360 EA per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG	NP	PA; QL (90 EA per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	NP	PA; QL (60 EA per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG, 60 MG, 80 MG	NP	PA; QL (30 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	AD	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	AD	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	AD	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG	NP	PA; QL (90 EA per 30 days)

Drug	Tier	Limits or Restrictions
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	NP	PA; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG, 60 MG, 80 MG	NP	PA; QL (30 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NP	PA
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	NP	PA; QL (30 EA per 30 days); 90 Day
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	NP	PA; QL (60 EA per 30 days); 90 Day
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	NP	PA
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	NP	PA; QL (60 EA per 30 days); 90 Day
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	NP	PA; 90 Day
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	NP	PA
PAXIL ORAL SUSPENSION 10 MG/5 ML	NP	PA
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	NP	PA
PEGANONE ORAL TABLET 250 MG	P	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	AD	90 Day
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	AD	90 Day
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	NP	PA
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	NP	PA
<i>phenelzine oral tablet 15 mg</i>	AD	90 Day
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	AD	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	AD	

Drug	Tier	Limits or Restrictions
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	AD	QL (30 EA per 30 days)
<i>phentermine oral tablet 37.5 mg</i>	AD	QL (30 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	P	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	P	90 Day
<i>phenytoin oral tablet, chewable 50 mg</i>	P	90 Day
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	P	90 Day
<i>piroxicam oral capsule 10 mg, 20 mg</i>	AD	90 Day
POTIGA ORAL TABLET 200 MG, 400 MG, 50 MG	NP	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	P	90 Day
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	P	QL (90 EA Max Qty Per Fill Retail)
<i>pregabalin oral solution 20 mg/ml</i>	NP	PA
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	NP	PA
<i>primidone oral tablet 125 mg</i>	P	
<i>primidone oral tablet 250 mg, 50 mg</i>	P	90 Day
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	NP	PA
PROCENTRA ORAL SOLUTION 5 MG/5 ML	NP	PA
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	AD	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	AD	
<i>prochlorperazine rectal suppository 25 mg</i>	AD	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	AD	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	AD	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	AD	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	AD	

Drug	Tier	Limits or Restrictions
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	P	90 Day
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	P	90 Day
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	P	90 Day
<i>protriptyline oral tablet 10 mg, 5 mg</i>	AD	90 Day
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	NP	PA
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	NP	PA
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	NP	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	QL (90 EA per 30 days); 90 Day
<i>quetiapine oral tablet 300 mg, 400 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	P	QL (60 EA per 30 days); 90 Day
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	NP	PA
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	NP	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	NP	PA
QUVIVIQ ORAL TABLET 25 MG, 50 MG	NP	PA
<i>ramelteon oral tablet 8 mg</i>	NP	PA; QL (30 EA per 30 days)
RELAFEN DS ORAL TABLET 1,000 MG	NP	PA
RELPAZ ORAL TABLET 20 MG, 40 MG	P	
REMERON ORAL TABLET 15 MG, 30 MG	NP	PA
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	NP	PA
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG	NP	PA
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	NP	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NP	PA
REYVOW ORAL TABLET 100 MG	NP	PA

Drug	Tier	Limits or Restrictions
REYVOW ORAL TABLET 50 MG	NP	PA; QL (8 EA Max Qty Per Fill Retail)
<i>riluzole oral tablet 50 mg</i>	AD	90 Day
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	P	
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NP	PA
RISPERDAL ORAL SOLUTION 1 MG/ML	NP	PA
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NP	PA
<i>risperidone oral solution 1 mg/ml</i>	P	90 Day
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL (60 EA per 30 days); 90 Day
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	P	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	NP	PA
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	P	
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	P	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	P	90 Day
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	PA; 90 Day
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	P	90 Day
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	P	90 Day
ROZEREM ORAL TABLET 8 MG	P	QL (30 EA per 30 days)
<i>rufinamide oral suspension 40 mg/ml</i>	NP	PA; 90 Day
<i>rufinamide oral tablet 200 mg, 400 mg</i>	NP	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	NP	PA
SABRIL ORAL POWDER IN PACKET 500 MG	NP	PA
SABRIL ORAL TABLET 500 MG	NP	PA
<i>salsalate oral tablet 500 mg, 750 mg</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	NP	PA
SARAFEM ORAL TABLET 10 MG, 20 MG	NP	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	P	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	P	QL (55 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	NP	PA; QL (30 EA per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	AD	90 Day
<i>selegiline hcl oral tablet 5 mg</i>	AD	90 Day
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	NP	PA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	NP	PA
<i>sertraline oral capsule 150 mg, 200 mg</i>	NP	PA
<i>sertraline oral concentrate 20 mg/ml</i>	P	90 Day
<i>sertraline oral tablet 100 mg, 50 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>sertraline oral tablet 25 mg</i>	P	QL (30 EA per 30 days); 90 Day
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG	NP	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG	NP	PA
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG	AD	PA
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	AD	PA; SP
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	NP	PA
STALEVO 100 ORAL TABLET 25-100-200 MG	NP	PA
STALEVO 125 ORAL TABLET 31.25-125-200 MG	NP	PA
STALEVO 150 ORAL TABLET 37.5-150-200 MG	NP	PA
STALEVO 200 ORAL TABLET 50-200-200 MG	NP	PA
STALEVO 50 ORAL TABLET 12.5-50-200 MG	NP	PA

Drug	Tier	Limits or Restrictions
STALEVO 75 ORAL TABLET 18.75-75-200 MG	NP	PA
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	NP	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	NP	PA
SUBOXONE SUBLINGUAL FILM 12-3 MG	P	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	P	QL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	P	QL (180 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	P	QL (90 EA per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	P	90 Day
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	NP	PA; QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	NP	PA; QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	P	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	NP	PA; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	NP	PA; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	NP	PA; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	NP	PA
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	NP	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	AD	PA; QL (30 EA Max Qty Per Fill Retail)
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	NP	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	NP	PA
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	NP	PA
TEGRETOL ORAL TABLET 200 MG	NP	PA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	NP	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	AD	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	AD	PA; SP

Drug	Tier	Limits or Restrictions
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	AD	90 Day
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	AD	90 Day
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	NP	PA; 90 Day
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	NP	PA; 90 Day
<i>tolcapone oral tablet 100 mg</i>	NP	PA
<i>tolmetin oral capsule 400 mg</i>	AD	90 Day
<i>tolmetin oral tablet 200 mg, 600 mg</i>	AD	90 Day
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	NP	PA
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	NP	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	P	90 Day
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	90 Day
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	NP	PA
<i>tramadol oral tablet 50 mg</i>	AD	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	AD	QL (240 EA per 30 days)
<i>tranylcypromine oral tablet 10 mg</i>	AD	90 Day
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	P	90 Day
TREXIMET ORAL TABLET 10-60 MG, 85-500 MG	NP	PA
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	AD	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	AD	90 Day
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	AD	90 Day
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	AD	90 Day
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	NP	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	NP	PA
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	NP	PA; QL (30 EA per 30 days)

Drug	Tier	Limits or Restrictions
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	NP	PA
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	NP	PA; QL (8 ML per 30 days)
UBRELVY ORAL TABLET 100 MG	P	PA
UBRELVY ORAL TABLET 50 MG	P	PA; QL (20 EA Max Qty Per Fill Retail)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	P	90 Day
<i>valproic acid oral capsule 250 mg</i>	P	90 Day
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	P	
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	P	90 Day
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	QL (90 EA per 30 days); 90 Day
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	NP	PA; 90 Day
VERSACLOZ ORAL SUSPENSION 50 MG/ML	NP	PA
<i>vigabatrin oral powder in packet 500 mg</i>	NP	PA
<i>vigabatrin oral tablet 500 mg</i>	NP	PA
VIGADRONE ORAL POWDER IN PACKET 500 MG	NP	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	NP	PA; QL (30 EA per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	AD	QL (30 EA Max Qty Per Fill Retail)
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	NP	PA
VIMPAT ORAL SOLUTION 10 MG/ML	NP	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	NP	PA

Drug	Tier	Limits or Restrictions
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	NP	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	NP	PA
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	NP	PA; QL (1 pack Max Qty Per Fill Retail)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	NP	PA
VYVANSE ORAL CAPSULE 10 MG	P	QL (210 EA per 30 days)
VYVANSE ORAL CAPSULE 20 MG	P	QL (105 EA per 30 days)
VYVANSE ORAL CAPSULE 30 MG	P	QL (70 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG	P	QL (52 EA per 30 days)
VYVANSE ORAL CAPSULE 50 MG	P	QL (42 EA per 30 days)
VYVANSE ORAL CAPSULE 60 MG	P	QL (35 EA per 30 days)
VYVANSE ORAL CAPSULE 70 MG	P	QL (30 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG	NP	PA; QL (210 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 20 MG	NP	PA; QL (105 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 30 MG	NP	PA; QL (70 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 40 MG	NP	PA; QL (52 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 50 MG	NP	PA; QL (42 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 60 MG	NP	PA; QL (35 EA per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	NP	PA
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	NP	PA
XADAGO ORAL TABLET 100 MG, 50 MG	NP	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	NP	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	NP	PA
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	NP	PA
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	NP	PA
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	NP	PA

Drug	Tier	Limits or Restrictions
<i>zaleplon oral capsule 10 mg</i>	P	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	P	QL (30 EA per 30 days)
ZARONTIN ORAL CAPSULE 250 MG	NP	PA
ZARONTIN ORAL SOLUTION 250 MG/5 ML	NP	PA
ZECUITY TRANSDERMAL PATCH, IONTOPHORETIC 6.5 MG/4 HOUR	NP	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	NP	PA; QL (16 ML Max Qty Per Fill Retail)
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	NP	PA
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	NP	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	P	QL (60 EA per 30 days); 90 Day
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	NP	PA
ZIPSOR ORAL CAPSULE 25 MG	NP	PA
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	NP	PA
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg</i>	NP	PA; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	NP	PA; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	NP	PA; QL (18 EA per 30 days)
ZOLOFT ORAL CONCENTRATE 20 MG/ML	NP	PA
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	NP	PA
<i>zolpidem oral capsule 7.5 mg</i>	P	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	P	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	NP	PA; QL (30 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	NP	PA
ZOMIG ORAL TABLET 2.5 MG, 5 MG	NP	PA
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG, 5 MG	NP	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG, 50 MG	NP	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	P	90 Day

Drug	Tier	Limits or Restrictions
ZORVOLEX ORAL CAPSULE 18 MG	NP	PA; QL (90 EA per 30 days)
ZORVOLEX ORAL CAPSULE 35 MG	NP	PA; QL (90 EA Max Qty Per Fill Retail)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	NP	PA
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	NP	PA
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	NP	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	NP	PA
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	NP	PA
DEVICES		
ACCU-CHEK AVIVA PLUS METER	P	
ACCU-CHEK GUIDE GLUCOSE METER	P	
ACCU-CHEK GUIDE ME GLUCOSE MTR	P	
ACCU-CHEK NANO	P	
BARRIER FENESTRATED STRL FIELD	AD	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	AD	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	AD	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	AD	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	AD	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	AD	
CONTOUR METER	P	
CONTOUR METER KIT	P	
CONTOUR NEXT EZ METER	P	
CONTOUR NEXT EZ METER KIT	P	
CONTOUR NEXT GLUCOSE METER KIT	P	
CONTOUR NEXT LINK 2.4 KIT	AD	
CONTOUR NEXT LINK KIT	AD	
CONTOUR NEXT METER	P	
CONTOUR NEXT ONE METER	P	

Drug	Tier	Limits or Restrictions
DEXCOM G5 RECEIVER	NP	PA
DEXCOM G5 TRANSMITTER DEVICE	NP	PA
DEXCOM G5-G4 SENSOR DEVICE	NP	PA
DEXCOM G6 RECEIVER	P	QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	P	QL (3 EA per 28 days)
DEXCOM G6 TRANSMITTER DEVICE	P	QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	AD	QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	AD	QL (3 EA per 28 days)
FORA G20 KIT	NP	PA
FREESTYLE FREEDOM LITE KIT	NP	PA
FREESTYLE INSULINX	NP	PA
FREESTYLE LIBRE 14 DAY READER	P	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	P	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	P	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	P	QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	P	QL (2 EA per 28 days)
FREESTYLE LITE METER KIT	NP	PA
GLUCOCARD EXPRESSION	NP	PA
GLUCOCARD EXPRESSION KIT	NP	PA
GLUCOCARD SHINE METER	NP	PA
GLUCOCARD SHINE METER KIT KIT	NP	PA
GLUCOCARD SHINE XL METER	NP	PA
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	AD	
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	AD	
<i>heparin lock flush (porcine) intravenous syringe 100 unit/ml</i>	AD	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	AD	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	AD	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	AD	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	AD	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	AD	

Drug	Tier	Limits or Restrictions
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	AD	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	AD	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	AD	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	AD	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	AD	
NORMAL SALINE FLUSH INJECTION SYRINGE	AD	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	AD	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	AD	PA; QL (15 EA per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	AD	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	AD	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	AD	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	AD	PA; QL (15 EA per 30 days)
ONETOUCH ULTRA2 METER	NP	PA
ONETOUCH ULTRA2 METER KIT	NP	PA
ONETOUCH ULTRAMINI KIT	NP	PA
ONETOUCH VERIO FLEX METER	NP	PA
ONETOUCH VERIO IQ METER	NP	PA
ONETOUCH VERIO IQ METER KIT	NP	PA
ONETOUCH VERIO METER	NP	PA
PRECISION XTRA KETONE-GLUCOSE KIT	NP	PA
PRECISION XTRA MONITOR	NP	PA
PRODIGY POCKET METER KIT	NP	PA
PRODIGY VOICE GLUCOSE METER KIT	NP	PA
<i>sodium chloride 0.9 % (flush) injection syringe</i>	AD	
<i>sodium chloride inhalation solution for nebulization 7 %</i>	AD	
TRUE METRIX AIR GLUCOSE METER	NP	PA
TRUE METRIX AIR GLUCOSE METER KIT	NP	PA
TRUE METRIX GLUCOSE METER	NP	PA
WAVESENSE PRESTO	NP	PA

Drug	Tier	Limits or Restrictions
WAVESENSE PRESTO KIT	NP	PA
DIAGNOSTIC AGENTS		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	P	
ACCU-CHEK COMPACT PLUS TEST STRIP	P	
ACCU-CHEK GUIDE TEST STRIPS STRIP	P	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	P	
CONTOUR NEXT TEST STRIPS STRIP	P	
CONTOUR TEST STRIPS STRIP	P	
FORA G20 STRIP	NP	PA
FREESTYLE INSULINX STRIP	NP	PA
FREESTYLE INSULINX TEST STRIPS STRIP	NP	PA
FREESTYLE LITE STRIPS STRIP	NP	PA
FREESTYLE TEST STRIP	NP	PA
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	AD	
GLUCOCARD EXPRESSION STRIP	NP	PA
GLUCOCARD SHINE TEST STRIPS STRIP	NP	PA
ONETOUCH ULTRA TEST STRIP	NP	PA
ONETOUCH VERIO TEST STRIPS STRIP	NP	PA
PRECISION XTRA TEST STRIP	NP	PA
PRODIGY NO CODING STRIP	NP	PA
TRUE METRIX GLUCOSE TEST STRIP STRIP	NP	PA
WAVESENSE PRESTO STRIP	NP	PA
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA
<i>acetazolamide oral capsule, extended release 500 mg</i>	AD	90 Day
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	AD	90 Day
<i>acetazolamide sodium injection recon soln 500 mg</i>	AD	
<i>acetic acid irrigation solution 0.25 %</i>	AD	
<i>amiloride oral tablet 5 mg</i>	AD	90 Day
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	AD	90 Day
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	NP	PA; 90 Day

Drug	Tier	Limits or Restrictions
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	NP	PA
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	NP	PA; 90 Day
AURYXIA ORAL TABLET 210 MG IRON	NP	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	AD	90 Day
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	AD	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	P	90 Day
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	NP	PA
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	NP	PA; 90 Day
<i>bumetanide injection solution 0.25 mg/ml</i>	AD	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	AD	90 Day
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	P	90 Day
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	P	90 Day
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	NP	PA; 90 Day
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	P	90 Day
<i>carglumic acid oral tablet, dispersible 200 mg</i>	AD	PA; SP
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	AD	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	AD	90 Day
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	AD	
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	AD	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	AD	

Drug	Tier	Limits or Restrictions
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	AD	
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	AD	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	AD	
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	AD	
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	AD	
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	AD	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	AD	
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	AD	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	AD	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	AD	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	AD	
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	AD	
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	AD	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	AD	90 Day
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	AD	90 Day
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG	NP	PA

Drug	Tier	Limits or Restrictions
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML	AD	PA; QL (14 ML per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML	AD	PA; QL (8 ML per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML	AD	PA; QL (12 ML per 28 days)
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	AD	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	NP	PA
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	NP	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	NP	PA
<i>electrolyte-148 intravenous parenteral solution</i>	AD	
<i>electrolyte-a intravenous parenteral solution</i>	AD	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	P	90 Day
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	AD	90 Day
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	NP	PA
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	P	90 Day
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	NP	PA
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	NP	PA
<i>furosemide injection solution 10 mg/ml</i>	AD	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	AD	90 Day
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	AD	90 Day
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	AD	90 Day
<i>glycine urologic solution irrigation solution 1.5 %</i>	AD	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	AD	90 Day
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	NP	PA
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	AD	90 Day
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	AD	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	AD	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	P	90 Day
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	AD	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	AD	
JYNARQUE ORAL TABLET 15 MG, 30 MG	AD	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	AD	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	AD	PA
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	AD	90 Day
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	AD	90 Day
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	AD	90 Day
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	AD	90 Day
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	AD	90 Day
KLOR-CON ORAL PACKET 20 MEQ	AD	90 Day
<i>lactated ringers intravenous parenteral solution</i>	AD	
<i>lactated ringers irrigation solution</i>	AD	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	AD	90 Day
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	NP	PA; 90 Day
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	P	90 Day

Drug	Tier	Limits or Restrictions
LOPRESSOR HCT ORAL TABLET 100-25 MG, 100-50 MG, 50-25 MG	NP	PA
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	P	90 Day
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	AD	90 Day
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	AD	90 Day
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	NP	PA; 90 Day
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	NP	PA
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	AD	90 Day
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	AD	90 Day
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	AD	90 Day
NORMAL SALINE FLUSH INJECTION SYRINGE	AD	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	AD	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	AD	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	AD	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	AD	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	PA; 90 Day
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	NP	PA; 90 Day
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	P	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	AD	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	AD	

Drug	Tier	Limits or Restrictions
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	AD	
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	AD	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	AD	90 Day
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	AD	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	AD	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i>	AD	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	AD	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	AD	
<i>potassium chloride intravenous solution 2 meq/ml</i>	AD	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	AD	90 Day
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	AD	90 Day
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	AD	90 Day
<i>potassium chloride oral tablet extended release 20 meq</i>	AD	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	AD	90 Day
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	AD	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	AD	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	AD	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	AD	

Drug	Tier	Limits or Restrictions
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i>	AD	90 Day
<i>potassium citrate oral tablet extended release 15 meq</i>	AD	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	AD	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	AD	90 Day
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	AD	90 Day
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	AD	90 Day
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	AD	90 Day
PRENATABS FA ORAL TABLET 29-1 MG	AD	90 Day
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	AD	90 Day
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG	AD	90 Day
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	AD	90 Day
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	AD	90 Day
<i>probenecid oral tablet 500 mg</i>	AD	90 Day
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	AD	90 Day
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	AD	90 Day
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	P	90 Day
RAVICTI ORAL LIQUID 1.1 GRAM/ML	AD	PA
RENAGEL ORAL TABLET 400 MG, 800 MG	NP	PA
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	P	
REVELA ORAL TABLET 800 MG	P	
<i>ringer's intravenous parenteral solution</i>	AD	
<i>ringer's irrigation solution</i>	AD	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	NP	PA; 90 Day
<i>sevelamer carbonate oral tablet 800 mg</i>	P	90 Day
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	NP	PA; 90 Day

Drug	Tier	Limits or Restrictions
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	AD	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	AD	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	AD	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	AD	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	AD	
<i>sodium chloride 0.9 % injection solution</i>	AD	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	AD	
<i>sodium chloride 0.9 % intravenous piggyback</i>	AD	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	AD	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	AD	
<i>sodium chloride inhalation solution for nebulization 7 %</i>	AD	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	AD	
<i>sodium chloride irrigation solution 0.9 %</i>	AD	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	AD	
<i>sodium lactate intravenous solution 5 meq/ml</i>	AD	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	AD	PA; SP; 90 Day
<i>sodium phenylbutyrate oral tablet 500 mg</i>	AD	PA; SP
<i>sodium polystyrene sulfonate oral powder</i>	AD	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	AD	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	AD	90 Day
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	AD	90 Day
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	AD	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	AD	

Drug	Tier	Limits or Restrictions
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	P	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	NP	PA; 90 Day
TENORETIC 100 ORAL TABLET 100-25 MG	NP	PA
TENORETIC 50 ORAL TABLET 50-25 MG	NP	PA
<i>theophylline oral solution 80 mg/15 ml</i>	AD	90 Day
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	AD	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	AD	90 Day
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	AD	90 Day
TRIADVANCE ORAL TABLET 90-1-50 MG	AD	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	AD	90 Day
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	AD	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	AD	90 Day
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	NP	PA
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML	AD	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	AD	90 Day
TRINATE ORAL TABLET 28 MG IRON- 1 MG	AD	90 Day
TRIVEEN-ONE ORAL CAPSULE 27 MG IRON-1 MG -250 MG	AD	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	P	90 Day
VASERETIC ORAL TABLET 10-25 MG	NP	PA
VELPHORO ORAL TABLET,CHEWABLE 500 MG	NP	PA
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	AD	SP
VENA-BAL DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	AD	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	AD	

Drug	Tier	Limits or Restrictions
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG	AD	90 Day
VITAFOL-OB ORAL TABLET 65-1 MG	AD	
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG	AD	
<i>water for irrigation, sterile irrigation solution</i>	AD	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	AD	90 Day
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	NP	PA
ENZYMES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	AD	PA; SP
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG	AD	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	AD	PA; SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	AD	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	AD	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	AD	PA; SP
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	AD	PA; SP
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	AD	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	AD	PA; QL (30 syringes Max Qty Per Fill Retail)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	AD	PA; QL (8 syringes Max Qty Per Fill Retail)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	AD	PA; QL (60 syringes Max Qty Per Fill Retail)
PULMOZYME INHALATION SOLUTION 1 MG/ML	AD	SP
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	AD	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	AD	PA

Drug	Tier	Limits or Restrictions
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	AD	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	AD	PA; SP
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
<i>acetazolamide oral capsule, extended release 500 mg</i>	AD	90 Day
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	AD	90 Day
<i>acetazolamide sodium injection recon soln 500 mg</i>	AD	
<i>acetic acid otic (ear) solution 2 %</i>	AD	
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	NP	PA
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	NP	PA
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	NP	PA
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	P	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	NP	PA
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	NP	PA
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	P	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	NP	PA
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	NP	PA
<i>atropine ophthalmic (eye) drops 1 %</i>	AD	90 Day
AZASITE OPHTHALMIC (EYE) DROPS 1 %	NP	PA
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	P	QL (60 ML per 30 days); 90 Day
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	P	QL (60 ML per 30 days); 90 Day
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	NP	PA
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	NP	PA
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	NP	PA
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	NP	PA

Drug	Tier	Limits or Restrictions
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	AD	
BALANCED SALT INTRAOCULAR SOLUTION	AD	
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	NP	PA
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	NP	PA
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	NP	PA
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	NP	PA
BETAGAN OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	NP	PA
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	NP	PA; 90 Day
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	NP	PA
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	NP	PA
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	NP	PA; 90 Day
BLEPHAMIDE OPHTHALMIC (EYE) DROPS, SUSPENSION 10-0.2 %	AD	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	AD	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	P	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	NP	PA
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	P	90 Day
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	NP	PA
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	NP	PA; 90 Day
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	NP	PA
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	NP	PA
<i>carteolol ophthalmic (eye) drops 1 %</i>	NP	PA; 90 Day
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	P	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	AD	
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 %	NP	PA

Drug	Tier	Limits or Restrictions
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	NP	PA
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	P	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	P	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	P	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	NP	PA
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	NP	PA
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	NP	PA
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	P	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	NP	PA
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	NP	PA
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	NP	PA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	P	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	AD	PA; QL (60 EA Max Qty Per Fill Retail)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	AD	SP
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	AD	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	NP	PA
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	NP	PA
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	P	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	NP	PA
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	P	90 Day
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	NP	PA; 90 Day
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	P	90 Day
<i>doxycycline hyclate oral tablet 20 mg</i>	AD	

Drug	Tier	Limits or Restrictions
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	NP	PA
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	NP	PA
ELESTAT OPHTHALMIC (EYE) DROPS 0.05 %	NP	PA
EMADINE OPHTHALMIC (EYE) DROPS 0.05 %	NP	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	NP	PA
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	AD	
EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	P	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	NP	PA; QL (50 ML per 30 days); 90 Day
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	P	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	NP	PA
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	NP	PA
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	AD	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	AD	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	AD	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	NP	PA
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	NP	PA
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	NP	PA
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	NP	PA
IOPIDINE OPHTHALMIC (EYE) DROPS 0.5 %	NP	PA
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	P	QL (30 ML per 30 days); 90 Day
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	P	QL (30 ML per 30 days)
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	NP	PA
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	P	

Drug	Tier	Limits or Restrictions
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	P	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	NP	PA
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	P	90 Day
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	NP	PA; 90 Day
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	NP	PA
<i>lidocaine hcl mucous membrane jelly 2 %</i>	AD	QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	AD	QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	AD	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	AD	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	NP	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	NP	PA
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	NP	PA
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	NP	PA
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	NP	PA
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	NP	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	NP	PA
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	AD	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	P	90 Day
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	NP	PA
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	P	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	NP	PA
NASONEX NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION	NP	PA
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	NP	PA

Drug	Tier	Limits or Restrictions
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	AD	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	AD	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	AD	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	AD	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	AD	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	AD	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	P	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	P	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	AD	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	NP	PA
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	NP	PA
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	P	
<i>ofloxacin otic (ear) drops 0.3 %</i>	P	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	NP	PA
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	P	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	NP	PA
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	NP	PA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	AD	PA
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	NP	PA
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	NP	PA

Drug	Tier	Limits or Restrictions
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	AD	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	AD	90 Day
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	AD	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	P	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	AD	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	NP	PA
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	AD	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	NP	PA
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	AD	PA; QL (6 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	AD	PA; QL (60 EA per 30 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG	NP	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	NP	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	NP	PA
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	NP	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	NP	PA
SINUVA SINUS IMPLANT 1,350 MCG	NP	PA
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	AD	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	NP	PA
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	AD	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	AD	
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	NP	PA
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	NP	PA

Drug	Tier	Limits or Restrictions
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	P	90 Day
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	NP	PA; 90 Day
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	P	90 Day
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	NP	PA
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	NP	PA
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 %	NP	PA
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	AD	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	AD	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	P	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	NP	PA; 90 Day
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	P	
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	NP	PA
VERAMYST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	NP	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	AD	PA; QL (120 EA Max Qty Per Fill Retail)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	NP	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	NP	PA
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	NP	PA
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	NP	PA
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	NP	PA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	NP	PA
ZADITOR OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	NP	PA
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	NP	PA
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	NP	PA

Drug	Tier	Limits or Restrictions
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	NP	PA
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	AD	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	AD	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	NP	PA
GASTROINTESTINAL DRUGS		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	NP	PA
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	NP	PA; QL (30 EA per 30 days)
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	NP	PA
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	AD	
ANZEMET ORAL TABLET 100 MG, 50 MG	NP	PA
<i>aprepitant oral capsule 125 mg, 40 mg</i>	AD	QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	AD	QL (2 EA per 30 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	AD	QL (3 EA per 30 days)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	P	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	NP	PA
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	NP	PA
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	NP	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG	NP	PA
<i>balsalazide oral capsule 750 mg</i>	P	
CANASA RECTAL SUPPOSITORY 1,000 MG	P	
CESAMET ORAL CAPSULE 1 MG	NP	PA
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	AD	90 Day
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	AD	90 Day
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	NP	PA; SP; QL (2 EA per 21 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	NP	PA; SP; QL (6 EA per 365 days)

Drug	Tier	Limits or Restrictions
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	NP	PA; SP; QL (2 EA per 21 days)
COLAZAL ORAL CAPSULE 750 MG	NP	PA
COMPRO RECTAL SUPPOSITORY 25 MG	AD	
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	P	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	P	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG	NP	PA; QL (30 EA per 30 days)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 60 MG	NP	PA
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	NP	PA; 90 Day
DIPENTUM ORAL CAPSULE 250 MG	NP	PA
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	AD	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	AD	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	AD	
DUEXIS ORAL TABLET 800-26.6 MG	NP	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM	P	PA; SP
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	NP	PA; SP
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	NP	PA; 90 Day
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	AD	
<i>famotidine intravenous solution 10 mg/ml</i>	AD	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	AD	90 Day
<i>famotidine oral tablet 10 mg</i>	AD	
<i>famotidine oral tablet 20 mg, 40 mg</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	AD	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	AD	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	AD	
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	NP	PA
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	AD	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	AD	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	AD	
<i>granisetron hcl oral tablet 1 mg</i>	NP	PA; QL (6 EA per 30 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	AD	PA; SP; QL (2 inj per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	AD	PA; SP; QL (2 inj per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	AD	PA; SP; QL (2 inj per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	AD	PA; SP; QL (2 inj per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	P	PA; QL (2 EA per 30 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	P	PA; QL (2 EA per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	P	PA; SP; QL (3 EA per 30 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	P	PA; SP; QL (3 EA per 30 days)

Drug	Tier	Limits or Restrictions
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	P	PA; SP; QL (4 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	P	PA; SP; QL (3 EA per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	P	PA; SP; QL (3 EA per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	P	PA; SP; QL (2 EA per 30 days)
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NP	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	NP	PA; SP
<i>infliximab intravenous recon soln 100 mg</i>	NP	PA; SP
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	NP	PA; QL (30 EA per 30 days); 90 Day
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	NP	PA; 90 Day
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	P	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	AD	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	AD	
<i>meclizine oral tablet, chewable 25 mg</i>	AD	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	NP	PA; 90 Day
<i>mesalamine oral capsule, extended release 500 mg</i>	NP	PA
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	NP	PA; 90 Day
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	NP	PA; 90 Day
<i>mesalamine rectal enema 4 gram/60 ml</i>	NP	PA; 90 Day
<i>mesalamine rectal suppository 1,000 mg</i>	NP	PA; 90 Day
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	NP	PA
<i>metoclopramide hcl injection solution 5 mg/ml</i>	AD	

Drug	Tier	Limits or Restrictions
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	AD	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	AD	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	NP	PA
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	AD	90 Day
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	AD	
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	NP	PA
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	NP	PA
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	NP	PA
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	P	QL (30 EA per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	P	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	AD	90 Day
<i>nizatidine oral solution 150 mg/10 ml</i>	AD	90 Day
OCALIVA ORAL TABLET 10 MG, 5 MG	AD	PA
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	P	90 Day
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	NP	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	NP	PA
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	AD	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	AD	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	P	
<i>ondansetron hcl oral tablet 24 mg</i>	AD	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	P	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	P	

Drug	Tier	Limits or Restrictions
<i>orlistat oral capsule 120 mg</i>	NP	PA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	NP	PA
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	NP	PA; 90 Day
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	P	90 Day
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 - 5.84 gram</i>	AD	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	AD	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	P	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000- 28,750- 30,250 UNIT	NP	PA
PNV OB+DHA ORAL COMBO PACK 27-1- 50-250 MG	AD	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG, 30 MG	NP	PA
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	NP	PA
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	NP	PA; QL (30 EA per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	NP	PA; QL (60 EA per 30 days)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	AD	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	AD	
<i>prochlorperazine rectal suppository 25 mg</i>	AD	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	NP	PA

Drug	Tier	Limits or Restrictions
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	NP	PA
PYLERA ORAL CAPSULE 140-125-125 MG	AD	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	NP	PA; 90 Day
REMICADE INTRAVENOUS RECON SOLN 100 MG	NP	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	NP	PA; SP
ROWASA RECTAL ENEMA 4 GRAM/60 ML	P	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	P	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	NP	PA
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	NP	PA
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	P	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	NP	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	NP	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	NP	PA; SP
<i>sucalfate oral suspension 100 mg/ml</i>	AD	90 Day
<i>sucalfate oral tablet 1 gram</i>	AD	90 Day
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	P	
<i>trimethobenzamide oral capsule 300 mg</i>	AD	
<i>ursodiol oral capsule 300 mg</i>	AD	90 Day
<i>ursodiol oral tablet 250 mg, 500 mg</i>	AD	90 Day
VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5 ML	NP	PA
VIBERZI ORAL TABLET 100 MG, 75 MG	AD	
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	NP	PA
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	NP	PA
XENICAL ORAL CAPSULE 120 MG	NP	PA
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	NP	PA
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	NP	PA

Drug	Tier	Limits or Restrictions
ZEGERID OTC ORAL CAPSULE 20-1.1 MG-GRAM	NP	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	P	
ZOFRAN ODT ORAL TABLET,DISINTEGRATING 4 MG, 8 MG	NP	PA
ZOFRAN ORAL SOLUTION 4 MG/5 ML	NP	PA
ZOFRAN ORAL TABLET 4 MG, 8 MG	NP	PA
HEAVY METAL ANTAGONISTS		
CHEMET ORAL CAPSULE 100 MG	AD	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	AD	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	AD	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	AD	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	AD	PA; SP
<i>penicillamine oral capsule 250 mg</i>	AD	PA; SP
<i>penicillamine oral tablet 250 mg</i>	AD	PA; SP
HORMONES AND SYNTHETIC SUBSTITUTES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	P	90 Day
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML	NP	PA; QL (6 ML per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	NP	PA
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	NP	PA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	P	QL (1 EA Max Qty Per Fill Retail)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	P	QL (12 GM per 30 days)
AEROSPAN INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	NP	PA; QL (2 GM per 30 days)

Drug	Tier	Limits or Restrictions
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	NP	PA
AFTERA ORAL TABLET 1.5 MG	AD	
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	NP	PA; QL (1 EA Max Qty Per Fill Retail)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	NP	PA; QL (1 EA Max Qty Per Fill Retail)
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>alogliptin-metformin oral tablet 12.5-500 mg</i>	NP	PA; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg</i>	NP	PA; QL (30 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 25-45 mg</i>	NP	PA; QL (60 EA per 30 days)
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	AD	90 Day
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	NP	PA; QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	NP	PA; QL (7 GM per 30 days)
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	AD	90 Day
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	AD	90 Day
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	NP	PA
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	AD	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	AD	90 Day
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	AD	90 Day
<i>anastrozole oral tablet 1 mg</i>	AD	90 Day
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	NP	PA

Drug	Tier	Limits or Restrictions
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NP	PA
APRI ORAL TABLET 0.15-0.03 MG	AD	90 Day
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	AD	90 Day
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	NP	PA; QL (1 EA Max Qty Per Fill Retail)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	NP	PA; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	NP	PA; QL (1 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	NP	PA; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	P	QL (1 EA per 30 days)
AUBRA ORAL TABLET 0.1-20 MG-MCG	AD	90 Day
AVANDIA ORAL TABLET 2 MG, 4 MG	NP	PA; QL (60 EA per 30 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	AD	90 Day
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	AD	90 Day
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	AD	90 Day
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	AD	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NP	PA
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	AD	90 Day
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	AD	90 Day
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	AD	90 Day

Drug	Tier	Limits or Restrictions
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	NP	PA
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	AD	QL (10.2 GM per 30 days)
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	AD	90 Day
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	P	QL (120 ML per 30 days); 90 Day
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	P	QL (60 ML per 30 days); 90 Day
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	NP	PA
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	NP	PA
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	NP	PA
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	P	QL (4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	P	QL (3 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	P	QL (2 ML per 30 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	P	90 Day
CAMILA ORAL TABLET 0.35 MG	AD	90 Day
CAMRESE LO ORAL TABLETS, DOSE PACK, 3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	AD	QL (84 EA per 84 days); 90 Day
CAMRESE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	AD	90 Day
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	AD	90 Day
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	AD	90 Day
<i>colesevelam oral tablet 625 mg</i>	NP	PA; 90 Day
<i>cortisone oral tablet 25 mg</i>	AD	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	AD	90 Day
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	AD	90 Day
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	AD	90 Day
<i>cyred oral tablet 0.15-0.03 mg</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	AD	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	AD	90 Day
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	AD	90 Day
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	AD	90 Day
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	AD	
<i>desmopressin injection solution 4 mcg/ml</i>	AD	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	AD	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	AD	90 Day
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	AD	90 Day
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	AD	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	AD	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	AD	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	AD	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	AD	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	AD	
<i>diazoxide oral suspension 50 mg/ml</i>	AD	90 Day
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	AD	90 Day
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	NP	PA; QL (30 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	P	QL (2 inhalers per 30 days)
ECONTRA EZ ORAL TABLET 1.5 MG	AD	QL (1 EA Max Qty Per Fill Retail)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	AD	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	AD	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	AD	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	AD	PA; SP

Drug	Tier	Limits or Restrictions
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	AD	PA; SP
ELINEST ORAL TABLET 0.3-30 MG-MCG	AD	90 Day
ELLA ORAL TABLET 30 MG	AD	QL (1 EA per 30 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	AD	90 Day
EMOQUETTE ORAL TABLET 0.15-0.03 MG	AD	90 Day
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	AD	90 Day
ENSKYCE ORAL TABLET 0.15-0.03 MG	AD	90 Day
ERRIN ORAL TABLET 0.35 MG	AD	90 Day
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	AD	90 Day
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	AD	90 Day
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	AD	QL (8 EA per 28 days); 90 Day
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	AD	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	AD	90 Day
<i>estradiol valerate intramuscular oil 10 mg/ml</i>	AD	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	AD	90 Day
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	AD	90 Day
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	AD	90 Day
EVISTA ORAL TABLET 60 MG	NP	PA
<i>exemestane oral tablet 25 mg</i>	AD	90 Day
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	AD	90 Day
FARXIGA ORAL TABLET 10 MG, 5 MG	P	QL (30 EA per 30 days)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	AD	90 Day
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NP	PA

Drug	Tier	Limits or Restrictions
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	NP	PA
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NP	PA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	P	QL (1 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	P	QL (4 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	P	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	P	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	P	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	P	QL (11 GM per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	AD	90 Day
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	NP	PA; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	NP	PA; QL (1 EA per 30 days); 90 Day
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	P	PA; SP; QL (1 Pen per 30 days)
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	NP	PA; QL (120 GM per 30 days)
FORTICAL NASAL SPRAY, NON-AEROSOL 200 UNIT/ACTUATION	NP	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	NP	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	NP	PA; SP
GIANVI (28) ORAL TABLET 3-0.02 MG	AD	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	AD	90 Day
<i>glipizide oral tablet 10 mg, 5 mg</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	AD	90 Day
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	AD	90 Day
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	AD	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	AD	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	AD	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	AD	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	AD	90 Day
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	AD	90 Day
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	AD	90 Day
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	NP	PA
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	NP	PA; QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	AD	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	AD	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	AD	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	AD	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	AD	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	AD	90 Day
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	AD	90 Day
HEATHER ORAL TABLET 0.35 MG	AD	90 Day
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	P	

Drug	Tier	Limits or Restrictions
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	P	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	NP	PA
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	P	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	P	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	P	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	P	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	P	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	NP	PA; SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	NP	PA
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	P	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	P	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NP	PA
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	P	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	P	

Drug	Tier	Limits or Restrictions
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	P	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	AD	90 Day
<i>hydroxyprogesterone(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	AD	PA; SP
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	AD	PA; SP
<i>hydroxyprogesterone capr(bulk) powder 100 %</i>	AD	PA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	AD	PA
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	P	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	P	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	P	
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	P	
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	P	
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	NP	PA
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	NP	PA
<i>insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)</i>	NP	PA
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	NP	PA
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	NP	PA
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	NP	PA
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	P	
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	P	
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	P	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	P	

Drug	Tier	Limits or Restrictions
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	AD	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	NP	PA; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	NP	PA
INVOKANA ORAL TABLET 100 MG, 300 MG	P	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	P	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	NP	PA; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	NP	PA; QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	P	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	P	QL (30 EA per 30 days)
JENCYCLA ORAL TABLET 0.35 MG	AD	90 Day
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	P	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	NP	PA; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	NP	PA; QL (30 EA per 30 days)
JINTELI ORAL TABLET 1-5 MG-MCG	AD	90 Day
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	AD	90 Day
JOLIVETTE ORAL TABLET 0.35 MG	AD	
JULEBER ORAL TABLET 0.15-0.03 MG	AD	90 Day
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	AD	90 Day
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	AD	90 Day
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	AD	90 Day
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	AD	90 Day
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	AD	90 Day
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	AD	90 Day

Drug	Tier	Limits or Restrictions
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	AD	90 Day
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	NP	PA
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	AD	90 Day
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	AD	PA; SP
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	P	QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	P	QL (30 EA per 30 days)
KURVELO (28) ORAL TABLET 0.15-0.03 MG	AD	90 Day
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	AD	90 Day
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	P	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	AD	90 Day
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	AD	90 Day
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	AD	90 Day
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	AD	90 Day
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	AD	90 Day
LARISSIA ORAL TABLET 0.1-20 MG-MCG	AD	90 Day
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	AD	90 Day
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	AD	90 Day
LESSINA ORAL TABLET 0.1-20 MG-MCG	AD	90 Day
<i>letrozole oral tablet 2.5 mg</i>	AD	90 Day
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	AD	PA; SP

Drug	Tier	Limits or Restrictions
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	AD	SP
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	P	
LEVEMIR FLEXTOUCH U100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	P	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	AD	90 Day
<i>levonorgestrel oral tablet 1.5 mg</i>	AD	QL (1 EA Max Qty Per Fill Retail)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	AD	90 Day
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	AD	90 Day
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	AD	90 Day
LEVORA-28 ORAL TABLET 0.15-0.03 MG	AD	90 Day
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	AD	90 Day
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	AD	90 Day
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	AD	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	AD	90 Day
LORYNA (28) ORAL TABLET 3-0.02 MG	AD	90 Day
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	AD	90 Day
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	AD	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	AD	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	AD	PA; SP

Drug	Tier	Limits or Restrictions
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	AD	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	AD	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	AD	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	AD	PA; SP
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	AD	90 Day
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	NP	PA
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	NP	PA
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NP	PA
LYZA ORAL TABLET 0.35 MG	AD	90 Day
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	AD	90 Day
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	AD	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	AD	QL (1 ML per 30 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	AD	90 Day
MEGACE ES ORAL SUSPENSION 625 MG/5 ML (125 MG/ML)	NP	PA
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	P	PA; 90 Day
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	NP	PA; 90 Day
<i>megestrol oral tablet 20 mg, 40 mg</i>	P	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	AD	90 Day
<i>metformin oral tablet extended release 24 hr 500 mg</i>	AD	QL (150 EA per 30 days); 90 Day
<i>metformin oral tablet extended release 24 hr 750 mg</i>	AD	QL (60 EA per 30 days); 90 Day
<i>methimazole oral tablet 10 mg, 5 mg</i>	AD	90 Day

Drug	Tier	Limits or Restrictions
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	AD	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	AD	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	AD	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	AD	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	AD	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	AD	90 Day
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	AD	90 Day
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	AD	90 Day
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	AD	90 Day
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	NP	PA; 90 Day
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	AD	90 Day
MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG	AD	
MY CHOICE ORAL TABLET 1.5 MG	AD	
MY WAY ORAL TABLET 1.5 MG	AD	QL (1 EA Max Qty Per Fill Retail)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	AD	PA; SP
<i>nateglinide oral tablet 120 mg, 60 mg</i>	P	90 Day
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	NP	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	AD	PA
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	AD	90 Day
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	NP	PA
NEW DAY ORAL TABLET 1.5 MG	AD	
NEXPLANON SUBDERMAL IMPLANT 68 MG	AD	
<i>nikki (28) oral tablet 3-0.02 mg</i>	AD	90 Day
NORA-BE ORAL TABLET 0.35 MG	AD	90 Day

Drug	Tier	Limits or Restrictions
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	P	PA; SP
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	AD	90 Day
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	AD	90 Day
<i>norethindrone acetate oral tablet 5 mg</i>	AD	90 Day
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg</i>	AD	90 Day
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	AD	90 Day
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	AD	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	AD	90 Day
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	AD	90 Day
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	AD	90 Day
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	AD	90 Day
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	AD	90 Day
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	NP	PA
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	NP	PA
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NP	PA
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NP	PA

Drug	Tier	Limits or Restrictions
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	P	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	P	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	P	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	P	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	P	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	AD	90 Day
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	P	PA; SP
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	AD	
OCELLA ORAL TABLET 3-0.03 MG	AD	90 Day
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	AD	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	AD	
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	AD	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	NP	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	NP	PA; SP
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	P	QL (30 EA per 30 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG	AD	QL (1 EA Max Qty Per Fill Retail)
OPTION-2 ORAL TABLET 1.5 MG	AD	
ORGOVYX ORAL TABLET 120 MG	AD	PA; SP; QL (30 EA per 30 days)

Drug	Tier	Limits or Restrictions
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	AD	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	AD	PA
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	AD	90 Day
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	NP	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	NP	PA; QL (1 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	NP	PA; QL (2 ML per 30 days)
PHILITH ORAL TABLET 0.4-35 MG-MCG	AD	90 Day
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	AD	90 Day
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	NP	PA; 90 Day
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	NP	PA; QL (90 EA per 30 days); 90 Day
PIRMELLA ORAL TABLET 0.5/0.75/1 MG-35 MCG, 1-35 MG-MCG	AD	90 Day
PLAN B ONE-STEP ORAL TABLET 1.5 MG	AD	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	AD	90 Day
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	NP	PA
<i>prednisolone oral solution 15 mg/5 ml</i>	AD	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	AD	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	AD	
<i>prednisone oral solution 5 mg/5 ml</i>	AD	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	AD	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	AD	
PREMPHASE ORAL TABLET 0.625 MG (14)/0.625MG-5MG(14)	AD	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	AD	90 Day

Drug	Tier	Limits or Restrictions
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	AD	90 Day
<i>propylthiouracil oral tablet 50 mg</i>	AD	90 Day
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	P	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	P	QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	NP	PA
QTERN ORAL TABLET 10-5 MG	NP	PA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	NP	PA; QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	NP	PA; QL (22 GM per 30 days)
<i>raloxifene oral tablet 60 mg</i>	P	90 Day
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	AD	90 Day
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	90 Day
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	NP	PA; QL (150 EA per 30 days); 90 Day
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	AD	
RYBELSUS ORAL TABLET 14 MG, 7 MG	NP	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	NP	PA; QL (30 EA Max Qty Per Fill Retail)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	NP	PA; SP
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	NP	PA; SP
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	P	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	NP	PA; QL (60 EA per 30 days)
SEMGLEE PEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NP	PA

Drug	Tier	Limits or Restrictions
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	NP	PA
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NP	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	NP	PA
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	AD	90 Day
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	AD	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	NP	PA; QL (15 ML per 30 days)
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	AD	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	AD	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	AD	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	AD	
SOLU-MEDROL INJECTION RECON SOLN 125 MG, 125 MG/2 ML, 40 MG, 40 MG/ML	AD	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 1,000 MG/8 ML, 2 GRAM, 500 MG, 500 MG/4 ML	AD	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	AD	PA; SP; QL (1 ML per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG- MCG	AD	90 Day
SRONYX ORAL TABLET 0.1-20 MG-MCG	AD	90 Day
STEGLATRO ORAL TABLET 15 MG	NP	PA; QL (30 EA per 30 days)
STEGLATRO ORAL TABLET 5 MG	NP	PA; QL (5 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5- 100 MG	NP	PA; QL (30 EA per 30 days)
SYEDA ORAL TABLET 3-0.03 MG	AD	90 Day
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	P	QL (2 inhalers per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	P	QL (2 inhlaers per 30 days)

Drug	Tier	Limits or Restrictions
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	P	QL (21.6 ML Max Qty Per Fill Retail)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	P	QL (9 ML Max Qty Per Fill Retail)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	NP	PA; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	NP	PA; QL (30 EA Max Qty Per Fill Retail)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	NP	PA; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	NP	PA; QL (30 EA per 30 days)
TAKE ACTION ORAL TABLET 1.5 MG	AD	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	AD	90 Day
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	AD	90 Day
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	AD	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	NP	SP; PA; QL (1 EA per 21 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	NP	PA; QL (60 GM per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	AD	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	AD	
TESTOSTERONE TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	NP	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %)</i>	NP	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	P	PA; QL (150 GM Max Qty Per Fill Retail)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	NP	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	NP	PA
THYQUIDITY ORAL SOLUTION 20 MCG/ML	AD	

Drug	Tier	Limits or Restrictions
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	AD	90 Day
<i>tolbutamide oral tablet 500 mg</i>	AD	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	NP	PA
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	NP	PA
TRADJENTA ORAL TABLET 5 MG	P	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	NP	PA
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	NP	PA
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NP	PA
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	AD	90 Day
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5- 1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	NP	PA
TRI-LEGEST FE ORAL TABLET 1-20(5)/1- 30(7) /1MG-35MCG (9)	AD	90 Day
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	AD	90 Day
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	AD	90 Day
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	AD	90 Day
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	AD	90 Day
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	AD	PA
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	AD	90 Day
TRIVORA (28) ORAL TABLET 50-30 (6)/75- 40 (5)/125-30(10)	AD	90 Day
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	NP	PA; QL (2 ML Max Qty Per Fill Retail)

Drug	Tier	Limits or Restrictions
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	NP	QL (2 ML Max Qty Per Fill Retail)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	NP	SP; PA; QL (1 ML per 30 days)
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	NP	PA
UCERIS RECTAL FOAM 2 MG/ACTUATION	NP	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	AD	90 Day
<i>unithroid oral tablet 137 mcg</i>	AD	90 Day
<i>vasopressin injection solution 20 unit/ml</i>	AD	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	AD	90 Day
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	P	QL (6 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	P	QL (9 ML per 30 days)
VIENVA ORAL TABLET 0.1-20 MG-MCG	AD	90 Day
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	AD	90 Day
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	NP	PA; QL (60 GM per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	NP	PA; QL (300 GM per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	NP	PA; QL (60 GM per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	P	PA
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	NP	PA
WELCHOL ORAL TABLET 625 MG	NP	PA
WERA (28) ORAL TABLET 0.5-35 MG-MCG	AD	90 Day
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	AD	QL (60 EA per 30 days); 90 Day
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	AD	90 Day

Drug	Tier	Limits or Restrictions
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	NP	PA; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	NP	PA; QL (60 EA per 30 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	AD	90 Day
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	NP	PA; QL (15 ML per 30 days)
<i>yuvaferm vaginal tablet 10 mcg</i>	AD	90 Day
ZARAH ORAL TABLET 3-0.03 MG	AD	90 Day
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	AD	QL (2 Units Max Qty Per Fill Retail)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	AD	QL (2 Units Max Qty Per Fill Retail)
ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG	AD	
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	NP	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	NP	PA; SP
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	AD	90 Day
LOCAL ANESTHETICS (PARENTERAL)		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %)</i>	AD	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	AD	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	AD	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	NP	PA; SP; QL (4 Pens per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	NP	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	NP	PA; SP; QL (4 Syringe per 28 days)
ACTONEL ORAL TABLET 150 MG, 35 MG	NP	PA

Drug	Tier	Limits or Restrictions
ACTONEL ORAL TABLET 5 MG	NP	PA; QL (30 EA per 30 days)
<i>alendronate oral solution 70 mg/75 ml</i>	P	QL (300 ML per 30 days); 90 Day
<i>alendronate oral tablet 10 mg, 5 mg</i>	P	QL (30 EA per 30 days); 90 Day
<i>alendronate oral tablet 35 mg, 70 mg</i>	P	QL (4 EA per 30 days); 90 Day
<i>alendronate oral tablet 40 mg</i>	P	QL (30 EA per 30 days)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	AD	90 Day
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	NP	PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	NP	SP; PA
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	NP	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG	P	PA; SP; QL (30 EA per 30 days)
AVODART ORAL CAPSULE 0.5 MG	NP	PA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	P	PA; QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	P	PA; QL (4 pens per 21 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	P	PA; SP; QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	P	PA; QL (2 ML per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	P	PA; SP; QL (4 EA per 30 days)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	NP	PA
AZASAN ORAL TABLET 100 MG, 75 MG	NP	PA
<i>azathioprine oral tablet 50 mg</i>	P	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	NP	PA
AZULFIDINE ORAL TABLET 500 MG	NP	PA
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	NP	SP; PA
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	AD	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	AD	PA; SP; QL (4 syringes per 28 days)

Drug	Tier	Limits or Restrictions
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	AD	PA; SP; QL (4 syringes per 28 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	P	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	P	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	P	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	P	PA
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	NP	PA
BONIVA INTRAVENOUS SYRINGE 3 MG/3 ML	NP	PA
BONIVA ORAL TABLET 150 MG	NP	PA
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	P	90 Day
CELLCEPT ORAL CAPSULE 250 MG	NP	SP; PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	P	SP
CELLCEPT ORAL TABLET 500 MG	NP	SP; PA
CERDELGA ORAL CAPSULE 84 MG	AD	SP; QL (56 EA Max Qty Per Fill Retail)
CHEMET ORAL CAPSULE 100 MG	AD	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	NP	PA; SP; QL (2 EA per 21 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	NP	PA; SP; QL (6 EA per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	NP	PA; SP; QL (2 EA per 21 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	P	PA; SP
<i>colchicine oral capsule 0.6 mg</i>	AD	
<i>colchicine oral tablet 0.6 mg</i>	AD	90 Day
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	P	PA; SP; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	NP	SP; PA; QL (12 ML per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	NP	PA; SP

Drug	Tier	Limits or Restrictions
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	NP	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	NP	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	NP	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	NP	PA; SP
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	AD	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	AD	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	P	
<i>cyclosporine modified oral solution 100 mg/ml</i>	P	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	P	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	AD	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	NP	PA; SP
DENTA 5000 PLUS DENTAL CREAM 1.1 %	AD	90 Day
DENTAGEL DENTAL GEL 1.1 %	AD	90 Day
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	NP	SP; PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	P	SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	AD	90 Day
<i>dutasteride oral capsule 0.5 mg</i>	P	90 Day
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	NP	PA; 90 Day
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	P	
ELMIRON ORAL CAPSULE 100 MG	AD	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	AD	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	P	PA; SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	P	PA; SP; QL (8 EA per 30 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	P	PA; SP; QL (8 units per 21 days)

Drug	Tier	Limits or Restrictions
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	P	PA; SP; QL (5 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	P	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	P	PA; SP; QL (4 ML per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	P	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	NP	PA; SP
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	NP	SP; PA
<i>etidronate disodium oral tablet 200 mg</i>	NP	PA; 90 Day
<i>etidronate disodium oral tablet 400 mg</i>	NP	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	NP	PA
EVISTA ORAL TABLET 60 MG	NP	PA
EVOTAZ ORAL TABLET 300-150 MG	AD	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	AD	PA; QL (8 ML per 1 day)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	NP	SP; PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	NP	SP; PA
<i>febuxostat oral tablet 40 mg, 80 mg</i>	AD	
<i>finasteride oral tablet 5 mg</i>	P	90 Day
<i>fingolimod oral capsule 0.5 mg</i>	NP	SP; PA; QL (30 EA per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	NP	PA; SP; QL (9 ML Max Qty Per Fill Retail)
FIRDAPSE ORAL TABLET 10 MG	AD	PA
<i>fluoride (sodium) dental gel 1.1 %</i>	AD	90 Day
<i>fluoride (sodium) dental solution 0.2 %</i>	AD	90 Day
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	AD	
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 1 mg (2.2 mg sod. fluoride)</i>	AD	
FLUORITAB ORAL TABLET,CHEWABLE 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)	AD	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	P	PA; SP; QL (1 Pen per 30 days)
FORTICAL NASAL SPRAY, NON-AEROSOL 200 UNIT/ACTUATION	NP	PA

Drug	Tier	Limits or Restrictions
FOSAMAX ORAL TABLET 70 MG	NP	PA
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	NP	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	NP	PA
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	NP	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
GENGRAF ORAL SOLUTION 100 MG/ML	P	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	P	PA; SP; QL (30 EA Max Qty Per Fill Retail)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	NP	SP; PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	NP	SP; PA; QL (12 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	NP	SP; PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	NP	SP; PA; QL (12 ML per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	AD	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	AD	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	AD	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	AD	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	AD	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	AD	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	AD	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	AD	
HADLIMA PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	AD	PA; SP; QL (2 inj per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	AD	PA; SP; QL (2 inj per 28 days)

Drug	Tier	Limits or Restrictions
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	AD	PA; SP; QL (2 inj per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	AD	PA; SP; QL (2 inj per 28 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	NP	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	P	PA; QL (2 EA per 30 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	P	PA; QL (2 EA per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	P	PA; SP; QL (3 EA per 30 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	P	PA; SP; QL (3 EA per 30 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	P	PA; SP; QL (4 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	P	PA; SP; QL (3 EA per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	P	PA; SP; QL (2 EA per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	P	PA; SP; QL (3 EA per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	P	PA; SP; QL (2 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	AD	90 Day
<i>ibandronate oral tablet 150 mg</i>	P	QL (1 EA per 30 days); 90 Day

Drug	Tier	Limits or Restrictions
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	NP	PA; SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	NP	PA
IMURAN ORAL TABLET 50 MG	NP	PA
<i>indomethacin oral capsule 25 mg</i>	P	
<i>indomethacin oral capsule 50 mg</i>	P	90 Day
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	NP	PA; SP
<i>infliximab intravenous recon soln 100 mg</i>	NP	PA; SP
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	AD	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	AD	
ISTURISA ORAL TABLET 1 MG	AD	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	AD	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	AD	PA; QL (60 EA per 30 days)
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	NP	PA
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	NP	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	NP	SP; PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	NP	PA; SP; QL (2.28 ML per 21 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	NP	PA; SP; QL (2.28 ML per 21 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	NP	PA; SP
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	NP	PA
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	NP	PA; 90 Day
<i>leflunomide oral tablet 10 mg, 20 mg</i>	AD	QL (30 EA per 30 days); 90 Day
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	NP	PA
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	AD	PA; SP; QL (30 EA per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	AD	

Drug	Tier	Limits or Restrictions
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	AD	90 Day
<i>levocarnitine oral tablet 330 mg</i>	AD	90 Day
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)	AD	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	AD	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	AD	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	AD	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	AD	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	NP	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	NP	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	NP	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	NP	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	NP	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	NP	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	NP	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	NP	SP; PA; QL (30 EA Max Qty Per Fill Retail)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	NP	SP; PA; QL (7 EA Max Qty Per Fill Retail)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	NP	SP; PA; QL (12 EA Max Qty Per Fill Retail)
<i>mercaptopurine oral tablet 50 mg</i>	AD	90 Day
<i>mesna intravenous solution 100 mg/ml</i>	AD	
MESNEX ORAL TABLET 400 MG	AD	SP

Drug	Tier	Limits or Restrictions
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	AD	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	AD	
<i>methotrexate sodium injection solution 25 mg/ml</i>	AD	
<i>methotrexate sodium oral tablet 2.5 mg</i>	AD	90 Day
<i>miglustat oral capsule 100 mg</i>	AD	SP
MITIGARE ORAL CAPSULE 0.6 MG	AD	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	AD	
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	AD	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG	AD	
<i>mycophenolate mofetil oral capsule 250 mg</i>	P	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	NP	PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	P	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	NP	PA
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	NP	SP; PA
<i>naloxone injection auto-injector 2 mg/0.4 ml</i>	AD	
<i>naloxone injection solution 0.4 mg/ml</i>	P	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	P	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	NP	PA
<i>naltrexone oral tablet 50 mg</i>	AD	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	NP	PA
<i>naproxen oral suspension 125 mg/5 ml</i>	AD	90 Day
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	P	90 Day
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	P	

Drug	Tier	Limits or Restrictions
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	P	90 Day
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	NP	PA
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	P	Only prescription versions are preferred
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	AD	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	NP	SP; PA
NEORAL ORAL SOLUTION 100 MG/ML	NP	SP; PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	AD	SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	NP	SP; PA
OLUMIANT ORAL TABLET 1 MG, 2 MG	NP	PA; SP; QL (30 EA per 30 days)
OLUMIANT ORAL TABLET 4 MG	NP	PA; SP; QL (14 EA per 180 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	NP	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	NP	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	NP	PA; SP
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	NP	PA; QL (28 EA per 28 days)
OTEZLA ORAL TABLET 30 MG	NP	PA; SP; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	NP	PA; SP; QL (1 EA per 273 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (19)	NP	PA; QL (1 EA per 273 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.4 ML	NP	PA
<i>penicillamine oral capsule 250 mg</i>	AD	PA; SP
<i>penicillamine oral tablet 250 mg</i>	AD	PA; SP
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	AD	
<i>pimecrolimus topical cream 1 %</i>	AD	QL (120 GM per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	NP	SP; PA

Drug	Tier	Limits or Restrictions
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	NP	SP; PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	AD	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	NP	SP; PA
PONVORY ORAL TABLET 20 MG	NP	SP; PA
PREZCOBIX ORAL TABLET 800-150 MG-MG	AD	
<i>probenecid oral tablet 500 mg</i>	AD	90 Day
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	AD	90 Day
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	NP	SP; PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	NP	SP; PA; QL (1 ML per 180 days)
PROSCAR ORAL TABLET 5 MG	NP	PA
<i>raloxifene oral tablet 60 mg</i>	P	90 Day
RAPAMUNE ORAL SOLUTION 1 MG/ML	P	SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	P	SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	P	PA; SP; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	P	PA; SP; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	P	PA; SP; QL (5 ML per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	P	PA; SP; QL (5 ML per 30 days)
REMICADE INTRAVENOUS RECON SOLN 100 MG	NP	PA; SP
RENAGEL ORAL TABLET 400 MG, 800 MG	NP	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	NP	PA; SP
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	P	
REVELA ORAL TABLET 800 MG	P	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	AD	PA; QL (30 EA per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	AD	PA

Drug	Tier	Limits or Restrictions
REZUROCK ORAL TABLET 200 MG	NP	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	NP	PA; SP; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	NP	PA; SP
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	NP	PA; 90 Day
<i>risedronate oral tablet 30 mg</i>	NP	PA
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	NP	PA; 90 Day
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	NP	PA
RUZURGI ORAL TABLET 10 MG	AD	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	NP	SP; PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	NP	SP; PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	NP	PA; 90 Day
<i>sevelamer carbonate oral tablet 800 mg</i>	P	90 Day
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	NP	PA; 90 Day
SF 5000 PLUS DENTAL CREAM 1.1 %	AD	90 Day
SF DENTAL GEL 1.1 %	AD	90 Day
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	NP	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	NP	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	NP	PA; SP
<i>sirolimus oral solution 1 mg/ml</i>	NP	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	PA
<i>sodium polystyrene sulfonate oral powder</i>	AD	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	AD	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	AD	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	AD	
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	NP	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NP	PA; SP

Drug	Tier	Limits or Restrictions
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	NP	PA; SP
<i>sulfasalazine oral tablet 500 mg</i>	P	90 Day
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	P	90 Day
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	P	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	NP	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	NP	PA; QL (2 ML per 28 days)
TAVNEOS ORAL CAPSULE 10 MG	NP	PA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)-240 MG (46), 240 MG	NP	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	AD	PA; SP; QL (30 EA per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	NP	SP; PA; QL (1 EA per 21 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	AD	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	AD	PA; QL (60 EA per 30 days)
<i>tiopronin oral tablet 100 mg</i>	AD	PA; SP
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	NP	PA; SP; QL (1 ML per 30 days)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	NP	SP; PA
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	NP	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	AD	PA; SP
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	AD	QL (20 Packets per 30 days)
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	AD	
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	AD	PA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	NP	SP; PA
VYNDAMAX ORAL CAPSULE 61 MG	AD	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	AD	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	P	PA; SP

Drug	Tier	Limits or Restrictions
XELJANZ ORAL TABLET 10 MG, 5 MG	P	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	NP	PA; SP; QL (30 EA per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	NP	SP; PA; QL (30 EA Max Qty Per Fill Retail)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	NP	SP; PA; QL (28 EA Max Qty Per Fill Retail)
ZEPOSIA STARTER KIT (37-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (30)	NP	SP; PA; QL (37 EA Max Qty Per Fill Retail)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	NP	SP; PA; QL (7 EA Max Qty Per Fill Retail)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	NP	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	AD	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	NP	SP; PA
NONHORMONAL CONTRACEPTIVES		
CONDOMS-PREM LUBRICATED DEVICE	AD	
GYNOL II EXTRA STRENGTH VAGINAL GEL 3 %	AD	
GYNOL II VAGINAL GEL 3 %	AD	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	AD	
OXYTOCICS		
<i>mifepristone oral tablet 200 mg</i>	AD	
PHARMACEUTICAL AIDS		
<i>biotin (bulk) powder</i>	AD	
D-BIOTIN POWDER	AD	
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	AD	
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	AD	
RESPIRATORY TRACT AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	NP	PA
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	AD	
ADCIRCA ORAL TABLET 20 MG	NP	PA; SP; QL (60 EA per 30 days)

Drug	Tier	Limits or Restrictions
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	NP	PA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	P	QL (1 EA Max Qty Per Fill Retail)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	P	QL (12 GM per 30 days)
AEROSPAN INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	NP	PA; QL (2 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	NP	PA; QL (1 EA Max Qty Per Fill Retail)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	NP	PA; QL (1 EA Max Qty Per Fill Retail)
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	NP	PA; Ventolin Generics; QL (36 GM Max Qty Per Fill Retail); 90 Day
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	NP	PA; Proventil Generics; QL (14 GM Max Qty Per Fill Retail); 90 Day
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	NP	PA; Proair Generics; QL (17 GM Max Qty Per Fill Retail); 90 Day
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	P	90 Day
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	P	90 Day
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	NP	PA; 90 Day
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	NP	PA; 90 Day
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	P	
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	

Drug	Tier	Limits or Restrictions
ALLERGY COMPLETE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML	P	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	P	
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING 10 MG	P	
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
ALLER-TEC ORAL TABLET 10 MG	P	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	NP	PA
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	NP	PA; QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	NP	PA; QL (7 GM per 30 days)
ALYQ ORAL TABLET 20 MG	NP	SP; PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	P	PA; SP; QL (30 EA Max Qty Per Fill Retail)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	P	
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	NP	PA; QL (30 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	NP	PA; QL (120 ML Max Qty Per Fill Retail)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	NP	PA; QL (1 EA Max Qty Per Fill Retail)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	NP	PA; QL (1 EA per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	NP	PA; QL (1 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	NP	PA; QL (13 GM per 30 days)

Drug	Tier	Limits or Restrictions
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	P	QL (1 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	P	QL (26 GM per 30 days)
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	NP	PA
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	NP	PA
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	AD	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	NP	PA; QL (11 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	NP	PA; QL (60 EA Max Qty Per Fill Retail)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	NP	PA
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	AD	QL (10.2 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	NP	PA
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	AD	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	NP	PA; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	P	QL (120 ML per 30 days); 90 Day
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	P	QL (60 ML per 30 days); 90 Day
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	NP	PA
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	AD	
<i>carbinoxamine maleate oral tablet 4 mg</i>	AD	
<i>cetirizine oral solution 1 mg/ml</i>	P	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	P	
<i>cetirizine oral tablet, chewable 10 mg, 5 mg</i>	NP	PA

Drug	Tier	Limits or Restrictions
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	P	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML	P	
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG, 5 MG	NP	PA
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML	P	
CLARINEX ORAL SYRUP 2.5 MG/5 ML (0.5 MG/ML)	NP	PA
CLARINEX ORAL TABLET 5 MG	NP	PA
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	NP	PA
<i>clemastine oral tablet 2.68 mg</i>	AD	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	P	QL (8 GM per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	P	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	AD	90 Day
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	AD	
<i>cyproheptadine oral tablet 4 mg</i>	AD	
DALIRESP ORAL TABLET 250 MCG	NP	PA; QL (30 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	NP	PA
<i>desloratadine oral tablet 5 mg</i>	NP	PA; 90 Day
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	NP	PA; 90 Day
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	AD	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	NP	PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	P	QL (2 inhalers per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	P	PA; SP; QL (1.34 ML per 28 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	NP	PA
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	NP	PA; Non-Mylan Manufacturer; QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	P	Mylan Manufacturer; QL (2 EA per 30 days)

Drug	Tier	Limits or Restrictions
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	NP	PA; Non-Mylan Manufacturer
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	AD	
<i>epinephrine injection syringe 0.1 mg/ml</i>	AD	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	P	QL (2 EA Max Qty Per Fill Retail)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	P	QL (2 EA Max Qty Per Fill Retail)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	P	QL (2 EA Max Qty Per Fill Retail)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	P	QL (2 EA Max Qty Per Fill Retail)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	AD	PA; QL (1 ML per 56 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	AD	PA; QL (1 ML per 56 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	P	QL (1 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	P	QL (4 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	P	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	P	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	P	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	P	QL (11 GM per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	NP	PA; QL (50 ML per 30 days); 90 Day
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	P	QL (16 GM per 30 days); 90 Day
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	NP	PA; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	NP	PA; QL (1 EA per 30 days); 90 Day
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	NP	PA; QL (120 ML Max Qty Per Fill Retail)

Drug	Tier	Limits or Restrictions
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	NP	PA; QL (1 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	P	90 Day
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	P	90 Day
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	AD	PA; SP; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	AD	PA; SP; QL (60 EA per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	NP	PA; QL (30 EA Max Qty Per Fill Retail)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	NP	PA; 90 Day
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	NP	PA; QL (30 GM Max Qty Per Fill Retail)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	P	90 Day
<i>levocetirizine oral tablet 5 mg</i>	P	90 Day
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
<i>loratadine oral solution 5 mg/5 ml</i>	P	
<i>loratadine oral tablet 10 mg</i>	P	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	P	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	P	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	P	90 Day
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	NP	PA
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	P	90 Day
<i>montelukast oral granules in packet 4 mg</i>	NP	PA; 90 Day
<i>montelukast oral tablet 10 mg</i>	P	90 Day
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	P	90 Day
NASONEX NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION	NP	PA
NON-DROWSY ALLERGY ORAL TABLET 10 MG	P	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	AD	PA; SP; QL (1 EA per 28 days)

Drug	Tier	Limits or Restrictions
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	AD	PA; SP; QL (1 EA per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	AD	PA; SP; QL (1 EA per 28 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	AD	PA; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	AD	PA; QL (60 EA per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	NP	PA
OPSUMIT ORAL TABLET 10 MG	NP	PA; QL (30 EA Max Qty Per Fill Retail)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	NP	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	AD	PA; SP; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	AD	PA; SP; QL (112 EA per 28 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	NP	PA; QL (120 ML per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	AD	PA; SP; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	AD	PA; SP; QL (90 EA per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	NP	PA
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	P	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	NP	PA; QL (2 EA per 30 days)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	AD	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	AD	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	AD	
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	NP	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	P	QL (2 EA per 30 days)

Drug	Tier	Limits or Restrictions
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	P	QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	NP	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	AD	SP
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	NP	PA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	NP	PA; QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	NP	PA; QL (22 GM per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	NP	PA; SP; PA; QL (112 ML per 30 days)
REVATIO ORAL TABLET 20 MG	NP	PA; SP; QL (90 EA per 30 days)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	NP	PA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	P	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	P	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	P	PA; SP; QL (90 EA per 30 days)
SINGULAIR ORAL GRANULES IN PACKET 4 MG	NP	PA
SINGULAIR ORAL TABLET 10 MG	NP	PA
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	NP	PA
SINUVA SINUS IMPLANT 1,350 MCG	NP	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	NP	PA; SP; QL (1.2 ML per 60 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	NP	PA; SP; QL (2.4 ML per 60 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	P	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	P	QL (90 EA per 30 days)

Drug	Tier	Limits or Restrictions
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	P	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (28 ACTUAT)	P	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	NP	PA; QL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	P	QL (2 inhalers per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	P	QL (2 inhlaers per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	AD	PA; SP; QL (56 EA per 28 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	P	
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	P	QL (2 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	NP	PA; SP; QL (60 EA Max Qty Per Fill Retail)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	AD	90 Day
<i>terbutaline subcutaneous solution 1 mg/ml</i>	AD	
<i>theophylline oral solution 80 mg/15 ml</i>	AD	90 Day
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	AD	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	AD	90 Day
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	NP	PA
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	AD	QL (30 EA per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	P	PA; QL (60 EA Max Qty Per Fill Retail)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	NP	PA; QL (120 EA Max Qty Per Fill Retail)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	NP	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	AD	PA; SP; QL (84 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	AD	PA; SP; QL (84 EA per 28 days)

Drug	Tier	Limits or Restrictions
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	P	QL (1 EA per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 32-48 MCG, 48 MCG, 64 MCG	NP	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	NP	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	NP	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	NP	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	NP	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	PA; QL (60 EA Max Qty Per Fill Retail)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	NP	PA; QL (1 EA Max Qty Per Fill Retail)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	NP	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	NP	PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	P	QL (8 GM per 30 days)
VERAMYST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	NP	PA
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	P	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	AD	QL (60 EA per 30 days); 90 Day
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	NP	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	AD	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	AD	PA; SP

Drug	Tier	Limits or Restrictions
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	NP	PA
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	P	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	NP	PA
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	P	90 Day
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	NP	PA
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	NP	PA
ZYFLO ORAL TABLET 600 MG	NP	PA
SKIN AND MUCOUS MEMBRANE AGENTS		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	NP	PA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	AD	SP
ACNE MEDICATION TOPICAL GEL 5 %	P	
ACNE MEDICATION TOPICAL LOTION 10 %, 5 %	P	
<i>acyclovir topical cream 5 %</i>	NP	PA
<i>acyclovir topical ointment 5 %</i>	P	
<i>adapalene topical cream 0.1 %</i>	NP	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i>	P	
<i>adapalene topical gel with pump 0.3 %</i>	NP	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	NP	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	NP	SP; PA
AKLIEF TOPICAL CREAM 0.005 %	NP	PA
AMZEEQ TOPICAL FOAM 4 %	NP	PA
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 %	P	
ANTIFUNGAL (MICONAZOLE) TOPICAL CREAM 2 %	P	
ATRALIN TOPICAL GEL 0.05 %	NP	PA
AVAR TOPICAL CLEANSER 10-5 % (W/W)	NP	PA
AVAR-E LS TOPICAL CREAM 10-2 %	NP	PA

Drug	Tier	Limits or Restrictions
AVITA TOPICAL CREAM 0.025 %	NP	PA
AVITA TOPICAL GEL 0.025 %	NP	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG	NP	PA
<i>azelaic acid topical gel 15 %</i>	AD	
BENSAL HP TOPICAL OINTMENT 3 %, 3-6 %	NP	PA
BENZACLIN PUMP TOPICAL GEL WITH PUMP 1-5 %	P	
BENZACLIN TOPICAL GEL 1-5 %	NP	PA
BENZAMYCIN TOPICAL GEL 3-5 %	NP	PA
<i>benzoyl peroxide topical cleanser 10 %, 5 %, 6 %</i>	P	
<i>benzoyl peroxide topical cleanser 2.5 %</i>	NP	PA
<i>benzoyl peroxide topical foam 5.3 %</i>	NP	PA
<i>benzoyl peroxide topical foam 9.8 %</i>	P	
<i>benzoyl peroxide topical gel 5 %</i>	P	
<i>benzoyl peroxide topical towelette 9.5 %</i>	NP	PA
<i>betamethasone dipropionate topical cream 0.05 %</i>	AD	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	AD	
<i>betamethasone valerate topical cream 0.1 %</i>	AD	
<i>betamethasone valerate topical lotion 0.1 %</i>	AD	
<i>betamethasone valerate topical ointment 0.1 %</i>	AD	
<i>betamethasone, augmented topical cream 0.05 %</i>	AD	
<i>betamethasone, augmented topical gel 0.05 %</i>	AD	
<i>betamethasone, augmented topical lotion 0.05 %</i>	AD	
<i>betamethasone, augmented topical ointment 0.05 %</i>	AD	
BLIS-TO-SOL (TOLNAFTATE) TOPICAL SOLUTION 1 %	NP	PA; All OTC versions are non-preferred
BP 10-1 TOPICAL CLEANSER 10-1 %	NP	PA
BPO TOPICAL GEL 4 %, 8 %	P	
<i>calcipotriene scalp solution 0.005 %</i>	AD	

Drug	Tier	Limits or Restrictions
<i>calcipotriene topical cream 0.005 %</i>	AD	
CENTANY AT TOPICAL OINTMENT KIT 2 %	NP	PA
CENTANY TOPICAL OINTMENT 2 %	NP	PA
<i>ciclopirox topical cream 0.77 %</i>	P	
<i>ciclopirox topical gel 0.77 %</i>	NP	PA
<i>ciclopirox topical shampoo 1 %</i>	NP	PA
<i>ciclopirox topical solution 8 %</i>	P	
<i>ciclopirox topical suspension 0.77 %</i>	P	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	AD	
CLEOCIN T TOPICAL GEL 1 %	NP	PA
CLINDACIN PAC TOPICAL KIT 1 %	NP	PA
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	NP	PA
<i>clindamycin phosphate topical foam 1 %</i>	NP	PA
<i>clindamycin phosphate topical gel 1 %</i>	P	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	NP	PA
<i>clindamycin phosphate topical lotion 1 %</i>	P	
<i>clindamycin phosphate topical solution 1 %</i>	P	
<i>clindamycin phosphate topical swab 1 %</i>	P	
<i>clindamycin phosphate vaginal cream 2 %</i>	AD	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	NP	PA
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	P	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	P	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	NP	PA
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	NP	PA
<i>clobetasol scalp solution 0.05 %</i>	AD	
<i>clobetasol topical cream 0.05 %</i>	AD	
<i>clobetasol topical gel 0.05 %</i>	AD	
<i>clobetasol topical ointment 0.05 %</i>	AD	
<i>clobetasol-emollient topical cream 0.05 %</i>	AD	
<i>clotrimazole 1% solution (otc)</i>	NP	PA
<i>clotrimazole 1% solution (rx)</i>	P	

Drug	Tier	Limits or Restrictions
<i>clotrimazole mucous membrane troche 10 mg</i>	AD	
<i>clotrimazole topical cream 1 %</i>	P	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	P	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	NP	PA
COMPLETE LICE TREATMENT TOPICAL KIT 4-0.33-0.5 %	NP	PA; All OTC versions are non-preferred
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	NP	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	NP	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	NP	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	NP	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	NP	PA; SP
CROTAN TOPICAL LOTION 10 %	NP	PA
<i>dapsone topical gel 5 %</i>	NP	PA
DENAVIR TOPICAL CREAM 1 %	P	
<i>desonide topical cream 0.05 %</i>	AD	
<i>desonide topical ointment 0.05 %</i>	AD	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	NP	PA; QL (60 EA per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	P	QL (500 GM per 21 days)
<i>diclofenac sodium topical gel 3 %</i>	AD	PA; QL (100 GM per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	P	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	P	PA; SP; QL (4 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	P	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	P	PA; SP; QL (4 ML per 28 days)
<i>econazole topical cream 1 %</i>	P	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	P	PA; SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	P	PA; SP; QL (8 EA per 30 days)

Drug	Tier	Limits or Restrictions
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	P	PA; SP; QL (8 units per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	P	PA; SP; QL (5 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	P	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	P	PA; SP; QL (4 ML per 30 days)
ERY PADS TOPICAL SWAB 2 %	AD	
<i>erythromycin with ethanol topical gel 2 %</i>	P	
<i>erythromycin with ethanol topical solution 2 %</i>	P	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	P	
<i>ethyl chloride topical aerosol,spray 100 %</i>	AD	
EUCRISA TOPICAL OINTMENT 2 %	NP	PA
EURAX TOPICAL LOTION 10 %	NP	PA
EXELDERM TOPICAL CREAM 1 %	NP	PA
EXELDERM TOPICAL SOLUTION 1 %	NP	PA
FABIOR TOPICAL FOAM 0.1 %	NP	PA
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	NP	PA; QL (60 EA per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	AD	
<i>fluocinolone topical oil 0.01 %</i>	AD	
<i>fluocinolone topical ointment 0.025 %</i>	AD	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	AD	
<i>fluocinonide topical gel 0.05 %</i>	AD	
<i>fluocinonide topical ointment 0.05 %</i>	AD	
<i>fluocinonide topical solution 0.05 %</i>	AD	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	AD	
<i>fluorouracil topical cream 5 %</i>	AD	
<i>fluorouracil topical solution 2 %, 5 %</i>	AD	
<i>fluticasone propionate topical cream 0.05 %</i>	AD	
<i>gentamicin topical cream 0.1 %</i>	AD	
<i>gentamicin topical ointment 0.1 %</i>	AD	
<i>halobetasol propionate topical cream 0.05 %</i>	AD	

Drug	Tier	Limits or Restrictions
<i>halobetasol propionate topical ointment 0.05 %</i>	AD	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	AD	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	AD	
<i>hydrocortisone topical cream 2.5 %</i>	AD	
<i>hydrocortisone topical lotion 2.5 %</i>	AD	
<i>hydrocortisone topical ointment 2.5 %</i>	AD	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	AD	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	NP	PA; SP
<i>imiquimod topical cream in packet 5 %</i>	AD	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	NP	PA; SP
<i>infliximab intravenous recon soln 100 mg</i>	NP	PA; SP
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	AD	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	NP	PA
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	NP	PA
<i>ketconazole topical cream 2 %</i>	P	
<i>ketconazole topical foam 2 %</i>	NP	PA
<i>ketconazole topical shampoo 2 %</i>	P	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	NP	PA
LICE KILLING TOPICAL SHAMPOO 0.33-4 %	P	
LICE SOLUTION TOPICAL KIT 4-0.33-0.5 %	P	
LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID 1 %	P	
LICE TREATMENT TOPICAL SHAMPOO 0.33-4 %	P	
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH, MEDICATED 4 %	AD	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	NP	PA
<i>lidocaine topical ointment 5 %</i>	AD	QL (50 GM per 28 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	AD	QL (30 GM per 30 days)

Drug	Tier	Limits or Restrictions
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	AD	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	NP	PA
<i>lindane topical lotion 1 %</i>	NP	PA
<i>lindane topical shampoo 1 %</i>	NP	PA
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	NP	PA
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	NP	PA
LOPROX KIT TOPICAL COMBO PACK 0.77 %	NP	PA
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	NP	PA
LOPROX TOPICAL GEL 0.77 %	NP	PA
LOPROX TOPICAL SHAMPOO 1 %	NP	PA
<i>luliconazole topical cream 1 %</i>	NP	PA
LUZU TOPICAL CREAM 1 %	NP	PA
<i>malathion topical lotion 0.5 %</i>	NP	PA
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	AD	
<i>metronidazole topical cream 0.75 %</i>	AD	
<i>metronidazole topical gel 0.75 %</i>	AD	
<i>metronidazole topical lotion 0.75 %</i>	AD	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	AD	
<i>miconazole nitrate topical aerosol powder 2 %</i>	P	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	NP	PA
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	AD	QL (3 EA per 30 days)
<i>mometasone topical cream 0.1 %</i>	AD	
<i>mometasone topical ointment 0.1 %</i>	AD	
<i>mometasone topical solution 0.1 %</i>	AD	
<i>mupirocin calcium topical cream 2 %</i>	NP	PA
<i>mupirocin topical ointment 2 %</i>	P	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	AD	
<i>naftifine topical cream 1 %, 2 %</i>	NP	PA
<i>naftifine topical gel 2 %</i>	NP	PA

Drug	Tier	Limits or Restrictions
NAFTIN TOPICAL CREAM 2 %	NP	PA
NAFTIN TOPICAL GEL 1 %, 2 %	NP	PA
NATROBA TOPICAL SUSPENSION 0.9 %	P	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	AD	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	NP	PA
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	NP	PA
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	AD	
<i>nystatin topical cream 100,000 unit/gram</i>	P	
<i>nystatin topical ointment 100,000 unit/gram</i>	P	
<i>nystatin topical powder 100,000 unit/gram</i>	P	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	P	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	NP	PA
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	AD	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	NP	PA
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	NP	PA
OPZELURA TOPICAL CREAM 1.5 %	NP	PA
OTEZLA ORAL TABLET 30 MG	NP	PA; SP; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	NP	PA; SP; QL (1 EA per 273 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (19)	NP	PA; QL (1 EA per 273 days)
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	NP	PA
OVACE PLUS TOPICAL CREAM 10 %	NP	PA
OVIDE TOPICAL LOTION 0.5 %	NP	PA
<i>oxiconazole topical cream 1 %</i>	NP	PA
OXISTAT TOPICAL CREAM 1 %	NP	PA
PENLAC TOPICAL SOLUTION 8 %	NP	PA
<i>permethrin topical cream 5 %</i>	P	

Drug	Tier	Limits or Restrictions
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	AD	
<i>pimecrolimus topical cream 1 %</i>	AD	QL (120 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	AD	
PROCTOFOAM HC RECTAL FOAM 1-1 %	AD	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	AD	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	AD	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	AD	
QUTENZA TOPICAL KIT 8 %	NP	PA
RECTIV RECTAL OINTMENT 0.4 % (W/W)	AD	
REMICADE INTRAVENOUS RECON SOLN 100 MG	NP	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	NP	PA; SP
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	NP	PA
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	NP	PA
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	P	
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	P	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	NP	PA; SP
<i>silver sulfadiazine topical cream 1 %</i>	AD	
SKLICE TOPICAL LOTION 0.5 %	NP	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	NP	PA; SP; QL (2 ML per 30 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	NP	PA; SP; QL (2 ML per 30 days)
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	NP	PA; QL (2 EA per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	NP	PA; SP; QL (2 EA per 84 days)
<i>spinosad topical suspension 0.9 %</i>	NP	PA
SSD TOPICAL CREAM 1 %	AD	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	AD	
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	NP	PA; SP

Drug	Tier	Limits or Restrictions
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	NP	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	NP	PA; SP
<i>sulconazole topical cream 1 %</i>	NP	PA
<i>sulconazole topical solution 1 %</i>	NP	PA
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	AD	
<i>sulfacetamide sodium topical cleanser 10 %</i>	AD	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	AD	
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	P	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	AD	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	AD	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %, 9-4.25 %</i>	NP	PA
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	AD	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	AD	QL (120 GM per 30 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	NP	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	NP	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	NP	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	NP	PA; SP
<i>tavaborole topical solution with applicator 5 %</i>	NP	PA
<i>tazarotene topical cream 0.1 %</i>	NP	PA
<i>terbinafine hcl topical cream 1 %</i>	P	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	AD	
<i>terconazole vaginal suppository 80 mg</i>	AD	QL (3 EA per 30 days)
<i>tolnaftate topical cream 1 %</i>	P	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	NP	PA; SP

Drug	Tier	Limits or Restrictions
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	NP	PA; SP
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	NP	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	NP	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	NP	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	NP	PA
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	AD	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	AD	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	AD	
VALCHLOR TOPICAL GEL 0.016 %	AD	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	NP	PA
WINLEVI TOPICAL CREAM 1 %	NP	PA
XEPI TOPICAL CREAM 1 %	NP	PA
XERESE TOPICAL CREAM 5-1 %	NP	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	AD	
ZIANA TOPICAL GEL 1.2-0.025 %	NP	PA
ZOVIRAX TOPICAL CREAM 5 %	NP	PA
ZOVIRAX TOPICAL OINTMENT 5 %	NP	PA
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	NP	PA
SMOOTH MUSCLE RELAXANTS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	NP	PA; 90 Day
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR 2 MG, 4 MG	NP	PA
DETROL ORAL TABLET 1 MG, 2 MG	NP	PA
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	NP	PA
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 7.5 MG	NP	PA
<i>flavoxate oral tablet 100 mg</i>	NP	PA; 90 Day

Drug	Tier	Limits or Restrictions
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	NP	PA; QL (30 GM per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	NP	PA; QL (30 GM per 30 days)
GEMTESA ORAL TABLET 75 MG	NP	PA
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	NP	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	NP	PA
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	P	90 Day
<i>oxybutynin chloride oral tablet 5 mg</i>	P	90 Day
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	P	90 Day
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	P	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	P	90 Day
<i>theophylline oral solution 80 mg/15 ml</i>	AD	90 Day
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	AD	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	AD	90 Day
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	P	90 Day
<i>tolterodine oral tablet 1 mg, 2 mg</i>	P	90 Day
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	P	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	NP	PA; 90 Day
<i>tropium oral tablet 20 mg</i>	NP	PA; 90 Day
VESICARE LS ORAL SUSPENSION 1 MG/ML	NP	PA
VESICARE ORAL TABLET 10 MG, 5 MG	NP	PA
VITAMINS		
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	AD	90 Day
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	AD	90 Day
<i>calcitriol oral solution 1 mcg/ml</i>	AD	90 Day
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	AD	90 Day
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	AD	

Drug	Tier	Limits or Restrictions
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	AD	90 Day
ELITE OB WITH DHA ORAL CAPSULE 28-1.25-200 MG	AD	
ELITE-OB 400 ORAL CAPSULE 35-5-1.2-400 MG	AD	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	AD	90 Day
FOLBIC ORAL TABLET 2.5-25-2 MG	AD	
FOLBIC RF ORAL TABLET 2-1.13-25 MG	AD	
<i>folic acid injection solution 5 mg/ml</i>	AD	
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	NP	PA
INFANT-TODDLER MULTIVIT-IRON 11 MG IRON/ML	AD	
<i>infant-toddler vit a-c-d drop 250 mcg-50 mg- 10 mcg/ml</i>	AD	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	AD	
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	AD	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG	AD	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	AD	90 Day
MYNATAL PLUS ORAL TABLET 65 MG IRON-1 MG	AD	90 Day
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	AD	90 Day
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	AD	
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	AD	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	AD	90 Day
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	AD	90 Day
PNV-SELECT ORAL TABLET 27-1 MG	AD	90 Day
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	AD	90 Day
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	AD	90 Day

Drug	Tier	Limits or Restrictions
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	AD	90 Day
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	AD	90 Day
PRENATABS FA ORAL TABLET 29-1 MG	AD	90 Day
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	AD	90 Day
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG	AD	90 Day
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	AD	90 Day
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	AD	90 Day
PRENATAL-U ORAL CAPSULE 106.5-1 MG	AD	90 Day
RENAL CAPS ORAL CAPSULE 1 MG	AD	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	AD	
RENO CAPS ORAL CAPSULE 1 MG	AD	
SE-NATAL 19 CHEWABLE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	AD	90 Day
TRIADVANCE ORAL TABLET 90-1-50 MG	AD	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	AD	90 Day
TRINATE ORAL TABLET 28 MG IRON- 1 MG	AD	90 Day
TRIVEEN-ONE ORAL CAPSULE 27 MG IRON-1 MG -250 MG	AD	
VENA-BAL DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	AD	
VINATE CARE ORAL TABLET, CHEWABLE 40 MG IRON- 1 MG	AD	
VINATE GT ORAL TABLET 90-1-50 MG	AD	
VINATE II ORAL TABLET 29 MG IRON- 1 MG	AD	
VINATE M ORAL TABLET 27 MG IRON-1 MG	AD	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	AD	
VINATE PN CARE ORAL TABLET 30-1-50 MG	AD	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	AD	90 Day
VIRT-PN ORAL TABLET 27-1 MG	AD	

Drug	Tier	Limits or Restrictions
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG	AD	90 Day
VITAFOL-OB ORAL TABLET 65-1 MG	AD	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	AD	90 Day
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	AD	
VITRON-C ORAL TABLET,DELAYED RELEASE (DR/EC) 65 MG IRON- 125 MG	AD	
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG	AD	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	AD	90 Day
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	AD	90 Day

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Список безрецептурных (ОТС) препаратов

Следующий список содержит безрецептурные (ОТС) препараты, покрываемые программой UCare для участников State Public Program. Этот список включает только непатентованные версии препаратов. Названия некоторых патентованных препаратов приведены в скобках исключительно с информационной целью. Данный список может быть изменен.

ANALGESICS AND ANTI-INFLAMMATORY DRUGS

acetaminophen (TYLENOL)
acetaminophen / pyrilamine / caffeine
aspirin (BAYER)
aspirin / acetaminophen/ caffeine (EXCEDRIN)
aspirin / buffers (BUFFERIN)
ibuprofen (MOTRIN)
naproxen (ALEVE)

COUGH AND COLD MEDICATIONS

ANTI-HISTAMINES

cetirizine (ZYRTEC)
chlorpheniramine (CHLOR-TRIMETON)
diphenhydramine (BENADRYL)
loratadine (CLARITIN)

DECONGESTANTS

phenylephrine (SUDAFED PE)
pseudoephedrine (SUDAFED)

ANTI-HISTAMINE / DECONGESTANT COMBINATIONS

brompheniramine / pseudoephedrine
brompheniramine / phenylephrine
cetirizine / pseudoephedrine (ZYRTEC - D)
chlorpheniramine / phenylephrine
chlorpheniramine / phenylephrine / acetaminophen
chlorpheniramine / phenylephrine / dextromethorphan / acetaminophen
chlorpheniramine / pseudoephedrine
loratadine / pseudoephedrine (CLARITIN - D)
phenylephrine / acetaminophen
phenylephrine / guaifenesin
pseudoephedrine / ibuprofen
pseudoephedrine / acetaminophen

ANTI-TUSSIVES AND EXPECTORANT DRUGS

dextromethorphan (ROBITUSSIN)
dextromethorphan / chlorpheniramine
dextromethorphan / phenylephrine
dextromethorphan / phenylephrine / acetaminophen
dextromethorphan / pseudoephedrine / acetaminophen



dextromethorphan / pseudoephedrine / brompheniramine
dextromethorphan / pseudoephedrine / chlorpheniramine
guaifenesin (MUCINEX)
guaifenesin / dextromethorphan (MUCINEX DM)
guaifenesin / dextromethorphan / phenylephrine
guaifenesin / dextromethorphan / pseudoephedrine
guaifenesin / phenylephrine
guaifenesin / pseudoephedrine

DERMATOLOGICAL DRUGS

ANTIACNE DRUGS

benzoyl peroxide
benzoyl peroxide / aloe vera

KEROLYTIC DRUGS

salicylic acid

SCABICIDES

permethrin (NIX)
piperonyl / pyrethrins (RID)

TOPICAL ANESTHETICS

pramoxine (PROCTO-FOAM)

TOPICAL ANTIBACTERIAL DRUGS

bacitracin
bacitracin / polymyxin b (POLYSPORIN)
chlorhexidine
neomycin / bacitracin / polymixin (NEOSPORIN)
neomycin / bacitracin / polymixin / pramoxine (NEOSPORIN PLUS)

TOPICAL ANTIFUNGALS

clotrimazole (LOTRIMIN)
miconazole (MICATIN)
terbinafine (LAMISIL)
tolnaftate (TINACTIN)

TOPICAL CORTICOSTEROIDS

hydrocortisone / aloe vera
hydrocortisone

OTHER TOPICAL DERMATOLOGICAL DRUGS

ammonium lactate (AMLACTIN)
calamine / zinc oxide
capsaicin (ZOSTRIX)
chloroxylonol
Diphenhydramine
diphenhydramine / zinc
hydrogen peroxide
methyl salicylate / menthol / camphor (BENGAY)
salonpas
mineral oil / petrolatum (AQUAPHOR, EUCERIN)
petrolatum (VASELINE)



pramoxine / calamine povidone-iodine (BETADINE)
trolamine salicylate (MYOFLEX)
urea 10% and 20%
zinc oxide (DESITIN)

EAR / NOSE / THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

carbamide peroxide (DEBROX)

DRUGS AFFECTING THE NOSE

cromolyn (NASALCROM)

triamcinolone acetonide

oxymetazoline (AFRIN)

phenylephrine (NEO-SYNEPHRINE)

sodium chloride

DRUGS AFFECTING THE THROAT

Zinc

GASTROINTESTINAL DRUGS

ANTACIDS

aluminum hydroxide (ALTERNAGEL)

calcium carbonate (TUMS)

calcium carbonate / magnesium hydroxide (MYLANTA SUPREME)

magnesium carbonate / aluminum hydroxide (GAVISCON)

magnesium hydroxide / aluminum hydroxide / simethicone (MYLANTA)

magnesium hydroxide / aluminum hydroxide (MAALOX)

magnesium oxide (URO-MAG)

sodium bicarbonate

ANTIDIARRHEAL DRUGS

bismuth subsalicylate (PEPTO-BISMOL)

loperamide (IMMODIUM)

ANTIULCER DRUGS

famotidine (PEPCID)

lansoprazole (PREVACID)

omeprazole (PRILOSEC)

LAXATIVES AND CATHARTICS

bisacodyl (DULCOLAX)

docusate calcium (SURFAK)

docusate sodium (COLACE)

glycerin

magnesium citrate (CITROMA)

magnesium hydroxide (PHILLIPS' MOM)

methylcellulose (CITRUCEL)

mineral oil polycarbophil

polyethylene glycol 3350 (MIRALAX)

psyllium (METAMUCIL)



senna / docusate sodium (PERI-COLACE)

OTHER GI DRUGS

lactase (LACTAID)

phenylephrine

phenylephrine / shark liver / petrolatum (PREPARATION H)

simethicone (MYLICON)

sorbitol

witch hazel

MISCELLANEOUS (OTHER) PRODUCTS

dimenhydrinate (DRAMAMINE)

levonorgestrel (PLAN B)

meclizine

phenazopyridine (AZO)

male condoms

female condoms

OPHTHALMIC DRUGS

propylene glycol PEGS (SYSTANE ULTRA)

sodium chloride

sodium chloride / petrolatum / mineral oil (REFRESH PM)

tetrahydrazoline drops (VISINE)

SEDATIVE / HYPNOTIC DRUGS

acetaminophen / diphenhydramine (TYLENOL PM)

doxylamine (UNISOM)

SMOKING CESSATION PRODUCTS

nicotine (NICODERM)

nicotine gum

nicotine polacrilex (COMMIT)

VAGINAL ANTIFUNGALS

Clotrimazole (GYNE-LOTRIMIN)

miconazole (MONISTAT)

VITAMINS AND RELATED PRODUCTS

MINERALS/ELECTROLYTES

calcium carbonate

calcium citrate

calcium glubionate

calcium gluconate

calcium lactate

calcium / magnesium

calcium / magnesium / zinc



chromium
electrolyte solution (pediatric)
ferrous gluconate
ferrous sulfate
magnesium chloride
magnesium gluconate
magnesium oxide
potassium chloride
potassium gluconate
selenium
sodium chloride
zinc gluconate
zinc sulfate

MISCELLANEOUS NUTRIENTS

beta-carotene biotin
glucose

VITAMINS

cyanocobalmin (vitamin b12)
niacinamide
pantothenic acid
pyridoxine (vitamin b6)
riboflavin (vitamin b2)
thiamine (vitamin b1)
vitamin a
vitamin c
vitamin d
vitamin e

VITAMIN COMBINATION PRODUCTS

calcium carbonate / vitamin d
calcium carbonate / vitamin d / minerals
folic acid / vitamin b complex / vitamin c
multivitamins
multivitamins / iron
multivitamins / minerals
multivitamins / minerals / iron
prenatal vitamin
vitamin a / vitamin c / vitamin d
vitamin a / vitamin d
vitamin b complex / folic acid
vitamin b complex / vitamin c



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