

قائمة ميديكيد للأدوية المغطاة (الوصفات)

- يُعرف البرنامج المخصص للأسر والأطفال أيضًا ببرنامج المساعدة الطبية المدفوعة مسبقًا (PMAP)
- MinnesotaCare
- برنامج مينيسوتا كير بلس لكبار السن (+MSC)
- UCare للتواصل (SNBC)

وهيوستن، وإيسانت، وجاكسون، وكانديوهي، وكيتسون، وكوتشيتشينغ، لاك كوي بارل، وليك، وليك أوف ذا وودز، ولو سويور، ولينكولن، وليون، وما هنومين، ومارشال، ومارتن، وميل لاكس، وموريسون، ومور، وموراي، ونيكوليت، ونوبلز، ونورمان، وأولمستيد، وأوتر تيل، وبنينجتون، وباين، وبولك، ورامزي، وريد ليك، وريدوود، ورايس، وروك، وروسو، وسكوت، وشيربورن، وسانت لويس، وستيرنز، وسويفت، وتود، وواباشا، وواشنطن، وواتونان، ووينونا، ورايت، وويلو ميديسين.

برنامج UCare للتواصل (UCare Connect): أيتكين، وأنوكا، وبيكر، وبنتون، وبلو إيرث، وكارلتون، وكارفر، وكاس، وتشيبوا، وتشيساجو، وكلاي، وكوك، وكوتونوود، وكرو وينج، وداكوتا، وفاربولت، وفيلمور، وفريبورن، وهينيبين، وهيوستن، وإيسانت، وإتاسكا، وجاكسون، وكانديوهي، وكيتسون، وكوتشيتشينغ، ولاك كوي بارل، وليك، وليك أوف ذا وودز، ولو سويور، ولينكولن، وليون، وماهنومين، ومارشال، ومارتن، وميل لاكس، وموريسون، ومور، وموراي، ونيكوليت، ونوبلز، ونورمان، وأولمستيد، وأوتر تيل، وبنينجتون، وباين، وبولك، ورامزي، وريد ليك، وريدوود، ورايس، وروك، وروسو، وسكوت، وشيربورن، وسانت لويس، وستيرنز، وسويفت، وتود، وواشنطن، وواتونان، وويلكن، ووينونا، ورايت، وويلو ميديسين

مقاطعات العائلات والأطفال: أيتكين، وأنوكا، وبنتون، وبلو إيرث، وكارلتون، وكارفر، وكوك، وكرو وينج، وداكوتا، وفاربولت، وفيلمور، وفريبورن، وهينيبين، وهيوستن، وإيسانت، وكوتشيتشينغ، وليك، وليك أوف ذا وودز، ولو سويور، ومارتن، وميل لاكس، وموريسون، ومور، وموراي، ونيكوليت، وأولمستيد، وبنينجتون، وباين، ورامزي، ورايس، وروك، وروسو، وسكوت، وشيربورن، سانت لويس، وستيرنز، وتود، وواشنطن، وواتونان، ووينونا، ورايت

مقاطعات مينيسوتا كير (MinnesotaCare): أيتكين، وأنوكا، وبنتون، وبلو إيرث، وكارلتون، وكارفر، وكاس، وتشيساجو، وكوك، وكرو وينج، وداكوتا، وفاربولت، وفيلمور، وفريبورن، وهينيبين، وهيوستن، وإيسانت، وكوتشيتشينغ، وليك، وليك أوف ذا وودز، ولو سويور، ومارتن، وميل لاكس، وموريسون، ومور، وموراي، ونيكوليت، وأولمستيد، وبنينجتون، وباين، ورامزي، ورايس، وروك، وروسو، وسكوت، وشيربورن، سانت لويس، وستيرنز، وتود، وواشنطن، وواتونان، ووينونا، ورايت

برنامج مينيسوتا كير بلس لكبار السن (+MSC): أيتكين، وأنوكا، وبيكر، وبنتون، وبلو إيرث، وكارلتون، وكارفر، وكاس، وتشيبوا، وتشيساجو، وكلاي، وكوك، وكوتونوود، وكرو وينج، وداكوتا، ودودج، وفاربولت، وفيلمور، وفريبورن، وهينيبين،

كانت المعلومات الواردة في هذه القائمة من العقاقير المشمولة صحيحة اعتبارًا من 04/01/2024. للحصول على أحدث المعلومات، يُرجى زيارة ucare.org. إذا كانت لديك أسئلة، فاتصل بخدمة عملاء UCare على الرقم المذكور في هذه الصفحة. يمكنك طلب نسخة مطبوعة من قائمة Medicaid للأدوية المشمولة بالتغطية في أي وقت.

خدمة عملاء UCare: العائلات والأطفال (PMAP)، وبرنامج MinnesotaCare، وبرنامج مينيسوتا كير بلس لكبار السن (+MSC): 612-676-3200 أو 1-800-203-7225 (هذه المكالمات مجانية). UCare Connect: 612-676-3395 أو 1-877-903-0061 (هذه المكالمات مجانية). رقم الهاتف النصي: 612-676-6810 أو 1-800-688-2534 (هذه المكالمات مجانية). ساعات العمل: من الساعة 8 صباحًا حتى الساعة 5 مساءً، من الاثنين إلى الجمعة. هذه المكالمات مجانية. لمزيد من المعلومات، تفضل بزيارة الموقع الإلكتروني ucare.org. MN 55413-2615 UCare, 500 Stinson Blvd. NE

يُرجى القراءة: تحتوي هذه الوثيقة على معلومات حول الأدوية التي نغطيها في هذه الخطط. يجب على الأعضاء استخدام صيدليات شبكة UCare للحصول على إعانات الأدوية المصروفة بموجب وصفات.

هذه القائمة عرضة للتغيير وليست شاملة لجميع الأدوية. تخضع الوثيقة للوائح والقواعد الخاصة بالدولة، بما في ذلك، على سبيل المثال لا الحصر، تلك المتعلقة بالاستعاضة عن الأدوية التي تحمل أسماء تجارية بأدوية جنيسة وجداول المواد الخاضعة للرقابة وتفضيل العلامات التجارية والأدوية الجنيسة الإلزامية كلما كان ذلك ممكناً.

ملاحظة إلى الأعضاء الحاليين: قد تغيرت قائمة الأدوية المشمولة بالتغطية هذه منذ العام الماضي وقد تتغير على مدار العام. يُرجى مراجعة هذه الوثيقة للتأكد من أنها لا تزال تحتوي على قائمة بالأدوية التي تتناولها. يُرجى الاتصال بخدمات عملاء UCare لطرح الأسئلة: العائلات والأطفال (PMAP)، وبرنامج MinnesotaCare، وبرنامج مينيسوتا كير بلس لكبار السن (MSC+): 612-676-3200 أو 1-800-203-7225 (هذه المكالمات مجانية). UCare Connect: 612-676-3395 أو 1-877-903-0061 (هذه المكالمات مجانية). لمستخدمي الهواتف النصية: 612-676-6810 أو 1-800-688-2534 (هذه المكالمات مجانية). ساعات العمل: من الساعة 8 صباحاً حتى الساعة 5 مساءً، من الاثنين إلى الجمعة. هذه المكالمات مجانية.

يمكنك أيضاً العثور على تحديثات لهذه القائمة في ucare.org

إذا كان لديك برنامج الرعاية الطبية، فستحتاج إلى الحصول على معظم أدويتك الموصوفة من خلال برنامج الأدوية الموصوفة من Medicare (الجزء دال). يجب أن تكون مسجلاً في خطة الأدوية الطبية الموصوفة من Medicare للحصول على إعانات الأدوية الطبية الموصوفة.

Toll free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ደኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘၣ်တက့ၢ်. ဝဲနမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘၣ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫຼ໌ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

إشعار الحقوق المدنية

يُعد التمييز مخالفاً للقانون. ولا تُميز UCare على أساس أي مما يلي:

- العرق
- اللون
- الأصل القومي
- العقيدة
- الدين
- التوجه الجنسي
- الموقف من المساعدة العامة
- العمر
- الإعاقة (تشمل العاهة البدنية أو العقلية)
- النوع (يشمل القوالب النمطية الجنسية والهوية الجنسية)
- الحالة الاجتماعية
- المعتقدات السياسية
- الحالة الطبية
- الحالة الصحية
- تلقي خدمات الرعاية الصحية
- الخبرة في مجال المطالبات
- التاريخ الطبي
- المعلومات الجينية

يحق لك تقديم شكوى بشأن التمييز إذا كنت تعتقد أنك تمت معاملتك بطريقة تمييزية في UCare. يمكنك تقديم شكوى وطلب المساعدة على تقديمها شخصياً أو عبر البريد أو الهاتف أو الفاكس أو البريد الإلكتروني على:

UCare

Attn: Appeals and Grievances

PO Box 52

مينيبوليس، مينيسوتا 55440-0052

الرقم المجاني: 1-800-203-7225

هاتف نصي: 1-800-688-2534

فاكس: 612-884-2021

البريد الإلكتروني: cag@ucare.org

توفر UCare أدوات وخدمات المساعدة، مثل المترجمين الفوريين المؤهلين أو المعلومات المتوفرة بأشكال يسهل الاطلاع عليها وذلك دون أي رسوم وفي الوقت المناسب لضمان وجود فرص متساوية للمشاركة في برامج الرعاية الصحية لدينا. تواصل مع UCare على الرقم 612-676-3200 (هاتف صوتي)، أو 1-800-203-7225 (هاتف صوتي)، أو 612-676-6810 (هاتف نصي) أو 1-800-688-2534 (هاتف نصي).

توفر UCare خدمات لغوية مساعدة مثل الوثائق المترجمة والترجمة الشفهية للغات المنطوقة دون أي رسوم وفي الوقت المناسب، وذلك عندما تكون خدمات المساعدة اللغوية ضرورية لضمان منح إمكانية وصول مفيدة للمعلومات والخدمات لمن يتحدثون الإنجليزية بشكل محدود. تواصل مع UCare على الرقم 612-676-3200 (هاتف صوتي)، أو 1-800-203-7225 (هاتف صوتي)، أو 612-676-6810 (هاتف نصي) أو 1-800-688-2534 (هاتف نصي).

شكاوى الحقوق المدنية

يحق لك تقديم شكوى بشأن التمييز إذا كنت تعتقد أنك تمت معاملتك بطريقة تمييزية في UCare. ويمكنك التواصل مع أي من الوكالات الأربعة التالية مباشرة لتقديم شكوى بشأن التمييز.

مكتب الحقوق المدنية (OCR) بوزارة الصحة والخدمات الإنسانية الأمريكية

يحق لك تقديم شكوى إلى مكتب الحقوق المدنية، وهو وكالة فيدرالية، إذا كنت تعتقد أنك تعرضت للتمييز لأي سبب مما يلي:

• الدين (في بعض الحالات)

- العرق
- اللون
- الأصل القومي
- العمر
- الإعاقة
- النوع

اتصل بمكتب الحقوق المدنية (OCR) مباشرة لتقديم شكوى:
وزارة الصحة والخدمات الإنسانية الأمريكية بمنطقة الغرب الأوسط
N 233. ميشيغان أفينيو، جناح 240
شيكاغو، IL 60601
مركز تلبية متطلبات العملاء: الهاتف المجاني: 800-368-1019، الهاتف المجاني
TDD: 800-537-7697
البريد الإلكتروني: ocrmail@hhhs.gov

وزارة حقوق الإنسان في مينيسوتا (MDHR)

- في مينيسوتا، يحق لك تقديم شكوى إلى وزارة حقوق الإنسان في مينيسوتا إذا كنت تعتقد أنك تعرضت للتمييز لأي سبب مما يلي:
- العرق
 - اللون
 - الأصل القومي
 - الدين
 - العقيدة
 - النوع
 - التوجه الجنسي
 - الحالة الاجتماعية
 - الموقف من المساعدة العامة
 - الإعاقة

اتصل بـ **MDHR** مباشرة لتقديم شكوى:
وزارة حقوق الإنسان في مينيسوتا 540 فير أفينيو نورث، الجناح 201
St. Paul, MN 55104، 651-539-1100 (هاتف صوتي)
800-657-3704 (هاتف مجاني)
711 أو 800-627-3529 (برنامج MN Relay)
651-296-9042 (فاكس)
Info.MDHR@state.mn.us (البريد الإلكتروني)

وزارة الخدمات الإنسانية في مينيسوتا (DHS)

- يحق لك تقديم شكوى إلى وزارة الخدمات الإنسانية إذا كنت تعتقد أنك تعرضت للتمييز في برامج الرعاية الصحية لدينا لأي سبب مما يلي:
- العرق
 - اللون
 - الأصل القومي
 - الدين (في بعض الحالات)
 - العمر
 - الإعاقة (تشمل العاهة البدنية أو العقلية)
 - الجنس (يشمل القوالب النمطية الجنسية والهوية الجنسية)

يجب تقديم الشكاوى كتابياً خلال 180 يوماً من تاريخ اكتشافك للتمييز المزعوم. يجب أن تحتوي الشكاوى على اسمك وعنوانك وأن تصف فيها التمييز الذي تقدم الشكاوى بشأنه. بعد أن نتلقى شكواك، سنراجعها وسنخطر كتابياً عما إذا كان لدينا سلطة لإجراء التحقيق. وإذا أخطرتنا، فسنحقق في الشكاوى.

ستخطر وزارة الخدمات الإنسانية بنتيجة التحقيق كتابياً. يحق لك الاستئناف ضد النتيجة إذا كنت لا توافق على القرار. ولتقديم الاستئناف، عليك إرسال طلب كتابي لتراجع وزارة الخدمات الإنسانية نتيجة التحقيق. كُن موجزاً ووضح سبب عدم موافقتك على القرار. وأدرج أي معلومات إضافية تعتقد أنها مهمة.

إذا قدمت شكوى بهذه الطريقة، فلن يحاول العاملون بالوكالة المذكورين في الشكاوى الانتقام منك. وهذا يعني أنهم لا يستطيعون معاقبتك بأي طريقة على تقديم شكوى. لا يحول تقديمك للشكاوى بهذه الطريقة دون السعي لاتخاذ إجراءات قانونية أو إدارية أخرى.

تواصل مباشرة مع (DHS) وزارة الخدمات الإنسانية لتقديم شكوى ضد التمييز:

منسق الحقوق المدنية

وزارة الخدمات الإنسانية في مينيسوتا قسم الفرص

المتكافئة وإمكانية الوصول

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (هاتف صوتي)، أو خدمة التواصل النصي التي تفضلها

يمكن للهنود الأمريكيين متابعة أو البدء في زيارة العيادات القبلية والعيادات التابعة للخدمات الصحية الهندية (IHS). لن نطلب منك الحصول على موافقة مسبقة أو نفرض أي شروط لتحصل على الخدمات في هذه العيادات. لكبار السن من عمر 65 عاماً فأكثر، يشمل ذلك خدمات برنامج إعفاء كبار السن (EW) التي يمكن الحصول عليها من خلال القبيلة. إذا أحالك طبيب أو مقدم خدمات آخر في العيادات القبلية أو العيادات التابعة للخدمات الصحية الهندية إلى مقدم خدمات في شبكتنا، فلن نطلب منك زيارة مقدم خدمات الرعاية الأساسية قبل الإحالة.

جدول المحتويات

| | |
|----------|---|
| 8..... | ما هي قائمة الأدوية المشمولة بالتغطية؟ |
| 8..... | هل تتغير قائمة الأدوية المشمولة بالتغطية؟ |
| 8..... | كيف يتم إدراج الأدوية في قائمة الأدوية المشمولة؟ |
| 9..... | ما قائمة الأدوية المفضلة؟ |
| 9..... | ما هي الأدوية الجنيسة أو المماثلة الحيوية؟ |
| 9..... | ما الأدوية التي تصرف دون وصفة طبية؟ |
| 10..... | ماذا لو لم يكن الدواء مدرجًا على قائمة الأدوية المشمولة بالتغطية؟ |
| 11..... | هل هناك أي قيود على تغطيتي؟ |
| 11..... | هل يمكنني طلب استثناء من قيود التغطية؟ |
| 12..... | ماذا ستكلف الوصفة الطبية؟ |
| 12..... | مفتاح قائمة الأدوية (الوصفات). |
| 15..... | قائمة الأدوية (الوصفات). |
| 305..... | فهرس الأدوية. |

ما هي قائمة الأدوية المشمولة بالتغطية؟

تتضمن قائمة الأدوية المشمولة بالتغطية الأدوية الموصوفة طبيًا التي تغطيها UCare. يتم اختيار الأدوية المدرجة على القائمة من قبل UCare بمساعدة فريق من الأطباء والصيادلة. ستغطي UCare الأدوية المدرجة في قائمة الأدوية المشمولة عمومًا طالما أن الدواء ضروري طبيًا، وسيتم صرف الوصفة الطبية في صيدلية شبكة UCare كما سيتم اتباع متطلبات أخرى تتعلق بالدواء. تتوفر معظم الأدوية وبعض الإمدادات حتى إمدادات تكفي لمدة 30 يومًا. تتوفر بعض الأدوية التي تتناولها بشكل منتظم للحالات المزمنة أو طويلة الأجل حتى إمدادات تكفي لمدة 90 يومًا ويتم تحديدها في قائمة الأدوية المشمولة بالتغطية هذه على أنها تكفي لمدة 90 يومًا.

هل تتغير قائمة الأدوية المشمولة بالتغطية؟

يمكن أن تتغير قائمة UCare للأدوية المشمولة بالتغطية خلال السنة التقويمية الواحدة. إذا كانت التغييرات تؤثر على تغطية الدواء الذي تتناوله، فإن UCare سوف يبذل جهودًا معقولة للاتصال بك وبالوصف لإخباركم بالتغيير. ستعلمك UCare أيضًا بالأدوية البديلة التي يتم تغطيتها.

أمثلة على بعض التغييرات التي قد تحدث هي:

- لم يعد الدواء الذي تتناوله مفضلًا (راجع "ما هي قائمة الأدوية المفضلة؟" في القسم التالي).
- يتم إزالة دواء من قائمة الأدوية المشمولة بالتغطية لأسباب تتعلق بالسلامة.
- لقد تغيرت متطلبات التصريح المسبق. (انتقل إلى "هل هناك أي قيود على تغطيتي؟")

كيف يتم إدراج الأدوية في قائمة الأدوية المشمولة؟

هناك طريقتان للعثور على الأدوية الموصوفة طبيًا في الوصفات. يمكنك البحث حسب الحالة الطبية المرتبطة بدوائك أو حسب القائمة الأبجدية.

البحث حسب الحالة الطبية

تبدأ الأدوية المدرجة حسب الحالة الطبية في الصفحة 1. يتم تجميع الأدوية الموجودة في هذه الوصفات في فئات وفقًا لنوع الحالات الطبية التي تستخدم لعلاجها. إذا كنت تعرف سبب استخدام دوائك، فابحث عن الفئة في القائمة التي تبدأ في الصفحة 1. ثم ابحث تحت اسم فئة دوائك.

البحث حسب القائمة الأبجدية

إذا لم تكن متأكدًا من الفئة التي يجب البحث تحتها، فيمكنك البحث عن دوائك في الفهرس. يقدم الفهرس قائمة أبجدية بجميع الأدوية المدرجة في الوصفات. يرد كل من اسم العلامة التجارية والأدوية الجينية في الفهرس. ابحث في الفهرس واعثر على دوائك. بجانب دوائك، سترى رقم الصفحة حيث يمكنك العثور على معلومات التغطية داخل الوصفات.

ما قائمة الأدوية المفضلة؟

في ولاية مينيسوتا، يُطلب من جميع الخطط الصحية استخدام قائمة الأدوية المفضلة (PDL) التابعة لوزارة الخدمات الإنسانية بولاية مينيسوتا. تنشئ إدارة الخدمات الإنسانية قائمة الأدوية المفضلة بالتشاور مع لجنة صيغ الأدوية، للسماح للوصفين والأعضاء بمعرفة الأدوية أو فئات الأدوية التي تكون فعالة من حيث التكلفة. وفي العموم، فإن الأدوية "المفضلة" أكثر فعالية من حيث التكلفة والأدوية "غير المفضلة" أقل فعالية من حيث التكلفة. الأدوية المفضلة متاحة للأعضاء مع قيود أقل. تتطلب الأدوية غير المفضلة تصريحاً مسبقاً. للحصول على الدواء غير المفضل، يجب أن يحصل طبيبك أو مقدم الرعاية الصحية على إذن مسبق. يتم تضمين قائمة الأدوية المفضلة كجزء من قائمة UCare للأدوية المغطاة. تتضمن قائمة UCare الكاملة للأدوية المغطاة أدوية أخرى بالإضافة إلى تلك الموجودة في قائمة الأدوية المفضلة. تتوفر قائمة الأدوية المفضلة على موقع إدارة الخدمات الإنسانية على العنوان التالي <http://minnesota.magellanmedicaid.com/pdl.asp>.

ما هي الأدوية الجنيسة أو المماثلة الحيوية؟

وافقت إدارة الأغذية والعقاقير (FDA) على دواء جنيسي والذي يحتوي على نفس المكونات النشطة مثل الدواء الذي يحمل اسم العلامة التجارية. وينتج نفس التأثير السريري مثل الدواء الذي يحمل اسم العلامة التجارية.

الدواء المماثل الحيوي هو دواء بيولوجي معتمد من إدارة الأغذية والعقاقير (غالبًا ما يكون دواء يُصرف بوصفة طبية ويؤخذ عن طريق الحقن) والذي يشبه إلى حد كبير منتجًا بيولوجيًا معتمدًا بالفعل. لا توجد فروق ذات مغزى سريري من حيث السلامة والفعالية. تختلف الأدوية المماثلة حيويًا عن الأدوية الجنيسة، ولكن على غرار الأدوية الجنيسة، قد توفر الأدوية المماثلة الحيوية خيارات علاج أكثر بأسعار معقولة.

يعني استبدال الأدوية الجنيسة أو الأدوية المماثلة الحيوية إصدار نسخة من الأدوية الجنيسة أو نسخة الأدوية المماثلة الحيوية من الأدوية التي يتم تقديمها بدلًا من الأدوية التي تحمل اسم علامة تجارية أو نسخة من الأدوية غير المماثلة الحيوية من الدواء.

ستغطي UCare الأدوية التي تحمل اسم علامة تجارية أو نسخة من الأدوية غير المماثلة الحيوية من الدواء فقط عندما:

1. يبلغ واصف الدواء UCare كتابيًا أن الأدوية التي تحمل اسم علامة تجارية أو نسخة من الأدوية غير المماثلة الحيوية من الدواء ضرورية طبيًا؛ أو
2. أو قد تفضل UCare الاستغناء عن بعض النسخ من الأدوية التي تحمل اسم علامة تجارية على نسخة الأدوية الجنيسة أو الأدوية غير المماثلة الحيوية على نسخة الأدوية المماثلة الحيوية من الدواء؛ أو
3. أو يتطلب قانون مينيسوتا الاستغناء عن الأدوية التي تحمل اسم العلامة التجارية أو النسخة غير المماثلة الحيوية من الدواء.

وضمن قائمة الأدوية المغطاة، يتم رسملة الأدوية التي تحمل اسم العلامة التجارية (على سبيل المثال EPIPEN)، كما يتم إدراج الأدوية التي تحمل علامة تجارية بخط مائل أدنى (على سبيل المثال قرص السيرتالين).

ما الأدوية التي تصرف دون وصفة طبية؟

يُشار إلى الأدوية والمنتجات المتاحة للشراء دون وصفة طبية على أنها دون وصفة طبية (OTC). على الرغم من أن منتج دون وصفة طبية متاح بدون وصفة طبية، إذا كتب الطبيب وصفة طبية لمنتج دون وصفة طبية، فقد تغطيه شركة Ucare. يتم إدراج الأدوية والمنتجات التي تصرف دون وصفة طبية ضمن قائمة الأدوية المشمولة بالتغطية بعد الفهرس في قائمة أدوية منفصلة تصرف دون وصفة طبية (OTC).

ما هي الأدوية المتخصصة؟

تستخدم الأدوية المتخصصة من قبل الذين يعانون من أمراض معقدة أو مزمنة. غالبًا ما تتطلب هذه الأدوية مناولة أو صرفًا أو مراقبة خاصة من قبل صيدلي مدرب تدريبًا خاصًا.

إذا تم وصف دواء لك موجود على قائمة الأدوية المتخصصة UCare، فسيحتاج الوصف الخاص بك إلى إرسال الوصفة الطبية إلى صيدلية UCare المتخصصة.

اسم صيدلية التخصص: صيدلية Fairview التخصصية

الهاتف ورقم الهاتف النصي: 612-672-5260 أو 1-800-595-7140 (هذه المكالمات مجانية) ولمستخدمي الهواتف النصية الاتصال بمركز التابع الوطني على الرقم 711 وطلب الرقم 1-800-595-7140 (هذه المكالمات مجانية).

فاكس: 1-866-347-4939

ساعات العمل: 24 ساعة في اليوم، سبعة أيام في الأسبوع

ستحتاج أيضًا إلى الاتصال بالصيدلية المتخصصة على الرقم 612-672-5260 أو 1-800-595-7140 (هذه المكالمات مجانية)، اتصل على رقم الهاتف التخصصي بمركز التابع الوطني على 711 واطلب الرقم 1-800-595-7140 (هذا المكالمات مجانية)، لإنشاء حساب. ستحتاج إلى الحصول على بطاقة تعريف عضو UCare عند الاتصال بالصيدلية المتخصصة.

ماذا لو لم يكن الدواء مدرجًا على قائمة الأدوية المشمولة بالتغطية؟

لا تتم تغطية جميع الأدوية. إذا لم يكن الدواء الذي تريد تناوله غير مدرج في قائمة الأدوية المشمولة بالتغطية، فيرجى الاتصال بخدمات عملاء UCare للعائلات والأطفال (PMAP)، وبرنامج MinnesotaCare، وبرنامج مينيسوتا كير بلس لكبار السن (+MSC): 612-676-3200 أو 1-800-203-7225 (هذه المكالمات مجانية). UCare Connect: 612-676-3395 أو 1-877-903-0061 (هذه المكالمات مجانية). لمستخدمي الهواتف النصية: 612-676-6810 أو 1-800-688-2534 (هذه المكالمات مجانية)، واسأل عما إذا كان الدواء مشمولًا بالتغطية. إذا لم يكن كذلك، فهو يعتبر دواء غير مدرج في الوصفات.

إذا كنت بحاجة إلى دواء غير مدرج في قائمة الأدوية المشمولة بالتغطية،

- يمكنك أن تسأل مقدم الرعاية الصحية الخاص بك إذا كان هناك دواء آخر مشمول بالتغطية مناسب لك.
- يمكنك أنت و/أو مقدم الرعاية الصحية الخاص بك أن تطلب من UCare إجراء "استثناء" وتغطية الدواء لك أو إزالة القيود أو الحدود. إذا تمت الموافقة على طلب الاستثناء الخاص بك، فسيتم تغطية الدواء على مستوى الأدوية المماثلة الحيوية أو الأدوية التي تحمل اسم العلامة التجارية المنخفضة.

بشكل عام، ستوافق UCare فقط على طلب مقدم الرعاية الصحية الخاص بك للحصول على استثناء الوصفات إذا كان الدواء البديل المدرج في قائمة UCare للأدوية المشمولة بالتغطية غير فعال في علاج حالتك و/أو قد يسبب لك آثارًا طبية ضارة.

إذا وصف مقدم الرعاية الصحية الخاص بك دواءً غير موجود في قائمتنا للأدوية المشمولة بالتغطية أو دواء يتطلب ترخيصًا مسبقًا، فيجب على مقدم الرعاية الصحية الخاص بك الاتصال بـ Navitus Health Solutions أو زيارة الموقع الإلكتروني لمزود الخدمة الخاص بنا لإكمال نموذج الطلب. قد يجد الأعضاء أيضًا المزيد من المعلومات على ucare.org. يُرجى الاتصال بخدمات عملاء UCare على الرقم المذكور على الغطاء الأمامي للحصول على المساعدة.

هل هناك أي قيود على تغطيتي؟

قد يكون لبعض الأدوية المشمولة متطلبات إضافية أو حدود للتغطية. قد تتضمن هذه المتطلبات والحدود ما يلي:

- **التصريح المسبق:** تطلب UCare منك أو من طبيبك أو مقدم الرعاية الصحية الحصول على تصريح مسبق لبعض الأدوية. وهذا يعني أنك ستحتاج إلى الحصول على موافقة UCare قبل ملء الوصفة الطبية الخاصة بك. قد لا تغطي UCare الدواء، إذا لم تحصل على الموافقة.
- **حدود الكمية:** بالنسبة لبعض الأدوية، تحد UCare من كمية الدواء التي سنغطيها.
- **شروط السن:** بعض الأدوية لها شروط السن. قد تكون هناك حاجة إلى تصريح مسبق حسب سنك والأدوية المحددة الموصوفة.

من خلال البحث في هذه القائمة من الأدوية المشمولة بالتغطية، يمكنك معرفة ما إذا كان الدواء الخاص بك يتطلب تصريحًا مسبقًا أو لديه حدود للكمية أو العمر المطلوب. يمكن إجراء استثناء من تقييد أو حد الدواء إذا قدم طبيبك بيانًا أو وثائق تدعم الطلب. انتقل إلى الأدوية الموصوفة طبيًا في القسم 7: الخدمات المشمولة بالتغطية في دليل الأعضاء لمزيد من المعلومات. يمكنك أيضًا الحصول على مزيد من المعلومات حول القيود المطبقة على الأدوية المشمولة بالتغطية المحددة عن طريق الاتصال بخدمة العملاء UCare أو العائلات والأطفال (PMAP)، وبرنامج MinnesotaCare، وبرنامج مينيسوتا كير بلس لكبار السن (+MSC): 612-676-3200 أو 1-800-203-7225 (هذه المكالمات مجانية). UCare Connect: 612-676-612 أو 3395-676-612 أو 1-877-903-0061 (هذه المكالمات مجانية). لمستخدمي الهواتف النصية: 612-676-6810 أو 1-800-688-2534 (هذه المكالمات مجانية) أو عن طريق زيارة موقعنا على الإنترنت على ucare.org. انتقل أيضًا إلى "هل يمكنني طلب استثناء من قيود التغطية؟"

- **الأدوية المستبعدة:** وتستبعد بعض الأدوية من قائمة العقاقير المشمولة بالتغطية. وهذا يعني أنها غير مشمولة بالتغطية. وتشمل الأدوية المستبعدة ما يلي:
 - الأدوية المستخدمة لعلاج الضعف الجنسي أو ضعف الانتصاب
 - الأدوية المستخدمة لتعزيز الخصوبة
 - الأدوية المستخدمة لأغراض تجميلية، بما في ذلك الأدوية لعلاج تساقط الشعر
 - الأدوية المستبعدة من التغطية بموجب القانون الاتحادي أو قانون الولاية
 - الأدوية التجريبية أو الأدوية الاختبارية أو الأدوية غير المعتمدة أو المصرح بها من قبل إدارة الأغذية والعقاقير (FDA)
 - القنب الطبي

هل يمكنني طلب استثناء من قيود التغطية؟

نعم. يمكنك أنت أو مقدم الرعاية الصحية الحصول على نموذج مينيسوتا الموحد لطلبات التصريح المسبق للأدوية الموصوفة طبيًا (PA) واستثناءات الوصفات من ucare.org أو عن طريق الاتصال بخدمة عملاء UCare للعائلات والأطفال (PMAP)، وبرنامج MinnesotaCare، وبرنامج مينيسوتا كير بلس لكبار السن (+MSC): 612-676-3200 أو 1-800-676-3200 (هذه المكالمات مجانية). UCare Connect: 612-676-3395 أو 1-877-903-0061 (هذه المكالمات مجانية). لمستخدمي الهواتف النصية: 612-676-6810 أو 1-800-688-2534 (هذه المكالمات مجانية). يجب على موفر الخدمة إرجاع هذا النموذج إلى رقم الفاكس أو العنوان المدرج في الوثيقة. للسماح بإجراء مراجعة شاملة وضمن حصولك أنت أو مقدم الرعاية الصحية على رد في غضون 24 ساعة، يجب تقديم جميع المعلومات المطلوبة في النموذج، بما في ذلك توثيق الأدوية التي تم تجربتها وفشلت، بما في ذلك الجرعات المستخدمة وسبب الفشل (على سبيل المثال الآثار الجانبية).

ماذا ستكلف الوصفة الطبية؟

اعتبارًا من 1 يناير 2024، لم تعد الأدوية المغطاة من برنامج المساعدة الطبية خاضعة للدفع المشترك. ليس لديك مشاركة في تكاليف الأدوية التي يغطيها برنامج المساعدة الطبية. أعضاء برنامج MinnesotaCare لديهم مدفوعات مشتركة. جميع معلومات تكاليف العلاج للوصفات الطبية مدرجة في دليل الأعضاء في القسم 6: تقاسم التكاليف. إذا كان لديك مزيد من الأسئلة، فيرجى الاتصال بخدمات عملاء UCare للعائلات والأطفال (PMAP)، وبرنامج MinnesotaCare، وبرنامج مينيسوتا كير بلس لكبار السن (+MSC): 612-676-3200 أو 1-800-203-7225 (هذه المكالمات مجانية). UCare Connect: 612-676-3395 أو 1-877-903-0061 (هذه المكالمات مجانية). لمستخدمي الهواتف النصية: 612-676-6810 أو 1-800-688-2534 (هذه المكالمات مجانية) أو عن طريق زيارة موقعنا على الإنترنت على ucare.org.

مفتاح قائمة الأدوية (الوصفات)

| شرح حالة التغطية ومتطلباتها | | |
|-----------------------------|--|------------------------|
| P | الأدوية المفضلة | الأدوية المفضلة |
| NP | تتطلب الأدوية غير المفضلة تصريحًا مسبقًا من UCare. | الأدوية غير المفضلة |
| SF | تقتصر أدوية الأورام على إمداد لمدة 14 أو 15 يومًا لكل عبوة لأول 90 يومًا من العلاج | تقسيم العبوة |
| EDS | الأدوية التي يمكن ملؤها بإمدادات تصل إلى 90 يومًا | إمداد اليوم الممتد |
| MFG | <ul style="list-style-type: none"> الشركة المُصنَّعة Mylan هي المفضلة. الشركة المُصنَّعة غير Mylan غير مفضلة | قيود الشركة المُصنَّعة |
| OTC | الأدوية المغطاة دون وصفة طبية (دون وصفة طبية) | دون وصفة طبية |
| PA | الأدوية التي تتطلب موافقة UCare قبل صرف الوصفة الطبية الخاصة بك | تصريح مسبق |
| SP | الأدوية التي تتطلب منك صرف الوصفة الطبية الخاصة بك من خلال صيدلية Fairview المتخصصة | الأدوية المتخصصة |

| | | |
|---|------------|----|
| هناك حدود لكمية الدواء المشمولة لكل تعبئة | حد الكمية | QL |
| الأدوية المتوفرة فقط في صيدليات معينة | وصول محدود | LA |
| الأدوية المغطاة بمبلغ 0 دولار للاستخدام الوقائي | الوقائية | PV |

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| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| ADDERALL XR (ADDERALL XR 25 MG CAP ER 24H, ADDERALL XR 30 MG CAP ER 24H) | 1 | QL 60 EA / fill P |
| ADDERALL XR (ADDERALL XR 5 MG CAP ER 24H, ADDERALL XR 10 MG CAP ER 24H, ADDERALL XR 15 MG CAP ER 24H) | 1 | QL 120 EA / fill P |
| ADDERALL XR 20 MG CAP ER 24H | 1 | QL 90 EA / fill P |
| ADZENYS ER | 2 | QL 1440 ml / fill PA NP |
| ADZENYS XR-ODT (ADZENYS XR-ODT 12.5 MG TAB ER DISP, ADZENYS XR-ODT 15.7 MG TAB ER DISP, ADZENYS XR-ODT 18.8 MG TAB ER DISP) | 2 | QL 30 EA / fill PA NP |
| ADZENYS XR-ODT (ADZENYS XR-ODT 3.1 MG TAB ER DISP, ADZENYS XR-ODT 6.3 MG TAB ER DISP, ADZENYS XR-ODT 9.4 MG TAB ER DISP) | 2 | QL 60 EA / fill PA NP |
| AMPHETAMINE ER | 1 | QL 1440 ml / fill PA NP |
| <i>amphetamine sulfate 10 mg tab</i> | 1 | QL 180 EA / fill PA NP |
| <i>amphetamine sulfate 5 mg tab</i> | 1 | QL 120 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 25 mg cap er 24h, amphetamine-dextroamphet er 30 mg cap er 24h)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div> |
| <i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 5 mg cap er 24h, amphetamine-dextroamphet er 10 mg cap er 24h, amphetamine-dextroamphet er 15 mg cap er 24h)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 120 EA / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div> |
| <i>amphetamine-dextroamphet er 20 mg cap er 24h</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 90 EA / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div> |
| <i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab, amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 120 EA / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div> |
| <i>amphetamine-dextroamphetamine 20 mg tab</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 90 EA / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div> |
| <i>amphetamine-dextroamphetamine 30 mg tab</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div> |
| <i>dextroamphetamine sulfate (dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 90 EA / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NP</div> </div> |
| <i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 90 EA / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div> |
| <i>dextroamphetamine sulfate 30 mg tab</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NP</div> </div> |
| <i>dextroamphetamine sulfate 5 mg/5ml solution</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1800 ml / fill </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NP</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>dextroamphetamine sulfate er</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| DYANAVEL XR 2.5 MG/ML SUSP | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1440 ml / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| EVEKEO 10 MG TAB | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| EVEKEO 5 MG TAB | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| EVEKEO ODT (EVEKEO ODT 5 MG TAB DISP, EVEKEO ODT 15 MG TAB DISP) | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| EVEKEO ODT 10 MG TAB DISP | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| EVEKEO ODT 20 MG TAB DISP | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 10 mg cap, lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap</i>) | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 10 mg chew tab, lisdexamfetamine dimesylate 20 mg chew tab, lisdexamfetamine dimesylate 30 mg chew tab</i>) | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> |
| <i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 70 mg cap</i>) | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-------------------------------|
| <i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 40 mg chew tab, lisdexamfetamine dimesylate 50 mg chew tab, lisdexamfetamine dimesylate 60 mg chew tab</i>) | 1 | QL 30 EA / fill |
| MYDAYIS | 2 | QL 30 EA / fill PA NP |
| <i>procentra</i> | 1 | QL 1800 ml / fill PA NP |
| VYVANSE (VYVANSE 10 MG CAP, VYVANSE 20 MG CAP, VYVANSE 30 MG CAP) | 1 | QL 60 EA / fill P |
| VYVANSE (VYVANSE 10 MG CHEW TAB, VYVANSE 20 MG CHEW TAB, VYVANSE 30 MG CHEW TAB) | 2 | QL 60 EA / fill PA NP |
| VYVANSE (VYVANSE 40 MG CAP, VYVANSE 50 MG CAP, VYVANSE 60 MG CAP, VYVANSE 70 MG CAP) | 1 | QL 30 EA / fill P |
| VYVANSE (VYVANSE 40 MG CHEW TAB, VYVANSE 50 MG CHEW TAB, VYVANSE 60 MG CHEW TAB) | 2 | QL 30 EA / fill PA NP |
| XELSTRYM | 2 | QL 30 EA / fill PA NP |
| <i>zenzedi</i> (<i>zenzedi 2.5 mg tab, zenzedi 5 mg tab, zenzedi 7.5 mg tab, zenzedi 10 mg tab, zenzedi 15 mg tab, zenzedi 20 mg tab</i>) | 1 | QL 90 EA / fill PA NP |
| <i>zenzedi 30 mg tab</i> | 1 | QL 60 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--------------------------------|
| ANALECTICS | | |
| CAFFEINE-SODIUM BENZOATE | 2 | |
| ANOREXIANTS NON-AMPHETAMINE | | |
| <i>phentermine hcl</i> | 1 | QL 30 EA / fill |
| ANTI-OBESITY AGENTS | | |
| ORLISTAT | 1 | QL 90 EA / fill PA NP |
| SAXENDA | 2 | QL 15 ML / 30 days PA P |
| WEGOVY (WEGOVY 0.25 MG/0.5ML SOLN A-INJ, WEGOVY 0.5 MG/0.5ML SOLN A-INJ, WEGOVY 1 MG/0.5ML SOLN A-INJ) | 2 | QL 2 ML / 365 days PA P |
| WEGOVY (WEGOVY 1.7 MG/0.75ML SOLN A-INJ, WEGOVY 2.4 MG/0.75ML SOLN A-INJ) | 2 | QL 3 ML / 28 day(s) PA P |
| XENICAL | 2 | QL 90 EA / fill PA NP |
| ZEPBOUND | 2 | QL 2 ML / 28 day(s) PA |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| <i>atomoxetine hcl</i> | 1 | EDS P |
| <i>clonidine hcl er 0.1 mg tab er 12h</i> | 1 | EDS |
| <i>guanfacine hcl er</i> | 1 | EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| INTUNIV | 2 | PA NP |
| QELBREE | 2 | PA NP |
| STRATTERA | 2 | PA NP |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI | 2 | QL 30 EA / fill PA |
| STIMULANTS - MISC. | | |
| ADHANSIA XR (ADHANSIA XR 35 MG CAP ER 24H, ADHANSIA XR 45 MG CAP ER 24H, ADHANSIA XR 55 MG CAP ER 24H, ADHANSIA XR 70 MG CAP ER 24H, ADHANSIA XR 85 MG CAP ER 24H) | 2 | QL 30 EA / fill PA NP |
| ADHANSIA XR 25 MG CAP ER 24H | 2 | QL 60 EA / fill PA NP |
| APTENSIO XR | 2 | QL 60 EA / fill PA NP |
| <i>armodafinil</i> | 1 | QL 30 EA / fill |
| AZSTARYS 26.1-5.2 MG CAP | 2 | QL 30 EA / fill PA NP |
| AZSTARYS 39.2-7.8 MG CAP | 2 | QL 60 EA / fill PA NP |
| AZSTARYS 52.3-10.4 MG CAP | 2 | QL 90 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 36 MG TAB ER) | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>60 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">P</div> </div> |
| CONCERTA 54 MG TAB ER | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>30 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">P</div> </div> |
| COTEMPLA XR-ODT | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>60 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">NP</div> </div> |
| DAYTRANA | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>30 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">NP</div> </div> |
| <i>dexmethylphenidate hcl</i> | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>60 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">P</div> </div> |
| <i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 25 mg cap er 24h, dexmethylphenidate hcl er 30 mg cap er 24h, dexmethylphenidate hcl er 35 mg cap er 24h, dexmethylphenidate hcl er 40 mg cap er 24h)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>30 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">P</div> </div> |
| <i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 5 mg cap er 24h, dexmethylphenidate hcl er 10 mg cap er 24h, dexmethylphenidate hcl er 15 mg cap er 24h, dexmethylphenidate hcl er 20 mg cap er 24h)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>60 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">P</div> </div> |
| FOCALIN | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>60 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">NP</div> </div> |
| FOCALIN XR (FOCALIN XR 25 MG CAP ER 24H, FOCALIN XR 30 MG CAP ER 24H, FOCALIN XR 35 MG CAP ER 24H, FOCALIN XR 40 MG CAP ER 24H) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>30 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">NP</div> </div> |
| FOCALIN XR (FOCALIN XR 5 MG CAP ER 24H, FOCALIN XR 10 MG CAP ER 24H, FOCALIN XR 15 MG CAP ER 24H, FOCALIN XR 20 MG CAP ER 24H) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>60 EA / fill</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px; margin-right: 10px;">NP</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|------------------------------|
| JORNAY PM | 2 | QL 30 EA / fill PA NP |
| METHYLIN 10 MG/5ML SOLUTION | 1 | QL 900 ml / fill P |
| METHYLIN 5 MG/5ML SOLUTION | 1 | QL 1800 ml / fill P |
| <i>methylphenidate</i> | 1 | QL 30 EA / fill PA NP |
| <i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i> | 1 | QL 120 EA / fill PA NP |
| <i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i> | 1 | QL 90 EA / fill P |
| <i>methylphenidate hcl 10 mg chew tab</i> | 1 | QL 180 EA / fill PA NP |
| <i>methylphenidate hcl 10 mg/5ml solution</i> | 1 | QL 900 ml / fill P |
| <i>methylphenidate hcl 5 mg/5ml solution</i> | 1 | QL 1800 ml / fill P |
| <i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 10 mg cap er, methylphenidate hcl er (cd) 20 mg cap er, methylphenidate hcl er (cd) 30 mg cap er)</i> | 1 | QL 60 EA / fill PA NP |
| <i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 40 mg cap er, methylphenidate hcl er (cd) 50 mg cap er, methylphenidate hcl er (cd) 60 mg cap er)</i> | 1 | QL 30 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 10 mg cap er 24h, methylphenidate hcl er (la) 20 mg cap er 24h, methylphenidate hcl er (la) 30 mg cap er 24h)</i> | 1 | <div data-bbox="1133 197 1192 233">QL</div> 60 EA / fill <div data-bbox="1133 247 1192 283">PA</div> <div data-bbox="1133 298 1192 333">NP</div> |
| <i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 40 mg cap er 24h, methylphenidate hcl er (la) 60 mg cap er 24h)</i> | 1 | <div data-bbox="1133 394 1192 430">QL</div> 30 EA / fill <div data-bbox="1133 445 1192 480">PA</div> <div data-bbox="1133 495 1192 531">NP</div> |
| <i>methylphenidate hcl er (methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 27 mg tab er 24h, methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 36 mg tab er 24h)</i> | 1 | <div data-bbox="1133 625 1192 661">QL</div> 60 EA / fill <div data-bbox="1133 676 1192 711">P</div> |
| <i>methylphenidate hcl er (methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 54 mg tab er 24h)</i> | 1 | <div data-bbox="1133 823 1192 858">QL</div> 30 EA / fill <div data-bbox="1133 873 1192 909">P</div> |
| <i>methylphenidate hcl er (osm)</i> <i>(methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 36 mg tab er)</i> | 1 | <div data-bbox="1133 999 1192 1035">QL</div> 60 EA / fill <div data-bbox="1133 1050 1192 1085">P</div> |
| <i>methylphenidate hcl er (osm) 54 mg tab er</i> | 1 | <div data-bbox="1133 1167 1192 1203">QL</div> 30 EA / fill <div data-bbox="1133 1218 1192 1253">P</div> |
| METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER | 1 | <div data-bbox="1133 1268 1192 1304">QL</div> 1 EA / 1 day(s) <div data-bbox="1133 1318 1192 1354">PA</div> <div data-bbox="1133 1369 1192 1404">NP</div> |
| <i>methylphenidate hcl er (xr)</i> | 1 | <div data-bbox="1133 1436 1192 1472">QL</div> 60 EA / fill <div data-bbox="1133 1486 1192 1522">PA</div> <div data-bbox="1133 1537 1192 1572">NP</div> |
| <i>methylphenidate hcl er 10 mg tab er</i> | 1 | <div data-bbox="1133 1587 1192 1623">QL</div> 120 EA / fill <div data-bbox="1133 1638 1192 1673">P</div> |
| METHYLPHENIDATE HCL ER 18 MG TAB ER 24H | 2 | <div data-bbox="1133 1701 1192 1736">QL</div> 60 EA / fill <div data-bbox="1133 1751 1192 1787">P</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>methyphenidate hcl er 20 mg tab er</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>modafinil</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> |
| QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 30 MG CHER) | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| QUILLICHEW ER 40 MG CHER | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| QUILLIVANT XR | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">360 ml / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| RITALIN | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H) | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| RITALIN LA 40 MG CAP ER 24H | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| ALLERGENIC EXTRACTS | | |
| PALFORZIA | 2 | <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #cccccc; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> |
| ALTERNATIVE MEDICINES | | |
| ALTERNATIVE MEDICINE - C'S | | |
| ACTIVATED CHARCOAL | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #cc3399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> |
| <i>cranberry supplement</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #cc3399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| CRANBERRY SUPPLEMENT | 2 | OTC |
| ALTERNATIVE MEDICINE - G'S | | |
| <i>cvs glucosamine</i> | 1 | OTC |
| <i>glucosamine hcl 1500 mg tab</i> | 1 | OTC |
| <i>glucosamine maximum strength</i> | 1 | OTC |
| <i>glucosamine sulfate</i> | 2 | OTC |
| <i>sm glucosamine hcl</i> | 1 | OTC |
| ALTERNATIVE MEDICINE - M'S | | |
| MELATONIN | 2 | OTC |
| <i>melatonin</i> | 1 | OTC |
| <i>melatonin / pyridoxine</i> | 1 | OTC |
| ALTERNATIVE MEDICINE COMBINATIONS | | |
| CVS GLUCOS-CHONDROIT TRIPLE ST | 2 | OTC |
| <i>glucosamine / chondroitin</i> | 1 | OTC |
| MELATONIN / PYRIDOXINE | 2 | OTC |
| <i>triple flex 750-400-375 mg tab</i> | 1 | OTC |
| AMINOGLYCOSIDES | | |
| AMINOGLYCOSIDES | | |
| <i>amikacin sulfate</i> | 1 | |
| ARIKAYCE | 2 | PA LA |
| BETHKIS | 1 | QL 224 ml / fill SP P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION) | 2 | |
| GENTAMICIN SULFATE 10 MG/ML SOLUTION | 2 | |
| <i>gentamicin sulfate 40 mg/ml solution</i> | 1 | |
| KITABIS PAK | 1 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #ccc; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 280 ml / fill |
| <i>neomycin sulfate</i> | 1 | |
| <i>paromomycin sulfate</i> | 1 | |
| TOBI | 2 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ccc; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 280 ml / fill |
| TOBI PODHALER | 2 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ccc; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 224 EA / fill |
| <i>tobramycin 300 mg/4ml nebu soln</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ccc; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 224 ml / fill |
| TOBRAMYCIN 300 MG/5ML NEBU SOLN | 1 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #ccc; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 280 ml / fill |
| <i>tobramycin sulfate (tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 80 mg/2ml solution)</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-----------|-----------|-----------------------|
|-----------|-----------|-----------------------|

TOBRAMYCIN SULFATE
(TOBRAMYCIN SULFATE 2
GM/50ML SOLUTION,
TOBRAMYCIN SULFATE 10
MG/ML SOLUTION)

2

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ABRILADA (1 PEN)

2

QL 2 EA / 28 day(s)
PA
SP
NP

ABRILADA (2 PEN)

2

QL 2 EA / 28 day(s)
PA
SP
NP

ABRILADA (2 SYRINGE)

2

QL 2 EA / 28 day(s)
PA
SP
NP

ADALIMUMAB-ADAZ

2

QL 2 EA / 28 day(s)
PA
SP
NP

ADALIMUMAB-ADB (2 PEN)

2

QL 2 EA / 28 day(s)
PA
SP
NP

ADALIMUMAB-ADB (2
SYRINGE)

2

QL 2 EA / 28 day(s)
PA
SP
NP

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| ADALIMUMAB-ADBM(PS/UV STARTER) | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP |
| ADALIMUMAB-FKJP | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP |
| AMJEVITA (AMJEVITA 10 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.4ML SOLN A-INJ, AMJEVITA 40 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.8ML SOLN PRSYR, AMJEVITA 80 MG/0.8ML SOLN A-INJ) | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP |
| AMJEVITA 40 MG/0.8ML SOLN A-INJ | 2 | <ul style="list-style-type: none"> QL 1.6 ml / 28 days PA SP NP |
| CYLTEZO | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP |
| CYLTEZO-CD/UC/HS STARTER | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP |
| CYLTEZO-PSORIASIS STARTER | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---------------------------------------|
| HADLIMA | 2 | QL 2 EA / 28 DAY(S) PA SP NP |
| HADLIMA PUSHTOUCH | 2 | QL 2 EA / 28 DAY(S) PA SP NP |
| HULIO | 2 | QL 2 EA / 28 day(s) PA SP NP |
| HULIO (2 SYRINGE) | 2 | QL 2 EA / 28 day(s) PA SP NP |
| HUMIRA (2 PEN) (HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT, HUMIRA (2 PEN) 80 MG/0.8ML PEN KIT) | 2 | QL 2 EA / 28 day(s) PA SP P |
| HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT | 2 | QL 2 UNITS / 28 DAYS PA SP P |
| HUMIRA (2 SYRINGE) (HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT, HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT, HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT) | 2 | QL 2 EA / 28 day(s) PA SP P |
| HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT | 2 | QL 2 UNITS / 28 DAYS PA SP P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| HUMIRA (HUMIRA 10 MG/0.1ML PEF SY KT, HUMIRA 20 MG/0.2ML PEF SY KT, HUMIRA 40 MG/0.4ML PEF SY KT) | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP P |
| HUMIRA 20 MG/0.4ML PEF SY KT | 2 | <ul style="list-style-type: none"> QL 2 UNITS / 28 DAYS PA SP P |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT | 2 | <ul style="list-style-type: none"> QL 2 EA / 180 day(s) PA SP P |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT | 2 | <ul style="list-style-type: none"> QL 3 EA / 180 day(s) PA SP P |
| HUMIRA PEN | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP P |
| HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT | 2 | <ul style="list-style-type: none"> QL 6 EA / 180 day(s) PA SP P |
| HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT | 2 | <ul style="list-style-type: none"> QL 3 EA / 180 day(s) PA SP P |
| HUMIRA PEN-PEDIATRIC UC START | 2 | <ul style="list-style-type: none"> QL 4 EA / 180 day(s) PA SP P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| HUMIRA PEN-PSOR/UEVEIT STARTER | 2 | <ul style="list-style-type: none"> QL 3 EA / 180 day(s) PA SP P |
| HUMIRA-PS/UV/ADOL HS STARTER | 2 | <ul style="list-style-type: none"> QL 4 EA / 180 day(s) PA SP P |
| HYRIMOZ (HYRIMOZ 10 MG/0.1 ML SOLN PRSYR, HYRIMOZ 20 MG/0.2ML SOLN PRSYR, HYRIMOZ 40 MG/0.4ML SOLN A-INJ, HYRIMOZ 40 MG/0.4ML SOLN PRSYR, HYRIMOZ 40 MG/0.8ML SOLN A-INJ, HYRIMOZ 40 MG/0.8ML SOLN PRSYR) | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP |
| HYRIMOZ 80 MG/0.8ML SOLN A-INJ | 2 | <ul style="list-style-type: none"> QL 3 EA / 180 day(s) PA SP NP |
| HYRIMOZ-CROHNS/UC STARTER | 2 | <ul style="list-style-type: none"> QL 3 EA / 180 day(s) PA SP NP |
| HYRIMOZ-CROHNS/UC STARTER PACK | 2 | <ul style="list-style-type: none"> QL 3 EA / 180 day(s) PA SP NP |
| HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 2 EA / 180 day(s) PA SP NP |
| HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 3 EA / 180 day(s) PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| HYRIMOZ-PLAQUE PSORIASIS START | 2 | <ul style="list-style-type: none"> QL 3 EA / 180 day(s) PA SP NP |
| IDACIO | 2 | <ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP |
| IDACIO FOR CROHNS DISEASE/UC | 2 | <ul style="list-style-type: none"> QL 6 EA / 180 day(s) PA SP NP |
| IDACIO FOR PLAQUE PSORIASIS | 2 | <ul style="list-style-type: none"> QL 4 EA / 180 day(s) PA SP NP |
| SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR) | 2 | <ul style="list-style-type: none"> QL 1 ml / 28 days PA SP NP |
| SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR) | 2 | <ul style="list-style-type: none"> QL 0.5 ml / 28 days PA SP NP |
| SIMPONI ARIA | 2 | <ul style="list-style-type: none"> PA SP NP |
| YUFLYMA (1 PEN) | 2 | <ul style="list-style-type: none"> QL 2 EA / 180 day(s) PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---------------------------------------|
| YUFLYMA 2-PEN KIT | 2 | QL 2 EA / 28 day(s) PA SP NP |
| YUFLYMA 2-SYRINGE KIT | 2 | QL 2 EA / 28 day(s) PA SP NP |
| YUSIMRY | 2 | QL 2 EA / 28 day(s) PA SP NP |
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| OLUMIANT | 2 | QL 30 EA / 30 days PA SP NP |
| RINVOQ | 2 | QL 30 EA / fill PA SP NP |
| XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB) | 2 | QL 60 EA / fill PA SP P |
| XELJANZ 1 MG/ML SOLUTION | 2 | QL 300 ml / fill PA SP NP |
| XELJANZ XR | 2 | QL 30 EA / fill PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| INTERLEUKIN-1 BLOCKERS | | |
| ARCALYST | 2 | <ul style="list-style-type: none"> QL 4 EA / 28 day(s) PA NP |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| KINERET | 2 | <ul style="list-style-type: none"> QL 18.76 ml / 28 days PA SP NP |
| INTERLEUKIN-1BETA BLOCKERS | | |
| ILARIS | 2 | <ul style="list-style-type: none"> PA LA NP |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| ACTEMRA (ACTEMRA 80 MG/4ML SOLUTION, ACTEMRA 200 MG/10ML SOLUTION, ACTEMRA 400 MG/20ML SOLUTION) | 2 | <ul style="list-style-type: none"> PA SP NP |
| ACTEMRA 162 MG/0.9ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 1.8 ml / 28 days PA SP NP |
| ACTEMRA ACTPEN | 2 | <ul style="list-style-type: none"> QL 1.8 ml / 28 days PA SP NP |
| KEVZARA | 2 | <ul style="list-style-type: none"> QL 2.28 ML / 28 day(s) PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| ARTHROTEC | 2 | PA NP |
| <i>cataflam</i> | 1 | EDS |
| CELEBREX | 2 | PA NP |
| <i>celecoxib</i> | 1 | EDS P |
| CHILDRENS ADVIL | 2 | OTC |
| DAYPRO | 2 | PA NP |
| <i>diclofenac potassium 50 mg tab</i> | 1 | EDS |
| <i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i> | 1 | EDS P |
| <i>diclofenac sodium er</i> | 1 | EDS P |
| <i>diclofenac-misoprostol</i> | 1 | PA EDS NP |
| DUEXIS | 2 | PA NP |
| <i>ec-naproxen</i> | 1 | P |
| <i>etodolac</i> | 1 | EDS |
| <i>etodolac er</i> | 1 | EDS |
| FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 200 MG CAP, FENOPROFEN CALCIUM 400 MG CAP, FENOPROFEN CALCIUM 600 MG TAB) | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| FENORTHO | 2 | PA NP |
| <i>flurbiprofen 100 mg tab</i> | 1 | EDS P |
| <i>ibuprofen (motrin)</i> | 1 | OTC EDS P |
| <i>ibuprofen-famotidine</i> | 1 | PA EDS NP |
| <i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i> | 1 | EDS P |
| KETOPROFEN (KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP) | 2 | P |
| KETOPROFEN 25 MG CAP | 1 | P |
| KETOPROFEN ER | 2 | PA NP |
| <i>ketorolac tromethamine 10 mg tab</i> | 1 | P |
| KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION | 1 | PA NP |
| <i>kiprofen</i> | 1 | P |
| MECLOFENAMATE SODIUM | 2 | PA NP |
| <i>mefenamic acid</i> | 1 | PA NP |
| <i>meloxicam (meloxicam 5 mg cap, meloxicam 10 mg cap)</i> | 1 | PA NP |
| <i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i> | 1 | EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|------------------------|
| MOBIC | 2 | PA NP |
| <i>nabumetone</i> | 1 | EDS P |
| NALFON 400 MG CAP | 1 | PA NP |
| NALFON 600 MG TAB | 2 | PA NP |
| NAPRELAN | 2 | PA NP |
| <i>naproxen (aleve)</i> | 1 | PA OTC EDS NP |
| <i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 500 mg tab)</i> | 1 | EDS P |
| <i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i> | 1 | P |
| <i>naproxen 125 mg/5ml suspension</i> | 1 | EDS |
| <i>naproxen dr</i> | 1 | P |
| NAPROXEN SODIUM | 1 | OTC EDS P |
| NAPROXEN SODIUM ER | 2 | PA NP |
| <i>naproxen-esomeprazole mg</i> | 1 | PA NP |
| <i>oxaprozin 600 mg tab</i> | 1 | PA EDS NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--------------------------------------|
| <i>piroxicam</i> | 1 | EDS |
| <i>relafen</i> | 1 | EDS P |
| RELAFEN DS | 2 | PA NP |
| <i>sulindac</i> | 1 | EDS P |
| TOLMETIN SODIUM | 2 | |
| VIMOVO | 2 | PA NP |
| ZIPSOR | 2 | PA NP |
| ZORVOLEX | 2 | PA NP |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA 10 & 20 & 30 MG TAB THPK | 2 | QL 55 EA / 180 days PA SP P |
| OTEZLA 30 MG TAB | 2 | QL 60 EA / fill PA SP P |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| <i>leflunomide</i> | 1 | EDS |
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA 125 MG/ML SOLN PRSYR | 2 | QL 4 ml / 28 days PA SP NP |

| DRUG NAME | | DRUG TIER | REQUIREMENTS / LIMITS |
|---|---|-----------|---|
| ORENCIA 250 MG RECON SOLN | 2 | | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div> |
| ORENCIA 50 MG/0.4ML SOLN PRSYR | 2 | | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL 1.6 ml / 28 day</div> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div> |
| ORENCIA 87.5 MG/0.7ML SOLN PRSYR | 2 | | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL 2.8 ml / 28 day</div> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div> |
| ORENCIA CLICKJECT | 2 | | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div> |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | | |
| ENBREL (ENBREL 25 MG RECON SOLN, ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 50 MG/ML SOLN PRSYR) | 2 | | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px;">P</div> </div> |
| ENBREL 25 MG/0.5ML SOLUTION | 2 | | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL 2 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px;">P</div> </div> |
| ENBREL MINI | 2 | | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px;">P</div> </div> |
| ENBREL SURECLICK | 2 | | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px;">P</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| ANALGESICS - NONNARCOTIC | | |
| ANALGESIC COMBINATIONS | | |
| <i>acetaminophen / caffeine / pyrilamine (midol)</i> | 1 | OTC |
| <i>aspirin / acetaminophen / caffeine (excedrin)</i> | 1 | OTC |
| <i>bac</i> | 1 | |
| <i>butalbital-acetaminophen 50-325 mg tab</i> | 1 | |
| <i>butalbital-apap-caffeine (butalbital-apap-caffeine 50-325-40 mg cap, butalbital-apap-caffeine 50-325-40 mg tab)</i> | 1 | |
| <i>butalbital-aspirin-caffeine 50-325-40 mg cap</i> | 1 | |
| BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB | 2 | |
| <i>esgic 50-325-40 mg cap</i> | 1 | |
| <i>zebutal</i> | 1 | |
| ANALGESICS OTHER | | |
| <i>acetaminophen (tylenol)</i> | 1 | OTC EDS |
| CHILDRENS TYLENOL | 2 | OTC |
| SALICYLATES | | |
| <i>aspirin</i> | \$0 | OTC EDS |
| <i>aspirin (81 mg chew tab)</i> | \$0 | OTC EDS |
| <i>aspirin (81 mg tab dr)</i> | \$0 | OTC EDS |
| <i>aspirin / buffers (bufferin)</i> | 1 | OTC EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| <i>aspirin / sodium bicarb / citric acid (alka-seltzer)</i> | 1 | OTC EDS |
| <i>aspirin 325 mg delayed release</i> | 1 | OTC EDS |
| <i>aspirin 500 mg</i> | 1 | OTC EDS |
| <i>aspirin suppository</i> | 2 | OTC |
| <i>diflunisal</i> | 1 | EDS |
| <i>salsalate</i> | 1 | EDS |
| ANALGESICS - OPIOID | | |
| OPIOID AGONISTS | | |
| DURAGESIC-100 | 2 | QL 10 EA / fill PA NP |
| DURAGESIC-12 | 2 | QL 10 EA / fill PA NP |
| DURAGESIC-25 | 2 | QL 10 EA / fill PA NP |
| DURAGESIC-50 | 2 | QL 10 EA / fill PA NP |
| DURAGESIC-75 | 2 | QL 10 EA / fill PA NP |
| <i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 37.5 mcg/hr patch 72hr, fentanyl 62.5 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 87.5 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i> | 1 | QL 10 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>fentanyl (fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr)</i> | 1 | <ul style="list-style-type: none"> QL 10 EA / fill PA P |
| <i>fentanyl citrate (fentanyl citrate 200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle)</i> | 1 | <ul style="list-style-type: none"> QL 4 EA / day PA |
| HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H) | 2 | <ul style="list-style-type: none"> QL 4 EA / day PA NP |
| <i>hydrocodone bitartrate er (hydrocodone bitartrate er 10 mg cap er 12h, hydrocodone bitartrate er 15 mg cap er 12h, hydrocodone bitartrate er 20 mg tb24 deter)</i> | 1 | <ul style="list-style-type: none"> QL 4 EA / day PA NP |
| <i>hydrocodone bitartrate er (hydrocodone bitartrate er 30 mg cap er 12h, hydrocodone bitartrate er 30 mg tb24 deter, hydrocodone bitartrate er 40 mg cap er 12h, hydrocodone bitartrate er 40 mg tb24 deter)</i> | 1 | <ul style="list-style-type: none"> QL 3 EA / day PA NP |
| HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H) | 2 | <ul style="list-style-type: none"> QL 3 EA / day PA NP |
| <i>hydrocodone bitartrate er (hydrocodone bitartrate er 50 mg cap er 12h, hydrocodone bitartrate er 60 mg tb24 deter)</i> | 1 | <ul style="list-style-type: none"> QL 2 EA / day PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>hydrocodone bitartrate er (hydrocodone bitartrate er 80 mg tb24 deter, hydrocodone bitartrate er 100 mg tb24 deter, hydrocodone bitartrate er 120 mg tb24 deter)</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day |
| HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day |
| <i>hydromorphone hcl 1 mg/ml liquid</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 8 ml / day |
| <i>hydromorphone hcl 2 mg tab</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 6 EA / day |
| <i>hydromorphone hcl 4 mg tab</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 5 EA / day |
| <i>hydromorphone hcl 8 mg tab</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 2 EA / day |
| <i>hydromorphone hcl er</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day |
| HYSINGLA ER (HYSINGLA ER 30 MG TB24 DETER, HYSINGLA ER 40 MG TB24 DETER) | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 3 EA / day |
| HYSINGLA ER (HYSINGLA ER 80 MG TB24 DETER, HYSINGLA ER 100 MG TB24 DETER, HYSINGLA ER 120 MG TB24 DETER) | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day |
| HYSINGLA ER 20 MG TB24 DETER | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day |
| HYSINGLA ER 60 MG TB24 DETER | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day |
| KADIAN (KADIAN 10 MG CAP ER 24H, KADIAN 20 MG CAP ER 24H) | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| KADIAN (KADIAN 50 MG CAP ER 24H, KADIAN 60 MG CAP ER 24H, KADIAN 80 MG CAP ER 24H, KADIAN 100 MG CAP ER 24H, KADIAN 200 MG CAP ER 24H) | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day |
| KADIAN 30 MG CAP ER 24H | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 3 EA / day |
| KADIAN 40 MG CAP ER 24H | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day |
| <i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 10 ml / day |
| <i>methadone hcl 10 mg tab</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day |
| <i>methadone hcl 5 mg tab</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day |
| <i>methadone hcl 5 mg/5ml solution</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 20 ml / day |
| <i>methadone hcl intensol</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 10 ml / day |
| MORPHABOND ER (MORPHABOND ER 15 MG TB12 DETER, MORPHABOND ER 30 MG TB12 DETER) | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day |
| MORPHABOND ER 100 MG TB12 DETER | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day |
| MORPHABOND ER 60 MG TB12 DETER | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 10 mg/0.5ml solution, morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i> | 1 | QL 4.5 ml / day |
| <i>morphine sulfate 10 mg/5ml solution</i> | 1 | QL 30 ml / day |
| <i>morphine sulfate 15 mg tab</i> | 1 | QL 6 EA / day |
| <i>morphine sulfate 20 mg/5ml solution</i> | 1 | QL 22.5 ml / day |
| MORPHINE SULFATE 20 MG/5ML SOLUTION | 2 | QL 22.5 ml / day |
| <i>morphine sulfate 30 mg tab</i> | 1 | QL 3 EA / day |
| <i>morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)</i> | 1 | QL 4 EA / day PA NP |
| MORPHINE SULFATE ER (MORPHINE SULFATE ER 10 MG CAP ER 24H, MORPHINE SULFATE ER 20 MG CAP ER 24H) | 2 | QL 4 EA / day PA NP |
| <i>morphine sulfate er (morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)</i> | 1 | QL 1 EA / day PA NP |
| MORPHINE SULFATE ER (MORPHINE SULFATE ER 50 MG CAP ER 24H, MORPHINE SULFATE ER 60 MG CAP ER 24H, MORPHINE SULFATE ER 80 MG CAP ER 24H, MORPHINE SULFATE ER 100 MG CAP ER 24H) | 2 | QL 1 EA / day PA NP |
| <i>morphine sulfate er (morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i> | 1 | QL 1 EA / day PA P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| <i>morphine sulfate er 15 mg tab er</i> | 1 | <div data-bbox="1133 170 1352 212">QL 4 EA / day</div> <div data-bbox="1133 218 1195 260">PA</div> <div data-bbox="1133 266 1195 308">P</div> |
| <i>morphine sulfate er 30 mg cap er 24h</i> | 1 | <div data-bbox="1133 325 1352 367">QL 3 EA / day</div> <div data-bbox="1133 373 1195 415">PA</div> <div data-bbox="1133 422 1195 464">NP</div> |
| MORPHINE SULFATE ER 30 MG CAP ER 24H | 2 | <div data-bbox="1133 480 1352 522">QL 3 EA / day</div> <div data-bbox="1133 529 1195 571">PA</div> <div data-bbox="1133 577 1195 619">NP</div> |
| <i>morphine sulfate er 30 mg tab er</i> | 1 | <div data-bbox="1133 636 1352 678">QL 3 EA / day</div> <div data-bbox="1133 684 1195 726">PA</div> <div data-bbox="1133 732 1195 774">P</div> |
| MORPHINE SULFATE ER 40 MG CAP ER 24H | 2 | <div data-bbox="1133 791 1352 833">QL 2 EA / day</div> <div data-bbox="1133 840 1195 882">PA</div> <div data-bbox="1133 888 1195 930">NP</div> |
| MORPHINE SULFATE ER BEADS (MORPHINE SULFATE ER BEADS 60 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 75 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 90 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 120 MG CAP ER 24H) | 2 | <div data-bbox="1133 1043 1352 1085">QL 1 EA / day</div> <div data-bbox="1133 1092 1195 1134">PA</div> <div data-bbox="1133 1140 1195 1182">NP</div> |
| MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H | 2 | <div data-bbox="1133 1283 1352 1325">QL 3 EA / day</div> <div data-bbox="1133 1331 1195 1373">PA</div> <div data-bbox="1133 1379 1195 1421">NP</div> |
| MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H | 2 | <div data-bbox="1133 1438 1352 1480">QL 2 EA / day</div> <div data-bbox="1133 1486 1195 1528">PA</div> <div data-bbox="1133 1535 1195 1577">NP</div> |
| MS CONTIN (MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER) | 2 | <div data-bbox="1133 1606 1352 1648">QL 1 EA / day</div> <div data-bbox="1133 1654 1195 1696">PA</div> <div data-bbox="1133 1703 1195 1745">NP</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| MS CONTIN 15 MG TAB ER | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">4 EA / day</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| MS CONTIN 30 MG TAB ER | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| NUCYNTA 100 MG TAB | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| NUCYNTA 50 MG TAB | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">4 EA / day</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| NUCYNTA 75 MG TAB | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| NUCYNTA ER (NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H) | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">1 EA / day</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| NUCYNTA ER (NUCYNTA ER 50 MG TAB ER 12H, NUCYNTA ER 100 MG TAB ER 12H) | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 5 mg tab)</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">12 EA / day</div> </div> |
| <i>oxycodone hcl 10 mg tab</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">6 EA / day</div> </div> |
| <i>oxycodone hcl 100 mg/5ml conc</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">3 ml / day</div> </div> |
| <i>oxycodone hcl 15 mg tab</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">4 EA / day</div> </div> |
| <i>oxycodone hcl 20 mg tab</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> </div> |
| <i>oxycodone hcl 30 mg tab</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> </div> |
| <i>oxycodone hcl 5 mg/5ml solution</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">40 ml / day</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| OXYCODONE HCL ER (OXYCODONE HCL ER 10 MG TB12 DETER, OXYCODONE HCL ER 15 MG TB12 DETER, OXYCODONE HCL ER 20 MG TB12 DETER) | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>3 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> |
| OXYCODONE HCL ER (OXYCODONE HCL ER 40 MG TB12 DETER, OXYCODONE HCL ER 60 MG TB12 DETER, OXYCODONE HCL ER 80 MG TB12 DETER) | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> |
| OXYCODONE HCL ER 30 MG TB12 DETER | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>2 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> |
| OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>3 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> |
| OXYCONTIN (OXYCONTIN 40 MG TB12 DETER, OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> |
| OXYCONTIN 30 MG TB12 DETER | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>2 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> |
| <i>tramadol hcl 50 mg tab</i> | 1 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>8 EA / day</div> </div> |
| XTAMPZA ER (XTAMPZA ER 27 MG CP12 DETER, XTAMPZA ER 36 MG CP12 DETER) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>2 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> |
| XTAMPZA ER (XTAMPZA ER 9 MG CP12 DETER, XTAMPZA ER 13.5 MG CP12 DETER, XTAMPZA ER 18 MG CP12 DETER) | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>3 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| ZOHYDRO ER (ZOHYDRO ER 10 MG CAP ER 12H, ZOHYDRO ER 15 MG CAP ER 12H, ZOHYDRO ER 20 MG CAP ER 12H) | 2 | QL 4 EA / day PA NP |
| ZOHYDRO ER (ZOHYDRO ER 30 MG CAP ER 12H, ZOHYDRO ER 40 MG CAP ER 12H) | 2 | QL 3 EA / day PA NP |
| ZOHYDRO ER 50 MG CAP ER 12H | 2 | QL 2 EA / day PA NP |
| OPIOID COMBINATIONS | | |
| <i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab)</i> | 1 | QL 12 EA / day |
| ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION | 1 | QL 150 ml / day |
| <i>acetaminophen-codeine 300-60 mg tab</i> | 1 | QL 6 EA / day |
| <i>ascomp-codeine</i> | 1 | QL 6 EA / day |
| <i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i> | 1 | QL 6 EA / day |
| <i>butalbital-asa-caff-codeine</i> | 1 | QL 6 EA / day |
| <i>endocet (endocet 2.5-325 mg tab, endocet 5-325 mg tab)</i> | 1 | QL 12 EA / day |
| <i>endocet 10-325 mg tab</i> | 1 | QL 6 EA / day |
| <i>endocet 7.5-325 mg tab</i> | 1 | QL 8 EA / day |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 10-300 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i> | 1 | QL 9 EA / day |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|------------------------------------|
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i> | 1 | QL 120 ml / day |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-300 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab)</i> | 1 | QL 12 EA / day |
| <i>hydrocodone-acetaminophen 10-325 mg/15ml solution</i> | 1 | QL 9 ml / day |
| <i>lorcet</i> | 1 | QL 12 EA / day |
| <i>lorcet hd</i> | 1 | QL 9 EA / day |
| <i>lorcet plus</i> | 1 | QL 12 EA / day |
| <i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab)</i> | 1 | QL 12 EA / day |
| <i>oxycodone-acetaminophen 10-325 mg tab</i> | 1 | QL 6 EA / day |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i> | 1 | QL 8 EA / day |
| <i>tramadol-acetaminophen</i> | 1 | QL 8 EA / day |
| OPIOID PARTIAL AGONISTS | | |
| BELBUCA | 1 | QL 2 EA / day PA P |
| BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR | 2 | QL 1.28 ML / 28 day(s) PA NP |
| BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR | 2 | QL 1.92 ML / 28 day(s) PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR | 2 | QL 2.56 ML / 28 day(s) PA NP |
| BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR | 2 | QL 0.64 ML / 28 day(s) PA NP |
| BRIXADI 128 MG/0.36ML SOLN PRSYR | 2 | QL 0.36 ML / 28 day(s) PA NP |
| BRIXADI 64 MG/0.18ML SOLN PRSYR | 2 | QL 0.18 ML / 28 day(s) PA NP |
| BRIXADI 96 MG/0.27ML SOLN PRSYR | 2 | QL 0.27 ML / 28 day(s) PA NP |
| <i>buprenorphine</i> | 1 | QL 4 EA / fill PA NP |
| <i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i> | 1 | QL 3 EA / day PA NP |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i> | 1 | QL 2 EA / day PA NP |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i> | 1 | QL 12 EA / day PA NP |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i> | 1 | QL 12 EA / day P |
| <i>buprenorphine hcl-naloxone hcl 4-1 mg film</i> | 1 | QL 6 EA / day PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>buprenorphine hcl-naloxone hcl 8-2 mg film</i> | 1 | QL 3 EA / day PA NP |
| <i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i> | 1 | QL 3 EA / day P |
| <i>nalbuphine hcl</i> | 1 | QL 2 EA / day |
| SUBLOCADE 100 MG/0.5ML SOLN PRSYR | 2 | QL 1 EA / fill PA LA NP |
| SUBLOCADE 300 MG/1.5ML SOLN PRSYR | 2 | QL 1.5 ML / fill(s) PA LA NP |
| SUBOXONE 12-3 MG FILM | 1 | QL 2 EA / day P |
| SUBOXONE 2-0.5 MG FILM | 1 | QL 12 EA / day P |
| SUBOXONE 4-1 MG FILM | 1 | QL 6 EA / day P |
| SUBOXONE 8-2 MG FILM | 1 | QL 3 EA / day P |
| ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB) | 2 | QL 12 EA / day PA NP |
| ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB) | 2 | QL 2 EA / day PA NP |
| ZUBSOLV 2.9-0.71 MG SL TAB | 2 | QL 4 EA / day PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--------------------------------|
| ZUBSOLV 5.7-1.4 MG SL TAB | 2 | QL 3 EA / day PA NP |
| ANDROGENS-ANABOLIC | | |
| ANDROGENS | | |
| <i>danazol</i> | 1 | |
| <i>depo-testosterone</i> | 1 | |
| FORTESTA | 2 | QL 120 GM / fill PA NP |
| NATESTO | 2 | QL 14.64 GM / fill PA NP |
| TESTIM | 2 | QL 300 GM / fill PA NP |
| <i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)</i> | 1 | QL 150 GM / fill PA P |
| TESTOSTERONE (TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL) | 2 | QL 300 GM / fill PA NP |
| <i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)</i> | 1 | QL 300 GM / fill PA NP |
| <i>testosterone 10 mg/act (2%) gel</i> | 1 | QL 120 GM / fill PA NP |
| <i>testosterone 20.25 mg/1.25gm (1.62%) gel</i> | 1 | QL 37.5 GM / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>testosterone 25 mg/2.5gm (1%) gel</i> | 1 | QL 75 GM / fill PA NP |
| <i>testosterone 30 mg/act solution</i> | 1 | QL 180 ml / fill PA NP |
| <i>testosterone 40.5 mg/2.5gm (1.62%) gel</i> | 1 | QL 150 GM / fill PA NP |
| <i>testosterone cypionate</i> | 1 | |
| TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION | 2 | |
| VOGELXO | 2 | QL 300 GM / fill PA NP |
| VOGELXO PUMP | 2 | QL 300 GM / fill PA NP |
| ANORECTAL AND RELATED PRODUCTS | | |
| INTRARECTAL STEROIDS | | |
| <i>colocort</i> | 1 | |
| <i>hydrocortisone 100 mg/60ml enema</i> | 1 | |
| UCERIS 2 MG/ACT FOAM | 2 | PA NP |
| RECTAL COMBINATIONS | | |
| <i>hemorrhoidal cream</i> | 1 | OTC |
| <i>hemorrhoidal ointment</i> | 1 | OTC |
| <i>hemorrhoidal suppository</i> | 1 | OTC |
| <i>phenylephrine / shark liver / petrolatum (preparation h)</i> | 1 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| PROCTOFOAM HC | 2 | |
| RECTAL LOCAL ANESTHETICS | | |
| <i>pramoxine (procto-foam)</i> | 1 | OTC |
| RECTAL STEROIDS | | |
| <i>anucort-hc</i> | 1 | |
| <i>anusol-hc 25 mg suppos</i> | 1 | |
| <i>hemmorex-hc</i> | 1 | |
| <i>hydrocortisone (perianal) 2.5 % cream</i> | 1 | |
| <i>hydrocortisone acetate (hydrocortisone acetate 25 mg suppos, hydrocortisone acetate 30 mg suppos)</i> | 1 | |
| <i>procto-med hc</i> | 1 | |
| <i>proctosol hc</i> | 1 | |
| <i>proctozone-hc</i> | 1 | |
| VASODILATING AGENTS | | |
| RECTIV | 2 | |
| ANTACIDS | | |
| ANTACID COMBINATIONS | | |
| ANTACID | 2 | OTC |
| <i>calcium carbonate / magnesium hydroxide (mylanta supreme)</i> | 1 | OTC EDS |
| <i>magnesium carbonate / aluminum hydroxide (gaviscon)</i> | 1 | OTC |
| <i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i> | 1 | OTC |
| ANTACIDS - ALUMINUM SALTS | | |
| <i>aluminum hydroxide (alternagel)</i> | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| ANTACIDS - BICARBONATE | | |
| SODIUM BICARBONATE | 2 | OTC |
| <i>sodium bicarbonate</i> | 1 | OTC |
| ANTACIDS - CALCIUM SALTS | | |
| <i>calcium carbonate (tums)</i> | 1 | OTC |
| ANTACIDS - MAGNESIUM SALTS | | |
| <i>magnesium oxide</i> | 1 | OTC EDS |
| MAGNESIUM OXIDE (ANTACID) | 2 | OTC |
| <i>magnesium oxide (antacid)</i> | 1 | OTC |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| <i>albendazole</i> | 1 | |
| BENZNIDAZOLE | 2 | LA |
| <i>cvs pinworm treatment</i> | 1 | OTC |
| <i>ivermectin 3 mg tab</i> | 1 | PA |
| <i>pin-away</i> | 1 | OTC |
| <i>pinworm medicine</i> | 1 | OTC |
| <i>praziquantel</i> | 1 | |
| <i>reeses pinworm medicine</i> | 1 | OTC |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| <i>baciim</i> | 1 | |
| BACITRACIN 50000 UNIT RECON SOLN | 2 | |
| <i>bacitracin 50000 unit recon soln</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>metronidazole (metronidazole 250 mg tab, metronidazole 375 mg cap, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)</i> | 1 | |
| <i>pentamidine isethionate</i> | 1 | |
| <i>tinidazole</i> | 1 | |
| <i>trimethoprim</i> | 1 | |
| XIFAXAN 200 MG TAB | 2 | QL 9 EA / fill |
| XIFAXAN 550 MG TAB | 2 | QL 60 EA / fill PA |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| <i>multivitamins / minerals</i> | 2 | OTC EDS |
| <i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 400-80 mg/5ml solution, sulfamethoxazole-trimethoprim 800-160 mg tab)</i> | 1 | |
| <i>sulfatrim pediatric</i> | 1 | |
| ANTIPROTOZOAL AGENTS | | |
| <i>atovaquone</i> | 1 | |
| LAMPIT | 2 | |
| CARBAPENEMS | | |
| <i>ertapenem sodium</i> | 1 | |
| <i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i> | 1 | |
| CHLORAMPHENICOLS | | |
| CHLORAMPHENICOL SOD SUCCINATE | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| CYCLIC LIPOPEPTIDES | | |
| <i>daptomycin</i> | 1 | |
| GLYCOPEPTIDES | | |
| VANCOGIN | 2 | QL 56 EA / 1 FILL PA NP |
| <i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i> | 1 | |
| <i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i> | 1 | QL 56 EA / 1 FILL P |
| LEPROSTATICS | | |
| <i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i> | 1 | EDS |
| LINCOSAMIDES | | |
| <i>clindamycin hcl</i> | 1 | |
| <i>clindamycin palmitate hcl</i> | 1 | |
| <i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i> | 1 | |
| MONOBACTAMS | | |
| <i>aztreonam 1 gm recon soln</i> | 1 | |
| CAYSTON | 2 | PA LA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| OXAZOLIDINONES | | |
| <i>linezolid (linezolid 100 mg/5ml recon susp, linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i> | 1 | |
| LINEZOLID IN SODIUM CHLORIDE | 2 | |
| PLEUROMUTILINS | | |
| XENLETA 600 MG TAB | 2 | PA |
| POLYMYXINS | | |
| <i>colistimethate sodium (cba)</i> | 1 | |
| <i>polymyxin b sulfate</i> | 1 | |
| URINARY ANTI-INFECTIVES | | |
| <i>fosfomicin tromethamine</i> | 1 | |
| <i>methenamine hippurate</i> | 1 | |
| <i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i> | 1 | |
| <i>nitrofurantoin monohyd macro</i> | 1 | |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| <i>ranolazine er</i> | 1 | EDS |
| NITRATES | | |
| <i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i> | 1 | EDS |
| ISOSORBIDE MONONITRATE | 2 | EDS |
| <i>isosorbide mononitrate</i> | 1 | EDS |
| <i>isosorbide mononitrate er</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>minitran</i> | 1 | EDS |
| NITRO-BID | 2 | EDS |
| <i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i> | 1 | EDS |
| <i>nitroglycerin 0.4 mg/spray solution</i> | 1 | |
| ANTIANKXIETY AGENTS | | |
| ANTIANKXIETY AGENTS - MISC. | | |
| <i>buspirone hcl</i> | 1 | EDS |
| <i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 10 mg/5ml syrup, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i> | 1 | |
| <i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i> | 1 | |
| HYDROXYZINE PAMOATE 100 MG CAP | 2 | |
| BENZODIAZEPINES | | |
| <i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab, alprazolam 2 mg tab)</i> | 1 | |
| <i>clorazepate dipotassium</i> | 1 | |
| <i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 5 mg/5ml solution, diazepam 5 mg/ml conc, diazepam 5 mg/ml solution, diazepam 10 mg tab, diazepam 10 mg/2ml solution)</i> | 1 | |
| DIAZEPAM 10 MG/2ML SOLN A-INJ | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>diazepam intensol</i> | 1 | |
| <i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab, lorazepam 2 mg/ml conc)</i> | 1 | |
| <i>lorazepam intensol</i> | 1 | |
| <i>oxazepam</i> | 1 | |
| ANTIARRHYTHMICS | | |
| ANTIARRHYTHMICS TYPE I-A | | |
| <i>disopyramide phosphate</i> | 1 | EDS |
| <i>procainamide hcl</i> | 1 | |
| PROCAINAMIDE HCL 500 MG/ML SOLUTION | 2 | |
| <i>quinidine gluconate er</i> | 1 | EDS |
| QUINIDINE SULFATE | 2 | |
| <i>quinidine sulfate</i> | 1 | EDS |
| ANTIARRHYTHMICS TYPE I-B | | |
| <i>mexiletine hcl</i> | 1 | EDS |
| ANTIARRHYTHMICS TYPE I-C | | |
| <i>flecainide acetate</i> | 1 | EDS |
| <i>propafenone hcl</i> | 1 | EDS |
| ANTIARRHYTHMICS TYPE III | | |
| <i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i> | 1 | EDS |
| <i>dofetilide</i> | 1 | EDS |
| <i>pacerone</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---------------------------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTI-INFLAMMATORY AGENTS | | |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | 1 | EDS |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| FASENRA | 2 | QL 1 ml / 56 days PA LA |
| FASENRA PEN | 2 | QL 1 ml / 56 days PA LA |
| NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR) | 2 | QL 1 EA / 28 days PA SP |
| NUCALA 100 MG RECON SOLN | 2 | QL 1 EA / 28 days PA SP |
| XOLAIR (XOLAIR 150 MG RECON SOLN, XOLAIR 150 MG/ML SOLN PRSYR) | 2 | QL 8 ML / 28 day(s) PA SP |
| XOLAIR 75 MG/0.5ML SOLN PRSYR | 2 | QL 1 ML / 28 day(s) PA SP |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ATROVENT HFA | 2 | P |
| INCRUSE ELLIPTA | 2 | PA NP |
| <i>ipratropium bromide 0.02 % solution</i> | 1 | EDS P |
| SPIRIVA HANDIHALER | 1 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| SPIRIVA RESPIMAT | 2 | P |
| <i>tiotropium bromide monohydrate</i> | 1 | PA EDS NP |
| TUDORZA PRESSAIR | 2 | P |
| YUPELRI | 2 | PA NP |
| LEUKOTRIENE MODULATORS | | |
| ACCOLATE | 2 | PA NP |
| <i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)</i> | 1 | EDS P |
| <i>montelukast sodium 4 mg packet</i> | 1 | PA EDS NP |
| SINGULAIR | 2 | PA NP |
| <i>zafirlukast</i> | 1 | EDS P |
| <i>zileuton er</i> | 1 | PA NP |
| ZYFLO | 2 | PA NP |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| DALIRESP | 2 | PA NP |
| <i>roflumilast</i> | 1 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---------------------------------|
| STEROID INHALANTS | | |
| ALVESCO | 2 | PA NP |
| ARMONAIR DIGIHALER | 2 | PA NP |
| ARNUITY ELLIPTA | 2 | P |
| ASMANEX HFA | 2 | PA NP |
| ASMANEX INHALATION POWDER | 2 | P |
| <i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i> | 1 | EDS P |
| FLUTICASONE PROPIONATE DISKUS | 1 | QL 60 EA / fill(s) |
| FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL | 1 | QL 12 GM / fill(s) P |
| FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL | 1 | QL 24 GM / fill(s) P |
| FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL | 1 | QL 10.6 GM / fill(s) P |
| PULMICORT | 2 | PA NP |
| PULMICORT FLEXHALER | 2 | P |
| QVAR REDIHALER 40 MCG/ACT AERO BA | 2 | QL 10.6 GM / 1 FILL PA NP |
| QVAR REDIHALER 80 MCG/ACT AERO BA | 2 | QL 21.2 GM / 1 FILL PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|------------------------------|
| SYMPATHOMIMETICS | | |
| ADVAIR DISKUS | 1 | P |
| ADVAIR HFA | 2 | P |
| AIRDUO DIGIHALER | 2 | PA NP |
| AIRDUO RESPICLICK 113/14 | 2 | QL 1 EA / 1 FILL PA NP |
| AIRDUO RESPICLICK 232/14 | 2 | QL 1 EA / 1 FILL PA NP |
| AIRDUO RESPICLICK 55/14 | 2 | QL 1 EA / 1 FILL PA NP |
| AIRSUPRA | 2 | PA NP |
| ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN | 2 | EDS P |
| <i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i> | 1 | EDS P |
| <i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i> | 1 | PA EDS NP |
| ALBUTEROL SULFATE ER | 2 | PA NP |
| ALBUTEROL SULFATE HFA | 1 | QL 36 GM / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>albuterol sulfate hfa</i> | 1 | <ul style="list-style-type: none"> QL 0.6 GM / 1 day(s) PA EDS NP |
| ANORO ELLIPTA | 2 | <ul style="list-style-type: none"> QL 14 UNITS / FILL P |
| <i>arformoterol tartrate</i> | 1 | <ul style="list-style-type: none"> PA EDS NP |
| BEVESPI AEROSPHERE | 2 | <ul style="list-style-type: none"> PA NP |
| BREO ELLIPTA (BREO ELLIPTA 50-25 MCG/INH AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA) | 2 | <ul style="list-style-type: none"> QL 60 GM / fill PA NP |
| BREO ELLIPTA 100-25 MCG/ACT AER POW BA | 2 | <ul style="list-style-type: none"> QL 60 GM / fill(s) PA NP |
| <i>breyana</i> | 1 | <ul style="list-style-type: none"> QL 20.6 GM / fill(s) PA EDS NP |
| BREZTRI AEROSPHERE | 2 | <ul style="list-style-type: none"> PA NP |
| BROVANA | 2 | <ul style="list-style-type: none"> PA NP |
| <i>budesonide-formoterol fumarate</i> | 1 | <ul style="list-style-type: none"> QL 20.4 GM / fill(s) PA EDS NP |
| COMBIVENT RESPIMAT | 2 | <ul style="list-style-type: none"> P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| DUAKLIR PRESSAIR | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| DULERA | 2 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; align-items: center;">26 GM / 1 FILL</div> <div style="background-color: #32CD32; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| FLUTICASONE FUROATE-VILANTEROL | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; align-items: center;">60 GM / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; align-items: center;">60 UNITS / 30 day(s)</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL) | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; align-items: center;">12 GM / 30 day(s)</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA) | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; align-items: center;">1 EA / 1 FILL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>formoterol fumarate</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>ipratropium-albuterol</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="display: flex; align-items: center;">540 UNITS / FILL</div> <div style="background-color: #8B0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #32CD32; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| <i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i> | 1 | PA EDS NP |
| LEVALBUTEROL TARTRATE | 1 | QL 30 GM / fill PA NP |
| PERFOROMIST | 2 | PA NP |
| PROAIR DIGIHALER | 2 | QL 2 EA / fill PA NP |
| PROAIR RESPICLICK | 2 | QL 2 EA / fill PA NP |
| SEREVENT DISKUS | 2 | P |
| STIOLTO RESPIMAT | 2 | P |
| STRIVERDI RESPIMAT | 2 | QL 16 GM / fill PA NP |
| SYMBICORT | 1 | QL 20.4 GM / fill(s) P |
| <i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i> | 1 | EDS |
| <i>terbutaline sulfate 1 mg/ml solution</i> | 1 | |
| TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA | 2 | QL 60 GM / fill PA NP |
| TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--------------------------------|
| VENTOLIN HFA | 1 | QL 36 GM / fill P |
| <i>wixela inhub</i> | 1 | QL 60 UNITS / 30 day(s) EDS |
| XOPENEX HFA | 1 | QL 30 GM / fill P |
| XANTHINES | | |
| <i>theophylline 80 mg/15ml solution</i> | 1 | EDS |
| <i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i> | 1 | EDS |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| COUMADIN | 2 | PA NP |
| <i>jantoven</i> | 1 | EDS P |
| <i>warfarin sodium</i> | 1 | EDS P |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS | 2 | P |
| ELIQUIS DVT/PE STARTER PACK | 2 | P |
| SAVAYSA | 2 | PA NP |
| XARELTO (XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB) | 2 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| XARELTO 1 MG/ML RECON SUSP | 2 | PA NP |
| XARELTO STARTER PACK | 2 | P |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| ARIXTRA | 2 | PA NP |
| <i>bd heparin posiflush</i> | 1 | |
| <i>enoxaparin sodium</i> | 1 | P |
| <i>fondaparinux sodium</i> | 1 | PA NP |
| FRAGMIN (FRAGMIN 10000 UNIT/4ML SOLUTION, FRAGMIN 95000 UNIT/3.8ML SOLUTION) | 2 | P |
| FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR) | 2 | PA NP |
| <i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</i> | 1 | |
| <i>heparin lock flush</i> | 1 | |
| <i>heparin na (pork) lock flsh pf (heparin na (pork) lock flsh pf 10 unit/ml solution, heparin na (pork) lock flsh pf 100 unit/ml solution)</i> | 1 | |
| HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION | 2 | |
| HEPARIN SOD (PORCINE) IN D5W | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i> | 1 | |
| <i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i> | 1 | |
| <i>heparin sodium lock flush</i> | 1 | |
| LOVENOX | 2 | <div data-bbox="1133 579 1195 617">PA</div> <div data-bbox="1133 630 1195 667">NP</div> |
| THROMBIN INHIBITORS | | |
| <i>dabigatran etexilate mesylate (dabigatran etexilate mesylate 75 mg cap, dabigatran etexilate mesylate 150 mg cap)</i> | 1 | <div data-bbox="1133 772 1195 810">PA</div> <div data-bbox="1133 823 1195 861">NP</div> |
| PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG PACKET, PRADAXA 150 MG PACKET) | 2 | <div data-bbox="1133 991 1195 1029">PA</div> <div data-bbox="1133 1041 1195 1079">NP</div> |
| PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP) | 1 | <div data-bbox="1133 1222 1195 1260">P</div> |
| ANTICONVULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB) | 2 | <div data-bbox="1133 1537 1195 1575">PA</div> <div data-bbox="1133 1587 1195 1625">NP</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|------------------------|
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| <i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i> | 1 | P |
| <i>clobazam 2.5 mg/ml suspension</i> | 1 | PA NP |
| <i>clonazepam</i> | 1 | |
| DIASTAT ACUDIAL | 1 | QL 2 EA / fill(s) P |
| DIASTAT PEDIATRIC | 1 | QL 2 EA / fill(s) P |
| DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL) | 1 | QL 2 EA / fill(s) P |
| NAYZILAM | 2 | QL 2 EA / 1 FILL P |
| ONFI (ONFI 2.5 MG/ML SUSPENSION, ONFI 10 MG TAB, ONFI 20 MG TAB) | 2 | PA NP |
| SYMPAZAN | 2 | PA NP |
| VALTOCO 10 MG DOSE | 2 | QL 2 EA / 1 FILL P |
| VALTOCO 15 MG DOSE | 2 | QL 2 EA / 1 FILL P |
| VALTOCO 20 MG DOSE | 2 | QL 2 EA / 1 FILL P |
| VALTOCO 5 MG DOSE | 2 | QL 2 EA / 1 FILL P |
| ANTICONVULSANTS - MISC. | | |
| APTIOM | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB) | 2 | PA NP |
| BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB) | 2 | PA NP |
| <i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab)</i> | 1 | EDS P |
| <i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 300 mg cap er 12h)</i> | 1 | PA EDS NP |
| <i>carbamazepine er (carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 400 mg tab er 12h)</i> | 1 | EDS P |
| CARBATROL | 2 | PA NP |
| DIACOMIT | 2 | PA LA NP |
| ELEPSIA XR | 2 | PA NP |
| EPIDIOLEX | 2 | PA SP NP |
| <i>epitol</i> | 1 | EDS P |
| EPRONTIA | 2 | PA NP |
| FINTEPLA | 2 | PA LA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|----------------------------|
| <i>gabapentin (gabapentin 100 mg cap, gabapentin 400 mg cap)</i> | 1 | P |
| <i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i> | 1 | QL 2160 ml / fill P |
| <i>gabapentin 300 mg cap</i> | 1 | QL 270 EA / 30 DAY(S) P |
| <i>gabapentin 600 mg tab</i> | 1 | QL 180 EA / 30 DAY(S) P |
| <i>gabapentin 800 mg tab</i> | 1 | QL 135 EA / 30 DAY(S) P |
| KEPPRA (KEPPRA 100 MG/ML SOLUTION, KEPPRA 250 MG TAB, KEPPRA 500 MG TAB, KEPPRA 750 MG TAB, KEPPRA 1000 MG TAB) | 2 | PA NP |
| KEPPRA XR | 2 | PA NP |
| <i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i> | 1 | P |
| LAMICTAL | 2 | PA NP |
| LAMICTAL ODT | 2 | PA NP |
| LAMICTAL STARTER | 2 | PA NP |
| LAMICTAL XR | 2 | PA NP |
| <i>lamotrigine (lamotrigine 21 x 25 mg & 7 x 50 mg kit, lamotrigine 25 & 50 & 100 mg kit, lamotrigine 42 x 50 mg & 14x100 mg kit)</i> | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|------------------------------|
| <i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i> | 1 | PA EDS NP |
| <i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i> | 1 | EDS P |
| <i>lamotrigine er</i> | 1 | EDS P |
| <i>lamotrigine starter kit-blue</i> | 1 | PA NP |
| <i>lamotrigine starter kit-green</i> | 1 | PA NP |
| <i>lamotrigine starter kit-orange</i> | 1 | PA NP |
| <i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i> | 1 | EDS P |
| <i>levetiracetam er</i> | 1 | EDS P |
| LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP) | 2 | QL 60 EA / fill PA NP |
| LYRICA (LYRICA 25 MG CAP, LYRICA 50 MG CAP, LYRICA 75 MG CAP, LYRICA 100 MG CAP, LYRICA 150 MG CAP, LYRICA 200 MG CAP) | 2 | QL 90 EA / fill PA NP |
| LYRICA 20 MG/ML SOLUTION | 2 | QL 900 ml / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-------------------------------|
| MOTPOLY XR | 2 | PA NP |
| MYSOLINE | 2 | PA NP |
| NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 300 MG CAP, NEURONTIN 400 MG CAP) | 2 | QL 270 EA / fill PA NP |
| NEURONTIN 250 MG/5ML SOLUTION | 2 | QL 2160 ml / fill PA NP |
| NEURONTIN 600 MG TAB | 2 | QL 180 EA / fill PA NP |
| NEURONTIN 800 MG TAB | 2 | QL 135 EA / fill PA NP |
| <i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i> | 1 | EDS P |
| OXTELLAR XR | 2 | PA NP |
| <i>pregabalin (pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap)</i> | 1 | QL 90 EA / fill P |
| <i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap)</i> | 1 | QL 90 EA / 30 DAY(S) P |
| <i>pregabalin 20 mg/ml solution</i> | 1 | QL 900 ml / fill PA NP |
| <i>pregabalin 225 mg cap</i> | 1 | QL 60 EA / 30 DAY(S) P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>pregabalin 300 mg cap</i> | 1 | P |
| <i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i> | 1 | EDS P |
| PRIMIDONE 125 MG TAB | 2 | P |
| QUDEXY XR | 2 | PA NP |
| <i>roweepra</i> | 1 | EDS P |
| <i>roweepra xr</i> | 1 | EDS P |
| <i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</i> | 1 | PA EDS NP |
| SPRITAM | 2 | PA NP |
| <i>subvenite</i> | 1 | EDS P |
| <i>subvenite starter kit-blue</i> | 1 | PA NP |
| <i>subvenite starter kit-green</i> | 1 | PA NP |
| <i>subvenite starter kit-orange</i> | 1 | PA NP |
| TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB) | 2 | PA NP |
| TEGRETOL-XR | 2 | PA NP |
| TOPAMAX | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| TOPAMAX SPRINKLE | 2 | PA NP |
| <i>topiramate</i> | 1 | EDS P |
| <i>topiramate er</i> | 1 | PA NP |
| TRILEPTAL (TRILEPTAL 150 MG TAB, TRILEPTAL 300 MG TAB, TRILEPTAL 300 MG/5ML SUSPENSION, TRILEPTAL 600 MG TAB) | 2 | PA NP |
| TROKENDI XR | 2 | PA NP |
| VIMPAT (VIMPAT 10 MG/ML SOLUTION, VIMPAT 50 MG TAB, VIMPAT 100 MG TAB, VIMPAT 150 MG TAB, VIMPAT 200 MG TAB) | 2 | PA NP |
| ZONEGRAN | 2 | PA NP |
| ZONISADE | 2 | PA NP |
| <i>zonisamide</i> | 1 | EDS P |
| ZTALMY | 2 | PA NP |
| CARBAMATES | | |
| <i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab, felbamate 600 mg/5ml suspension)</i> | 1 | EDS P |
| FELBATOL (FELBATOL 400 MG TAB, FELBATOL 600 MG TAB) | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| FELBATOL 600 MG/5ML SUSPENSION | 1 | P |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK | 2 | QL 60 EA / fill PA NP |
| XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK | 2 | PA NP |
| XCOPRI (350 MG DAILY DOSE) | 2 | QL 60 EA / fill PA NP |
| XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK) | 2 | PA NP |
| XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB) | 2 | QL 60 EA / fill PA NP |
| XCOPRI (XCOPRI 50 MG TAB, XCOPRI 100 MG TAB) | 2 | QL 30 EA / fill PA NP |
| GABA MODULATORS | | |
| GABITRIL | 1 | P |
| SABRIL | 2 | PA LA NP |
| <i>tiagabine hcl</i> | 1 | PA EDS NP |
| <i>vigabatrin</i> | 1 | PA LA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>vigadrone</i> | 1 | PA LA NP |
| <i>vigpoder</i> | 1 | PA LA NP |
| HYDANTOINS | | |
| DILANTIN 100 MG CAP | 1 | P |
| DILANTIN 125 MG/5ML SUSPENSION | 2 | PA NP |
| DILANTIN 30 MG CAP | 2 | P |
| DILANTIN INFATABS | 2 | PA NP |
| <i>fosphenytoin sodium</i> | 1 | |
| <i>phenytek</i> | 1 | EDS P |
| <i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i> | 1 | EDS P |
| <i>phenytoin infatabs</i> | 1 | EDS P |
| <i>phenytoin sodium extended</i> | 1 | EDS P |
| SUCCINIMIDES | | |
| CELONTIN | 1 | P |
| <i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i> | 1 | EDS P |
| ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION) | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| VALPROIC ACID | | |
| DEPAKOTE | 2 | PA NP |
| DEPAKOTE ER | 2 | PA NP |
| DEPAKOTE SPRINKLES | 2 | PA NP |
| <i>divalproex sodium</i> | 1 | EDS P |
| <i>divalproex sodium er</i> | 1 | EDS P |
| <i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i> | 1 | EDS P |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| <i>mirtazapine</i> | 1 | EDS P |
| REMERON | 2 | PA NP |
| REMERON SOLTAB | 2 | PA NP |
| ANTIDEPRESSANT COMBINATIONS | | |
| AUVELITY | 2 | PA NP |
| ANTIDEPRESSANTS - MISC. | | |
| APLENZIN | 2 | PA NP |
| <i>bupropion hcl</i> | 1 | EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| <i>bupropion hcl er (smoking det)</i> | \$0 | EDS |
| <i>bupropion hcl er (sr)</i> | 1 | EDS P |
| <i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i> | 1 | EDS P |
| BUPROPION HCL ER (XL) 450 MG TAB ER 24H | 1 | QL 30 EA / fill PA NP |
| FORFIVO XL | 2 | QL 30 EA / fill PA NP |
| MAPROTILINE HCL (MAPROTILINE HCL 25 MG TAB, MAPROTILINE HCL 75 MG TAB) | 2 | |
| WELLBUTRIN SR | 2 | QL 60 EA / fill PA NP |
| WELLBUTRIN XL 150 MG TAB ER 24H | 2 | QL 30 EA / fill PA NP |
| WELLBUTRIN XL 300 MG TAB ER 24H | 2 | PA NP |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID | | |
| ZURZUVAE | 2 | QL 28 EA / 30 day(s) PA |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| NARDIL | 1 | |
| PHENELZINE SULFATE | 1 | EDS |
| <i>tranylcypromine sulfate</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------------|
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS | | |
| SPRAVATO (56 MG DOSE) | 2 | PA SP |
| SPRAVATO (84 MG DOSE) | 2 | PA SP |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| CELEXA | 2 | PA NP |
| <i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i> | 1 | EDS P |
| CITALOPRAM HYDROBROMIDE 30 MG CAP | 2 | PA NP |
| <i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 20 mg tab)</i> | 1 | QL 30 UNITS / 30 DAYS EDS P |
| <i>escitalopram oxalate 10 mg tab</i> | 1 | EDS P |
| <i>escitalopram oxalate 5 mg/5ml solution</i> | 1 | PA EDS NP |
| <i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap)</i> | 1 | EDS P |
| <i>fluoxetine hcl (fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab)</i> | 1 | PA EDS NP |
| FLUOXETINE HCL (FLUOXETINE HCL 60 MG TAB, FLUOXETINE HCL 90 MG CAP DR) | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>fluvoxamine maleate</i> | 1 | EDS P |
| <i>fluvoxamine maleate er</i> | 1 | PA EDS NP |
| LEXAPRO | 2 | PA NP |
| <i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i> | 1 | EDS P |
| <i>paroxetine hcl 10 mg/5ml suspension</i> | 1 | PA NP |
| <i>paroxetine hcl er</i> | 1 | PA EDS NP |
| PAXIL (PAXIL 10 MG TAB, PAXIL 10 MG/5ML SUSPENSION, PAXIL 20 MG TAB, PAXIL 30 MG TAB, PAXIL 40 MG TAB) | 2 | PA NP |
| PAXIL CR | 2 | PA NP |
| PEXEVA | 2 | PA NP |
| PROZAC | 2 | PA NP |
| SERTRALINE HCL (SERTRALINE HCL 150 MG CAP, SERTRALINE HCL 200 MG CAP) | 2 | PA NP |
| <i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i> | 1 | EDS P |
| ZOLOFT (ZOLOFT 20 MG/ML CONC, ZOLOFT 25 MG TAB, ZOLOFT 50 MG TAB, ZOLOFT 100 MG TAB) | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| SEROTONIN MODULATORS | | |
| NEFAZODONE HCL | 2 | EDS P |
| <i>trazodone hcl</i> | 1 | EDS P |
| TRINTELLIX | 2 | QL 30 EA / fill PA NP |
| VIIBRYD | 1 | P |
| <i>vilazodone hcl</i> | 1 | PA EDS NP |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| CYMBALTA | 2 | PA NP |
| <i>desvenlafaxine succinate er (desvenlafaxine succinate er 50 mg tab er 24h, desvenlafaxine succinate er 100 mg tab er 24h)</i> | 1 | PA EDS NP |
| <i>desvenlafaxine succinate er 25 mg tab er 24h</i> | 1 | QL 30 UNITS / 30 DAYS PA EDS NP |
| DRIZALMA SPRINKLE | 2 | PA NP |
| <i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i> | 1 | EDS P |
| <i>duloxetine hcl 40 mg cp dr part</i> | 1 | PA EDS NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| EFFEXOR XR | 2 | PA NP |
| FETZIMA | 2 | PA NP |
| FETZIMA TITRATION | 2 | PA NP |
| PRISTIQ | 2 | PA NP |
| <i>venlafaxine hcl</i> | 1 | EDS P |
| <i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i> | 1 | EDS P |
| <i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg tab er 24h, venlafaxine hcl er 75 mg tab er 24h, venlafaxine hcl er 150 mg tab er 24h, venlafaxine hcl er 225 mg tab er 24h)</i> | 1 | PA EDS NP |
| TRICYCLIC AGENTS | | |
| <i>amitriptyline hcl</i> | 1 | EDS |
| <i>amoxapine</i> | 1 | EDS |
| <i>clomipramine hcl</i> | 1 | EDS |
| <i>desipramine hcl</i> | 1 | EDS |
| <i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i> | 1 | EDS |
| <i>imipramine hcl</i> | 1 | EDS |
| <i>imipramine pamoate</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| <i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i> | 1 | EDS |
| <i>nortriptyline hcl 10 mg/5ml solution</i> | 2 | EDS |
| <i>protriptyline hcl</i> | 1 | EDS |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| <i>acarbose</i> | 1 | EDS P |
| GLYSET | 2 | PA NP |
| MIGLITOL | 2 | PA NP |
| <i>miglitol</i> | 1 | PA EDS NP |
| PRECOSE | 2 | PA NP |
| ANTIDIABETIC - AMYLIN ANALOGS | | |
| SYMLINPEN 120 | 2 | PA P |
| SYMLINPEN 60 | 2 | PA P |
| ANTIDIABETIC COMBINATIONS | | |
| ALOGLIPTIN-METFORMIN HCL | 1 | QL 30 EA / fill PA NP |
| ALOGLIPTIN-PIOGLITAZONE | 1 | QL 30 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| DUETACT | 2 | PA NP |
| <i>glipizide-metformin hcl</i> | 1 | EDS |
| <i>glyburide-metformin</i> | 1 | EDS |
| GLYXAMBI | 2 | QL 30 EA / fill PA NP |
| INVOKAMET | 2 | QL 60 EA / fill PA NP |
| INVOKAMET XR | 2 | QL 60 EA / fill PA NP |
| JANUMET | 2 | QL 60 EA / fill PA P |
| JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H) | 2 | QL 60 EA / fill PA P |
| JANUMET XR 100-1000 MG TAB ER 24H | 2 | QL 30 EA / fill PA P |
| JENTADUETO | 2 | QL 60 EA / fill PA P |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H | 2 | QL 60 EA / fill PA P |
| JENTADUETO XR 5-1000 MG TAB ER 24H | 2 | QL 30 EA / fill PA P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------------------|-----------|---|
| KAZANO 12.5-1000 MG TAB | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA NP |
| KAZANO 12.5-500 MG TAB | 2 | <ul style="list-style-type: none"> QL 60 EA / fill PA NP |
| KOMBIGLYZE XR | 2 | <ul style="list-style-type: none"> QL 60 EA / fill PA P |
| OSENI | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA NP |
| <i>pioglitazone hcl-glimepiride</i> | 1 | <ul style="list-style-type: none"> PA EDS NP |
| <i>pioglitazone hcl-metformin hcl</i> | 1 | <ul style="list-style-type: none"> PA EDS NP |
| QTERN | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA NP |
| <i>saxagliptin-metformin er</i> | 1 | <ul style="list-style-type: none"> QL 60 EA / fill PA NP |
| SEGLUROMET | 2 | <ul style="list-style-type: none"> QL 60 EA / fill PA NP |
| SOLIQUA | 2 | <ul style="list-style-type: none"> QL 15 ML / fill PA NP |
| STEGLUJAN | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| SYNJARDY | 2 | QL 60 EA / fill PA NP |
| SYNJARDY XR (SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 25-1000 MG TAB ER 24H) | 2 | QL 30 EA / fill PA NP |
| SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H) | 2 | QL 60 EA / fill PA NP |
| TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H) | 2 | QL 30 EA / fill PA NP |
| TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H) | 2 | QL 60 EA / fill PA NP |
| XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H) | 2 | QL 60 EA / fill PA NP |
| XIGDUO XR (XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H) | 2 | QL 30 EA / fill PA NP |
| XULTOPHY | 2 | QL 15 ML / fill PA NP |
| BIGUANIDES | | |
| <i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i> | 1 | EDS |
| <i>metformin hcl er</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|----------------------------------|
| DIABETIC OTHER | | |
| BAQSIMI ONE PACK | 2 | QL 2 EA / 1 FILL |
| BAQSIMI TWO PACK | 2 | QL 2 EA / 1 FILL |
| <i>diazoxide</i> | 1 | |
| GLUCAGEN HYPOKIT | 2 | QL 2 EA / fill |
| GLUCAGON EMERGENCY 1 MG KIT | 1 | QL 2 EA / fill(s) |
| GLUCAGON EMERGENCY 1 MG/ML RECON SOLN | 2 | QL 2 EA / fill |
| <i>glucose (dextrose)</i> | 2 | OTC |
| GVOKE HYPOPEN 1-PACK | 2 | QL 2 EA / fill |
| GVOKE HYPOPEN 2-PACK | 2 | QL 2 EA / fill |
| GVOKE KIT | 2 | QL 2 EA / fill |
| GVOKE PFS | 2 | QL 2 EA / fill |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| ALOGLIPTIN BENZOATE | 1 | QL 30 EA / fill PA NP |
| JANUVIA | 2 | QL 30 EA / fill PA P |
| NESINA | 1 | QL 30 EA / fill PA P |
| ONGLYZA | 2 | QL 30 EA / fill PA P |
| <i>saxagliptin hcl</i> | 1 | QL 30 EA / 30 day(s) PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---------------------------------|
| TRADJENTA | 2 | QL 30 EA / fill PA P |
| INCRETIN MIMETIC AGENTS | | |
| BYDUREON BCISE | 2 | QL 3.4 ml / 28 days PA P |
| BYETTA 10 MCG PEN | 2 | QL 2.4 ml / 28 days PA P |
| BYETTA 5 MCG PEN | 2 | QL 1.2 ml / 28 days PA P |
| MOUNJARO | 2 | QL 2 ML / 28 day(s) PA NP |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | 2 | QL 1.5 ml / 28 days PA P |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | 2 | QL 3 ml / 28 days PA P |
| OZEMPIC (1 MG/DOSE) | 2 | QL 3 ml / 28 days PA P |
| OZEMPIC (2 MG/DOSE) | 2 | QL 3 ml / 28 days PA P |
| RYBELSUS | 2 | QL 30 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| TRULICITY | 2 | QL 2 ML / 28 DAY(S) PA NP |
| VICTOZA | 2 | QL 9 ml / 30 days PA P |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| ADLYXIN | 2 | QL 6 ml / 28 days PA NP |
| ADLYXIN STARTER PACK | 2 | QL 6 ml / 28 days PA NP |
| INSULIN | | |
| ADMELOG | 2 | PA NP |
| ADMELOG SOLOSTAR | 2 | PA NP |
| AFREZZA | 2 | PA NP |
| APIDRA | 2 | PA NP |
| APIDRA SOLOSTAR | 2 | PA NP |
| BASAGLAR KWIKPEN | 2 | PA NP |
| BASAGLAR TEMPO PEN | 2 | PA NP |
| FIASP | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------------|-----------|-----------------------|
| FIASP FLEXTOUCH | 2 | PA NP |
| FIASP PENFILL | 2 | PA NP |
| FIASP PUMPCART | 2 | PA NP |
| HUMALOG 100 UNIT/ML SOLN CART | 2 | P |
| HUMALOG 100 UNIT/ML SOLUTION | 2 | PA NP |
| HUMALOG JUNIOR KWIKPEN | 2 | P |
| HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN | 2 | P |
| HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN | 2 | PA NP |
| HUMALOG MIX 50/50 | 2 | P |
| HUMALOG MIX 50/50 KWIKPEN | 2 | P |
| HUMALOG MIX 75/25 | 2 | P |
| HUMALOG MIX 75/25 KWIKPEN | 2 | P |
| HUMALOG TEMPO PEN | 2 | PA NP |
| HUMULIN 70/30 | 2 | OTC P |
| HUMULIN 70/30 KWIKPEN | 2 | OTC P |
| HUMULIN N | 2 | OTC P |
| HUMULIN N KWIKPEN | 2 | PA OTC NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------|-----------|-----------------------|
| HUMULIN R | 2 | OTC P |
| HUMULIN R U-500 (CONCENTRATED) | 2 | P |
| HUMULIN R U-500 KWIKPEN | 2 | P |
| INSULIN ASP PROT & ASP FLEXPEN | 2 | P |
| INSULIN ASPART | 2 | P |
| INSULIN ASPART FLEXPEN | 2 | P |
| INSULIN ASPART PENFILL | 2 | P |
| INSULIN ASPART PROT & ASPART | 2 | P |
| INSULIN DEGLUDEC | 2 | PA NP |
| INSULIN DEGLUDEC FLEXTOUCH | 2 | PA NP |
| INSULIN GLARGINE | 2 | PA NP |
| INSULIN GLARGINE MAX SOLOSTAR | 2 | PA NP |
| INSULIN GLARGINE SOLOSTAR | 2 | PA NP |
| INSULIN GLARGINE-YFGN | 2 | PA NP |
| INSULIN LISPRO | 2 | P |
| INSULIN LISPRO (1 UNIT DIAL) | 2 | P |
| INSULIN LISPRO JUNIOR KWIKPEN | 2 | P |
| INSULIN LISPRO PROT & LISPRO | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------------|-----------|-----------------------|
| LANTUS | 2 | P |
| LANTUS SOLOSTAR | 2 | P |
| LEVEMIR | 2 | P |
| LEVEMIR FLEXPEN | 2 | P |
| LEVEMIR FLEXTOUCH | 2 | P |
| LYUMJEV | 2 | PA NP |
| LYUMJEV KWIKPEN | 2 | PA NP |
| NOVOLIN 70/30 | 2 | PA OTC NP |
| NOVOLIN 70/30 FLEXPEN | 2 | PA OTC NP |
| NOVOLIN 70/30 FLEXPEN RELION | 2 | PA OTC NP |
| NOVOLIN 70/30 RELION | 2 | PA OTC NP |
| NOVOLIN N | 2 | OTC P |
| NOVOLIN N FLEXPEN | 2 | PA OTC NP |
| NOVOLIN N FLEXPEN RELION | 2 | PA OTC NP |
| NOVOLIN N RELION | 2 | OTC P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------------|-----------|--|
| NOVOLIN R | 2 | <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLIN R FLEXPEN | 2 | <div style="background-color: #795548; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div> <div style="background-color: #ff9800; color: white; padding: 2px; border-radius: 5px; display: inline-block;">NP</div> |
| NOVOLIN R FLEXPEN RELION | 2 | <div style="background-color: #795548; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div> <div style="background-color: #ff9800; color: white; padding: 2px; border-radius: 5px; display: inline-block;">NP</div> |
| NOVOLIN R RELION | 2 | <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLOG | 2 | <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLOG 70/30 FLEXPEN RELION | 2 | <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLOG FLEXPEN | 2 | <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLOG FLEXPEN RELION | 2 | <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLOG MIX 70/30 | 2 | <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLOG MIX 70/30 FLEXPEN | 2 | <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLOG MIX 70/30 RELION | 2 | <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLOG PENFILL | 2 | <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| NOVOLOG RELION | 2 | <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px; display: inline-block;">P</div> |
| REZVOGLAR KWIKPEN | 2 | <div style="background-color: #795548; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px; border-radius: 5px; display: inline-block;">NP</div> |
| SEMGLEE | 2 | <div style="background-color: #795548; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px; border-radius: 5px; display: inline-block;">NP</div> |
| SEMGLEE (YFGN) | 2 | <div style="background-color: #795548; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px; border-radius: 5px; display: inline-block;">NP</div> |
| TOUJEO MAX SOLOSTAR | 2 | <div style="background-color: #795548; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px; border-radius: 5px; display: inline-block;">NP</div> |
| TOUJEO SOLOSTAR | 2 | <div style="background-color: #795548; color: white; padding: 2px; border-radius: 5px; display: inline-block;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px; border-radius: 5px; display: inline-block;">NP</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| TRESIBA | 2 | PA NP |
| TRESIBA FLEXTOUCH | 2 | PA NP |
| INSULIN SENSITIZING AGENTS | | |
| AVANDIA | 2 | PA NP |
| <i>pioglitazone hcl</i> | 1 | EDS P |
| MEGLITINIDE ANALOGUES | | |
| <i>nateglinide</i> | 1 | EDS P |
| <i>repaglinide</i> | 1 | EDS P |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| FARXIGA | 2 | QL 30 EA / fill(s) P |
| INVOKANA | 2 | QL 30 EA / fill P |
| JARDIANCE | 2 | QL 30 EA / fill P |
| STEGLATRO | 2 | QL 30 EA / fill PA NP |
| SULFONYLUREAS | | |
| <i>glimepiride</i> | 1 | EDS |
| <i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i> | 1 | EDS |
| <i>glipizide er</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>glipizide xl</i> | 1 | EDS |
| <i>glyburide</i> | 1 | EDS |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC. | | |
| BISMUTH SUBSALICYLATE | 2 | OTC |
| <i>bismuth subsalicylate</i> | 1 | OTC |
| <i>bismuth subsalicylate (pepto-bismol)</i> | 1 | OTC |
| ANTIPERISTALTIC AGENTS | | |
| <i>diphenoxylate-atropine 2.5-0.025 mg tab</i> | 1 | |
| DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID | 2 | |
| LOPERAMIDE | 2 | OTC |
| <i>loperamide</i> | 1 | OTC EDS |
| <i>opium</i> | 1 | QL 100 ML / fill(s) |
| PAREGORIC | 2 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET | 2 | |
| <i>deferasirox</i> | 1 | SP |
| <i>deferasirox granules</i> | 1 | SP |
| <i>deferiprone</i> | 1 | PA SP |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| <i>activated charcoal</i> | 1 | OTC |
| VISTOGARD | 2 | LA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| OPIOID ANTAGONISTS | | |
| KLOXXADO | 2 | PA NP |
| NALMEFENE HCL | 2 | |
| <i>naloxone hcl (naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 4 mg/10ml solution)</i> | 1 | P |
| NALOXONE HCL 0.4 MG/ML SOLN CART | 2 | QL 2 EA / 1 FILL P |
| NALOXONE HCL 2 MG/0.4ML SOLN A-INJ | 1 | |
| <i>naloxone hcl 4 mg/0.1ml liquid</i> | 1 | PA OTC NP |
| <i>naltrexone hcl</i> | 1 | EDS |
| NARCAN | 1 | OTC P |
| OPVEE | 2 | PA NP |
| RIVIVE | 2 | |
| ZIMHI | 2 | PA NP |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| ANZEMET 50 MG TAB | 2 | PA NP |
| <i>granisetron hcl (granisetron hcl 1 mg/ml solution, granisetron hcl 4 mg/4ml solution)</i> | 1 | |
| <i>granisetron hcl 1 mg tab</i> | 1 | QL 14 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>ondansetron</i> | 1 | P |
| <i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 4 mg/5ml solution, ondansetron hcl 8 mg tab)</i> | 1 | P |
| <i>ondansetron hcl (ondansetron hcl 4 mg/2ml solution, ondansetron hcl 40 mg/20ml solution)</i> | 1 | |
| SANCUSO | 2 | PA NP |
| ZOFRAN | 2 | PA NP |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| <i>dimenhydrinate (dramamine)</i> | 1 | OTC |
| DRAMAMINE | 2 | OTC |
| <i>meclizine</i> | 1 | OTC |
| <i>scopolamine</i> | 1 | PA NP |
| TRANSDERM SCOP (1.5 MG) | 1 | P |
| TRANSDERM-SCOP | 1 | P |
| <i>trimethobenzamide hcl</i> | 1 | |
| ANTIEMETICS - MISCELLANEOUS | | |
| AKYNZEO 300-0.5 MG CAP | 2 | PA NP |
| <i>dronabinol</i> | 1 | |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| <i>aprepitant</i> | 1 | QL 3 EA / fill |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| ANTIFUNGALS | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS | | |
| BREXAFEMME | 2 | PA NP |
| <i>micafungin sodium</i> | 1 | |
| ANTIFUNGALS | | |
| AMPHOTERICIN B | 2 | |
| ANCOBON | 2 | PA NP |
| <i>flucytosine</i> | 1 | PA NP |
| <i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i> | 1 | PA NP |
| <i>griseofulvin ultramicrosize</i> | 1 | PA NP |
| <i>nystatin 500000 unit tab</i> | 1 | PA NP |
| <i>terbinafine hcl 250 mg tab</i> | 1 | P |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP) | 2 | PA NP |
| DIFLUCAN (DIFLUCAN 10 MG/ML RECON SUSP, DIFLUCAN 40 MG/ML RECON SUSP) | 2 | PA NP |
| <i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i> | 1 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>fluconazole in sodium chloride (fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i> | 1 | |
| FLUCONAZOLE IN SODIUM CHLORIDE 100-0.9 MG/50ML-% SOLUTION | 2 | |
| <i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i> | 1 | PA NP |
| <i>ketoconazole 200 mg tab</i> | 1 | PA NP |
| NOXAFIL (NOXAFIL 40 MG/ML SUSPENSION, NOXAFIL 100 MG TAB DR) | 2 | PA NP |
| <i>posaconazole (posaconazole 40 mg/ml suspension, posaconazole 100 mg tab dr)</i> | 1 | PA NP |
| SPORANOX (SPORANOX 10 MG/ML SOLUTION, SPORANOX 100 MG CAP) | 2 | PA NP |
| SPORANOX PULSEPAK | 2 | PA NP |
| TOLSURA | 2 | PA NP |
| VIVJOA | 2 | PA NP |
| <i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg recon soln, voriconazole 200 mg tab)</i> | 1 | |
| <i>voriconazole 40 mg/ml recon susp</i> | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|------------------------|
| ANTIHISTAMINES | | |
| ANTIHISTAMINES - ALKYLAMINES | | |
| <i>chlorpheniramine</i> | 1 | OTC |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| <i>carbinoxamine maleate 4 mg tab</i> | 1 | |
| CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION | 2 | |
| CLEMASTINE FUMARATE | 2 | |
| <i>clemastine fumarate</i> | 1 | OTC |
| <i>diphenhydramine (benadryl)</i> | 1 | OTC |
| <i>diphenhydramine (sleep)</i> | 1 | OTC |
| <i>diphenhydramine</i> | 1 | OTC |
| ANTIHISTAMINES - NON-SEDATING | | |
| <i>cetirizine (zyrtec)</i> | 1 | OTC EDS P |
| <i>cetirizine chew tab (zyrtec)</i> | 1 | PA OTC EDS NP |
| CLARINEX | 2 | PA NP |
| DESLORATADINE (DESLORATADINE 2.5 MG TAB DISP, DESLORATADINE 5 MG TAB DISP) | 2 | PA NP |
| <i>desloratadine 5 mg tab</i> | 1 | PA EDS NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| <i>levocetirizine (xyzal)</i> | 1 | <div data-bbox="1133 170 1192 205">OTC</div> <div data-bbox="1133 218 1192 254">EDS</div> <div data-bbox="1133 266 1192 302">P</div> |
| <i>loratadine (claritin)</i> | 1 | <div data-bbox="1133 325 1192 361">OTC</div> <div data-bbox="1133 373 1192 409">EDS</div> <div data-bbox="1133 422 1192 457">P</div> |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| <i>phenadoz</i> | 1 | |
| <i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 6.25 mg/5ml syrup, promethazine hcl 12.5 mg suppos, promethazine hcl 12.5 mg tab, promethazine hcl 25 mg suppos, promethazine hcl 25 mg tab, promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg tab, promethazine hcl 50 mg/ml solution)</i> | 1 | |
| <i>promethegan (promethegan 12.5 mg suppos, promethegan 25 mg suppos)</i> | 1 | |
| ANTIHISTAMINES - PIPERIDINES | | |
| <i>cyproheptadine hcl (cyproheptadine hcl 2 mg/5ml syrup, cyproheptadine hcl 4 mg tab)</i> | 1 | |
| ANTIHYPERLIPIDEMICS | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL | 2 | <div data-bbox="1133 1438 1192 1474">PA</div> <div data-bbox="1133 1486 1192 1522">NP</div> |
| ANGIOPOIETIN-LIKE PROTEIN INHIBITORS | | |
| EVKEEZA | 2 | <div data-bbox="1133 1619 1192 1654">PA</div> <div data-bbox="1133 1667 1192 1703">LA</div> <div data-bbox="1133 1715 1192 1751">NP</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| ANTIHYPERTENSIVES - COMBINATIONS | | |
| <i>ezetimibe-simvastatin</i> | 1 | PA EDS NP |
| NEXLIZET | 2 | QL 30 EA / fill PA NP |
| VYTORIN | 2 | PA NP |
| ANTIHYPERTENSIVES - MISC. | | |
| <i>icosapent ethyl</i> | 1 | PA EDS NP |
| LOVAZA | 2 | PA NP |
| <i>omega-3-acid ethyl esters</i> | 1 | PA EDS NP |
| VASCEPA | 2 | PA NP |
| BILE ACID SEQUESTRANTS | | |
| <i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i> | 1 | EDS P |
| <i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i> | 1 | EDS P |
| <i>colesevelam hcl</i> | 1 | PA EDS NP |
| COLESTID (COLESTID 1 GM TAB, COLESTID 5 GM GRANULES, COLESTID 5 GM PACKET) | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| COLESTID FLAVORED (COLESTID FLAVORED 5 GM GRANULES, COLESTID FLAVORED 5 GM PACKET) | 2 | PA NP |
| <i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i> | 1 | EDS P |
| <i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i> | 1 | EDS P |
| QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER) | 2 | PA NP |
| QUESTRAN LIGHT | 2 | PA NP |
| WELCHOL | 2 | PA NP |
| FIBRIC ACID DERIVATIVES | | |
| ANTARA | 2 | PA NP |
| FENOFIBRATE (FENOFIBRATE 40 MG TAB, FENOFIBRATE 50 MG CAP, FENOFIBRATE 120 MG TAB, FENOFIBRATE 150 MG CAP) | 1 | PA NP |
| <i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i> | 1 | EDS P |
| FENOFIBRATE MICRONIZED (FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP) | 1 | PA NP |
| <i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 130 mg cap)</i> | 1 | PA EDS NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>fenofibrate micronized (fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i> | 1 | EDS P |
| FENOFIBRIC ACID (FENOFIBRIC ACID 35 MG TAB, FENOFIBRIC ACID 105 MG TAB) | 1 | PA NP |
| <i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i> | 1 | PA EDS NP |
| FENOGLIDE | 2 | PA NP |
| FIBRICOR | 1 | PA NP |
| <i>gemfibrozil</i> | 1 | EDS P |
| LIPOFEN | 2 | PA NP |
| LOPID | 2 | PA NP |
| TRICOR | 2 | PA NP |
| TRILIPIX | 2 | PA NP |
| HMG COA REDUCTASE INHIBITORS | | |
| ALTOPREV | 2 | PA NP |
| <i>atorvastatin calcium (atorvastatin calcium 10 mg tab, atorvastatin calcium 20 mg tab)</i> | \$0 | EDS P |
| <i>atorvastatin calcium (atorvastatin calcium 40 mg tab, atorvastatin calcium 80 mg tab)</i> | 1 | EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| CRESTOR | 2 | PA NP |
| EZALLOR SPRINKLE | 2 | PA NP |
| <i>fluvastatin sodium</i> | \$0 | PA NP |
| <i>fluvastatin sodium er</i> | \$0 | PA NP |
| LESCOL XL | 2 | PA NP |
| LIPITOR | 2 | PA NP |
| LIVALO | 2 | PA NP |
| <i>lovastatin</i> | \$0 | EDS P |
| PRAVACHOL | 2 | PA NP |
| <i>pravastatin sodium</i> | \$0 | EDS P |
| <i>rosuvastatin calcium (rosuvastatin calcium 20 mg tab, rosuvastatin calcium 40 mg tab)</i> | 1 | EDS P |
| <i>rosuvastatin calcium (rosuvastatin calcium 5 mg tab, rosuvastatin calcium 10 mg tab)</i> | \$0 | EDS P |
| <i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab)</i> | \$0 | EDS P |
| <i>simvastatin 80 mg tab</i> | 1 | EDS P |
| ZOCOR | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------------|
| ZYPITAMAG (ZYPITAMAG 2 MG TAB, ZYPITAMAG 4 MG TAB) | 2 | PA NP |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| <i>ezetimibe</i> | 1 | EDS P |
| ZETIA | 2 | PA NP |
| NICOTINIC ACID DERIVATIVES | | |
| NIACIN (ANTIHYPERLIPIDEMIC) | 2 | PA NP |
| <i>niacin er (antihyperlipidemic)</i> | 1 | EDS P |
| NIACOR | 2 | PA NP |
| NIASPAN | 1 | P |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| LEQVIO | 2 | PA NP |
| PRALUENT | 2 | QL 2 EA / 28 days PA NP |
| REPATHA | 2 | QL 2 EA / 28 days PA NP |
| REPATHA PUSHTRONEX SYSTEM | 2 | QL 3.5 ML / 28 day(s) PA NP |
| REPATHA SURECLICK | 2 | QL 2 EA / 28 days PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| ANTIHYPERTENSIVES | | |
| ACE INHIBITORS | | |
| ACCUPRIL | 2 | PA NP |
| ALTACE | 2 | PA NP |
| <i>benazepril hcl</i> | 1 | EDS P |
| <i>captopril</i> | 1 | EDS P |
| <i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i> | 1 | EDS P |
| <i>enalapril maleate 1 mg/ml solution</i> | 1 | PA EDS NP |
| EPANED | 2 | PA NP |
| <i>fosinopril sodium</i> | 1 | EDS P |
| <i>lisinopril</i> | 1 | EDS P |
| LOTENSIN | 2 | PA NP |
| <i>moexipril hcl</i> | 1 | EDS P |
| <i>perindopril erbumine</i> | 1 | EDS P |
| PERINDOPRIL ERBUMINE 2 MG TAB | 1 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| PERINDOPRIL ERBUMINE 8 MG TAB | 2 | EDS P |
| PRINIVIL | 2 | PA NP |
| QBRELIS | 2 | PA NP |
| <i>quinapril hcl</i> | 1 | EDS P |
| <i>ramipril</i> | 1 | EDS P |
| <i>trandolapril</i> | 1 | EDS P |
| VASOTEC | 2 | PA NP |
| ZESTRIL | 2 | PA NP |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| ATACAND | 2 | PA NP |
| AVAPRO | 2 | PA NP |
| BENICAR | 2 | PA NP |
| <i>candesartan cilexetil</i> | 1 | PA EDS NP |
| COZAAR | 2 | PA NP |
| DIOVAN | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| EDARBI | 2 | PA NP |
| EPROSARTAN MESYLATE | 2 | PA NP |
| <i>irbesartan</i> | 1 | EDS P |
| <i>losartan potassium</i> | 1 | EDS P |
| MICARDIS | 2 | PA NP |
| <i>olmesartan medoxomil</i> | 1 | EDS P |
| <i>telmisartan</i> | 1 | PA EDS NP |
| <i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i> | 1 | EDS P |
| VALSARTAN 4 MG/ML SOLUTION | 1 | P |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| CARDURA | 2 | PA NP |
| <i>clonidine</i> | 1 | EDS |
| <i>clonidine hcl</i> | 1 | EDS |
| <i>doxazosin mesylate</i> | 1 | EDS P |
| <i>guanfacine hcl</i> | 1 | EDS |
| <i>methyldopa</i> | 1 | EDS |
| <i>prazosin hcl</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------------------|-----------|-----------------------|
| <i>terazosin hcl</i> | 1 | EDS P |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| <i>amlodipine besy-benazepril hcl</i> | 1 | EDS P |
| <i>amlodipine besylate-valsartan</i> | 1 | EDS P |
| <i>amlodipine-olmesartan</i> | 1 | PA EDS NP |
| <i>amlodipine-valsartan-hctz</i> | 1 | P |
| ATACAND HCT | 2 | PA NP |
| <i>atenolol-chlorthalidone</i> | 1 | PA EDS NP |
| AVALIDE | 2 | PA NP |
| AZOR | 2 | PA NP |
| <i>benazepril-hydrochlorothiazide</i> | 1 | EDS P |
| BENICAR HCT | 2 | PA NP |
| <i>bisoprolol-hydrochlorothiazide</i> | 1 | PA EDS NP |
| <i>candesartan cilexetil-hctz</i> | 1 | PA EDS NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------------------|-----------|-----------------------|
| CAPTOPRIL-HYDROCHLOROTHIAZIDE | 2 | P |
| DIOVAN HCT | 2 | PA NP |
| DUTOPROL | 2 | PA NP |
| EDARBYCLOR | 2 | PA NP |
| <i>enalapril-hydrochlorothiazide</i> | 1 | EDS P |
| EXFORGE | 2 | PA NP |
| EXFORGE HCT | 2 | PA NP |
| <i>fosinopril sodium-hctz</i> | 1 | EDS P |
| HYZAAR | 2 | PA NP |
| <i>irbesartan-hydrochlorothiazide</i> | 1 | EDS P |
| <i>lisinopril-hydrochlorothiazide</i> | 1 | EDS P |
| <i>losartan potassium-hctz</i> | 1 | EDS P |
| LOTENSIN HCT | 2 | PA NP |
| LOTREL | 2 | PA NP |
| <i>metoprolol-hydrochlorothiazide</i> | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| MICARDIS HCT | 2 | PA NP |
| <i>olmesartan medoxomil-hctz</i> | 1 | EDS P |
| <i>olmesartan-amlodipine-hctz</i> | 1 | PA NP |
| PROPRANOLOL-HCTZ | 2 | |
| <i>quinapril-hydrochlorothiazide</i> | 1 | EDS P |
| TEKTURNA HCT | 2 | P |
| TELMISARTAN-AMLODIPINE | 2 | PA NP |
| <i>telmisartan-amlodipine</i> | 1 | PA NP |
| <i>telmisartan-hctz</i> | 1 | PA NP |
| TENORETIC 100 | 2 | PA NP |
| TENORETIC 50 | 2 | PA NP |
| TRANDOLAPRIL-VERAPAMIL HCL ER | 2 | PA NP |
| <i>trandolapril-verapamil hcl er (trandolapril-verapamil hcl er 2-180 mg tab er, trandolapril-verapamil hcl er 2-240 mg tab er, trandolapril-verapamil hcl er 4-240 mg tab er)</i> | 1 | PA EDS NP |
| TRIBENZOR | 2 | PA NP |
| <i>valsartan-hydrochlorothiazide</i> | 1 | EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| VASERETIC | 2 | PA NP |
| ZESTORETIC | 2 | PA NP |
| ZIAC | 2 | PA NP |
| DIRECT RENIN INHIBITORS | | |
| <i>aliskiren fumarate</i> | 1 | PA NP |
| TEKTURNA | 2 | PA NP |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| <i>eplerenone</i> | 1 | EDS |
| VASODILATORS | | |
| <i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i> | 1 | EDS |
| <i>hydralazine hcl 20 mg/ml solution</i> | 1 | |
| <i>minoxidil</i> | 1 | EDS |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| <i>atovaquone-proguanil hcl</i> | 1 | |
| COARTEM | 2 | |
| ANTIMALARIALS | | |
| <i>chloroquine phosphate</i> | 1 | |
| <i>hydroxychloroquine sulfate 200 mg tab</i> | 1 | EDS |
| <i>mefloquine hcl</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>pyrimethamine</i> | 1 | PA LA |
| <i>quinine sulfate</i> | 1 | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| FIRDAPSE | 2 | PA LA |
| GUANIDINE HCL | 2 | |
| NEOSTIGMINE METHYLSULFATE (NEOSTIGMINE METHYLSULFATE 3 MG/3ML SOLUTION, NEOSTIGMINE METHYLSULFATE 5 MG/5ML SOLUTION) | 2 | |
| <i>neostigmine methylsulfate (neostigmine methylsulfate 5 mg/10ml solution, neostigmine methylsulfate 10 mg/10ml solution)</i> | 1 | |
| <i>pyridostigmine bromide 60 mg tab</i> | 1 | |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |
| RIFATER | 2 | |
| ANTIMYCOBACTERIAL AGENTS | | |
| <i>ethambutol hcl</i> | 1 | |
| ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION) | 2 | |
| <i>isoniazid (isoniazid 50 mg/5ml syrup, isoniazid 300 mg tab)</i> | 1 | |
| PRETOMANID | 2 | QL 30 EA / fill |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| PRIFTIN | 2 | |
| <i>pyrazinamide</i> | 1 | |
| <i>rifabutin</i> | 1 | |
| <i>rifampin</i> | 1 | |
| SIRTURO | 2 | LA |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| <i>cyclophosphamide (cyclophosphamide 1 gm recon soln, cyclophosphamide 2 gm recon soln, cyclophosphamide 25 mg cap, cyclophosphamide 25 mg tab, cyclophosphamide 50 mg cap, cyclophosphamide 50 mg tab, cyclophosphamide 500 mg recon soln)</i> | 1 | |
| GLEOSTINE | 2 | PA SP |
| MYLERAN | 2 | SP |
| <i>temozolomide</i> | 1 | SP |
| <i>thiotepa 15 mg recon soln</i> | 1 | |
| ANTIMETABOLITES | | |
| <i>adrucil</i> | 1 | |
| <i>capecitabine</i> | 1 | SP |
| <i>fluorouracil (fluorouracil 1 gm/20ml solution, fluorouracil 2.5 gm/50ml solution, fluorouracil 5 gm/100ml solution, fluorouracil 500 mg/10ml solution)</i> | 1 | |
| <i>mercaptopurine</i> | 1 | EDS |
| <i>methotrexate sodium (methotrexate sodium 1 gm recon soln, methotrexate sodium 50 mg/2ml solution, methotrexate sodium 1000 mg/40ml solution)</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--------------------------------------|
| <i>methotrexate sodium (pf)</i> | 1 | |
| <i>methotrexate sodium 2.5 mg tab</i> | 1 | EDS |
| METHOTREXATE SODIUM 250 MG/10ML SOLUTION | 2 | |
| ONUREG | 2 | QL 14 EA / fill PA SP |
| TABLOID | 2 | SP |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| INLYTA | 2 | QL 8 EA / 1 day(s) PA SF SP |
| LENVIMA (10 MG DAILY DOSE) | 2 | QL 1 EA / day PA SF SP |
| LENVIMA (12 MG DAILY DOSE) | 2 | QL 3 EA / day PA SF SP |
| LENVIMA (14 MG DAILY DOSE) | 2 | QL 2 EA / day PA SF SP |
| LENVIMA (18 MG DAILY DOSE) | 2 | QL 3 EA / day PA SF SP |
| LENVIMA (20 MG DAILY DOSE) | 2 | QL 2 EA / day PA SF SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| LENVIMA (24 MG DAILY DOSE) | 2 | <ul style="list-style-type: none"> QL 3 EA / day PA SF SP |
| LENVIMA (4 MG DAILY DOSE) | 2 | <ul style="list-style-type: none"> QL 1 EA / day PA SF SP |
| LENVIMA (8 MG DAILY DOSE) | 2 | <ul style="list-style-type: none"> QL 2 EA / day PA SF SP |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| TUKYSA | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA SP |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA | 2 | <ul style="list-style-type: none"> PA LA |
| VENCLEXTA STARTING PACK | 2 | <ul style="list-style-type: none"> PA LA |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| <i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i> | 1 | <ul style="list-style-type: none"> QL 30 EA / fill PA SP |
| <i>erlotinib hcl 25 mg tab</i> | 1 | <ul style="list-style-type: none"> QL 90 EA / fill PA SP |
| <i>gefitinib</i> | 1 | <ul style="list-style-type: none"> QL 30 EA / fill PA SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| GILOTRIF | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA LA |
| TAGRISO | 2 | <ul style="list-style-type: none"> QL 1 EA / day PA SF SP |
| VIZIMPRO | 2 | <ul style="list-style-type: none"> QL 1 EA / 1 day(s) PA SF SP |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| DAURISMO 100 MG TAB | 2 | <ul style="list-style-type: none"> QL 1 EA / 1 day(s) PA SF SP |
| DAURISMO 25 MG TAB | 2 | <ul style="list-style-type: none"> QL 2 EA / 1 day(s) PA SF SP |
| ERIVEDGE | 2 | <ul style="list-style-type: none"> QL 1 EA / day PA SF SP |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| <i>abiraterone acetate 250 mg tab</i> | 1 | <ul style="list-style-type: none"> QL 120 EA / fill PA SP |
| <i>abiraterone acetate 500 mg tab</i> | 1 | <ul style="list-style-type: none"> QL 60 EA / fill PA SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---------------------------------|
| <i>anastrozole</i> | \$0 | EDS |
| <i>bicalutamide</i> | 1 | EDS |
| DEPO-PROVERA 400 MG/ML SUSPENSION | 2 | |
| EMCYT | 2 | SP |
| ERLEADA 240 MG TAB | 2 | QL 30 EA / fill PA SP |
| ERLEADA 60 MG TAB | 2 | QL 120 EA / fill PA SP |
| <i>exemestane</i> | \$0 | EDS |
| FLUTAMIDE | 2 | EDS |
| <i>flutamide</i> | 1 | EDS |
| <i>letrozole</i> | 1 | EDS |
| <i>leuprolide acetate</i> | 1 | SP |
| LEUPROLIDE ACETATE (3 MONTH) | 2 | PA SP |
| <i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab, megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i> | 1 | PA EDS P |
| <i>nilutamide</i> | 1 | SP |
| NUBEQA | 2 | QL 4 EA / day PA SF SP |
| ORGOVYX | 2 | QL 30 EA / fill PA SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| ORSERDU 345 MG TAB | 2 | <ul style="list-style-type: none"> QL 1 EA / day PA SF SP |
| ORSERDU 86 MG TAB | 2 | <ul style="list-style-type: none"> QL 3 EA / day PA SF SP |
| <i>tamoxifen citrate</i> | \$0 | EDS |
| <i>toremifene citrate</i> | 1 | SP |
| XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB) | 2 | <ul style="list-style-type: none"> QL 4 EA / day PA SF SP |
| XTANDI 80 MG TAB | 2 | <ul style="list-style-type: none"> QL 2 EA / day PA SF SP |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS | | |
| WELIREG | 2 | <ul style="list-style-type: none"> QL 3 EA / day PA SF SP |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST | 2 | <ul style="list-style-type: none"> QL 21 EA / fill PA LA |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA LA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK | 2 | QL 32 EA / fill PA |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | 2 | QL 32 EA / fill PA LA |
| XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK | 2 | QL 32 EA / fill PA |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK | 2 | QL 32 EA / fill PA LA |
| XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK | 2 | QL 32 EA / fill PA |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | 2 | QL 32 EA / fill PA LA |
| XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK | 2 | QL 32 EA / fill PA |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK | 2 | QL 32 EA / fill PA LA |
| XPOVIO (60 MG TWICE WEEKLY) | 2 | QL 32 EA / fill PA LA |
| XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK | 2 | QL 32 EA / fill PA |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK | 2 | QL 32 EA / fill PA LA |
| XPOVIO (80 MG TWICE WEEKLY) | 2 | QL 32 EA / fill PA LA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| ANTINEOPLASTIC COMBINATIONS | | |
| INQOVI | 2 | <ul style="list-style-type: none"> QL 5 EA / fill PA LA |
| KISQALI FEMARA (400 MG DOSE) | 2 | <ul style="list-style-type: none"> QL 70 EA / fill PA SP |
| KISQALI FEMARA (600 MG DOSE) | 2 | <ul style="list-style-type: none"> QL 91 EA / fill PA SP |
| KISQALI FEMARA(200 MG DOSE) | 2 | <ul style="list-style-type: none"> QL 49 EA / fill PA SP |
| LONSURF | 2 | <ul style="list-style-type: none"> PA LA |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| ALECENSA | 2 | <ul style="list-style-type: none"> QL 8 EA / day PA SF SP |
| ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB) | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA SP |
| ALUNBRIG 30 MG TAB | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA SP |
| BALVERSA 3 MG TAB | 2 | <ul style="list-style-type: none"> QL 3 EA / day PA SF SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| BALVERSA 4 MG TAB | 2 | <ul style="list-style-type: none"> QL 2 EA / day PA SF SP |
| BALVERSA 5 MG TAB | 2 | <ul style="list-style-type: none"> QL 1 EA / day PA SF SP |
| BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB) | 2 | <ul style="list-style-type: none"> QL 1 EA / 1 day(s) PA SF SP |
| BOSULIF (BOSULIF 50 MG CAP, BOSULIF 100 MG CAP) | 2 | <ul style="list-style-type: none"> PA SP |
| BOSULIF 100 MG TAB | 2 | <ul style="list-style-type: none"> QL 4 EA / 1 day(s) PA SF SP |
| BRAFTOVI | 2 | <ul style="list-style-type: none"> QL 180 EA / fill PA SP |
| BRUKINSA | 2 | <ul style="list-style-type: none"> QL 4 EA / day PA SF SP |
| CABOMETYX | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA LA |
| CALQUENCE 100 MG TAB | 2 | <ul style="list-style-type: none"> QL 2 EA / day PA SF SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| CAPRELSA 100 MG TAB | 2 | <ul style="list-style-type: none"> QL 2 EA / 1 day(s) PA LA |
| CAPRELSA 300 MG TAB | 2 | <ul style="list-style-type: none"> QL 1 EA / 1 day(s) PA LA |
| COMETRIQ (100 MG DAILY DOSE) | 2 | <ul style="list-style-type: none"> QL 2 EA / day PA SF SP |
| COMETRIQ (140 MG DAILY DOSE) | 2 | <ul style="list-style-type: none"> QL 4 EA / day PA SF SP |
| COMETRIQ (60 MG DAILY DOSE) | 2 | <ul style="list-style-type: none"> QL 3 EA / day PA SF SP |
| COPIKTRA | 2 | <ul style="list-style-type: none"> QL 2 EA / day PA SF SP |
| COTELLIC | 2 | <ul style="list-style-type: none"> QL 90 EA / fill PA SP |
| <i>everolimus (everolimus 2 mg tab sol, everolimus 2.5 mg tab, everolimus 3 mg tab sol, everolimus 5 mg tab, everolimus 5 mg tab sol, everolimus 7.5 mg tab, everolimus 10 mg tab)</i> | 1 | <ul style="list-style-type: none"> QL 30 EA / fill PA SP |
| FOTIVDA | 2 | <ul style="list-style-type: none"> QL 21 EA / fill PA LA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| GAVRETO | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA LA |
| IBRANCE | 2 | <ul style="list-style-type: none"> QL 21 EA / fill PA SP |
| ICLUSIG | 2 | <ul style="list-style-type: none"> QL 1 EA / day PA SF SP |
| IDHIFA | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA LA |
| <i>imatinib mesylate</i> | 1 | <ul style="list-style-type: none"> PA SP |
| IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB) | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA LA |
| IMBRUVICA 140 MG CAP | 2 | <ul style="list-style-type: none"> QL 90 EA / fill PA LA |
| IMBRUVICA 70 MG/ML SUSPENSION | 2 | <ul style="list-style-type: none"> QL 180 ml / fill PA LA |
| JAKAFI | 2 | <ul style="list-style-type: none"> QL 2 EA / day PA SF SP |
| JAYPIRCA | 2 | <ul style="list-style-type: none"> QL 2 EA / 1 DAY(S) PA SF SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-----------------------------|-----------|--|
| KISQALI (200 MG DOSE) | 2 | <ul style="list-style-type: none"> QL 21 EA / fill PA SP |
| KISQALI (400 MG DOSE) | 2 | <ul style="list-style-type: none"> QL 42 EA / fill PA SP |
| KISQALI (600 MG DOSE) | 2 | <ul style="list-style-type: none"> QL 63 UNITS / 1 FILL PA SP |
| KOSELUGO 10 MG CAP | 2 | <ul style="list-style-type: none"> QL 240 EA / fill PA SP |
| KOSELUGO 25 MG CAP | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA SP |
| KRAZATI | 2 | <ul style="list-style-type: none"> QL 180 EA / fill PA LA |
| <i>lapatinib ditosylate</i> | 1 | <ul style="list-style-type: none"> PA SP |
| LORBRENA 100 MG TAB | 2 | <ul style="list-style-type: none"> QL 1 EA / 1 day(s) PA SF SP |
| LORBRENA 25 MG TAB | 2 | <ul style="list-style-type: none"> QL 3 EA / 1 day(s) PA SF SP |
| LUMAKRAS 120 MG TAB | 2 | <ul style="list-style-type: none"> QL 8 EA / day PA SF SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------|-----------|---|
| LUMAKRAS 320 MG TAB | 2 | QL 3 EA / day PA SP |
| LYNPARZA | 2 | QL 4 EA / day PA SF SP |
| LYTGOBI (12 MG DAILY DOSE) | 2 | QL 150 EA / fill PA |
| LYTGOBI (16 MG DAILY DOSE) | 2 | QL 150 EA / fill PA |
| LYTGOBI (20 MG DAILY DOSE) | 2 | QL 150 EA / fill PA |
| MEKINIST 0.05 MG/ML RECON SOLN | 2 | QL 1200 ml / fill PA SP |
| MEKINIST 0.5 MG TAB | 2 | QL 90 EA / fill PA SP |
| MEKINIST 2 MG TAB | 2 | QL 30 EA / fill PA SP |
| MEKTOVI | 2 | QL 180 EA / fill PA SP |
| NERLYNX | 2 | QL 6 EA / day PA SF SP |
| NINLARO | 2 | PA SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--------------------------------------|
| <i>pazopanib hcl</i> | 1 | PA SP |
| PEMAZYRE | 2 | QL 30 EA / fill PA SP |
| PIQRAY (200 MG DAILY DOSE) | 2 | PA SP |
| PIQRAY (250 MG DAILY DOSE) | 2 | PA SP |
| PIQRAY (300 MG DAILY DOSE) | 2 | PA SP |
| QINLOCK | 2 | QL 90 EA / fill PA LA |
| RETEVMO | 2 | QL 4 EA / day PA SF SP |
| REZLIDHIA | 2 | QL 2 EA / 1 day(s) PA SF SP |
| ROZLYTREK (ROZLYTREK 100 MG CAP, ROZLYTREK 200 MG CAP) | 2 | QL 3 EA / day PA SF SP |
| ROZLYTREK 50 MG PACKET | 2 | QL 180 EA / fill PA |
| RUBRACA | 2 | QL 4 EA / day PA SF SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| RYDAPT | 2 | <ul style="list-style-type: none"> QL 56 EA / fill PA SP |
| SCEMBLIX 20 MG TAB | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA SP |
| SCEMBLIX 40 MG TAB | 2 | <ul style="list-style-type: none"> QL 60 EA / fill PA SP |
| <i>sorafenib tosylate</i> | 1 | <ul style="list-style-type: none"> PA SP |
| SPRYCEL (SPRYCEL 20 MG TAB, SPRYCEL 50 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB) | 2 | <ul style="list-style-type: none"> QL 1 EA / day PA SF SP |
| SPRYCEL 70 MG TAB | 2 | <ul style="list-style-type: none"> QL 2 EA / day PA SF SP |
| STIVARGA | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA SP |
| <i>sunitinib malate</i> | 1 | <ul style="list-style-type: none"> PA SP |
| TABRECTA | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA SP |
| TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP) | 2 | <ul style="list-style-type: none"> QL 4 EA / day PA SF SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------|-----------|--|
| TAFINLAR 10 MG TAB SOL | 2 | <ul style="list-style-type: none"> QL 900 ml / fill PA SP |
| TALZENNA | 2 | <ul style="list-style-type: none"> QL 1 EA / 1 day(s) PA SF SP |
| TASIGNA | 2 | <ul style="list-style-type: none"> QL 4 EA / day PA SF SP |
| TAZVERIK | 2 | <ul style="list-style-type: none"> QL 240 EA / fill PA LA |
| TEPMETKO | 2 | <ul style="list-style-type: none"> QL 60 EA / fill PA SP |
| TIBSOVO | 2 | <ul style="list-style-type: none"> QL 60 EA / fill PA LA |
| TURALIO 125 MG CAP | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA LA |
| VANFLYTA | 2 | <ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP |
| VERZENIO | 2 | <ul style="list-style-type: none"> QL 2 EA / day PA SF SP |
| VITRAKVI 100 MG CAP | 2 | <ul style="list-style-type: none"> QL 60 EA / fill PA LA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| VITRAKVI 20 MG/ML SOLUTION | 2 | <ul style="list-style-type: none"> QL 300 ml / fill PA LA |
| VITRAKVI 25 MG CAP | 2 | <ul style="list-style-type: none"> QL 180 EA / fill PA LA |
| VONJO | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA LA |
| VOTRIENT | 2 | <ul style="list-style-type: none"> PA SF SP |
| XALKORI | 2 | <ul style="list-style-type: none"> QL 2 EA / 1 day(s) PA SF SP |
| XOSPATA | 2 | <ul style="list-style-type: none"> QL 3 EA / 1 day(s) PA SF SP |
| ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB) | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA SP |
| ZELBORAF | 2 | <ul style="list-style-type: none"> QL 240 EA / fill PA SP |
| ZOLINZA | 2 | <ul style="list-style-type: none"> QL 4 EA / day SF SP |
| ZYDELIG | 2 | <ul style="list-style-type: none"> PA LA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---------------------------------|
| ZYKADIA | 2 | QL 3 EA / day PA SF SP |
| ANTINEOPLASTICS MISC. | | |
| <i>bexarotene 75 mg cap</i> | 1 | PA SP |
| <i>hydroxyurea</i> | 1 | EDS |
| INTRON A (INTRON A 6000000 UNIT/ML SOLUTION, INTRON A 10000000 UNIT RECON SOLN, INTRON A 10000000 UNIT/ML SOLUTION, INTRON A 18000000 UNIT RECON SOLN, INTRON A 50000000 UNIT RECON SOLN) | 2 | SP |
| <i>tretinoin 10 mg cap</i> | 1 | SP |
| CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS | | |
| <i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i> | 1 | |
| <i>mesna</i> | 1 | |
| MESNEX 400 MG TAB | 2 | SP |
| MITOTIC INHIBITORS | | |
| ETOPOSIDE 50 MG CAP | 2 | |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ADJUNCTIVE THERAPY | | |
| NOURIANZ | 2 | PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| ANTIPARKINSON ANTICHOLINERGICS | | |
| <i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i> | 1 | EDS |
| <i>benztropine mesylate 1 mg/ml solution</i> | 1 | |
| <i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i> | 1 | EDS |
| TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION | 2 | EDS |
| ANTIPARKINSON COMT INHIBITORS | | |
| <i>entacapone</i> | 1 | EDS P |
| ONGENTYS | 2 | QL 30 EA / fill PA NP |
| <i>tolcapone</i> | 1 | PA NP |
| ANTIPARKINSON DOPAMINERGICS | | |
| <i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i> | 1 | EDS |
| <i>bromocriptine mesylate 2.5 mg tab</i> | 1 | EDS |
| <i>carbidopa-levodopa</i> | 1 | EDS P |
| CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP) | 2 | EDS P |
| <i>carbidopa-levodopa er</i> | 1 | EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>carbidopa-levodopa-entacapone</i> | 1 | EDS P |
| CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB) | 1 | P |
| CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB | 1 | NP |
| GOCOVRI | 2 | PA LA NP |
| INBRIJA | 2 | PA LA NP |
| KYNMOBI | 2 | PA SP NP |
| MIRAPEX | 2 | PA NP |
| MIRAPEX ER | 2 | PA NP |
| NEUPRO | 2 | PA NP |
| <i>pramipexole dihydrochloride</i> | 1 | EDS P |
| <i>pramipexole dihydrochloride er</i> | 1 | PA NP |
| REQUIP XL | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>ropinirole hcl</i> | 1 | EDS P |
| <i>ropinirole hcl er</i> | 1 | PA EDS NP |
| RYTARY | 2 | PA NP |
| SINEMET | 2 | PA NP |
| STALEVO 100 | 2 | PA NP |
| STALEVO 125 | 2 | PA NP |
| STALEVO 150 | 1 | PA NP |
| STALEVO 200 | 2 | PA NP |
| STALEVO 50 | 1 | PA NP |
| STALEVO 75 | 1 | PA NP |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| <i>selegiline hcl</i> | 1 | EDS |
| XADAGO | 2 | PA NP |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| LITHIUM | \$0 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>lithium carbonate</i> | \$0 | EDS |
| <i>lithium carbonate er</i> | \$0 | EDS |
| ANTIPSYCHOTICS - MISC. | | |
| CAPLYTA 42 MG CAP | \$0 | PA NP |
| EQUETRO | 2 | PA NP |
| GEODON (GEODON 20 MG CAP, GEODON 20 MG RECON SOLN, GEODON 40 MG CAP, GEODON 60 MG CAP, GEODON 80 MG CAP) | \$0 | PA NP |
| LATUDA | \$0 | PA NP |
| <i>lurasidone hcl</i> | \$0 | EDS P |
| NUPLAZID | \$0 | PA LA NP |
| VRAYLAR | \$0 | PA NP |
| <i>ziprasidone hcl</i> | \$0 | EDS P |
| <i>ziprasidone mesylate</i> | \$0 | PA NP |
| BENZISOXAZOLES | | |
| FANAPT | \$0 | PA NP |
| FANAPT TITRATION PACK | \$0 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| INVEGA | \$0 | PA NP |
| INVEGA HAFYERA | \$0 | P |
| INVEGA SUSTENNA | \$0 | P |
| INVEGA TRINZA | \$0 | P |
| <i>paliperidone er</i> | \$0 | PA EDS NP |
| PERSERIS | \$0 | P |
| RISPERDAL (RISPERDAL 0.5 MG TAB, RISPERDAL 1 MG TAB, RISPERDAL 1 MG/ML SOLUTION, RISPERDAL 2 MG TAB, RISPERDAL 3 MG TAB, RISPERDAL 4 MG TAB) | \$0 | PA NP |
| RISPERDAL CONSTA | \$0 | P |
| <i>risperidone (risperidone 0.25 mg tab, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab, risperidone 4 mg tab disp)</i> | \$0 | EDS P |
| <i>risperidone microspheres er</i> | \$0 | |
| RYKINDO | \$0 | PA NP |
| UZEDY | \$0 | PA NP |
| BUTYROPHENONES | | |
| <i>haloperidol</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>haloperidol decanoate</i> | \$0 | EDS |
| <i>haloperidol lactate 2 mg/ml conc</i> | \$0 | EDS |
| <i>haloperidol lactate 5 mg/ml solution</i> | \$0 | |
| DIBENZAPINES | | |
| <i>asenapine maleate</i> | \$0 | PA EDS NP |
| <i>clozapine (clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i> | \$0 | EDS P |
| CLOZAPINE 12.5 MG TAB DISP | \$0 | P |
| CLOZARIL | \$0 | PA NP |
| <i>loxapine succinate</i> | \$0 | EDS |
| <i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 10 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i> | \$0 | EDS P |
| <i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i> | \$0 | PA EDS NP |
| <i>olanzapine 10 mg recon soln</i> | \$0 | P |
| <i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i> | \$0 | EDS P |
| <i>quetiapine fumarate er</i> | \$0 | EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| SAPHRIS | \$0 | PA NP |
| SECUADO | \$0 | PA NP |
| SEROQUEL | \$0 | PA NP |
| SEROQUEL XR | \$0 | PA NP |
| VERSACLOZ | \$0 | PA NP |
| ZYPREXA | \$0 | PA NP |
| ZYPREXA RELPREVV | \$0 | PA NP |
| ZYPREXA ZYDIS | \$0 | PA NP |
| PHENOTHIAZINES | | |
| <i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab)</i> | \$0 | EDS |
| <i>chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)</i> | \$0 | |
| <i>compro</i> | \$0 | |
| <i>fluphenazine decanoate</i> | \$0 | EDS |
| <i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 2.5 MG/ML SOLUTION, FLUPHENAZINE HCL 5 MG/ML CONC) | \$0 | |
| <i>perphenazine</i> | \$0 | EDS |
| <i>prochlorperazine</i> | \$0 | |
| <i>prochlorperazine edisylate</i> (<i>prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution</i>) | \$0 | |
| <i>prochlorperazine maleate</i> | \$0 | |
| <i>thioridazine hcl</i> | \$0 | EDS |
| <i>trifluoperazine hcl</i> | \$0 | EDS |
| QUINOLINONE DERIVATIVES | | |
| ABILIFY | \$0 | PA NP |
| ABILIFY ASIMTUFII | \$0 | P |
| ABILIFY MAINTENA | \$0 | P |
| ABILIFY MYCITE | \$0 | PA NP |
| <i>aripiprazole</i> (<i>aripiprazole 1 mg/ml solution, aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab</i>) | \$0 | EDS P |
| <i>aripiprazole</i> (<i>aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp</i>) | \$0 | PA NP |
| ARISTADA | \$0 | PA NP |
| ARISTADA INITIO | \$0 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| REXULTI | \$0 | PA NP |
| THIOXANTHENES | | |
| <i>thiothixene</i> | \$0 | EDS |
| ANTISEPTICS & DISINFECTANTS | | |
| ANTISEPTIC COMBINATIONS | | |
| IV PREP WIPES | 2 | |
| MICROCLENS WIPES | 2 | |
| UNI-SOLVE | 2 | |
| ANTISEPTICS & DISINFECTANTS | | |
| <i>hydrogen peroxide</i> | 1 | OTC |
| CHLORINE ANTISEPTICS | | |
| <i>chlorhexidine gluconate</i> | 1 | OTC |
| HIBICLENS 4 % LIQUID | 2 | OTC |
| IODINE ANTISEPTICS | | |
| APLICARE POVIDONE-IODINE 10 % GEL | 2 | OTC |
| LUGOLS STRONG IODINE | 2 | |
| <i>povidone-iodine (betadine)</i> | 1 | OTC |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| <i>abacavir sulfate (abacavir sulfate 20 mg/ml solution, abacavir sulfate 300 mg tab)</i> | 1 | |
| <i>abacavir sulfate-lamivudine</i> | 1 | |
| <i>abacavir-lamivudine-zidovudine</i> | 1 | |
| APRETUDE | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| APTIVUS (APTIVUS 100 MG/ML SOLUTION, APTIVUS 250 MG CAP) | 2 | |
| <i>atazanavir sulfate</i> | 1 | |
| BIKTARVY | 2 | |
| CABENUVA | 2 | |
| CIMDUO | 2 | |
| COMPLERA | 2 | |
| CRIXIVAN | 2 | |
| DELSTRIGO | 2 | |
| DESCOVY 120-15 MG TAB | 2 | |
| DESCOVY 200-25 MG TAB | 2 | PV |
| DIDANOSINE (DIDANOSINE 250 MG CAP DR, DIDANOSINE 400 MG CAP DR) | 2 | |
| DOVATO | 2 | |
| EDURANT | 2 | |
| EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP) | 2 | |
| <i>efavirenz 600 mg tab</i> | 1 | |
| <i>efavirenz-emtricitab-tenofo df</i> | 1 | |
| <i>efavirenz-lamivudine-tenofovir</i> | 1 | |
| <i>emtricitabine</i> | 1 | |
| <i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i> | 1 | |
| <i>emtricitabine-tenofovir df 200-300 mg tab</i> | \$0 | |
| EMTRIVA 10 MG/ML SOLUTION | 2 | |
| <i>etravirine</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| EVOTAZ | 2 | |
| <i>fosamprenavir calcium</i> | 1 | |
| FUZEON | 2 | SP |
| GENVOYA | 2 | |
| INTELENCE 25 MG TAB | 2 | |
| INVIRASE | 2 | |
| ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB, ISENTRESS 400 MG TAB) | 2 | |
| ISENTRESS HD | 2 | |
| JULUCA | 2 | |
| <i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i> | 1 | |
| <i>lamivudine-zidovudine</i> | 1 | |
| LEXIVA 50 MG/ML SUSPENSION | 2 | |
| <i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab, lopinavir-ritonavir 400-100 mg/5ml solution)</i> | 1 | |
| <i>maraviroc</i> | 1 | |
| <i>nevirapine 200 mg tab</i> | 1 | |
| NEVIRAPINE 50 MG/5ML SUSPENSION | 2 | |
| NORVIR (NORVIR 80 MG/ML SOLUTION, NORVIR 100 MG PACKET) | 2 | |
| ODEFSEY | 2 | |
| PIFELTRO | 2 | |
| PREZCOBIX | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| PREZISTA (PREZISTA 75 MG TAB, PREZISTA 100 MG/ML SUSPENSION, PREZISTA 150 MG TAB, PREZISTA 600 MG TAB, PREZISTA 800 MG TAB) | 2 | |
| <i>ritonavir</i> | 1 | |
| RUKOBIA | 2 | |
| SELZENTRY 20 MG/ML SOLUTION | 2 | |
| <i>stavudine</i> | 1 | |
| STRIBILD | 2 | |
| SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK, SUNLENCA 463.5 MG/1.5ML SOLUTION) | 2 | |
| SYMTUZA | 2 | |
| TEMIXYS | 2 | |
| <i>tenofovir disoproxil fumarate</i> | 1 | |
| TIVICAY | 2 | |
| TIVICAY PD | 2 | |
| TRIUMEQ | 2 | |
| TRIUMEQ PD | 2 | |
| VIRACEPT | 2 | |
| VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB) | 2 | SP |
| <i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i> | 1 | |
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID (150/100) | 2 | QL 20 EA / fill |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| PAXLOVID (300/100) | 2 | QL 30 EA / fill |
| CMV AGENTS | | |
| <i>foscarnet sodium</i> | 1 | |
| PREVYMIS (PREVYMIS 240 MG/12ML SOLUTION, PREVYMIS 480 MG/24ML SOLUTION) | 2 | |
| PREVYMIS 240 MG TAB | 2 | QL 1 TAB / 1 DAY; 200 TABS / 365 DAYS |
| PREVYMIS 480 MG TAB | 2 | QL 1 UNIT / 1 DAY; 100 TABS / 6 MONTHS |
| <i>valganciclovir hcl (valganciclovir hcl 50 mg/ml recon soln, valganciclovir hcl 450 mg tab)</i> | 1 | EDS |
| HEPATITIS AGENTS | | |
| <i>adefovir dipivoxil</i> | 1 | PA SP NP |
| BARACLUDE (BARACLUDE 0.5 MG TAB, BARACLUDE 1 MG TAB) | 2 | QL 30 EA / fill PA SP NP |
| BARACLUDE 0.05 MG/ML SOLUTION | 2 | SP P |
| <i>entecavir</i> | 1 | QL 30 EA / fill EDS P |
| EPCLUSA 200-50 MG TAB | 2 | PA QL 28 UNITS / FILL; 84 UNITS / 365 DAYS SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| EPCLUSA 400-100 MG TAB | 2 | QL 84 EA / 365 day(s) PA SP NP |
| EPIVIR HBV 100 MG TAB | 1 | SP P |
| EPIVIR HBV 5 MG/ML SOLUTION | 2 | SP P |
| HARVONI (HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB) | 2 | PA QL 56 UNITS / FILL; 112 UNITS / 365 DAYS SP NP |
| HARVONI 33.75-150 MG PACKET | 2 | PA QL 28 UNITS / FILL; 56 UNITS / 365 DAYS SP NP |
| HARVONI 90-400 MG TAB | 2 | QL 84 EA / 365 days PA SP NP |
| HEPSERA | 1 | SP P |
| <i>lamivudine 100 mg tab</i> | 1 | EDS SP P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| MAVYRET 100-40 MG TAB | 2 | <ul style="list-style-type: none"> QL 168 EA / 365 days PA SP P |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 2 ML / fill SP P |
| PEGASYS 180 MCG/ML SOLUTION | 2 | <ul style="list-style-type: none"> SP P |
| PEGINTRON | 2 | <ul style="list-style-type: none"> PA NP |
| <i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i> | 1 | <ul style="list-style-type: none"> SP P |
| RIBAVIRIN 200 MG TAB | 2 | <ul style="list-style-type: none"> SP P |
| SOFOSBUVIR-VELPATASVIR | 1 | <ul style="list-style-type: none"> QL 84 EA / 365 day(s) PA QL 28 UNITS / FILL; 84 UNITS / 365 DAYS SP NP |
| SOVALDI (SOVALDI 150 MG PACKET, SOVALDI 400 MG TAB) | 2 | <ul style="list-style-type: none"> QL 84 EA / 365 days PA SP NP |
| SOVALDI (SOVALDI 200 MG PACKET, SOVALDI 200 MG TAB) | 2 | <ul style="list-style-type: none"> QL 168 EA / 365 days PA SP NP |
| VEMLIDY | 2 | <ul style="list-style-type: none"> PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| VIEKIRA PAK | 2 | <ul style="list-style-type: none"> QL 336 EA / 365 days PA SP NP |
| VOSEVI | 2 | <ul style="list-style-type: none"> QL 84 EA / 365 days PA SP P |
| ZEPATIER | 2 | <ul style="list-style-type: none"> QL 84 EA / 365 days PA SP NP |
| HERPES AGENTS | | |
| <i>acyclovir (acyclovir 200 mg cap, acyclovir 200 mg/5ml suspension, acyclovir 400 mg tab, acyclovir 800 mg tab)</i> | 1 | <ul style="list-style-type: none"> P |
| <i>acyclovir sodium</i> | 1 | |
| <i>famciclovir</i> | 1 | <ul style="list-style-type: none"> PA EDS NP |
| SITAVIG | 2 | <ul style="list-style-type: none"> PA NP |
| <i>valacyclovir hcl</i> | 1 | <ul style="list-style-type: none"> EDS P |
| VALTREX | 2 | <ul style="list-style-type: none"> PA NP |
| ZOVIRAX 200 MG/5ML SUSPENSION | 2 | <ul style="list-style-type: none"> PA NP |
| INFLUENZA AGENTS | | |
| <i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i> | 1 | <ul style="list-style-type: none"> QL 10 EA / fill P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|----------------------------|
| <i>oseltamivir phosphate 30 mg cap</i> | 1 | QL 20 EA / fill P |
| <i>oseltamivir phosphate 6 mg/ml recon susp</i> | 1 | QL 250 ml / fill P |
| RELENZA DISKHALER | 2 | QL 20 GM / fill P |
| RIMANTADINE HCL | 2 | |
| TAMIFLU (TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP) | 1 | QL 10 EA / fill P |
| TAMIFLU 30 MG CAP | 1 | QL 20 EA / fill P |
| TAMIFLU 6 MG/ML RECON SUSP | 1 | QL 250 ml / fill P |
| XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK | 2 | QL 1 EA / fill PA NP |
| XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK | 2 | QL 2 EA / fill PA NP |
| XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK | 2 | QL 1 EA / fill PA NP |
| MISC. ANTIVIRALS | | |
| LAGEVRIO | 2 | QL 40 EA / fill |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| <i>carvedilol</i> | 1 | EDS P |
| <i>carvedilol phosphate er</i> | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| COREG | 2 | PA NP |
| COREG CR | 2 | PA NP |
| <i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i> | 1 | EDS P |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| <i>acebutolol hcl</i> | 1 | PA EDS NP |
| <i>atenolol</i> | 1 | EDS P |
| <i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i> | 1 | PA EDS NP |
| <i>bisoprolol fumarate</i> | 1 | EDS P |
| BYSTOLIC | 2 | PA NP |
| KAPSPARGO SPRINKLE | 2 | PA NP |
| LOPRESSOR | 2 | PA NP |
| <i>metoprolol succinate er</i> | 1 | EDS P |
| <i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i> | 1 | EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------------------|-----------|--|
| <i>nebivolol hcl</i> | 1 | <div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">EDS</div> <div data-bbox="1133 270 1195 302">NP</div> |
| TENORMIN | 2 | <div data-bbox="1133 329 1195 361">PA</div> <div data-bbox="1133 378 1195 409">NP</div> |
| TOPROL XL | 2 | <div data-bbox="1133 445 1195 476">PA</div> <div data-bbox="1133 493 1195 525">NP</div> |
| BETA BLOCKERS NON-SELECTIVE | | |
| BETAPACE | 2 | <div data-bbox="1133 630 1195 661">PA</div> <div data-bbox="1133 678 1195 709">NP</div> |
| BETAPACE AF | 2 | <div data-bbox="1133 745 1195 777">PA</div> <div data-bbox="1133 793 1195 825">NP</div> |
| CORGARD | 2 | <div data-bbox="1133 861 1195 892">PA</div> <div data-bbox="1133 909 1195 940">NP</div> |
| HEMANGEOL | 2 | <div data-bbox="1133 976 1195 1008">PA</div> <div data-bbox="1133 1024 1195 1056">LA</div> <div data-bbox="1133 1073 1195 1104">NP</div> |
| INDERAL LA | 2 | <div data-bbox="1133 1121 1195 1152">PA</div> <div data-bbox="1133 1169 1195 1201">NP</div> |
| INDERAL XL | 2 | <div data-bbox="1133 1236 1195 1268">PA</div> <div data-bbox="1133 1285 1195 1316">NP</div> |
| INNOPRAN XL | 2 | <div data-bbox="1133 1352 1195 1383">PA</div> <div data-bbox="1133 1400 1195 1432">NP</div> |
| <i>nadolol</i> | 1 | <div data-bbox="1133 1476 1195 1507">EDS</div> <div data-bbox="1133 1524 1195 1556">P</div> |
| <i>pindolol</i> | 1 | <div data-bbox="1133 1583 1195 1614">EDS</div> <div data-bbox="1133 1631 1195 1663">P</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i> | 1 | EDS P |
| PROPRANOLOL HCL 40 MG/5ML SOLUTION | 2 | EDS P |
| <i>propranolol hcl er</i> | 1 | EDS P |
| <i>sorine</i> | 1 | EDS P |
| <i>sotalol hcl (af)</i> | 1 | EDS P |
| <i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i> | 1 | EDS P |
| SOTYLIZE | 2 | PA NP |
| <i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i> | 1 | PA EDS NP |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate</i> | 1 | EDS P |
| CALAN SR | 2 | PA NP |
| CARDIZEM | 2 | PA NP |
| CARDIZEM CD | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| CARDIZEM LA | 2 | <div data-bbox="1133 170 1195 205">PA</div> <div data-bbox="1133 218 1195 254">NP</div> |
| <i>cartia xt</i> | 1 | <div data-bbox="1133 279 1195 315">EDS</div> <div data-bbox="1133 327 1195 363">P</div> |
| <i>dilt-xr</i> | 1 | <div data-bbox="1133 388 1195 424">EDS</div> <div data-bbox="1133 436 1195 472">P</div> |
| <i>diltiazem hcl (diltiazem hcl 25 mg/5ml solution, diltiazem hcl 50 mg/10ml solution, diltiazem hcl 125 mg/25ml solution)</i> | 1 | |
| <i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i> | 1 | <div data-bbox="1133 640 1195 676">EDS</div> <div data-bbox="1133 688 1195 724">P</div> |
| DILTIAZEM HCL 100 MG RECON SOLN | 2 | |
| <i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i> | 1 | <div data-bbox="1133 1060 1195 1096">EDS</div> <div data-bbox="1133 1108 1195 1144">P</div> |
| <i>diltiazem hcl er beads</i> | 1 | <div data-bbox="1133 1350 1195 1386">EDS</div> <div data-bbox="1133 1398 1195 1434">P</div> |
| <i>diltiazem hcl er coated beads</i> | 1 | <div data-bbox="1133 1459 1195 1495">EDS</div> <div data-bbox="1133 1507 1195 1543">P</div> |
| <i>felodipine er</i> | 1 | <div data-bbox="1133 1568 1195 1604">EDS</div> <div data-bbox="1133 1617 1195 1652">P</div> |
| <i>isradipine</i> | 1 | <div data-bbox="1133 1680 1195 1715">EDS</div> <div data-bbox="1133 1728 1195 1764">P</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>matzim la</i> | 1 | PA EDS NP |
| <i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i> | 1 | P |
| <i>nicardipine hcl 2.5 mg/ml solution</i> | 1 | |
| <i>nifedipine</i> | 1 | EDS P |
| <i>nifedipine er</i> | 1 | EDS P |
| <i>nifedipine er osmotic release</i> | 1 | EDS P |
| <i>nimodipine</i> | 1 | PA NP |
| NISOLDIPINE ER (NISOLDIPINE ER 20 MG TAB ER 24H, NISOLDIPINE ER 25.5 MG TAB ER 24H, NISOLDIPINE ER 30 MG TAB ER 24H, NISOLDIPINE ER 40 MG TAB ER 24H) | 2 | PA NP |
| <i>nisoldipine er (nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h, nisoldipine er 34 mg tab er 24h)</i> | 1 | PA NP |
| NORVASC | 2 | PA NP |
| NYMALIZE | 2 | PA NP |
| PROCARDIA | 2 | PA NP |
| PROCARDIA XL | 2 | PA NP |
| SULAR | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>taztia xt</i> | 1 | EDS P |
| <i>tiadylt er</i> | 1 | EDS P |
| TIAZAC | 2 | PA NP |
| <i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i> | 1 | EDS P |
| <i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 300 mg cap er 24h)</i> | 1 | EDS P |
| VERAPAMIL HCL ER 100 MG CAP ER 24H | 1 | EDS NP |
| VERAPAMIL HCL ER 360 MG CAP ER 24H | 1 | P |
| VERELAN | 2 | PA NP |
| VERELAN PM | 2 | PA NP |
| CARDIOTONICS | | |
| CARDIAC GLYCOSIDES | | |
| <i>digitek</i> | 1 | EDS |
| <i>digox</i> | 1 | EDS |
| <i>digoxin (digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)</i> | 1 | EDS |
| <i>digoxin 0.25 mg/ml solution</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| CARDIOVASCULAR AGENTS - MISC. | | |
| CARDIAC MYOSIN INHIBITORS | | |
| CAMZYOS | 2 | QL 30 EA / fill PA LA |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
| <i>amlodipine-atorvastatin</i> | 1 | PA NP |
| CADUET | 2 | PA NP |
| ENTRESTO | 2 | QL 60 EA / fill P |
| PROSTAGLANDIN VASODILATORS | | |
| <i>epoprostenol sodium</i> | 1 | LA |
| ORENITRAM | 2 | PA LA NP |
| TYVASO | 2 | PA LA NP |
| TYVASO DPI MAINTENANCE KIT (TYVASO DPI MAINTENANCE KIT 16 MCG POWDER, TYVASO DPI MAINTENANCE KIT 32 MCG POWDER, TYVASO DPI MAINTENANCE KIT 48 MCG POWDER, TYVASO DPI MAINTENANCE KIT 64 MCG POWDER) | 2 | QL 120 EA / fill PA LA NP |
| TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER | 2 | QL 196 EA / 28 days PA LA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER | 2 | <ul style="list-style-type: none"> QL 252 EA / 28 days PA LA NP |
| TYVASO REFILL | 2 | <ul style="list-style-type: none"> PA LA NP |
| TYVASO STARTER | 2 | <ul style="list-style-type: none"> PA LA NP |
| VENTAVIS | 2 | <ul style="list-style-type: none"> PA LA NP |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| <i>ambrisentan</i> | 1 | <ul style="list-style-type: none"> QL 30 EA / fill PA SP P |
| <i>bosentan</i> | 1 | <ul style="list-style-type: none"> QL 60 EA / fill PA LA NP |
| LETAIRIS | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA LA NP |
| OPSUMIT | 2 | <ul style="list-style-type: none"> QL 30 EA / fill PA LA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| TRACLEER (TRACLEER 62.5 MG TAB, TRACLEER 125 MG TAB) | 1 | <ul style="list-style-type: none"> QL 60 EA / fill PA LA P |
| TRACLEER 32 MG TAB SOL | 2 | <ul style="list-style-type: none"> QL 120 EA / fill PA LA NP |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| ADCIRCA | 2 | <ul style="list-style-type: none"> PA SP NP |
| <i>alyq</i> | 1 | <ul style="list-style-type: none"> PA SP NP |
| REVATIO (REVATIO 10 MG/ML RECON SUSP, REVATIO 20 MG TAB) | 2 | <ul style="list-style-type: none"> PA SP NP |
| <i>sildenafil citrate 10 mg/ml recon susp</i> | 1 | <ul style="list-style-type: none"> QL 120 ml / fill PA SP P |
| <i>sildenafil citrate 20 mg tab</i> | 1 | <ul style="list-style-type: none"> QL 90 EA / fill PA SP P |
| <i>tadalafil (pah)</i> | 1 | <ul style="list-style-type: none"> PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB) | 2 | QL 60 EA / fill PA LA NP |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS | 2 | PA LA NP |
| SINUS NODE INHIBITORS | | |
| CORLANOR (CORLANOR 5 MG TAB, CORLANOR 5 MG/5ML SOLUTION, CORLANOR 7.5 MG TAB) | 2 | |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX | 2 | QL 30 EA / fill PA SP |
| VYNDAQEL | 2 | QL 120 EA / fill PA SP |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil (cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp) | 1 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| CEFADROXIL 1 GM TAB | 2 | <div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 260">NP</div> |
| <i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i> | 1 | |
| CEFAZOLIN SODIUM (CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM 2 GM RECON SOLN, CEFAZOLIN SODIUM 100 GM RECON SOLN, CEFAZOLIN SODIUM 300 GM RECON SOLN) | 2 | |
| CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN) | 2 | |
| <i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap, cephalexin 750 mg cap)</i> | 1 | <div data-bbox="1133 1087 1195 1125">P</div> |
| CEPHALEXIN (CEPHALEXIN 250 MG TAB, CEPHALEXIN 500 MG TAB) | 2 | <div data-bbox="1133 1220 1195 1257">PA</div> <div data-bbox="1133 1268 1195 1306">NP</div> |
| KEFLEX | 2 | <div data-bbox="1133 1346 1195 1383">PA</div> <div data-bbox="1133 1394 1195 1432">NP</div> |
| CEPHALOSPORINS - 2ND GENERATION | | |
| CEFACLOR (CEFACLOR 125 MG/5ML RECON SUSP, CEFACLOR 250 MG CAP, CEFACLOR 250 MG/5ML RECON SUSP, CEFACLOR 375 MG/5ML RECON SUSP, CEFACLOR 500 MG CAP) | 2 | <div data-bbox="1133 1640 1195 1677">P</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| CEFACLOR ER | 2 | PA NP |
| CEFOTETAN DISODIUM | 2 | |
| <i>cefotetan disodium</i> | 1 | |
| <i>cefoxitin sodium</i> | 1 | |
| CEFOXITIN SODIUM-DEXTROSE | 2 | |
| <i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i> | 1 | P |
| <i>cefuroxime axetil</i> | 1 | P |
| <i>cefuroxime sodium</i> | 1 | |
| CEPHALOSPORINS - 3RD GENERATION | | |
| <i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i> | 1 | P |
| <i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp)</i> | 1 | PA NP |
| <i>cefixime 400 mg cap</i> | 1 | PA NP |
| <i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i> | 1 | PA NP |
| <i>ceftazidime</i> | 1 | |
| <i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i> | 1 | |
| CEFTRIAZONE SODIUM IN DEXTROSE | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| CEFTRIAZONE SODIUM-DEXTROSE | 2 | |
| SUPRAX (SUPRAX 100 MG CHEW TAB, SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 200 MG CHEW TAB, SUPRAX 200 MG/5ML RECON SUSP, SUPRAX 500 MG/5ML RECON SUSP) | 2 | PA NP |
| SUPRAX 400 MG CAP | 1 | P |
| <i>tazicef (tazicef 1 gm recon soln, tazicef 2 gm recon soln)</i> | 1 | |
| CEPHALOSPORINS - 4TH GENERATION | | |
| <i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 2 gm recon soln)</i> | 1 | |
| CEFEPIME HCL (CEFEPIME HCL 1 GM/50ML SOLUTION, CEFEPIME HCL 2 GM/100ML SOLUTION) | 2 | |
| CONTRACEPTIVES | | |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| <i>afirmelle</i> | \$0 | EDS |
| <i>altavera</i> | \$0 | EDS |
| <i>alyacen 1/35</i> | \$0 | EDS |
| <i>alyacen 7/7/7</i> | \$0 | EDS |
| <i>amethia</i> | \$0 | EDS |
| <i>amethia lo</i> | \$0 | EDS |
| <i>amethyst</i> | \$0 | EDS |
| <i>apri</i> | \$0 | EDS |
| <i>aranelle</i> | \$0 | EDS |
| <i>ashlyna</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------|-----------|-----------------------|
| <i>aubra</i> | \$0 | EDS |
| <i>aubra eq</i> | \$0 | EDS |
| <i>aurovela 1.5/30</i> | \$0 | EDS |
| <i>aurovela 1/20</i> | \$0 | EDS |
| <i>aurovela 24 fe</i> | \$0 | EDS |
| <i>aurovela fe 1.5/30</i> | \$0 | EDS |
| <i>aurovela fe 1/20</i> | \$0 | EDS |
| <i>aviane</i> | \$0 | EDS |
| <i>ayuna</i> | \$0 | EDS |
| <i>azurette</i> | \$0 | EDS |
| <i>balziva</i> | \$0 | EDS |
| <i>bekyree</i> | \$0 | EDS |
| <i>blisovi 24 fe</i> | \$0 | EDS |
| <i>blisovi fe 1.5/30</i> | \$0 | EDS |
| <i>blisovi fe 1/20</i> | \$0 | EDS |
| <i>briellyn</i> | \$0 | EDS |
| <i>camrese</i> | \$0 | EDS |
| <i>camrese lo</i> | \$0 | EDS |
| <i>caziant</i> | \$0 | EDS |
| <i>charlotte 24 fe</i> | \$0 | EDS |
| <i>chateal</i> | \$0 | EDS |
| <i>chateal eq</i> | \$0 | EDS |
| <i>cryselle-28</i> | \$0 | EDS |
| <i>cyclafem 1/35</i> | \$0 | EDS |
| <i>cyclafem 7/7/7</i> | \$0 | EDS |
| <i>cyred</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>cyred eq</i> | \$0 | EDS |
| <i>dasetta 1/35</i> | \$0 | EDS |
| <i>dasetta 7/7/7</i> | \$0 | EDS |
| <i>daysee</i> | \$0 | EDS |
| <i>delyla</i> | \$0 | EDS |
| <i>desogestrel-ethinyl estradiol (desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab, desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab)</i> | \$0 | EDS |
| <i>dolishale</i> | \$0 | EDS |
| <i>drospiren-eth estrad-levomefol</i> | \$0 | EDS |
| <i>drospirenone-ethinyl estradiol</i> | \$0 | EDS |
| <i>elinest</i> | \$0 | EDS |
| <i>emoquette</i> | \$0 | EDS |
| <i>enpresse-28</i> | \$0 | EDS |
| <i>enskyce</i> | \$0 | EDS |
| <i>estarylla</i> | \$0 | EDS |
| <i>ethynodiol diac-eth estradiol</i> | \$0 | EDS |
| <i>falmina</i> | \$0 | EDS |
| <i>fayosim</i> | \$0 | EDS |
| <i>femynor</i> | \$0 | EDS |
| <i>finzala</i> | \$0 | EDS |
| <i>gemmily</i> | \$0 | EDS |
| <i>gianvi</i> | \$0 | EDS |
| <i>hailey 1.5/30</i> | \$0 | EDS |
| <i>hailey 24 fe</i> | \$0 | EDS |
| <i>hailey fe 1.5/30</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------|-----------|-----------------------|
| <i>hailey fe 1/20</i> | \$0 | EDS |
| <i>iclevia</i> | \$0 | EDS |
| <i>introvale</i> | \$0 | EDS |
| <i>isibloom</i> | \$0 | EDS |
| <i>jaimiess</i> | \$0 | EDS |
| <i>jasmiel</i> | \$0 | EDS |
| <i>jolessa</i> | \$0 | EDS |
| <i>joyeaux</i> | \$0 | EDS |
| <i>juleber</i> | \$0 | EDS |
| <i>junel 1.5/30</i> | \$0 | EDS |
| <i>junel 1/20</i> | \$0 | EDS |
| <i>junel fe 1.5/30</i> | \$0 | EDS |
| <i>junel fe 1/20</i> | \$0 | EDS |
| <i>junel fe 24</i> | \$0 | EDS |
| <i>kaitlib fe</i> | \$0 | EDS |
| <i>kalliga</i> | \$0 | EDS |
| <i>kariva</i> | \$0 | EDS |
| <i>kelnor 1/35</i> | \$0 | EDS |
| <i>kelnor 1/50</i> | \$0 | EDS |
| <i>kurvelo</i> | \$0 | EDS |
| <i>larin 1.5/30</i> | \$0 | EDS |
| <i>larin 1/20</i> | \$0 | EDS |
| <i>larin 24 fe</i> | \$0 | EDS |
| <i>larin fe 1.5/30</i> | \$0 | EDS |
| <i>larin fe 1/20</i> | \$0 | EDS |
| <i>larissia</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>layolis fe</i> | \$0 | EDS |
| <i>leena</i> | \$0 | EDS |
| <i>lessina</i> | \$0 | EDS |
| <i>levonest</i> | \$0 | EDS |
| <i>levonorg-eth estrad triphasic</i> | \$0 | EDS |
| <i>levonorgest-eth est & eth est</i> | \$0 | EDS |
| <i>levonorgest-eth estrad 91-day</i> | \$0 | EDS |
| <i>levonorgest-eth estradiol-iron</i> | \$0 | EDS |
| <i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg- mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i> | \$0 | EDS |
| <i>levora 0.15/30 (28)</i> | \$0 | EDS |
| <i>lillow</i> | \$0 | EDS |
| <i>lo-zumandimine</i> | \$0 | EDS |
| <i>loestrin 1.5/30 (21)</i> | \$0 | EDS |
| <i>loestrin 1/20 (21)</i> | \$0 | EDS |
| <i>loestrin fe 1.5/30</i> | \$0 | EDS |
| <i>loestrin fe 1/20</i> | \$0 | EDS |
| <i>lojaimiess</i> | \$0 | EDS |
| <i>loryna</i> | \$0 | EDS |
| <i>low-ogestrel</i> | \$0 | EDS |
| <i>lutra</i> | \$0 | EDS |
| <i>marlissa</i> | \$0 | EDS |
| <i>melodetta 24 fe</i> | \$0 | EDS |
| <i>merzee</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------------------|-----------|-----------------------|
| <i>mibelas 24 fe</i> | \$0 | EDS |
| <i>microgestin 1.5/30</i> | \$0 | EDS |
| <i>microgestin 1/20</i> | \$0 | EDS |
| <i>microgestin 24 fe</i> | \$0 | EDS |
| <i>microgestin fe 1.5/30</i> | \$0 | EDS |
| <i>microgestin fe 1/20</i> | \$0 | EDS |
| <i>mili</i> | \$0 | EDS |
| <i>mono-lynyah</i> | \$0 | EDS |
| <i>necon 0.5/35 (28)</i> | \$0 | EDS |
| <i>nikki</i> | \$0 | EDS |
| <i>norethin ace-eth estrad-fe</i> | \$0 | EDS |
| <i>norethin-eth estradiol-fe</i> | \$0 | EDS |
| <i>norethindron-ethinyl estrad-fe</i> | \$0 | EDS |
| <i>norethindrone acet-ethinyl est</i> | \$0 | EDS |
| <i>norgestim-eth estrad triphasic</i> | \$0 | EDS |
| <i>norgestimate-eth estradiol</i> | \$0 | EDS |
| <i>nortrel 0.5/35 (28)</i> | \$0 | EDS |
| <i>nortrel 1/35 (21)</i> | \$0 | EDS |
| <i>nortrel 1/35 (28)</i> | \$0 | EDS |
| <i>nortrel 7/7/7</i> | \$0 | EDS |
| <i>nylia 1/35</i> | \$0 | EDS |
| <i>nylia 7/7/7</i> | \$0 | EDS |
| <i>nymyo</i> | \$0 | EDS |
| <i>ocella</i> | \$0 | EDS |
| OGESTREL | \$0 | EDS |
| <i>orsythia</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------|-----------|-----------------------|
| <i>philith</i> | \$0 | EDS |
| <i>pimtrea</i> | \$0 | EDS |
| <i>pirmella 1/35</i> | \$0 | EDS |
| <i>pirmella 7/7/7</i> | \$0 | EDS |
| <i>portia-28</i> | \$0 | EDS |
| <i>previfem</i> | \$0 | EDS |
| <i>reclipsen</i> | \$0 | EDS |
| <i>rivelsa</i> | \$0 | EDS |
| <i>setlakin</i> | \$0 | EDS |
| <i>simliya</i> | \$0 | EDS |
| <i>simpesse</i> | \$0 | EDS |
| <i>sprintec 28</i> | \$0 | EDS |
| <i>sronyx</i> | \$0 | EDS |
| <i>syeda</i> | \$0 | EDS |
| <i>tarina 24 fe</i> | \$0 | EDS |
| <i>tarina fe 1/20</i> | \$0 | EDS |
| <i>tarina fe 1/20 eq</i> | \$0 | EDS |
| <i>taysofy</i> | \$0 | EDS |
| <i>tilia fe</i> | \$0 | EDS |
| <i>tri femynor</i> | \$0 | EDS |
| <i>tri-estarylla</i> | \$0 | EDS |
| <i>tri-legest fe</i> | \$0 | EDS |
| <i>tri-linyah</i> | \$0 | EDS |
| <i>tri-lo-estarylla</i> | \$0 | EDS |
| <i>tri-lo-marzia</i> | \$0 | EDS |
| <i>tri-lo-mili</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>tri-lo-sprintec</i> | \$0 | EDS |
| <i>tri-mili</i> | \$0 | EDS |
| <i>tri-nymyo</i> | \$0 | EDS |
| <i>tri-previfem</i> | \$0 | EDS |
| <i>tri-sprintec</i> | \$0 | EDS |
| <i>tri-vylibra</i> | \$0 | EDS |
| <i>tri-vylibra lo</i> | \$0 | EDS |
| <i>trivora (28)</i> | \$0 | EDS |
| <i>turqoz</i> | \$0 | EDS |
| <i>tydemy</i> | \$0 | EDS |
| <i>vestura</i> | \$0 | EDS |
| <i>vienva</i> | \$0 | EDS |
| <i>viorele</i> | \$0 | EDS |
| <i>volnea</i> | \$0 | EDS |
| <i>vyfemla</i> | \$0 | EDS |
| <i>vylibra</i> | \$0 | EDS |
| <i>wera</i> | \$0 | EDS |
| <i>wymzya fe</i> | \$0 | EDS |
| <i>zarah</i> | \$0 | EDS |
| <i>zovia 1/35 (28)</i> | \$0 | EDS |
| <i>zovia 1/35e (28)</i> | \$0 | EDS |
| <i>zumandimine</i> | \$0 | EDS |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| <i>norelgestromin-eth estradiol</i> | \$0 | EDS |
| <i>xulane</i> | \$0 | EDS |
| <i>zafemy</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| <i>eluryng</i> | \$0 | EDS |
| <i>enilloring</i> | \$0 | EDS |
| <i>etonogestrel-ethinyl estradiol</i> | \$0 | EDS |
| <i>haloette</i> | \$0 | EDS |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA | \$0 | |
| <i>levonorgestrel (plan b)</i> | \$0 | OTC |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| NEXPLANON | 2 | LA |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| <i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i> | \$0 | QL 1 ML / fill |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| LILETTA (52 MG) | \$0 | LA |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| <i>camila</i> | \$0 | EDS |
| <i>deblitane</i> | \$0 | EDS |
| <i>errin</i> | \$0 | EDS |
| <i>heather</i> | \$0 | EDS |
| <i>incassia</i> | \$0 | EDS |
| <i>jencycla</i> | \$0 | EDS |
| <i>lyleq</i> | \$0 | EDS |
| <i>lyza</i> | \$0 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| <i>nora-be</i> | \$0 | EDS |
| <i>norethindrone</i> | \$0 | EDS |
| <i>norlyda</i> | \$0 | EDS |
| <i>norlyroc</i> | \$0 | EDS |
| <i>sharobel</i> | \$0 | EDS |
| <i>tulana</i> | \$0 | EDS |
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| <i>budesonide 3 mg cp dr part</i> | 1 | PA NP |
| <i>budesonide er</i> | 1 | QL 30 EA / fill PA NP |
| CORTISONE ACETATE | 2 | |
| <i>decadron</i> | 1 | |
| <i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i> | 1 | |
| DEXAMETHASONE 0.5 MG/5ML SOLUTION | 2 | |
| DEXAMETHASONE INTENSOL | 2 | |
| <i>dexamethasone sod phosphate pf 10 mg/ml solution</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml solution, dexamethasone sodium phosphate 10 mg/ml solution, dexamethasone sodium phosphate 20 mg/5ml solution, dexamethasone sodium phosphate 100 mg/10ml solution, dexamethasone sodium phosphate 120 mg/30ml solution)</i> | 1 | |
| <i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i> | 1 | EDS |
| <i>methylprednisolone</i> | 1 | |
| <i>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension)</i> | 1 | |
| <i>methylprednisolone sodium succ (methylprednisolone sodium succ 40 mg recon soln, methylprednisolone sodium succ 125 mg recon soln, methylprednisolone sodium succ 500 mg recon soln, methylprednisolone sodium succ 1000 mg recon soln)</i> | 1 | |
| <i>prednisolone 15 mg/5ml solution</i> | 1 | |
| <i>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i> | 1 | |
| <i>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 50 mg tab)</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| PREDNISONE 5 MG/5ML SOLUTION | 2 | |
| PREDNISONE INTENSOL | 2 | |
| SOLU-CORTEF | 2 | |
| SOLU-MEDROL (PF) | 2 | |
| SOLU-MEDROL (SOLU-MEDROL 2 GM RECON SOLN, SOLU-MEDROL 500 MG RECON SOLN, SOLU-MEDROL 1000 MG RECON SOLN) | 2 | |
| TARPEYO | 2 | PA LA |
| UCERIS 9 MG TAB ER 24H | 2 | PA NP |
| MINERALOCORTICIDS | | |
| <i>fludrocortisone acetate</i> | 1 | EDS |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVES | | |
| <i>benzonatate</i> | 1 | |
| <i>dextromethorphan (robitussin)</i> | 1 | OTC |
| WAL-TUSSIN COUGH RELIEF | 2 | OTC |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| <i>bromfed dm</i> | 1 | |
| <i>brompheniramine / phenylephrine</i> | 1 | OTC |
| <i>brompheniramine / pseudoephedrine</i> | 1 | OTC |
| <i>cetirizine / pseudoephedrine (zyrtec - d)</i> | 1 | OTC P |
| CHILDRENS COLD-ALLERGY | 2 | OTC |
| <i>chlorpheniramine / phenylephrine</i> | 1 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>chlorpheniramine / phenylephrine / acetaminophen</i> | 1 | OTC |
| <i>chlorpheniramine / phenylephrine / aspirin</i> | 1 | OTC |
| CHLORPHENIRAMINE / PSEUDOEPHEDRINE | 2 | OTC |
| <i>chlorpheniramine / pseudoephedrine</i> | 1 | OTC |
| CLARINEX-D 12 HOUR | 2 | PA NP |
| <i>dextromethorphan / phenylephrine / acetaminophen</i> | 1 | OTC |
| <i>guaifenesin / codeine</i> | 1 | QL 60 ml / day OTC |
| <i>guaifenesin / dextromethorphan (mucinex dm)</i> | 1 | OTC |
| <i>guaifenesin / dextromethorphan / phenylephrine</i> | 1 | OTC |
| <i>guaifenesin / dextromethorphan / pseudoephedrine</i> | 2 | OTC |
| <i>guaifenesin dac</i> | 1 | QL 60 ml / day OTC |
| GUAIFENESIN/ DEXTROMETHORPHAN/ PHENYLEPHRINE | 2 | OTC |
| <i>loratadine / pseudoephedrine (claritin - d)</i> | 1 | OTC P |
| M-CLEAR WC | 2 | QL 60 ml / day OTC |
| MUCINEX D MAX STRENGTH | 2 | OTC |
| MUCINEX DM | 2 | OTC |
| NOREL AD | 2 | OTC |
| <i>phenylephrine / acetaminophen</i> | 1 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>phenylephrine / bropheniramine / dextromethorphan</i> | 1 | OTC |
| <i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i> | 1 | OTC |
| PHENYLEPHRINE / DEXTROMETHORPHAN | 2 | OTC |
| <i>phenylephrine / dextromethorphan</i> | 1 | OTC |
| PHENYLEPHRINE / GUAIFENESIN | 2 | OTC |
| <i>phenylephrine / guaifenesin</i> | 1 | OTC |
| <i>pseudoeph-bromphen-dm</i> | 1 | |
| <i>pseudoephedrine / guaifenesin</i> | 1 | OTC |
| PSEUDOEPHEDRINE / IBUPROFEN | 2 | OTC |
| EXPECTORANTS | | |
| GERI-TUSSIN 100 MG/5ML SYRUP | 2 | OTC |
| <i>guaifenesin (mucinex)</i> | 1 | OTC |
| MISC. RESPIRATORY INHALANTS | | |
| <i>sodium chloride nasal spray</i> | 1 | OTC |
| MUCOLYTICS | | |
| <i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i> | 1 | |
| DERMATOLOGICALS | | |
| ACNE PRODUCTS | | |
| ACANYA | 2 | PA NP |
| <i>acutane</i> | 1 | |
| <i>adapalene (adapalene 0.1 % cream, adapalene 0.3 % gel)</i> | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>adapalene 0.1 % gel</i> | 1 | OTC P |
| <i>adapalene treatment</i> | 1 | OTC P |
| <i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i> | 1 | PA NP |
| <i>amnestem</i> | 1 | |
| AMZEEQ | 2 | PA NP |
| ATRALIN | 2 | PA NP |
| <i>avar cleanser</i> | 1 | PA NP |
| <i>avar-e emollient</i> | 1 | |
| <i>avar-e green</i> | 1 | |
| AVAR-E LS | 2 | PA NP |
| <i>avita</i> | 1 | PA NP |
| BENZACLIN | 2 | PA NP |
| BENZACLIN WITH PUMP | 1 | P |
| BENZAMYCIN | 2 | PA NP |
| <i>benzoyl peroxide</i> | 1 | PA OTC NP |
| <i>benzoyl peroxide cleanser 6%</i> | 1 | PA OTC NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>benzoyl peroxide pad</i> | 2 | PA OTC NP |
| <i>benzoyl peroxide-erythromycin</i> | 1 | P |
| <i>bp 10-1</i> | 1 | PA NP |
| BPO GEL 4%, 8% | 1 | OTC P |
| <i>claravis</i> | 1 | |
| CLENIA PLUS | 2 | PA NP |
| CLEOCIN-T 1 % GEL | 2 | PA NP |
| <i>clindacin</i> | 1 | PA NP |
| <i>clindacin etz 1 % swab</i> | 1 | P |
| <i>clindacin-p</i> | 1 | P |
| CLINDAGEL | 2 | PA NP |
| <i>clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-5 % gel)</i> | 1 | P |
| <i>clindamycin phosphate (clindamycin phosphate 1 % foam, clindamycin phosphate 1 % gel)</i> | 1 | PA NP |
| <i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution, clindamycin phosphate 1 % swab)</i> | 1 | P |
| <i>clindamycin-tretinoin</i> | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>cvs adapalene</i> | 1 | OTC P |
| <i>dapsone 5 % gel</i> | 1 | PA NP |
| ERY | 2 | |
| <i>erythromycin (erythromycin 2 % gel, erythromycin 2 % solution)</i> | 1 | P |
| <i>isotretinoin</i> | 1 | |
| <i>myorisan</i> | 1 | |
| <i>neuac 1.2-5 % gel</i> | 1 | PA NP |
| NEUAC 1.2-5 % KIT | 2 | PA NP |
| ONEXTON | 2 | PA NP |
| RETIN-A | 1 | P |
| RETIN-A MICRO | 2 | PA NP |
| RETIN-A MICRO PUMP | 2 | PA NP |
| <i>sss 10-5 10-5 % cream</i> | 1 | |
| <i>sulfacetamide sodium (acne)</i> | 1 | |
| <i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 10-4 % pad, sulfacetamide sodium-sulfur 10-5 % cream)</i> | 1 | |
| <i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 10-5 % liquid, sulfacetamide sodium-sulfur 10-5 % lotion)</i> | 1 | P |
| <i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 8-4 % suspension, sulfacetamide sodium-sulfur 10-5 % suspension)</i> | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-------------------------------------|
| SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION | 2 | PA NP |
| <i>sulfacleanse 8/4</i> | 1 | PA NP |
| <i>sulfamez wash</i> | 1 | PA NP |
| <i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % cream, tretinoin 0.025 % gel, tretinoin 0.05 % cream, tretinoin 0.05 % gel, tretinoin 0.1 % cream)</i> | 1 | PA NP |
| <i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel)</i> | 1 | PA NP |
| <i>tretinoin microsphere 0.08 % gel</i> | 1 | |
| <i>tretinoin microsphere pump (tretinoin microsphere pump 0.04 % gel, tretinoin microsphere pump 0.1 % gel)</i> | 1 | PA NP |
| <i>tretinoin microsphere pump 0.08 % gel</i> | 1 | |
| VELTIN | 2 | PA NP |
| WINLEVI | 2 | PA NP |
| <i>zenatane</i> | 1 | |
| ZIANA | 2 | PA NP |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| DICLOFENAC EPOLAMINE | 1 | QL 60 EA / fill PA NP |
| <i>diclofenac sodium 1 % gel</i> | 1 | QL 500 GM / fill OTC EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| FLECTOR | 2 | QL 60 EA / fill PA NP |
| LICART | 2 | QL 30 EA / fill PA NP |
| ANTIBIOTICS - TOPICAL | | |
| <i>bacitracin</i> | 1 | OTC |
| <i>bacitracin / polymyxin b (polysporin)</i> | 1 | OTC |
| <i>bacitracin zinc</i> | 1 | OTC |
| CENTANY | 2 | PA NP |
| CENTANY AT | 2 | PA NP |
| <i>gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)</i> | 1 | |
| <i>mupirocin</i> | 1 | P |
| <i>mupirocin calcium</i> | 1 | PA NP |
| <i>neomycin / bacitracin / polymixin (neosporin)</i> | 1 | OTC |
| <i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i> | 1 | OTC |
| XEPI | 2 | PA NP |
| ANTIFUNGALS - TOPICAL | | |
| <i>ciclodan</i> | 1 | P |
| <i>ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)</i> | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--------------------------------|
| <i>ciclopirox 8 % solution</i> | 1 | P |
| <i>ciclopirox olamine (ciclopirox olamine 0.77 % cream, ciclopirox olamine 0.77 % suspension)</i> | 1 | P |
| <i>clotrimazole (lotrimin)</i> | 1 | PA OTC NP |
| <i>clotrimazole-betamethasone 1-0.05 % cream</i> | 1 | P |
| <i>clotrimazole-betamethasone 1-0.05 % lotion</i> | 1 | PA NP |
| <i>econazole nitrate</i> | 1 | P |
| EXELDERM (EXELDERM 1 % CREAM, EXELDERM 1 % SOLUTION) | 2 | PA NP |
| JUBLIA | 2 | PA NP |
| KERYDIN | 2 | PA NP |
| <i>ketoconazole (ketoconazole 2 % cream, ketoconazole 2 % shampoo)</i> | 1 | P |
| <i>ketoconazole 2 % foam</i> | 1 | PA NP |
| <i>ketodan 2 % foam</i> | 1 | PA NP |
| <i>klayesta</i> | 1 | P |
| LOPROX (LOPROX 0.77 % (SUSP) KIT, LOPROX 0.77 % CREAM, LOPROX 0.77 % KIT, LOPROX 0.77 % SUSPENSION, LOPROX 1 % SHAMPOO) | 2 | PA NP |
| LULICONAZOLE | 1 | QL 60 GM / 30 days PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| LUZU | 2 | QL 60 GM / 30 days PA NP |
| MICATIN | 2 | OTC |
| <i>miconazole (micatin)</i> | 1 | OTC P |
| MICONAZOLE-ZINC OXIDE-PETROLAT | 1 | PA NP |
| <i>naftifine hcl</i> | 1 | PA NP |
| NAFTIFINE HCL 1 % CREAM | 2 | PA NP |
| NAFTIN | 2 | PA NP |
| <i>nyamyc</i> | 1 | P |
| <i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder)</i> | 1 | P |
| <i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i> | 1 | P |
| <i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i> | 1 | PA NP |
| <i>nystop</i> | 1 | P |
| <i>oxiconazole nitrate</i> | 1 | PA NP |
| OXISTAT 1 % CREAM | 2 | PA NP |
| SULCONAZOLE NITRATE (SULCONAZOLE NITRATE 1 % CREAM, SULCONAZOLE NITRATE 1 % SOLUTION) | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|----------------------------------|
| <i>tavaborole</i> | 1 | PA NP |
| <i>terbinafine (lamisil)</i> | 1 | OTC P |
| <i>tolnaftate (tinactin)</i> | 1 | PA OTC NP |
| VUSION | 2 | PA NP |
| ANTIHISTAMINES-TOPICAL | | |
| <i>diphenhydramine / zinc</i> | 1 | OTC |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| <i>bexarotene 1 % gel</i> | 1 | PA SP |
| <i>diclofenac sodium 3 % gel</i> | 1 | QL 300 GM / 30 DAYS PA EDS |
| FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION) | 2 | |
| <i>fluorouracil 5 % cream</i> | 1 | |
| VALCHLOR | 2 | QL 240 GM / 30 days LA |
| ANTIPRURITICS - TOPICAL | | |
| <i>anti-itch lotion</i> | 1 | OTC |
| ANTIPSORIATICS | | |
| <i>acitretin</i> | 1 | SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i> | 1 | |
| COSENTYX (300 MG DOSE) | 2 | <ul style="list-style-type: none"> QL 2 ML / 28 day(s) PA SP NP |
| COSENTYX (COSENTYX 150 MG/ML SOLN PRSYR, COSENTYX 300 MG/2ML SOLN A-INJ) | 2 | <ul style="list-style-type: none"> QL 2 ML / 28 day(s) PA SP NP |
| COSENTYX 75 MG/0.5ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 0.5 ml / 28 days PA SP NP |
| COSENTYX SENSOREADY (300 MG) | 2 | <ul style="list-style-type: none"> QL 2 ML / 28 day(s) PA SP NP |
| COSENTYX SENSOREADY PEN | 2 | <ul style="list-style-type: none"> QL 2 ML / 28 day(s) PA SP NP |
| ILUMYA | 2 | <ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP |
| METHOXSALEN RAPID | 2 | |
| <i>methoxsalen rapid</i> | 1 | |
| SILIQ | 2 | <ul style="list-style-type: none"> QL 6 ML / fill PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------|-----------|---|
| SKYRIZI (150 MG DOSE) | 2 | <ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP |
| SKYRIZI 150 MG/ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP |
| SKYRIZI PEN | 2 | <ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP |
| SOTYKTU | 2 | <ul style="list-style-type: none"> QL 30 EA / 30 day(s) PA SP NP |
| SPEVIGO | 2 | <ul style="list-style-type: none"> QL 15 ML / 365 day(s) PA NP |
| STELARA 45 MG/0.5ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 0.5 ml / 84 days PA SP NP |
| STELARA 45 MG/0.5ML SOLUTION | 2 | <ul style="list-style-type: none"> QL 0.5 ML / 84 day(s) PA SP NP |
| STELARA 90 MG/ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 1 ML / 84 day(s) PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-------------------------------------|
| <i>tazarotene 0.1 % cream</i> | 1 | PA NP |
| TREMFYA | 2 | QL 1 ml / 56 days PA SP NP |
| ANTISEBORRHEIC PRODUCTS | | |
| <i>anti-dandruff shampoo</i> | 1 | OTC EDS |
| OVACE PLUS (OVACE PLUS 10 % CREAM, OVACE PLUS 10 % SHAMPOO) | 2 | PA NP |
| <i>sodium sulfacetamide wash</i> | 1 | |
| SODIUM SULFACETAMIDE-BAKUCHIOL | 2 | |
| <i>sulfacetamide sodium 10 % liquid</i> | 1 | |
| ANTIVIRALS - TOPICAL | | |
| <i>acyclovir 5 % cream</i> | 1 | PA NP |
| <i>acyclovir 5 % ointment</i> | 1 | P |
| DENAVIR | 1 | P |
| XERESE | 2 | PA NP |
| ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT) | 2 | PA NP |
| BATH PRODUCTS | | |
| <i>emollient</i> | 2 | OTC |
| MOISTURIZING CREAM (VANICREAM) | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| BURN PRODUCTS | | |
| <i>silver sulfadiazine</i> | 1 | |
| <i>ssd</i> | 1 | |
| CORTICOSTEROIDS - TOPICAL | | |
| <i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % lotion, betamethasone dipropionate 0.05 % ointment)</i> | 1 | |
| <i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % ointment)</i> | 1 | |
| BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL | 2 | |
| <i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment)</i> | 1 | |
| <i>clobetasol prop emollient base</i> | 1 | |
| <i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % foam, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment, clobetasol propionate 0.05 % solution)</i> | 1 | |
| <i>clobetasol propionate e</i> | 1 | |
| <i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i> | 1 | |
| <i>fluocinolone acetonide 0.025 % ointment</i> | 1 | |
| <i>fluocinolone acetonide body</i> | 1 | |
| <i>fluocinolone acetonide scalp</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-------------------------------------|
| <i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution, fluocinonide 0.1 % cream)</i> | 1 | |
| <i>fluticasone propionate 0.05 % cream</i> | 1 | |
| <i>halobetasol propionate (halobetasol propionate 0.05 % cream, halobetasol propionate 0.05 % ointment)</i> | 1 | |
| <i>hydrocortisone</i> | 1 | OTC EDS |
| <i>hydrocortisone ace-pramoxine 2.5-1 % cream</i> | 1 | |
| <i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment, mometasone furoate 0.1 % solution)</i> | 1 | |
| <i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment)</i> | 1 | |
| <i>triderm</i> | 1 | |
| DIAPER RASH PRODUCTS | | |
| <i>diaper rash products</i> | 1 | OTC |
| ECZEMA AGENTS | | |
| ADBRY | 2 | QL 4 EA / 28 days PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| DUPIXENT (DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR) | 2 | <ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P |
| DUPIXENT 100 MG/0.67ML SOLN PRSYR | 2 | <ul style="list-style-type: none"> QL 2.68 ml / 28 days PA SP P |
| OPZELURA | 2 | <ul style="list-style-type: none"> QL 240 GM / 30 days PA NP |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| <i>urea 10% and 20% (carmol)</i> | 1 | <ul style="list-style-type: none"> OTC EDS |
| EMOLLIENTS | | |
| <i>ammonium lactate (amlactin)</i> | 1 | <ul style="list-style-type: none"> OTC |
| EMOLLIENT | 2 | <ul style="list-style-type: none"> OTC |
| <i>glycerin topical liquid</i> | 1 | <ul style="list-style-type: none"> OTC |
| VITAMIN A | 2 | <ul style="list-style-type: none"> OTC |
| <i>vitamin a / vitamin d</i> | 1 | <ul style="list-style-type: none"> OTC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| <i>imiquimod 5 % cream</i> | 1 | |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| <i>pimecrolimus</i> | 1 | |
| <i>tacrolimus 0.03 % ointment</i> | 1 | |
| <i>tacrolimus 0.1 % ointment</i> | 1 | <ul style="list-style-type: none"> QL 120 GM / 30 days |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOFILOX 0.5 % SOLUTION | 2 | |
| <i>podofilox 0.5 % solution</i> | 1 | |
| <i>salicylic acid</i> | 1 | OTC EDS |
| SALICYLIC ACID | 2 | OTC |
| LINIMENTS | | |
| <i>camphor / menthol / methyl salicylate (salonpas)</i> | 1 | OTC |
| METHYL SALICYLATE / MENTHOL | 2 | OTC |
| <i>methyl salicylate / menthol</i> | 1 | OTC |
| TIGER BALM MUSCLE RUB | 2 | OTC |
| <i>trolamine salicylate</i> | 1 | OTC |
| TROLAMINE SALICYLATE (MYOFLEX) | 2 | OTC |
| <i>trolamine salicylate (myoflex)</i> | 1 | OTC |
| LOCAL ANESTHETICS - TOPICAL | | |
| <i>capsaicin (zostrix)</i> | 1 | OTC |
| <i>glydo</i> | 1 | |
| LIDOCAINE 5 % OINTMENT | 1 | QL 107 EA / 30 DAY(S) |
| LIDOCAINE 5 % PATCH | 1 | QL 90 EA / fill PA NP |
| <i>lidocaine hcl 4 % solution</i> | 1 | |
| LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL | 2 | |
| <i>lidocaine hcl urethral/mucosal 2 % prsyr</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| LIDOCAINE PATCH 4% | 1 | QL 90 EA / fill OTC |
| <i>lidocaine-prilocaine 2.5-2.5 % cream</i> | 1 | |
| <i>lidocaine-prilocaine cream kit</i> | 1 | |
| LIDODERM 5 % PATCH | 2 | QL 90 EA / fill PA NP |
| <i>pramoxine / calamine</i> | 1 | OTC |
| ZTLIDO 1.8 % PATCH | 2 | PA NP |
| MISC. TOPICAL | | |
| A+D FIRST AID | 2 | OTC |
| <i>a+d first aid</i> | 1 | OTC |
| <i>benzoin tincture</i> | 2 | OTC |
| <i>calamine</i> | 2 | OTC |
| <i>calamine / zinc oxide</i> | 2 | OTC |
| <i>cvs multi-purpose 15.5-53.4 % ointment</i> | 1 | OTC |
| <i>dermamed</i> | 1 | OTC |
| <i>dimethicone</i> | 2 | OTC |
| DIMETHICONE CREAM | 2 | OTC |
| <i>eyelid cleansers</i> | 2 | OTC |
| <i>isopropyl alcohol (skin cleanser)</i> | \$0 | OTC |
| <i>lanolin/mineral oil/white petrolatum (eucerin)</i> | 1 | OTC |
| MENTHOL / ZINC OXIDE | 2 | OTC |
| <i>menthol / zinc oxide</i> | 1 | OTC |
| MINERAL OIL | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---------------------------------|
| SODIUM CHLORIDE | 2 | OTC |
| <i>witch hazel</i> | 1 | OTC |
| <i>zinc oxide (desitin)</i> | 1 | OTC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| EUCRISA | 2 | QL 120 GM / 30 days PA NP |
| ROSACEA AGENTS | | |
| <i>azelaic acid</i> | 1 | |
| <i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel, metronidazole 0.75 % lotion)</i> | 1 | |
| <i>rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)</i> | 1 | |
| SCABICIDES PEDICULICIDES | | |
| CROTAN | 2 | PA NP |
| LINDANE | 2 | PA NP |
| <i>malathion</i> | 1 | PA NP |
| NATROBA | 1 | QL 120 ml / fill P |
| OVIDE | 2 | PA NP |
| <i>permethrin (nix)</i> | 1 | OTC P |
| <i>piperonyl / pyrethrins (rid)</i> | 1 | PA OTC NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|------------------------------|
| RID COMPLETE LICE ELIMINATION KIT | 2 | PA OTC NP |
| SKLICE | 2 | PA NP |
| SPINOSAD | 1 | QL 120 ml / fill PA NP |
| TAR PRODUCTS | | |
| <i>coal tar</i> | 1 | OTC |
| X-SEB T 10 % SHAMPOO | 2 | OTC |
| WOUND CARE PRODUCTS | | |
| ACTICOAT 7 4"X5" PAD | 2 | P |
| DYNAGINATE AG SILVER CAL 2"X2" | 2 | P |
| <i>gauze pads and dressings</i> | 2 | OTC P |
| RESTORE SILVER DRESSING (RESTORE SILVER DRESSING 2"X2" PAD, RESTORE SILVER DRESSING 4"X5" PAD) | 2 | P |
| SILIGENTLE AG SILVER FOAM DRES 4"X5" PAD | 2 | P |
| SILVERSEAL HYDROGEL DRESSING 4"X5" PAD | 2 | P |
| TEGADERM AG MESH 4"X5" PAD | 2 | P |
| ZENIFIBER AG 2"X2" PAD | 2 | P |
| ZENIFOAM AG 4"X5" PAD | 2 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-------------------------------|-----------|---------------------------------|
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC DRUGS | | |
| GLUCAGEN DIAGNOSTIC | 2 | |
| GLUCAGON HCL (DIAGNOSTIC) | 2 | |
| DIAGNOSTIC TESTS | | |
| ACCU-CHEK BLOOD GLUCOSE METER | \$0 | OTC P |
| ACCU-CHEK COMPACT PLUS | \$0 | OTC P |
| ACCU-CHEK SMARTVIEW | \$0 | OTC P |
| ALBUSTIX | \$0 | OTC |
| CHEMSTRIP 10 MD | 2 | |
| CHEMSTRIP 10/SG | 2 | |
| CHEMSTRIP 2 GP | 2 | |
| CHEMSTRIP 5 OB | 2 | |
| CHEMSTRIP 7 | 2 | |
| CHEMSTRIP 9 | 2 | |
| CHEMSTRIP K | \$0 | OTC |
| CHEMSTRIP MICRAL | \$0 | OTC |
| CHEMSTRIP UGK | \$0 | OTC |
| CONTOUR NEXT TEST | \$0 | OTC P |
| CONTOUR TEST | \$0 | OTC P |
| <i>covid-19 test</i> | \$0 | QL 8 EA / 30 DAY(S) OTC P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------|-----------|-----------------------|
| CVS KETONE CARE | \$0 | OTC |
| FORA G20 BLOOD GLUCOSE TEST | \$0 | PA OTC NP |
| FORA GTEL BLOOD KETONE TEST | \$0 | OTC |
| FORA TEST N'GO ADV-VOICE-6 CON | \$0 | OTC |
| FREESTYLE INSULINX TEST | \$0 | PA OTC NP |
| FREESTYLE LITE TEST | \$0 | PA OTC NP |
| FREESTYLE TEST | \$0 | PA OTC NP |
| GLUCOCARD EXPRESSION TEST | \$0 | PA OTC NP |
| GLUCOCARD SHINE TEST | \$0 | PA OTC NP |
| <i>glucose urine test</i> | \$0 | OTC |
| GOJJI BLOOD KETONE TEST | \$0 | OTC |
| KETO-DIASTIX | \$0 | OTC |
| KETONE TEST | \$0 | OTC |
| KETOSTIX | \$0 | OTC |
| MULTISTIX 10 SG | 2 | |
| NOVA MAX PLUS KETONE TEST | \$0 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| ONETOUCH ULTRA STRIP | \$0 | PA OTC NP |
| ONETOUCH VERIO STRIP | \$0 | PA OTC NP |
| PRECISION XTRA BLOOD GLUCOSE | \$0 | PA OTC NP |
| PRECISION XTRA KETONE | \$0 | OTC |
| PRODIGY NO CODING BLOOD GLUC STRIP | \$0 | PA OTC NP |
| PTS PANELS KETONE TEST | \$0 | OTC |
| RELION KETONE TEST | \$0 | OTC |
| TRUE METRIX BLOOD GLUCOSE TEST | \$0 | PA OTC NP |
| RADIOGRAPHIC CONTRAST MEDIA | | |
| SITZMARKS | 2 | |
| SITZMARKS FOR KIDS | 2 | |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| DIETARY MANAGEMENT PRODUCTS | | |
| I-methylfolate combinations | 2 | OTC |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON | 2 | P |
| <i>lactase (lactaid)</i> | 1 | OTC EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| PERTZYE | 2 | PA NP |
| VIOKACE | 2 | PA NP |
| ZENPEP | 2 | P |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| <i>acetazolamide</i> | 1 | EDS |
| <i>acetazolamide er</i> | 1 | EDS |
| <i>acetazolamide sodium</i> | 1 | |
| DIURETIC COMBINATIONS | | |
| <i>amiloride-hydrochlorothiazide</i> | 1 | EDS |
| <i>spironolactone-hctz</i> | 1 | EDS |
| <i>triamterene-hctz</i> | 1 | EDS |
| LOOP DIURETICS | | |
| <i>bumetanide (bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i> | 1 | EDS |
| <i>bumetanide 0.25 mg/ml solution</i> | 1 | |
| <i>furosemide (furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i> | 1 | EDS |
| FUROSEMIDE 8 MG/ML SOLUTION | 2 | |
| <i>torseamide</i> | 1 | EDS |
| POTASSIUM SPARING DIURETICS | | |
| <i>amiloride hcl</i> | 1 | EDS |
| <i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|------------------------------|
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| <i>chlorthalidone</i> | 1 | EDS |
| <i>hydrochlorothiazide</i> | 1 | EDS |
| <i>indapamide</i> | 1 | EDS |
| <i>metolazone</i> | 1 | EDS |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA (ISTURISA 1 MG TAB, ISTURISA 5 MG TAB) | 2 | QL 60 EA / fill PA LA |
| BONE DENSITY REGULATORS | | |
| ACTONEL | 2 | PA NP |
| <i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i> | 1 | EDS P |
| <i>alendronate sodium 70 mg/75ml solution</i> | 1 | QL 300 ml / fill EDS P |
| AELVIA | 2 | PA NP |
| BONIVA 150 MG TAB | 2 | QL 1 EA / fill PA NP |
| <i>calcitonin (salmon) 200 unit/act solution</i> | 1 | EDS P |
| EVENITY | 2 | PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|----------------------------|
| FORTEO | 1 | SP P |
| FOSAMAX | 2 | PA NP |
| FOSAMAX PLUS D | 2 | PA NP |
| <i>ibandronate sodium 150 mg tab</i> | 1 | QL 1 EA / fill EDS P |
| PROLIA | 2 | PA SP NP |
| <i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 35 mg tab, risedronate sodium 35 mg tab dr, risedronate sodium 150 mg tab)</i> | 1 | PA EDS NP |
| <i>teriparatide</i> | 1 | PA SP NP |
| <i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i> | 1 | PA SP NP |
| TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN | 2 | PA SP NP |
| TYMLOS | 2 | PA SP NP |
| GNRH/LHRH ANTAGONISTS | | |
| ORLISSA 150 MG TAB | 2 | QL 30 EA / fill PA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| ORLISSA 200 MG TAB | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> QL </div> <div>60 EA / fill</div> </div> <div style="margin-top: 5px;"> PA </div> |
| GROWTH HORMONES | | |
| GENOTROPIN | 2 | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>NP</div> </div> |
| GENOTROPIN MINIQUICK | 2 | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>NP</div> </div> |
| HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE) | 2 | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>NP</div> </div> |
| HUMATROPE 5 MG RECON SOLN | 2 | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div>NP</div> </div> |
| NORDITROPIN FLEXPRO | 2 | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>P</div> </div> |
| NUTROPIN AQ NUSPIN 10 | 2 | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>P</div> </div> |
| NUTROPIN AQ NUSPIN 20 | 2 | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>P</div> </div> |
| NUTROPIN AQ NUSPIN 5 | 2 | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>P</div> </div> |
| OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART) | 2 | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>NP</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| SAIZEN | 2 | PA SP NP |
| SAIZENPREP | 2 | PA SP NP |
| SEROSTIM | 2 | PA NP |
| ZOMACTON | 2 | PA SP NP |
| ZOMACTON (FOR ZOMA-JET 10) | 2 | PA SP NP |
| ZORBTIVE | 2 | PA SP NP |
| HORMONE RECEPTOR MODULATORS | | |
| EVISTA | 2 | PA NP |
| <i>raloxifene hcl</i> | \$0 | EDS P |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| LUPRON DEPOT-PED (1-MONTH) | 2 | PA SP |
| LUPRON DEPOT-PED (3-MONTH) | 2 | PA SP |
| LUPRON DEPOT-PED (6-MONTH) | 2 | PA SP |
| TRIPTODUR | 2 | PA LA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--------------------------------|
| METABOLIC MODIFIERS | | |
| <i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap, calcitriol 1 mcg/ml solution)</i> | 1 | EDS |
| <i>carglumic acid</i> | 1 | PA SP |
| <i>cinacalcet hcl</i> | 1 | EDS SP |
| CRYSVITA 10 MG/ML SOLUTION | 2 | QL 36 ml / 28 days PA LA |
| CRYSVITA 20 MG/ML SOLUTION | 2 | QL 18 ml / 28 days PA LA |
| CRYSVITA 30 MG/ML SOLUTION | 2 | QL 12 ml / 28 days PA LA |
| <i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i> | 1 | EDS |
| <i>levocarnitine sf</i> | 1 | EDS |
| MYALEPT | 2 | PA SP |
| <i>nitisinone</i> | 1 | SP |
| OPFOLDA | 2 | QL 8 EA / fill |
| PALYNZIQ (PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, PALYNZIQ 20 MG/ML SOLN PRSYR) | 2 | QL 30 ML / fill PA LA |
| PALYNZIQ 10 MG/0.5ML SOLN PRSYR | 2 | QL 15 ML / fill PA LA |
| RAVICTI | 2 | PA LA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| REVCIVI | 2 | PA LA |
| <i>sodium phenylbutyrate 500 mg tab</i> | 1 | PA SP |
| STRENSIQ | 2 | PA LA |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO | 2 | QL 30 EA / fill PA LA |
| POSTERIOR PITUITARY HORMONES | | |
| <i>desmopressin ace spray refrig</i> | 1 | |
| <i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i> | 1 | EDS |
| <i>desmopressin acetate 4 mcg/ml solution</i> | 1 | |
| <i>desmopressin acetate pf</i> | 1 | |
| <i>desmopressin acetate spray</i> | 1 | |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| <i>mifepristone 200 mg tab</i> | 1 | |
| PROLACTIN INHIBITORS | | |
| <i>cabergoline</i> | 1 | EDS |
| SOMATOSTATIC AGENTS | | |
| OCTREOTIDE ACETATE (OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR) | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i> | 1 | |
| SIGNIFOR | 2 | QL 60 EA / fill PA LA |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| JYNARQUE | 2 | QL 60 EA / fill PA LA |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| <i>amabelz</i> | 1 | EDS |
| <i>estradiol-norethindrone acet</i> | 1 | EDS |
| <i>fyavolv</i> | 1 | EDS |
| <i>jinteli</i> | 1 | EDS |
| <i>lopreeza</i> | 1 | EDS |
| <i>mimvey</i> | 1 | EDS |
| <i>norethindrone-eth estradiol</i> | 1 | EDS |
| ORIAHNN | 2 | QL 60 EA / fill PA |
| PREMPHASE | 2 | |
| ESTROGENS | | |
| <i>dotti</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk, estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i> | 1 | EDS |
| <i>estradiol valerate</i> | 1 | QL 5 ml / fill EDS |
| <i>lyllana</i> | 1 | EDS |
| FLUOROQUINOLONES | | |
| FLUOROQUINOLONES | | |
| BAXDELA 450 MG TAB | 2 | PA NP |
| CIPRO (CIPRO 250 MG TAB, CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG TAB, CIPRO 500 MG/5ML (10%) RECON SUSP) | 2 | PA NP |
| <i>ciprofloxacin</i> | 1 | PA NP |
| <i>ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i> | 1 | P |
| CIPROFLOXACIN HCL 100 MG TAB | 2 | P |
| <i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i> | 1 | P |
| LEVOFLOXACIN 25 MG/ML SOLUTION | 2 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>moxifloxacin hcl 400 mg tab</i> | 1 | PA NP |
| OFLOXACIN 300 MG TAB | 2 | PA NP |
| <i>ofloxacin 400 mg tab</i> | 1 | PA NP |
| GASTROINTESTINAL AGENTS - MISC. | | |
| ANTIFLATULENTS | | |
| BICARSIM FORTE 125 MG TAB | 2 | OTC |
| <i>simethicone (mylicon)</i> | 1 | OTC |
| FARNESOID X RECEPTOR (FXR) AGONISTS | | |
| OCALIVA | 2 | QL 30 EA / fill LA |
| GALLSTONE SOLUBILIZING AGENTS | | |
| <i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i> | 1 | EDS |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| <i>cromolyn sodium 100 mg/5ml conc</i> | 1 | EDS |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| <i>lubiprostone</i> | 1 | EDS |
| GASTROINTESTINAL STIMULANTS | | |
| GIMOTI | 2 | PA LA NP |
| METOCLOPRAMIDE HCL (METOCLOPRAMIDE HCL 5 MG TAB DISP, METOCLOPRAMIDE HCL 10 MG TAB DISP) | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-----------|-----------|-----------------------|
|-----------|-----------|-----------------------|

metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 5 mg/ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution) 1

INFLAMMATORY BOWEL AGENTS

| | | |
|-----------------------------|---|--------------------------------------|
| APRISO | 1 | P |
| ASACOL HD | 2 | PA NP |
| AVSOLA | 2 | PA SP NP |
| AZULFIDINE | 2 | PA NP |
| AZULFIDINE EN-TABS | 2 | PA NP |
| <i>balsalazide disodium</i> | 1 | P |
| CANASA | 1 | P |
| CIMZIA | 2 | QL 2 EA / 28 days PA SP NP |
| CIMZIA STARTER KIT | 2 | QL 3 EA / 365 days PA SP NP |
| COLAZAL | 1 | PA NP |
| DELZICOL | 1 | P |
| DIPENTUM | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---------------------------------------|
| ENTYVIO 108 MG/0.68ML SOLN PEN | 2 | QL 2 EA / 28 day(s) PA SP NP |
| ENTYVIO 300 MG RECON SOLN | 2 | PA SP NP |
| INFLECTRA | 2 | PA SP NP |
| INFLIXIMAB | 2 | PA SP P |
| LIALDA | 1 | P |
| <i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 4 gm enema, mesalamine 400 mg cap dr, mesalamine 1000 mg suppos)</i> | 1 | PA EDS NP |
| MESALAMINE 800 MG TAB DR | 2 | PA EDS NP |
| <i>mesalamine er 0.375 gm cap er 24h</i> | 1 | PA EDS NP |
| <i>mesalamine er 500 mg cap er</i> | 1 | PA NP |
| <i>mesalamine-cleanser</i> | 1 | PA NP |
| PENTASA 250 MG CAP ER | 2 | P |
| PENTASA 500 MG CAP ER | 1 | P |
| REMICADE | 2 | PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| RENFLEXIS | 2 | PA SP NP |
| ROWASA | 1 | P |
| SFROWASA | 1 | P |
| SKYRIZI 180 MG/1.2ML SOLN CART | 2 | QL 1.2 ml / 28 days PA SP NP |
| SKYRIZI 360 MG/2.4ML SOLN CART | 2 | QL 2.4 ml / 28 days PA SP NP |
| SKYRIZI 600 MG/10ML SOLUTION | 2 | PA QL 10ml / 28 days; 30ml/180 days SP NP |
| STELARA 130 MG/26ML SOLUTION | 2 | PA SP NP |
| <i>sulfasalazine</i> | 1 | EDS P |
| INTESTINAL ACIDIFIERS | | |
| <i>enulose</i> | 1 | EDS |
| <i>generlac</i> | 1 | EDS |
| <i>lactulose encephalopathy</i> | 1 | EDS |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| <i>alose tron hcl</i> | 1 | |
| VIBERZI | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK | 2 | |
| PHOSPHATE BINDER AGENTS | | |
| AURYXIA | 2 | PA NP |
| <i>calcium acetate (phos binder)</i> | 1 | EDS P |
| <i>calcium acetate 667 mg tab</i> | 1 | EDS P |
| FOSRENOL | 2 | PA NP |
| <i>lanthanum carbonate</i> | 1 | PA NP |
| REVELA 0.8 GM PACKET | 2 | P |
| REVELA 2.4 GM PACKET | 2 | PA NP |
| REVELA 800 MG TAB | 1 | P |
| <i>sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)</i> | 1 | PA EDS NP |
| <i>sevelamer carbonate 800 mg tab</i> | 1 | EDS P |
| <i>sevelamer hcl</i> | 1 | PA EDS NP |
| VELPHORO | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| <i>cytra-2</i> | 1 | OTC |
| <i>potassium citrate</i> | 1 | OTC |
| <i>potassium citrate / sodium citrate (cytra-3)</i> | 1 | |
| <i>potassium citrate er</i> | 1 | EDS |
| <i>sod citrate-citric acid</i> | 1 | OTC |
| CYSTINOSIS AGENTS | | |
| CYSTAGON | 2 | LA |
| GENITOURINARY IRRIGANTS | | |
| <i>acetic acid 0.25 % solution</i> | 1 | |
| <i>aminoacetic acid</i> | 1 | |
| <i>argyle sterile saline</i> | 1 | |
| <i>curity sterile saline</i> | 1 | |
| <i>glycine 1.5 % solution</i> | 1 | |
| <i>glycine urologic</i> | 1 | |
| NEOMYCIN-POLYMYXIN B GU | 2 | |
| <i>sodium chloride 0.9 % solution</i> | 1 | |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON | 2 | |
| PROSTATIC HYPERTROPHY AGENTS | | |
| <i>alfuzosin hcl er</i> | 1 | EDS P |
| AVODART | 2 | PA NP |
| CARDURA XL 4 MG TAB ER 24H | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-----------------------------------|-----------|--|
| CARDURA XL 8 MG TAB ER 24H | 2 | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>30 EA / fill</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div> |
| <i>dutasteride</i> | 1 | <div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">P</div> |
| <i>dutasteride-tamsulosin hcl</i> | 1 | <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">NP</div> |
| <i>finasteride 5 mg tab</i> | 1 | <div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">P</div> |
| FLOMAX | 2 | <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div> |
| JALYN | 2 | <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div> |
| PROSCAR | 2 | <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div> |
| RAPAFLO | 2 | <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div> |
| <i>silodosin</i> | 1 | <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">NP</div> |
| <i>tamsulosin hcl</i> | 1 | <div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">P</div> |
| URINARY ANALGESICS | | |
| <i>phenazopyridine (azo)</i> | 1 | <div style="margin-top: 5px;">OTC</div> |
| URINARY STONE AGENTS | | |
| <i>tiopronin 100 mg tab</i> | 1 | <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">SP</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| <i>colchicine-probenecid</i> | 1 | EDS |
| GOUT AGENTS | | |
| <i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i> | 1 | EDS |
| <i>allopurinol sodium</i> | 1 | |
| <i>colchicine 0.6 mg tab</i> | 1 | EDS |
| <i>febuxostat</i> | 1 | EDS |
| URICOSURICS | | |
| <i>probenecid</i> | 1 | EDS |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| ADVATE | 2 | SP P |
| ADYNOVATE | 2 | SP P |
| AFSTYLA | 2 | SP P |
| ALPHANATE | 2 | SP P |
| ALPHANATE/VWF COMPLEX/HUMAN | 2 | SP P |
| ALPHANINE SD | 2 | SP P |
| ALPROLIX | 2 | SP P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-----------|-----------|-----------------------|
| ALTUVIIIO | 2 | SP |
| BENEFIX | 2 | SP P |
| COAGADEX | 2 | SP P |
| CORIFACT | 2 | SP P |
| ELOCTATE | 2 | SP P |
| ESPEROCT | 2 | SP P |
| FEIBA | 2 | SP P |
| HEMLIBRA | 2 | PA SP |
| HEMOFIL M | 2 | SP P |
| HUMATE-P | 2 | SP P |
| IDELVION | 2 | SP P |
| IXINITY | 2 | SP P |
| JIVI | 2 | SP P |
| KOATE | 2 | SP P |
| KOATE-DVI | 2 | SP P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------|-----------|-----------------------|
| KOGENATE FS | 2 | SP P |
| KOVALTRY | 2 | SP P |
| MONONINE | 2 | SP P |
| NOVOEIGHT | 2 | SP P |
| NOVOSEVEN RT | 2 | SP P |
| NUWIQ | 2 | SP P |
| OBIZUR | 2 | SP P |
| PROFILNINE | 2 | SP P |
| REBINYN | 2 | SP P |
| RECOMBINATE | 2 | SP P |
| RIXUBIS | 2 | SP P |
| SEVENFACT | 2 | SP P |
| TRETEN | 2 | SP P |
| VONVENDI | 2 | SP P |
| WILATE | 2 | SP P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--------------------------------------|
| XYNTHA | 2 | SP P |
| XYNTHA SOLOFUSE | 2 | SP P |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| FIRAZYR | 2 | PA SP NP |
| <i>icatibant acetate</i> | 1 | QL 9 ml / fill PA SP P |
| COMPLEMENT INHIBITORS | | |
| BERINERT | 2 | PA SP P |
| CINRYZE | 2 | QL 16 EA / 28 days PA SP P |
| HAEGARDA | 2 | QL 16 EA / 28 days PA LA NP |
| RUCONEST | 2 | PA LA NP |
| TAVNEOS | 2 | QL 180 EA / fill PA LA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--------------------------------------|
| HEMATORHEOLOGIC AGENTS | | |
| <i>pentoxifylline er</i> | 1 | EDS |
| PLASMA KALLIKREIN INHIBITORS | | |
| KALBITOR | 2 | PA LA NP |
| ORLADEYO | 2 | QL 28 EA / 28 days PA LA NP |
| TAKHZYRO (TAKHZYRO 300 MG/2ML SOLN PRSYR, TAKHZYRO 300 MG/2ML SOLUTION) | 2 | QL 4 ml / 28 days PA LA NP |
| TAKHZYRO 150 MG/ML SOLN PRSYR | 2 | QL 2 ml / 28 days PA LA NP |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>anagrelide hcl</i> | 1 | EDS |
| <i>aspirin-dipyridamole er</i> | 1 | PA EDS NP |
| BRILINTA | 2 | P |
| CABLIVI | 2 | QL 30 EA / fill PA SP |
| <i>cilostazol</i> | 1 | EDS |
| <i>clopidogrel bisulfate 300 mg tab</i> | 1 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------------|
| <i>clopidogrel bisulfate 75 mg tab</i> | 1 | EDS P |
| <i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i> | 1 | EDS P |
| EFFIENT | 2 | PA NP |
| PLAVIX | 2 | PA NP |
| <i>prasugrel hcl</i> | 1 | EDS P |
| ZONTIVITY | 2 | PA NP |
| THROMBOLYTIC ENZYMES | | |
| CATHFLO ACTIVASE | 2 | |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| CERDELGA | 2 | SP |
| <i>miglustat</i> | 1 | SP |
| <i>yargesa</i> | 1 | |
| AGENTS FOR SICKLE CELL DISEASE | | |
| ADAKVEO | 2 | PA SP P |
| DROXIA | 2 | P |
| ENDARI | 2 | QL 180 EA / fill PA SP P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB) | 2 | QL 90 EA / fill PA SP P |
| OXBRYTA 300 MG TAB SOL | 2 | QL 150 EA / fill PA SP P |
| SIKLOS | 2 | PA NP |
| COBALAMINS | | |
| b-12 (methylcobalamin) | 1 | OTC EDS |
| B-12 1000 MCG TAB DISP | 2 | OTC |
| B-12 METHYLCOBALAMIN | 2 | OTC |
| <i>vitamin b12</i> | 1 | OTC EDS |
| VITAMIN B12 | 2 | OTC |
| FOLIC ACID/FOLATES | | |
| FOLIC ACID 1 MG | 1 | OTC EDS |
| <i>folic acid 400 mcg/800 mcg</i> | \$0 | OTC EDS |
| HEMATOPOIETIC GROWTH FACTORS | | |
| ARANESP (ALBUMIN FREE) | 2 | PA SP P |
| DOPTELET | 2 | QL 60 EA / fill SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| EPOGEN | 2 | PA SP P |
| GRANIX (GRANIX 300 MCG/ML SOLUTION, GRANIX 480 MCG/1.6ML SOLUTION) | 2 | SP |
| LEUKINE | 2 | SP |
| NEULASTA | 2 | SP |
| NEULASTA ONPRO | 2 | SP |
| NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 480 MCG/0.8ML SOLN PRSYR) | 2 | SP |
| PROCRIT | 2 | PA SP NP |
| PROMACTA | 2 | PA SP |
| REBLOZYL | 2 | PA NP |
| RETACRIT | 2 | PA SP P |
| UDENYCA | 2 | SP |
| ZARXIO | 2 | SP |
| ZIEXTENZO | 2 | SP |
| HEMATOPOIETIC MIXTURES | | |
| <i>ferraplus 90</i> | 2 | |
| FERREX | 2 | OTC |
| FERREX 150 FORTE | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>ferrex 150 forte plus</i> | 2 | OTC |
| <i>ferrex 28</i> | 2 | OTC |
| <i>ferrous fumarate / folic acid</i> | 2 | |
| <i>ferrous fumarate / vitamin b12 / vitamin c</i> | 1 | |
| <i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i> | 1 | OTC EDS |
| FERROUS FUMARATE POLYSACCHARIDE COMPLEX | 2 | |
| <i>ferrous fumarate polysaccharide complex</i> | 1 | |
| <i>folic acid / vitamin b6 / vitamin b12 / omega-3</i> | 2 | |
| <i>folic acid / vitamin d</i> | 2 | |
| FOLIVANE-F | 2 | |
| FOLIVANE-PLUS | 2 | |
| HEMATOGEN FA | 2 | |
| <i>hemetab</i> | 2 | |
| INTEGRA F | 2 | |
| INTEGRA PLUS | 2 | |
| <i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i> | 1 | |
| <i>iron / vitamin c / vitamin b12 / folic acid</i> | 1 | OTC EDS |
| <i>iron combinations</i> | 1 | EDS |
| IRON FOLATE PLUS | 2 | |
| <i>iron polysaccharide complex</i> | 2 | OTC |
| k-tan plus | 1 | |
| <i>multigen folic</i> | 2 | |
| <i>multigen plus</i> | 2 | |
| MULTIGEN TABLET | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>multivitamin</i> | 1 | OTC EDS |
| <i>purevit dualfe plus</i> | 1 | |
| <i>se-tan plus</i> | 1 | |
| <i>tandem plus</i> | 1 | |
| <i>taron forte</i> | 2 | |
| VIRT-FEFA PLUS | 2 | |
| VITRON-C | 2 | OTC |
| IRON | | |
| <i>ferrous gluconate</i> | 1 | OTC EDS |
| FERROUS GLUCONATE | 2 | OTC |
| <i>ferrous sulfate</i> | 1 | OTC EDS |
| FERROUS SULFATE | 1 | |
| <i>polysaccharide iron complex</i> | 1 | OTC EDS |
| STEM CELL MOBILIZERS | | |
| <i>plerixafor</i> | 1 | SP |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| <i>tranexamic acid 650 mg tab</i> | 1 | EDS |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| ANTI-HISTAMINE HYPNOTICS | | |
| <i>acetaminophen / diphenhydramine</i> | 1 | OTC |
| DIPHENHYDRAMINE (SLEEP) | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| DOXYLAMINE (SLEEP) | 2 | OTC |
| <i>doxylamine (sleep)</i> | 1 | OTC |
| BARBITURATE HYPNOTICS | | |
| <i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i> | 1 | |
| NON-BARBITURATE HYPNOTICS | | |
| AMBIEN | 2 | QL 30 EA / fill PA NP |
| AMBIEN CR | 2 | QL 30 EA / fill PA NP |
| EDLUAR | 2 | QL 30 EA / fill PA NP |
| <i>eszopiclone</i> | 1 | QL 30 EA / fill P |
| LUNESTA | 2 | QL 30 EA / fill PA NP |
| <i>temazepam</i> | 1 | |
| <i>triazolam</i> | 1 | |
| <i>zaleplon</i> | 1 | QL 60 EA / fill P |
| <i>zolpidem tartrate (zolpidem tartrate 1.75 mg sl tab, zolpidem tartrate 3.5 mg sl tab)</i> | 1 | QL 30 EA / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB) | 2 | QL 30 EA / fill PA NP |
| <i>zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 7.5 mg cap, zolpidem tartrate 10 mg tab)</i> | 1 | QL 30 EA / fill P |
| <i>zolpidem tartrate er</i> | 1 | QL 30 EA / fill PA NP |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA | 2 | QL 30 EA / fill PA NP |
| DAYVIGO | 2 | QL 30 EA / fill PA NP |
| QUVIVIQ | 2 | PA NP |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| HETLIOZ | 2 | PA LA NP |
| HETLIOZ LQ | 2 | PA LA NP |
| <i>ramelteon</i> | 1 | QL 30 EA / fill PA NP |
| ROZEREM | 1 | QL 30 EA / fill P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| LAXATIVES | | |
| BULK LAXATIVES | | |
| <i>calcium polycarbophil (fiber laxative)</i> | 1 | OTC EDS |
| <i>cellulose (unifiber)</i> | 2 | OTC |
| <i>corn dextrin powder</i> | 1 | OTC EDS |
| HYFIBER WITH FOS | 2 | OTC |
| METAMUCIL | 2 | OTC |
| <i>methylcellulose (citrucel)</i> | 2 | OTC EDS |
| <i>psyllium (metamucil)</i> | 1 | OTC EDS |
| <i>wheat dextrin powder</i> | 1 | OTC EDS |
| LAXATIVE COMBINATIONS | | |
| GAVILYTE-C | \$0 | QL 8000 ML / 365 DAYS |
| <i>gavilyte-g</i> | \$0 | |
| <i>gavilyte-n with flavor pack</i> | \$0 | QL 8000 ML / 365 DAYS |
| NULYTELY LEMON-LIME | \$0 | QL 8000 ML / 365 DAYS |
| NULYTELY WITH FLAVOR PACKS | \$0 | QL 8000 ML / 365 DAYS |
| <i>peg 3350-kcl-na bicarb-nacl</i> | \$0 | QL 8000 ML / 365 DAYS |
| <i>peg-3350/electrolytes</i> | \$0 | |
| PEG-PREP | \$0 | |
| <i>senna / docusate sodium (peri-colace)</i> | 1 | OTC EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>trilyte</i> | \$0 | QL 8000 ML / 365 DAYS |
| LAXATIVES - MISCELLANEOUS | | |
| <i>constulose</i> | 1 | EDS |
| <i>glycerin suppository</i> | 1 | OTC |
| <i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i> | 1 | EDS |
| MIRALAX | 2 | OTC |
| <i>polyethylene glycol</i> | \$0 | OTC EDS |
| <i>polyethylene glycol packets</i> | 1 | OTC EDS |
| <i>sorbitol solution</i> | 2 | OTC |
| LUBRICANT LAXATIVES | | |
| <i>mineral oil</i> | 1 | OTC EDS |
| SALINE LAXATIVES | | |
| ENEMA | 2 | OTC |
| <i>enema</i> | 1 | OTC |
| <i>magnesium citrate</i> | \$0 | OTC |
| <i>milk of magnesia</i> | \$0 | OTC |
| STIMULANT LAXATIVES | | |
| <i>bisacodyl</i> | \$0 | OTC EDS |
| <i>bisacodyl 10 mg suppository</i> | 1 | OTC EDS |
| <i>bisacodyl enema</i> | 2 | OTC |
| <i>sennosides</i> | 1 | OTC EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| SURFACTANT LAXATIVES | | |
| <i>docusate calcium (surfak)</i> | 1 | OTC EDS |
| <i>docusate sodium (colace)</i> | 1 | OTC EDS |
| PEDIA-LAX LIQUID | 2 | OTC |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETIC COMBINATIONS | | |
| <i>lidocaine-epinephrine 1.5 %-1:200000 solution</i> | 1 | |
| LOCAL ANESTHETICS - AMIDES | | |
| <i>lidocaine hcl (lidocaine hcl 0.5 % solution, lidocaine hcl 1 % solution, lidocaine hcl 2 % solution)</i> | 1 | |
| <i>lidocaine hcl (pf) (lidocaine hcl (pf) 1 % solution, lidocaine hcl (pf) 1.5 % solution, lidocaine hcl (pf) 2 % solution, lidocaine hcl (pf) 4 % solution)</i> | 1 | |
| LOCAL ANESTHETICS - ESTERS | | |
| <i>chlorprocaine hcl (pf)</i> | 1 | |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| <i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i> | 1 | P |
| <i>azithromycin 500 mg recon soln</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| ZITHROMAX (ZITHROMAX 1 GM PACKET, ZITHROMAX 100 MG/5ML RECON SUSP, ZITHROMAX 200 MG/5ML RECON SUSP, ZITHROMAX 250 MG TAB, ZITHROMAX 500 MG TAB) | 2 | PA NP |
| ZITHROMAX TRI-PAK | 2 | PA NP |
| ZITHROMAX Z-PAK | 2 | PA NP |
| CLARITHROMYCIN | | |
| CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP) | 2 | PA NP |
| <i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i> | 1 | P |
| <i>clarithromycin er</i> | 1 | PA NP |
| ERYTHROMYCINS | | |
| E.E.S. 400 | 2 | P |
| E.E.S. GRANULES | 2 | PA NP |
| <i>ery-tab</i> | 1 | PA NP |
| ERYPED 200 | 2 | PA NP |
| ERYPED 400 | 2 | PA NP |
| ERYTHROCIN STEARATE | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i> | 1 | PA NP |
| <i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab, erythromycin base 500 mg tab dr)</i> | 1 | PA NP |
| ERYTHROMYCIN BASE 250 MG CP DR PART | 1 | P |
| <i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i> | 1 | PA NP |
| ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB | 2 | PA NP |
| FIDAXOMICIN | | |
| DIFICID 200 MG TAB | 2 | QL 20 EA / fill |
| DIFICID 40 MG/ML RECON SUSP | 2 | QL 100 ml / fill |
| MEDICAL DEVICES AND SUPPLIES | | |
| AUDITORY SUPPLIES | | |
| <i>hearing aid batteries</i> | 2 | OTC |
| BANDAGES-DRESSINGS-TAPE | | |
| <i>adhesive tape</i> | 2 | |
| <i>bandages</i> | 2 | |
| CVS EYE | 2 | |
| GELOCAST 3"X10YD | 2 | |
| J & J EYE PADS OVAL SMALL | 2 | |
| J & J OVAL EYE PADS | 2 | |
| J & J STERILE EYE PADS | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| JOHNSONS STERILE EYE PADS | 2 | |
| <i>nasal strips</i> | 2 | |
| PROFORE | 2 | |
| PROFORE LITE | 2 | |
| PROFORE WCL 5-1/2"X8" | 2 | |
| PROTEZALL | 2 | |
| RA HOT/COLD COMPRESS | 2 | |
| RA HOT/COLD GEL SLEEVE | 2 | |
| SCAR TREATMENT | 2 | |
| SCARAWAY SHEET | 2 | |
| SIL-NESIC | 2 | |
| SILICONE SCAR SHEETS | 2 | |
| SM DELUXE REUSABLE COMPRESS | 2 | |
| SUREPRESS HI COMPRESS BANDAGE | 2 | |
| BLOOD PRESSURE DEVICES | | |
| BLOOD PRESSURE MONITORING DEVICE | 2 | OTC |
| CONTRACEPTIVES | | |
| CAYA | \$0 | |
| <i>female condoms</i> | \$0 | OTC |
| FEMCAP | \$0 | |
| <i>male condoms</i> | \$0 | OTC |
| WIDE-SEAL DIAPHRAGM | \$0 | |
| DIABETIC SUPPLIES | | |
| <i>blood glucose calibration liquid</i> | \$0 | OTC |
| CONTOUR BLOOD GLUCOSE METER | \$0 | OTC P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------|-----------|--|
| CONTOUR MONITOR DEVICE | \$0 | OTC P |
| DEXCOM G4 PLAT PED RCV/SHARE | \$0 | QL 1 EA / 365 days |
| DEXCOM G4 PLAT PED RECEIVER | \$0 | QL 1 EA / 365 days |
| DEXCOM G4 PLATINUM RCV/SHARE | \$0 | QL 1 EA / 365 days |
| DEXCOM G4 PLATINUM RECEIVER | \$0 | QL 1 EA / 365 days |
| DEXCOM G4 PLATINUM TRANSMITTER | \$0 | QL 1 EA / 90 days EDS |
| DEXCOM G4 SENSOR | \$0 | QL 3 EA / fill(s) |
| DEXCOM G5 MOB/G4 PLAT SENSOR | \$0 | QL 3 EA / fill(s) PA NP |
| DEXCOM G5 MOBILE RECEIVER | \$0 | QL 1 EA / 365 days PA NP |
| DEXCOM G5 MOBILE TRANSMITTER | \$0 | QL 1 EA / 90 days PA EDS NP |
| DEXCOM G5 RECEIVER KIT | \$0 | QL 1 EA / 365 days PA NP |
| DEXCOM G6 RECEIVER | \$0 | QL 1 EA / 365 days P |
| DEXCOM G6 SENSOR | \$0 | QL 3 EA / fill(s) P |
| DEXCOM G6 TRANSMITTER | \$0 | QL 1 EA / 90 days EDS P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-----------------------------------|-----------|----------------------------|
| DEXCOM G7 RECEIVER | \$0 | QL 1 EA / 365 days |
| DEXCOM G7 SENSOR | \$0 | QL 3 EA / fill(s) |
| FREESTYLE LIBRE 14 DAY READER | \$0 | QL 1 EA / 365 days P |
| FREESTYLE LIBRE 14 DAY SENSOR | \$0 | QL 2 EA / fill(s) P |
| FREESTYLE LIBRE 2 READER | \$0 | QL 1 EA / 365 days P |
| FREESTYLE LIBRE 2 SENSOR | \$0 | QL 2 EA / fill(s) P |
| FREESTYLE LIBRE 3 READER | \$0 | QL 1 EA / 365 days |
| FREESTYLE LIBRE 3 SENSOR | \$0 | QL 2 EA / fill(s) |
| FREESTYLE LIBRE READER | \$0 | QL 1 EA / 365 days |
| FREESTYLE LIBRE SENSOR SYSTEM | \$0 | QL 2 EA / fill(s) |
| <i>lancet device</i> | \$0 | OTC |
| <i>lancets</i> | \$0 | OTC |
| NON-PREFERRED BLOOD GLUCOSE METER | \$0 | PA OTC NP |
| OMNIPOD 5 G6 INTRO (GEN 5) | \$0 | QL 1 EA / 365 day(s) PA |
| OMNIPOD 5 G6 POD (GEN 5) | \$0 | QL 15 EA / fill(s) PA |
| OMNIPOD 5 G7 INTRO (GEN 5) | \$0 | QL 1 EA / 365 day(s) PA |
| OMNIPOD 5 G7 PODS (GEN 5) | \$0 | QL 15 EA / fill(s) PA |
| OMNIPOD 5 PACK | \$0 | QL 15 EA / fill(s) PA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| OMNIPOD CLASSIC PDM (GEN 3) | \$0 | <div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 365 day(s)</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| OMNIPOD DASH INTRO (GEN 4) | \$0 | <div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 365 day(s)</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| OMNIPOD DASH PDM (GEN 4) | \$0 | <div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 365 day(s)</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| OMNIPOD DASH PODS (GEN 4) | \$0 | <div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>15 EA / fill(s)</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| FOOT CARE PRODUCTS | | |
| <i>foot care products</i> | 2 | |
| GI-GU OSTOMY & IRRIGATION SUPPLIES | | |
| <i>catheter</i> | 2 | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| <i>incontinence supplies</i> | 2 | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| <i>ostomy supplies</i> | 2 | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| INFANT CARE PRODUCTS | | |
| <i>diapers</i> | 2 | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| <i>infant care products</i> | 2 | |
| MISC. DEVICES | | |
| <i>alcohol swabs</i> | \$0 | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| ENEMA BOTTLE | 2 | |
| <i>miscellaneous medical devices</i> | 2 | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| PARENTERAL THERAPY SUPPLIES | | |
| <i>insulin injection device</i> | \$0 | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| <i>miscellaneous injection device</i> | 2 | |
| MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC) | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---------------------------------|
| NEEDLES AND SYRINGES | 2 | OTC |
| <i>needles and syringes</i> | \$0 | OTC |
| <i>sharps container</i> | 2 | OTC |
| RESPIRATORY THERAPY SUPPLIES | | |
| PEAK FLOW METER | 2 | OTC |
| <i>respiratory therapy supplies</i> | 2 | OTC |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| AIMOVIG 140 MG/ML SOLN A-INJ | 2 | QL 1 EA / 28 days PA NP |
| AIMOVIG 70 MG/ML SOLN A-INJ | 2 | QL 1 ML / 28 day(s) PA NP |
| AJOVY | 2 | QL 1.5 ml / 28 days PA P |
| EMGALITY (300 MG DOSE) | 2 | QL 1 ml / 28 days PA |
| EMGALITY 120 MG/ML SOLN A-INJ | 2 | QL 1 ml / 28 days PA P |
| EMGALITY 120 MG/ML SOLN PRSYR | 2 | QL 1 ML / 28 DAY(S) PA P |
| NURTEC | 2 | QL 16 EA / 28 days PA NP |
| QULIPTA | 2 | QL 30 EA / fill PA NP |



| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------------------|-----------|---|
| UBRELVY | 2 | QL 20 EA / 30 day(s) PA P |
| VYEPTI | 2 | PA NP |
| MIGRAINE COMBINATIONS | | |
| MIGERGOT | 2 | |
| <i>sumatriptan-naproxen sodium</i> | 1 | QL 18 EA / 30 days PA NP |
| TREXIMET | 2 | QL 18 EA / 30 days PA NP |
| MIGRAINE PRODUCTS | | |
| TRUDHESA | 2 | QL 8 EA / 28 days PA NP |
| MIGRAINE PRODUCTS - NSAIDS | | |
| ELYXYB | 2 | QL 28.8 ml / 30 days PA NP |
| SEROTONIN AGONISTS | | |
| <i>almotriptan malate</i> | 1 | QL 18 EA / 30 days PA NP |
| AMERGE | 2 | PA NP |
| <i>eletriptan hydrobromide</i> | 1 | QL 18 EA / 30 day(s) PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| FROVA | 2 | QL 18 EA / 30 days PA NP |
| <i>frovatriptan succinate</i> | 1 | QL 18 EA / 30 days PA NP |
| IMITREX (IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB) | 2 | QL 18 EA / 30 day(s) PA NP |
| IMITREX 6 MG/0.5ML SOLUTION | 1 | QL 8 EA / 30 day(s) P |
| IMITREX STATDOSE REFILL | 1 | QL 8 ML / 30 day(s) P |
| IMITREX STATDOSE SYSTEM | 1 | QL 8 EA / 30 day(s) P |
| MAXALT | 2 | QL 36 EA / 30 day(s) PA NP |
| MAXALT-MLT | 2 | QL 36 EA / 30 day(s) PA NP |
| <i>naratriptan hcl</i> | 1 | QL 18 EA / 30 day(s) PA NP |
| RELPAX | 1 | QL 18 EA / 30 day(s) P |
| REYVOW 100 MG TAB | 2 | QL 16 EA / 30 day(s) PA NP |
| REYVOW 50 MG TAB | 2 | QL 8 EA / 30 day(s) PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>rizatriptan benzoate</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">36 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>sumatriptan 20 mg/act solution</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>sumatriptan 5 mg/act solution</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">36 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 ML / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 ML / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>sumatriptan succinate refill</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 ML / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| TOSYMRA | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 UNITS / FILL; 2 FILLS / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| ZEMBRACE SYMTOUCH | 2 | <div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 UNITS / FILL; 2 FILLS / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg solution, zolmitriptan 5 mg tab disp)</i> | 1 | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 5 mg tab)</i> | 1 | <div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 EA / 30 day(s)</div> </div> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div> |
| ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION) | 1 | <div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 EA / 30 day(s)</div> </div> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div> |
| ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB) | 2 | <div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 EA / 30 day(s)</div> </div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| MINERALS ELECTROLYTES | | |
| BICARBONATES | | |
| <i>sodium bicarbonate (sodium bicarbonate 4.2 % solution, sodium bicarbonate 8.4 % solution)</i> | 1 | |
| SODIUM BICARBONATE 7.5 % SOLUTION | 2 | |
| CALCIUM | | |
| <i>calcium / magnesium / zinc</i> | 1 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #4b0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> |
| <i>calcium / phosphorus / vitamin d</i> | 2 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| <i>calcium / vitamin c / vitamin d</i> | 2 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| <i>calcium / vitamin d / vitamin k</i> | 1 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #4b0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> |
| CALCIUM / VITAMIN D / VITAMIN K | 2 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| <i>calcium carbonate</i> | 1 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #4b0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> |
| CALCIUM CARBONATE | 2 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| <i>calcium carbonate / folic acid / vitamin d</i> | 2 | |
| <i>calcium carbonate / vitamin d</i> | 1 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #4b0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> |
| CALCIUM CARBONATE / VITAMIN D | 2 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>calcium carbonate / vitamin d / minerals</i> | 1 | OTC EDS |
| <i>calcium citrate</i> | 1 | OTC EDS |
| CALCIUM CITRATE | 2 | OTC |
| <i>calcium citrate / vitamin d</i> | 1 | OTC EDS |
| CALCIUM CITRATE / VITAMIN D | 2 | OTC |
| RA OYSTER SHELL CALCIUM/D2 | 2 | OTC |
| ELECTROLYTE MIXTURES | | |
| <i>dextrose in lactated ringers</i> | 1 | |
| <i>dextrose-nacl (dextrose-nacl 5-0.2 % solution, dextrose-nacl 5-0.33 % solution, dextrose-nacl 5-0.45 % solution, dextrose-nacl 5-0.9 % solution)</i> | 1 | |
| DEXTROSE-NACL (DEXTROSE-NACL 5-0.225 % SOLUTION, DEXTROSE-NACL 10-0.2 % SOLUTION, DEXTROSE-NACL 10-0.45 % SOLUTION) | 2 | |
| <i>dextrose-sodium chloride</i> | 1 | |
| ELECTROLYTE SOLUTION | 2 | OTC |
| <i>electrolyte solution</i> | 1 | OTC |
| IONOSOL-MB IN D5W | 2 | |
| ISOLYTE-S | 2 | |
| KCL (0.149%) IN NACL 20-0.45 MEQ/L-% SOLUTION | 1 | |
| KCL (0.149%) IN NACL 20-0.9 MEQ/L-% SOLUTION | 2 | |
| KCL (0.298%) IN NACL | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| <i>kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i> | 1 | |
| KCL IN DEXTROSE-NACL 20-5-0.225 MEQ/L-%-% SOLUTION | 2 | |
| KCL-LACTATED RINGERS-D5W | 2 | |
| <i>lactated ringers</i> | 1 | |
| NORMOSOL-M IN D5W | 2 | |
| NORMOSOL-R | 2 | |
| NORMOSOL-R IN D5W | 2 | |
| NORMOSOL-R PH 7.4 | 2 | |
| POTASSIUM CHLORIDE IN DEXTROSE (POTASSIUM CHLORIDE IN DEXTROSE 10-5 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN DEXTROSE 40-5 MEQ/L-% SOLUTION) | 2 | |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i> | 1 | |
| <i>potassium chloride in nacl (potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)</i> | 1 | |
| <i>ringers</i> | 1 | |
| FLUORIDE | | |
| <i>sodium fluoride</i> | \$0 |   |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| MAGNESIUM | | |
| <i>magnesium</i> | 1 | OTC EDS |
| MAGNESIUM | 2 | OTC |
| <i>magnesium chloride</i> | 1 | OTC EDS |
| MAGNESIUM CHLORIDE | 2 | OTC |
| <i>magnesium gluconate</i> | 2 | OTC EDS |
| MAGNESIUM GLUCONATE | 2 | OTC |
| MAGNESIUM OXIDE | 2 | OTC |
| <i>magnesium sulfate (magnesium sulfate 2 gm/50ml solution, magnesium sulfate 4 gm/100ml solution, magnesium sulfate 4 gm/50ml solution, magnesium sulfate 20 gm/500ml solution, magnesium sulfate 40 gm/1000ml solution, magnesium sulfate 50 % solution)</i> | 1 | |
| MANGANESE | | |
| MANGANESE SULFATE | 2 | |
| MINERAL COMBINATIONS | | |
| MULTI-MINERALS | 2 | OTC |
| RA CA/MG/ZN/CU | 2 | OTC |
| PHOSPHATE | | |
| <i>phosphorus supplement</i> | 2 | OTC |
| <i>potassium / sodium phosphate</i> | 2 | EDS |
| POTASSIUM | | |
| <i>klor-con</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>klor-con 10</i> | 1 | EDS |
| <i>klor-con m10</i> | 1 | EDS |
| <i>klor-con m15</i> | 1 | EDS |
| <i>klor-con m20</i> | 1 | EDS |
| <i>klor-con sprinkle</i> | 1 | EDS |
| <i>potassium chloride (potassium chloride 10 % solution, potassium chloride 20 meq packet, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i> | 1 | EDS |
| <i>potassium chloride (potassium chloride 2 meq/ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 10 meq/50ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 20 meq/50ml solution, potassium chloride 40 meq/100ml solution)</i> | 1 | |
| POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION | 2 | |
| <i>potassium chloride crys er</i> | 1 | EDS |
| <i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 20 meq tab er)</i> | 1 | EDS |
| <i>potassium gluconate</i> | 1 | OTC EDS |
| POTASSIUM GLUCONATE | 2 | OTC |
| SODIUM | | |
| <i>aquastat</i> | 1 | |
| <i>aquastat sfr</i> | 1 | |
| <i>bd posiflush</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| <i>monoject flush syringe</i> | 1 | |
| <i>monoject sodium chloride flush</i> | 1 | |
| <i>normal saline flush</i> | 1 | |
| <i>saline flush</i> | 1 | |
| <i>saline flush zr</i> | 1 | |
| <i>sodium chloride</i> | 1 | OTC EDS |
| <i>sodium chloride flush</i> | 1 | |
| <i>swabflush saline flush</i> | 1 | |
| TRACE MINERALS | | |
| <i>chromium</i> | 1 | OTC EDS |
| CHROMIUM | 2 | OTC |
| <i>selenium</i> | 1 | OTC EDS |
| ZINC | | |
| <i>zinc</i> | 1 | OTC |
| <i>zinc gluconate</i> | 1 | OTC |
| <i>zinc sulfate</i> | 1 | OTC |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| <i>clovique</i> | 1 | SP |
| <i>penicillamine 250 mg tab</i> | 1 | PA SP |
| <i>trientine hcl 250 mg cap</i> | 1 | SP |
| IMMUNOMODULATORS | | |
| <i>lenalidomide</i> | 1 | QL 30 EA / fill PA SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| REVLIMID | 2 | QL 30 EA / fill PA LA |
| REZUROCK | 2 | QL 30 EA / fill PA SP NP |
| THALOMID | 2 | LA |
| IMMUNOSUPPRESSIVE AGENTS | | |
| ASTAGRAF XL | 2 | PA SP NP |
| <i>azasan</i> | 1 | PA NP |
| <i>azathioprine (azathioprine 50 mg tab, azathioprine 75 mg tab, azathioprine 100 mg tab)</i> | 1 | P |
| CELLCEPT (CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB) | 2 | PA SP NP |
| CELLCEPT 200 MG/ML RECON SUSP | 1 | SP P |
| <i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i> | 1 | P |
| <i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i> | 1 | P |
| ENSPRYNG | 2 | PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| ENVARUSUS XR | 2 | <div data-bbox="1133 170 1192 205">PA</div> <div data-bbox="1133 218 1192 254">SP</div> <div data-bbox="1133 266 1192 302">NP</div> |
| <i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i> | 1 | <div data-bbox="1133 338 1192 373">PA</div> <div data-bbox="1133 386 1192 422">NP</div> |
| <i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i> | 1 | <div data-bbox="1133 476 1192 512">P</div> |
| IMURAN | 2 | <div data-bbox="1133 560 1192 596">PA</div> <div data-bbox="1133 609 1192 644">NP</div> |
| <i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i> | 1 | <div data-bbox="1133 695 1192 730">P</div> |
| <i>mycophenolate mofetil 200 mg/ml recon susp</i> | 1 | <div data-bbox="1133 806 1192 842">PA</div> <div data-bbox="1133 854 1192 890">NP</div> |
| <i>mycophenolate sodium</i> | 1 | <div data-bbox="1133 917 1192 953">PA</div> <div data-bbox="1133 966 1192 1001">NP</div> |
| <i>mycophenolic acid</i> | 1 | <div data-bbox="1133 1029 1192 1064">PA</div> <div data-bbox="1133 1077 1192 1113">NP</div> |
| MYFORTIC | 2 | <div data-bbox="1133 1140 1192 1176">PA</div> <div data-bbox="1133 1188 1192 1224">SP</div> <div data-bbox="1133 1236 1192 1272">NP</div> |
| NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION) | 2 | <div data-bbox="1133 1295 1192 1331">PA</div> <div data-bbox="1133 1344 1192 1379">SP</div> <div data-bbox="1133 1392 1192 1428">NP</div> |
| PROGRAF (PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 5 MG CAP) | 2 | <div data-bbox="1133 1457 1192 1493">PA</div> <div data-bbox="1133 1505 1192 1541">SP</div> <div data-bbox="1133 1554 1192 1589">NP</div> |
| RAPAMUNE 1 MG/ML SOLUTION | 1 | <div data-bbox="1133 1617 1192 1652">SP</div> <div data-bbox="1133 1665 1192 1701">P</div> |
| SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP, SANDIMMUNE 100 MG/ML SOLUTION) | 2 | <div data-bbox="1133 1728 1192 1764">PA</div> <div data-bbox="1133 1776 1192 1812">SP</div> <div data-bbox="1133 1824 1192 1860">NP</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| <i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 1 mg/ml solution, sirolimus 2 mg tab)</i> | 1 | P |
| <i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i> | 1 | P |
| UPLIZNA | 2 | PA SP NP |
| ZORTRESS | 2 | PA SP NP |
| IRRIGATION SOLUTIONS | | |
| <i>argyle sterile water</i> | 1 | |
| <i>ringers irrigation</i> | 1 | |
| <i>sterile water for irrigation</i> | 1 | |
| <i>tis-u-sol</i> | 1 | |
| <i>water for irrigation, sterile</i> | 1 | |
| MISC NATURAL PRODUCTS | | |
| MISCELLANEOUS NATURAL PRODUCTS | 2 | OTC |
| PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS | | |
| VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK) | 2 | QL 30 EA / fill PA SP |
| VIJOICE 200 & 50 MG TAB THPK | 2 | QL 60 EA / fill PA SP |
| POTASSIUM REMOVING AGENTS | | |
| <i>sodium polystyrene sulfonate powder</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-------------------------------|
| SPS | 2 | |
| VELTASSA | 2 | SP |
| PROGERIA TREATMENT AGENTS | | |
| ZOKINVY | 2 | QL 120 EA / fill PA LA |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR) | 2 | QL 4 EA / 28 days PA SP |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| <i>lidocaine viscous hcl</i> | 1 | |
| ANTI-INFECTIVES - THROAT | | |
| <i>clotrimazole 10 mg troche</i> | 1 | |
| <i>nystatin 100000 unit/ml suspension</i> | 1 | P |
| ANTISEPTICS - MOUTH/THROAT | | |
| <i>chlorhexidine gluconate 0.12 % solution</i> | 1 | |
| <i>paroex</i> | 1 | |
| <i>periogard</i> | 1 | |
| DENTAL PRODUCTS | | |
| <i>cavarest</i> | 1 | EDS |
| <i>clinpro 5000</i> | 1 | EDS |
| <i>denta 5000 plus</i> | \$0 | EDS |
| <i>dentagel</i> | 1 | EDS |
| <i>fluoridex</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>fluoridex enhanced whitening</i> | 1 | EDS |
| <i>fluorimax 5000</i> | 1 | EDS |
| GEL-KAM | 2 | OTC |
| <i>just right 5000</i> | 1 | EDS |
| OMNI GEL | 2 | OTC |
| <i>periomed</i> | 1 | OTC EDS |
| <i>sf</i> | 1 | EDS |
| <i>sf 5000 plus</i> | \$0 | EDS |
| <i>sodium fluoride (sodium fluoride 0.2 % solution, sodium fluoride 1.1 % gel)</i> | 1 | EDS |
| <i>sodium fluoride 1.1 % cream</i> | \$0 | EDS |
| <i>sodium fluoride 5000 enamel</i> | 1 | EDS |
| <i>sodium fluoride 5000 plus</i> | \$0 | EDS |
| <i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % gel, sodium fluoride 5000 ppm 1.1 % paste)</i> | 1 | EDS |
| <i>sodium fluoride 5000 ppm 1.1 % cream</i> | \$0 | EDS |
| <i>sodium fluoride 5000 sensitive</i> | 1 | EDS |
| THROAT PRODUCTS - MISC. | | |
| <i>cevimeline hcl</i> | 1 | EDS |
| <i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i> | 1 | EDS |
| MULTIVITAMINS | | |
| B-COMPLEX VITAMINS | | |
| <i>vitamin b complex</i> | 1 | OTC EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| B-COMPLEX W/ C | | |
| VITAMIN B COMPLEX | 2 | OTC |
| <i>vitamin b complex / vitamin c / calcium</i> | 1 | OTC EDS |
| <i>vitamin b complex / vitamin c / vitamin e / zinc</i> | 1 | OTC EDS |
| <i>vitamin b complex combinations</i> | 1 | OTC EDS |
| B-COMPLEX W/ FOLIC ACID | | |
| B COMPLEX-C-BIOTIN-E-FA | \$0 | OTC |
| <i>vitamin b complex (\$0)</i> | \$0 | OTC EDS |
| <i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i> | 2 | |
| <i>vitamin b complex / vitamin c / zinc / folic acid</i> | 2 | |
| VITAMIN B COMPLEX COMBINATIONS | 2 | |
| BIOFLAVONOID PRODUCTS | | |
| <i>bioflavonoids</i> | 1 | OTC EDS |
| BIOFLAVONOIDS | 2 | OTC |
| MULTIPLE VITAMINS W/ CALCIUM | | |
| <i>multivitamins / calcium</i> | 1 | OTC EDS |
| MULTIPLE VITAMINS W/ MINERALS | | |
| MULTIVITAMINS / MINERALS | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| PED MULTI VITAMINS W/FL & FE | | |
| <i>pediatric multiple vitamins / fluoride / iron</i> | 1 | OTC EDS |
| <i>pediatric multivitamin combinations</i> | 1 | OTC EDS |
| PED MULTIPLE VITAMINS W/ MINERALS | | |
| <i>pediatric multiple vitamins / minerals</i> | 2 | OTC EDS |
| PEDIATRIC MULTIPLE VITAMINS / MINERALS | 2 | OTC |
| PEDIATRIC MULTIVITAMIN COMBINATIONS | 2 | OTC EDS |
| PED MV W/ FLUORIDE | | |
| <i>multivitamin (\$0)</i> | \$0 | OTC EDS |
| <i>pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride</i> | \$0 | EDS |
| PED MV W/ IRON | | |
| <i>pediatric multiple vitamins / iron</i> | 2 | OTC EDS |
| PEDIATRIC MULTIPLE VITAMINS / IRON | 2 | OTC |
| PEDIATRIC MULTIPLE VITAMINS | | |
| <i>pediatric multiple vitamins</i> | 1 | OTC EDS |
| PEDIATRIC MULTIPLE VITAMINS | 2 | OTC |
| PEDIATRIC VITAMINS | | |
| <i>pediatric vitamins</i> | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------------------|-----------|-----------------------|
| TRI-VI-SOL A/C/D | 2 | OTC |
| VITAMIN A-C-D INFANT | 2 | OTC |
| VITAMIN A/C/D/ INFANT/TODDLER | 2 | OTC |
| PRENATAL VITAMINS | | |
| BAL-CARE DHA | 2 | |
| INATAL GT | 2 | |
| MYNATAL | 2 | |
| MYNATAL ADVANCE | 2 | |
| PNV-DHA+DOCUSATE | 2 | EDS |
| PNV-OMEGA | 2 | EDS |
| PNV-SELECT | 2 | EDS |
| PRENATAL VITAMIN | 2 | OTC EDS |
| <i>prenatal vitamin</i> | \$0 | OTC EDS |
| VIRT-PN PLUS | 2 | EDS |
| ZATEAN-PN PLUS | 2 | EDS |
| SPECIALTY VITAMINS PRODUCTS | | |
| <i>specialty vitamins</i> | 2 | |
| VITAMIN MIXTURES | | |
| CRANBERRY URINARY COMFORT | 2 | OTC |
| VITAMINS W/ LIPOTROPICS | | |
| <i>vitamins / lipotropics</i> | 1 | OTC EDS |
| VITAMINS / LIPOTROPICS | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| <i>baclofen (baclofen 10 mg tab, baclofen 20 mg tab)</i> | 1 | |
| <i>chlorzoxazone (chlorzoxazone 250 mg tab, chlorzoxazone 500 mg tab)</i> | 1 | |
| <i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i> | 1 | |
| <i>metaxalone 800 mg tab</i> | 1 | |
| <i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i> | 1 | |
| ORPHENADRINE CITRATE | 2 | |
| <i>orphenadrine citrate</i> | 1 | |
| <i>orphenadrine citrate er</i> | 1 | |
| <i>tizanidine hcl</i> | 1 | |
| DIRECT MUSCLE RELAXANTS | | |
| <i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i> | 1 | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL AGENT COMBINATIONS | | |
| <i>azelastine-fluticasone</i> | 1 | PA NP |
| DYMISTA | 2 | PA NP |
| RYALTRIS | 2 | PA NP |
| NASAL AGENTS - MISC. | | |
| SODIUM CHLORIDE NASAL SPRAY | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|------------------------------------|
| NASAL ANTIALLERGY | | |
| <i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 0.15 % solution, azelastine hcl 137 mcg/spray solution)</i> | 1 | EDS P |
| <i>cromolyn (nasalcrom)</i> | 1 | OTC EDS |
| <i>olopatadine hcl 0.6 % solution</i> | 1 | PA NP |
| PATANASE | 2 | PA NP |
| NASAL ANTICHOLINERGICS | | |
| <i>ipratropium bromide 0.03 % solution</i> | 1 | EDS P |
| <i>ipratropium bromide 0.06 % solution</i> | 1 | P |
| NASAL STEROIDS | | |
| BECONASE AQ | 2 | QL 2 EA / fill PA NP |
| <i>flunisolide</i> | 1 | QL 50 GM / fill PA EDS NP |
| <i>fluticasone propionate 50 mcg/act suspension</i> | 1 | QL 32 GM / fill EDS P |
| <i>mometasone furoate 50 mcg/act suspension</i> | 1 | QL 17 GM / fill P |
| NASONEX | 2 | PA NP |
| OMNARIS | 2 | QL 12.5 ML / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| QNASL | 2 | <ul style="list-style-type: none"> QL 10.6 ML / fill PA NP |
| QNASL CHILDRENS | 2 | <ul style="list-style-type: none"> PA NP |
| SINUVA | 2 | <ul style="list-style-type: none"> PA NP |
| <i>triamcinolone acetonide (nasacort)</i> | 1 | <ul style="list-style-type: none"> QL 33 GM / fill OTC EDS |
| XHANCE | 2 | <ul style="list-style-type: none"> PA NP |
| ZETONNA | 2 | <ul style="list-style-type: none"> QL 6.1 GM / fill PA NP |
| SYMPATHOMIMETIC DECONGESTANTS | | |
| <i>oxymetazoline (afrin)</i> | 1 | <ul style="list-style-type: none"> OTC |
| <i>phenylephrine (neo-synephrine)</i> | 1 | <ul style="list-style-type: none"> OTC |
| <i>phenylephrine (sudafed pe)</i> | 1 | <ul style="list-style-type: none"> OTC |
| <i>pseudoephedrine (sudafed)</i> | 1 | <ul style="list-style-type: none"> OTC |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| <i>riluzole</i> | 1 | <ul style="list-style-type: none"> EDS |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI | 2 | <ul style="list-style-type: none"> QL 200 ml / fill PA LA |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| NUTRIENTS | | |
| CARBOHYDRATES | | |
| <i>dextrose (dextrose 5 % solution, dextrose 10 % solution, dextrose 50 % solution, dextrose 70 % solution)</i> | 1 | |
| DEXTROSE 250 MG/ML SOLUTION | 2 | |
| LIPIDS | | |
| INTRALIPID | 2 | |
| MISC. NUTRITIONAL SUBSTANCES | | |
| <i>omega-3 fatty acids (fish oil)</i> | 1 | OTC EDS |
| OMEGA-3 FATTY ACIDS (FISH OIL) | 2 | OTC |
| PROTEINS | | |
| CLINIMIX E/DEXTROSE | 2 | |
| CLINIMIX/DEXTROSE (4.25/10) | 2 | |
| CLINIMIX/DEXTROSE (4.25/5) | 2 | |
| CLINIMIX/DEXTROSE (5/15) | 2 | |
| CLINIMIX/DEXTROSE (5/20) | 2 | |
| CLINIMIX/DEXTROSE (6/5) | 2 | |
| CLINIMIX/DEXTROSE (8/10) | 2 | |
| CLINIMIX/DEXTROSE (8/14) | 2 | |
| LEVOCARNITINE (DIETARY) 330 MG TAB | 2 | OTC |
| NEPHRAMINE | 2 | |
| PROCALAMINE | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |
| ALCON TEARS | 2 | OTC |
| <i>artificial tear drops</i> | 1 | OTC EDS |
| <i>dextran 70/he-cell drops (genteal tears)</i> | 1 | OTC EDS |
| GENTEAL SEVERE | 2 | OTC |
| ISOPTO TEARS | 2 | OTC |
| <i>lubricant eye drops</i> | 1 | OTC EDS |
| LUBRICANT EYE DROPS | 2 | OTC |
| <i>lubricant eye ointment</i> | 1 | OTC |
| <i>polyethylene glycol drops</i> | 1 | |
| <i>polyvinyl alcohol / povidone drops (refresh)</i> | 1 | OTC EDS |
| <i>polyvinyl alcohol drops (hypotears)</i> | 1 | OTC EDS |
| PURE & GENTLE LUBRICANT | 2 | OTC |
| REFRESH 1.4-0.6 % SOLUTION | 2 | OTC |
| REFRESH DIGITAL | 2 | OTC |
| REFRESH OPTIVE 0.5-0.9 % SOLUTION | 2 | OTC |
| REFRESH OPTIVE ADVANCED | 2 | OTC |
| REFRESH OPTIVE PF | 2 | OTC |
| REFRESH RELIEVA | 2 | OTC |
| REFRESH RELIEVA PF 0.5-0.9 % SOLUTION | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------------------|-----------|-----------------------|
| REFRESH TEARS PF | 2 | OTC |
| SYSTANE BALANCE | 2 | OTC |
| SYSTANE COMPLETE | 2 | OTC |
| VISTA GEL DRY EYE RELIEF | 2 | OTC |
| BETA-BLOCKERS - OPHTHALMIC | | |
| BETAXOLOL HCL 0.5 % SOLUTION | 2 | PA EDS NP |
| <i>betaxolol hcl 0.5 % solution</i> | 1 | PA EDS NP |
| BETIMOL | 2 | PA NP |
| BETOPTIC-S | 2 | PA NP |
| <i>brimonidine tartrate-timolol</i> | 1 | PA EDS NP |
| CARTEOLOL HCL | 2 | PA EDS NP |
| COMBIGAN | 1 | P |
| COSOPT | 2 | PA NP |
| COSOPT PF | 2 | PA NP |
| <i>dorzolamide hcl-timolol mal</i> | 1 | EDS P |
| <i>dorzolamide hcl-timolol mal pf</i> | 1 | PA EDS NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| ISTALOL | 2 | PA NP |
| LEVOBUNOLOL HCL | 2 | PA EDS NP |
| <i>timolol maleate (timolol maleate 0.25 % gel f soln, timolol maleate 0.25 % solution, timolol maleate 0.5 % gel f soln, timolol maleate 0.5 % solution)</i> | 1 | EDS P |
| <i>timolol maleate 0.5 % (daily) solution</i> | 1 | PA EDS NP |
| <i>timolol maleate ocudose</i> | 1 | PA EDS NP |
| <i>timolol maleate pf</i> | 1 | PA EDS NP |
| TIMOPTIC | 2 | PA NP |
| TIMOPTIC OCUDOSE | 2 | PA NP |
| TIMOPTIC-XE | 2 | PA NP |
| CYCLOPLEGIC MYDRIATICS | | |
| ATROPINE SULFATE 1 % SOLUTION | 2 | |
| <i>atropine sulfate 1 % solution</i> | 1 | EDS |
| HOMATROPAIRE | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| MIOTICS | | |
| PHOSPHOLINE IODIDE | 2 | |
| <i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i> | 1 | EDS |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| ALPHAGAN P | 1 | P |
| APRACLONIDINE HCL | 2 | PA NP |
| <i>apraclonidine hcl</i> | 1 | PA EDS NP |
| <i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.2 % solution)</i> | 1 | EDS P |
| <i>brimonidine tartrate 0.15 % solution</i> | 1 | PA EDS NP |
| IOPIDINE | 2 | PA NP |
| SIMBRINZA | 2 | PA NP |
| OPHTHALMIC ANTI-INFECTIVES | | |
| <i>ak-poly-bac</i> | 1 | |
| AZASITE | 2 | PA NP |
| BACITRACIN 500 UNIT/GM OINTMENT | 2 | PA NP |
| <i>bacitracin-polymyxin b</i> | 1 | |
| BESIVANCE | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| CILOXAN 0.3 % OINTMENT | 2 | PA NP |
| <i>ciprofloxacin hcl 0.3 % solution</i> | 1 | P |
| <i>erythromycin 5 mg/gm ointment</i> | 1 | |
| <i>gatifloxacin</i> | 1 | PA NP |
| <i>gentamicin sulfate 0.3 % solution</i> | 1 | |
| KLARITY-A | 2 | PA NP |
| MOXIFLOXACIN HCL (2X DAY) | 2 | PA NP |
| <i>moxifloxacin hcl 0.5 % solution</i> | 1 | P |
| NATACYN | 2 | QL 15 ml / fill PA NP |
| <i>neo-polycin</i> | 1 | |
| <i>neomycin-bacitracin zn-polymyx</i> | 1 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN | 2 | |
| OCUFLOX | 2 | PA NP |
| <i>ofloxacin 0.3 % solution</i> | 1 | P |
| <i>polycin</i> | 1 | |
| <i>polymyxin b-trimethoprim</i> | 1 | |
| SULFACETAMIDE SODIUM 10 % OINTMENT | 2 | PA NP |
| <i>sulfacetamide sodium 10 % solution</i> | 1 | |
| <i>tobramycin 0.3 % solution</i> | 1 | |
| VIGAMOX | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|------------------------|
| ZIRGAN | 2 | |
| OPHTHALMIC DECONGESTANTS | | |
| <i>advanced lubricant</i> | 1 | OTC EDS |
| <i>ft eye drops advanced relief</i> | 1 | OTC EDS |
| <i>glitch advanced relief</i> | 1 | OTC EDS |
| <i>naphazoline /pheniramine drops (naphcon-a)</i> | 1 | OTC EDS |
| <i>tetrahydrazoline drops (visine)</i> | 1 | OTC EDS |
| <i>visine red eye hydrating comf</i> | 1 | OTC EDS |
| OPHTHALMIC IMMUNOMODULATORS | | |
| <i>cyclosporine 0.05 % emulsion</i> | 1 | QL 60 EA / fill EDS |
| VERKAZIA | 2 | QL 120 ml / fill PA |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA | 2 | PA NP |
| ROCKLATAN | 2 | PA NP |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| <i>altacaine</i> | 1 | |
| <i>proparacaine hcl</i> | 1 | |
| <i>tetracaine hcl 0.5 % solution</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|---|
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE | 2 | PA QL 7 UNITS / FILL; 8 FILLS / LIFETIME LA |
| OPHTHALMIC STEROIDS | | |
| ALREX | 2 | PA NP |
| <i>bacitra-neomycin-polymyxin-hc</i> | 1 | |
| BLEPHAMIDE | 2 | |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION | 2 | |
| DEXTENZA | 2 | PA NP |
| DEXYCU | 2 | PA NP |
| <i>difluprednate</i> | 1 | PA NP |
| DUREZOL | 2 | PA NP |
| <i>fluorometholone</i> | 1 | P |
| ILUVIEN | 2 | PA LA NP |
| INVELTYS | 2 | PA NP |
| LOTEMAX (LOTEMAX 0.5 % GEL, LOTEMAX 0.5 % OINTMENT, LOTEMAX 0.5 % SUSPENSION) | 2 | PA NP |
| LOTEMAX SM | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>loteprednol etabonate (loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i> | 1 | PA NP |
| LOTEPREDNOL ETABONATE 0.5 % GEL | 2 | PA NP |
| <i>neo-polycin hc</i> | 1 | |
| <i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i> | 1 | |
| NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION | 2 | |
| OZURDEX | 2 | PA NP |
| PRED FORTE | 1 | |
| PREDNISOLONE ACETATE | 1 | P |
| PREDNISOLONE ACETATE P-F | 2 | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | 2 | |
| RETISERT | 2 | PA NP |
| SULFACETAMIDE-PREDNISOLONE | 2 | |
| <i>tobramycin-dexamethasone</i> | 1 | |
| TRIESENCE | 2 | LA P |
| YUTIQ | 2 | PA NP |
| OPHTHALMICS - MISC. | | |
| ACULAR | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| ACULAR LS | 2 | PA NP |
| ACUVAIL | 2 | PA NP |
| ALOCRIL | 2 | PA NP |
| ALOMIDE | 2 | PA NP |
| <i>azelastine hcl 0.05 % solution</i> | 1 | PA EDS NP |
| AZOPT | 2 | PA NP |
| <i>balanced salt</i> | 1 | |
| <i>bepotastine besilate</i> | 1 | PA NP |
| BEPREVE | 2 | PA NP |
| <i>brinzolamide</i> | 1 | PA EDS NP |
| <i>bromfenac sodium (once-daily)</i> | 1 | PA NP |
| <i>bromfenac sodium 0.075 % solution</i> | 1 | PA NP |
| BROMSITE | 2 | PA NP |
| CROMOLYN SODIUM 4 % SOLUTION | 2 | P |
| <i>cromolyn sodium 4 % solution</i> | 1 | P |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-------------------------------------|
| CYSTARAN | 2 | QL 60 ml / 28 days LA |
| <i>diclofenac sodium 0.1 % solution</i> | 1 | P |
| <i>dorzolamide hcl</i> | 1 | EDS P |
| <i>epinastine hcl</i> | 1 | PA NP |
| FLURBIPROFEN SODIUM | 2 | PA NP |
| ILEVRO | 2 | PA NP |
| <i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i> | 1 | P |
| <i>ketotifen drops (zaditor)</i> | 1 | PA OTC EDS NP |
| LASTACAFT | 2 | PA NP |
| NEVANAC | 2 | PA NP |
| <i>olopatadine</i> | 1 | QL 2.5 ml / fill OTC EDS P |
| PROLENSA | 2 | PA NP |
| <i>sodium chloride eye products (muro 128)</i> | 1 | OTC |
| TRUSOPT | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|------------------------------------|-----------|---|
| ZADITOR | 2 | <ul style="list-style-type: none"> PA OTC NP |
| ZERVIATE | 2 | <ul style="list-style-type: none"> PA NP |
| PROSTAGLANDINS - OPHTHALMIC | | |
| <i>bimatoprost</i> | 1 | <ul style="list-style-type: none"> QL 2.5 ml / fill PA EDS NP |
| <i>latanoprost</i> | 1 | <ul style="list-style-type: none"> QL 2.5 ml / fill EDS P |
| LUMIGAN | 2 | <ul style="list-style-type: none"> QL 2.5 ml / fill PA NP |
| TRAVATAN Z | 1 | <ul style="list-style-type: none"> QL 2.5 ml / fill P |
| <i>travoprost (bak free)</i> | 1 | <ul style="list-style-type: none"> QL 2.5 ml / fill PA EDS NP |
| VYZULTA | 2 | <ul style="list-style-type: none"> QL 2.5 ml / fill PA NP |
| XALATAN | 2 | <ul style="list-style-type: none"> QL 2.5 ml / fill PA NP |
| XELPROS | 2 | <ul style="list-style-type: none"> QL 2.5 ml / fill PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| ZIOPTAN | 2 | QL 30 ML / fill PA NP |
| OTIC AGENTS | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| <i>acetic acid 2 % solution</i> | 1 | |
| <i>carbamide peroxide (debrox)</i> | 1 | OTC |
| OTIC ANTI-INFECTIVES | | |
| CIPROFLOXACIN HCL 0.2 % SOLUTION | 1 | PA NP |
| <i>ofloxacin otic soln 0.3%</i> | 1 | P |
| OTIC COMBINATIONS | | |
| CIPRO HC | 2 | P |
| <i>ciprofloxacin-dexamethasone</i> | 1 | P |
| CIPROFLOXACIN-FLUOCINOLONE PF | 1 | PA NP |
| COLY-MYCIN S | 2 | PA NP |
| CORTISPORIN-TC | 2 | PA NP |
| <i>neomycin-polymyxin-hc</i> | 1 | P |
| OTIC STEROIDS | | |
| <i>flac</i> | 1 | |
| <i>fluocinolone acetonide 0.01 % oil</i> | 1 | |
| <i>hydrocortisone-acetic acid</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---------------------------------------|
| OXYTOCICS | | |
| OXYTOCICS | | |
| <i>methergine</i> | 1 | QL 28 UNITS / FILL; 1 FILL / 365 DAYS |
| <i>methylergonovine maleate 0.2 mg tab</i> | 1 | QL 28 UNITS / FILL; 1 FILL / 365 DAYS |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| BIVIGAM | 2 | SP |
| CUVITRU (CUVITRU 1 GM/5ML SOLUTION, CUVITRU 2 GM/10ML SOLUTION, CUVITRU 4 GM/20ML SOLUTION) | 2 | SP |
| FLEBOGAMMA DIF (FLEBOGAMMA DIF 5 GM/100ML SOLUTION, FLEBOGAMMA DIF 5 GM/50ML SOLUTION, FLEBOGAMMA DIF 10 GM/100ML SOLUTION, FLEBOGAMMA DIF 10 GM/200ML SOLUTION, FLEBOGAMMA DIF 20 GM/200ML SOLUTION, FLEBOGAMMA DIF 20 GM/400ML SOLUTION) | 2 | SP |
| GAMASTAN | 2 | SP |
| GAMMAGARD | 2 | SP |
| GAMMAGARD S/D LESS IGA | 2 | SP |
| GAMMAKED | 2 | SP |
| GAMMAPLEX | 2 | SP |
| GAMUNEX-C (GAMUNEX-C 1 GM/10ML SOLUTION, GAMUNEX-C 2.5 GM/25ML SOLUTION, GAMUNEX-C 5 GM/50ML SOLUTION, GAMUNEX-C 10 GM/100ML SOLUTION, GAMUNEX-C 20 GM/200ML SOLUTION) | 2 | SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| HIZENTRA | 2 | SP |
| HYPERHEP B (HYPERHEP B 110 UNIT/0.5ML SOLN PRSYR, HYPERHEP B 220 UNIT/ML SOLN PRSYR) | 2 | SP |
| HYPERTET | 2 | |
| OCTAGAM (OCTAGAM 5 GM/100ML SOLUTION, OCTAGAM 5 GM/50ML SOLUTION, OCTAGAM 10 GM/100ML SOLUTION, OCTAGAM 10 GM/200ML SOLUTION, OCTAGAM 20 GM/200ML SOLUTION) | 2 | SP |
| PRIVIGEN | 2 | SP |
| VARIZIG | 2 | PA NP |
| MONOCLONAL ANTIBODIES | | |
| BEYFORTUS | \$0 | |
| SYNAGIS | 2 | LA |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| AMOXICILLIN (AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 250 MG CHEW TAB) | 2 | |
| <i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i> | 1 | |
| <i>ampicillin</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-----------|-----------|-----------------------|
|-----------|-----------|-----------------------|

| | | |
|---|---|--|
| <i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 500 mg recon soln)</i> | 1 | |
|---|---|--|

| | | |
|---|---|--|
| AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN) | 2 | |
|---|---|--|

NATURAL PENICILLINS

| | | |
|-------------------------------|---|--|
| <i>penicillin g potassium</i> | 1 | |
|-------------------------------|---|--|

| | | |
|-----------------------|---|--|
| PENICILLIN G PROCAINE | 2 | |
|-----------------------|---|--|

| | | |
|---------------------|---|--|
| PENICILLIN G SODIUM | 2 | |
|---------------------|---|--|

| | | |
|---|---|--|
| PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN) | 2 | |
|---|---|--|

| | | |
|--|---|--|
| <i>penicillin v potassium (penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i> | 1 | |
|--|---|--|

PENICILLIN COMBINATIONS

| | | |
|--|---|--|
| AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB) | 2 | |
|--|---|--|

PA

NP

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab)</i> | 1 | P |
| AMOXICILLIN-POT CLAVULANATE ER | 2 | PA NP |
| <i>ampicillin-sulbactam sodium</i> | 1 | |
| AMPICILLIN-SULBACTAM SODIUM (AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN, AMPICILLIN-SULBACTAM SODIUM 3 (2-1) GM RECON SOLN) | 2 | |
| <i>piperacillin sod-tazobactam so (piperacillin sod-tazobactam so 2.25 (2-0.25) gm recon soln, piperacillin sod-tazobactam so 3-0.375 gm recon soln, piperacillin sod-tazobactam so 3.375 (3-0.375) gm recon soln, piperacillin sod-tazobactam so 4-0.5 gm recon soln, piperacillin sod-tazobactam so 4.5 (4-0.5) gm recon soln, piperacillin sod-tazobactam so 40.5 (36-4.5) gm recon soln)</i> | 1 | |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| <i>dicloxacillin sodium</i> | 1 | |
| <i>nafcillin sodium</i> | 1 | |
| NAFCILLIN SODIUM (NAFCILLIN SODIUM 1 GM RECON SOLN, NAFCILLIN SODIUM 2 GM RECON SOLN) | 2 | |
| NAFCILLIN SODIUM IN DEXTROSE | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------------------|-----------|-----------------------|
| <i>oxacillin sodium</i> | 1 | |
| OXACILLIN SODIUM IN DEXTROSE | 2 | |
| PHARMACEUTICAL ADJUVANTS | | |
| GELATIN CAPSULES (EMPTY) | | |
| <i>gelatin capsules</i> | 2 | OTC |
| LIQUID VEHICLES | | |
| BACTERIOSTATIC WATER(BENZ ALC) | 2 | |
| CHERRY | 2 | OTC |
| CHERRY CONCENTRATE SYRUP | 2 | OTC |
| <i>flavor syrup</i> | 2 | OTC |
| PURIFIED WATER | 2 | |
| RASPBERRY SYRUP | 2 | OTC |
| <i>saline bacteriostatic</i> | 1 | |
| SIMPLE SYRUP | 2 | OTC |
| <i>sodium chloride bacteriostatic</i> | 1 | |
| <i>sterile water for injection</i> | 1 | |
| SYRPALTA 85 % SYRUP | 2 | OTC |
| SYRUP NF | 2 | OTC |
| NON GELATIN CAPSULES (EMPTY) | | |
| <i>non gelatin capsules</i> | 2 | OTC |
| SEMI SOLID VEHICLES | | |
| HYDROPHILIC PETROLATUM | 2 | OTC |
| <i>petrolatum (vaseline)</i> | 1 | OTC |
| <i>petrolatum ointment</i> | 2 | OTC |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------------|
| PROGESTINS | | |
| PROGESTINS | | |
| <i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i> | 1 | EDS |
| MEGACE ES | 2 | PA NP |
| <i>megestrol acetate 625 mg/5ml suspension</i> | 1 | PA EDS NP |
| <i>norethindrone acetate</i> | 1 | EDS |
| <i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i> | 1 | EDS |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| <i>acamprosate calcium</i> | 1 | EDS |
| <i>disulfiram</i> | 1 | EDS |
| ANTIDEMENTIA AGENTS | | |
| ARICEPT | 2 | QL 30 EA / fill PA NP |
| <i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab, donepezil hcl 10 mg tab disp)</i> | 1 | EDS P |
| <i>donepezil hcl 23 mg tab</i> | 1 | PA EDS NP |
| EXELON | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i> | 1 | PA EDS NP |
| GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION | 2 | PA NP |
| <i>galantamine hydrobromide er</i> | 1 | PA EDS NP |
| <i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i> | 1 | PA EDS NP |
| <i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i> | 1 | EDS P |
| <i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i> | 1 | P |
| <i>memantine hcl er</i> | 1 | PA EDS NP |
| NAMENDA | 2 | PA NP |
| NAMENDA TITRATION PAK | 2 | PA NP |
| NAMENDA XR | 2 | PA NP |
| NAMENDA XR TITRATION PACK | 2 | PA NP |
| NAMZARIC | 2 | PA NP |
| RAZADYNE | 2 | PA NP |
| RAZADYNE ER | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---------------------------------------|-----------|------------------------------|
| <i>rivastigmine</i> | 1 | PA EDS NP |
| <i>rivastigmine tartrate</i> | 1 | PA EDS NP |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE | 2 | |
| LYBALVI | \$0 | PA NP |
| <i>olanzapine-fluoxetine hcl</i> | \$0 | PA NP |
| PERPHENAZINE-AMITRIPTYLINE | \$0 | |
| SYMBYAX | \$0 | PA NP |
| FIBROMYALGIA AGENTS | | |
| SAVELLA | 2 | QL 60 EA / fill P |
| SAVELLA TITRATION PACK | 2 | QL 55 EA / 180 days P |
| MOVEMENT DISORDER DRUG THERAPY | | |
| AUSTEDO | 2 | QL 120 EA / fill PA SP |
| AUSTEDO XR | 2 | QL 120 EA / fill PA SP |
| AUSTEDO XR PATIENT TITRATION | 2 | PA SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|----------------------------------|-----------|-----------------------------------|
| <i>tetrabenazine</i> | 1 | SP |
| MULTIPLE SCLEROSIS AGENTS | | |
| AMPYRA | 2 | QL 60 EA / fill PA LA NP |
| AUBAGIO | 2 | PA SP NP |
| AVONEX PEN | 2 | PA SP P |
| AVONEX PREFILLED | 2 | PA SP P |
| BAFIERTAM | 2 | PA SP NP |
| BETASERON | 2 | PA SP P |
| BRIUMVI | 2 | PA NP |
| COPAXONE 20 MG/ML SOLN PRSYR | 1 | PA SP P |
| COPAXONE 40 MG/ML SOLN PRSYR | 2 | PA SP NP |
| <i>dalfampridine er</i> | 1 | QL 60 EA / fill PA SP NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>dimethyl fumarate</i> | 1 | <div data-bbox="1133 174 1195 205">SP</div> <div data-bbox="1133 222 1195 254">P</div> |
| <i>dimethyl fumarate starter pack</i> | 1 | <div data-bbox="1133 283 1195 315">PA</div> <div data-bbox="1133 331 1195 363">SP</div> <div data-bbox="1133 380 1195 411">NP</div> |
| EXTAVIA | 2 | <div data-bbox="1133 447 1195 478">PA</div> <div data-bbox="1133 495 1195 527">SP</div> <div data-bbox="1133 543 1195 575">NP</div> |
| <i>fingolimod hcl</i> | 1 | <div data-bbox="1133 602 1195 634">PA</div> <div data-bbox="1133 651 1195 682">SP</div> <div data-bbox="1133 699 1195 730">P</div> |
| GILENYA 0.25 MG CAP | 2 | <div data-bbox="1133 758 1195 789">PA</div> <div data-bbox="1133 806 1195 837">SP</div> <div data-bbox="1133 854 1195 886">NP</div> |
| GILENYA 0.5 MG CAP | 1 | <div data-bbox="1133 913 1195 945">PA</div> <div data-bbox="1133 961 1195 993">SP</div> <div data-bbox="1133 1010 1195 1041">NP</div> |
| <i>glatiramer acetate 20 mg/ml soln prsy</i> | 1 | <div data-bbox="1133 1068 1195 1100">PA</div> <div data-bbox="1133 1117 1195 1148">SP</div> <div data-bbox="1133 1165 1195 1197">NP</div> |
| <i>glatiramer acetate 40 mg/ml soln prsy</i> | 1 | <div data-bbox="1133 1224 1195 1255">PA</div> <div data-bbox="1133 1272 1195 1304">SP</div> <div data-bbox="1133 1320 1195 1352">NP</div> |
| <i>glatopa 20 mg/ml soln prsy</i> | 1 | <div data-bbox="1133 1379 1195 1411">PA</div> <div data-bbox="1133 1428 1195 1459">SP</div> <div data-bbox="1133 1476 1195 1507">NP</div> |
| <i>glatopa 40 mg/ml soln prsy</i> | 1 | <div data-bbox="1133 1535 1195 1566">PA</div> <div data-bbox="1133 1583 1195 1614">SP</div> <div data-bbox="1133 1631 1195 1663">NP</div> |
| KESIMPTA | 2 | <div data-bbox="1133 1690 1195 1722">PA</div> <div data-bbox="1133 1738 1195 1770">SP</div> <div data-bbox="1133 1787 1195 1818">NP</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|----------------------|-----------|---|
| LEMTRADA | 2 | <div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">LA</div> <div data-bbox="1133 270 1195 306">NP</div> |
| MAVENCLAD (10 TABS) | 2 | <div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">LA</div> <div data-bbox="1133 428 1195 464">NP</div> |
| MAVENCLAD (4 TABS) | 2 | <div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">LA</div> <div data-bbox="1133 585 1195 621">NP</div> |
| MAVENCLAD (5 TABS) | 2 | <div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">LA</div> <div data-bbox="1133 743 1195 779">NP</div> |
| MAVENCLAD (6 TABS) | 2 | <div data-bbox="1133 804 1195 840">PA</div> <div data-bbox="1133 852 1195 888">LA</div> <div data-bbox="1133 900 1195 936">NP</div> |
| MAVENCLAD (7 TABS) | 2 | <div data-bbox="1133 961 1195 997">PA</div> <div data-bbox="1133 1010 1195 1045">LA</div> <div data-bbox="1133 1058 1195 1094">NP</div> |
| MAVENCLAD (8 TABS) | 2 | <div data-bbox="1133 1119 1195 1155">PA</div> <div data-bbox="1133 1167 1195 1203">LA</div> <div data-bbox="1133 1215 1195 1251">NP</div> |
| MAVENCLAD (9 TABS) | 2 | <div data-bbox="1133 1276 1195 1312">PA</div> <div data-bbox="1133 1325 1195 1360">LA</div> <div data-bbox="1133 1373 1195 1409">NP</div> |
| MAYZENT | 2 | <div data-bbox="1133 1434 1195 1470">PA</div> <div data-bbox="1133 1482 1195 1518">SP</div> <div data-bbox="1133 1530 1195 1566">NP</div> |
| MAYZENT STARTER PACK | 2 | <div data-bbox="1133 1591 1195 1627">PA</div> <div data-bbox="1133 1640 1195 1675">SP</div> <div data-bbox="1133 1688 1195 1724">NP</div> |
| OCREVUS | 2 | <div data-bbox="1133 1749 1195 1785">PA</div> <div data-bbox="1133 1797 1195 1833">SP</div> <div data-bbox="1133 1845 1195 1881">NP</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|-------------------------------|-----------|---|
| PLEGRIDY | 2 | <div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div> |
| PLEGRIDY STARTER PACK | 2 | <div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 464">NP</div> |
| PONVORY | 2 | <div data-bbox="1133 493 1195 529">PA</div> <div data-bbox="1133 541 1195 577">SP</div> <div data-bbox="1133 590 1195 625">NP</div> |
| PONVORY STARTER PACK | 2 | <div data-bbox="1133 651 1195 686">PA</div> <div data-bbox="1133 699 1195 735">SP</div> <div data-bbox="1133 747 1195 783">NP</div> |
| REBIF | 2 | <div data-bbox="1133 808 1195 844">PA</div> <div data-bbox="1133 856 1195 892">SP</div> <div data-bbox="1133 905 1195 940">P</div> |
| REBIF REBIDOSE | 2 | <div data-bbox="1133 966 1195 1001">PA</div> <div data-bbox="1133 1014 1195 1050">SP</div> <div data-bbox="1133 1062 1195 1098">P</div> |
| REBIF REBIDOSE TITRATION PACK | 2 | <div data-bbox="1133 1129 1195 1165">PA</div> <div data-bbox="1133 1178 1195 1213">SP</div> <div data-bbox="1133 1226 1195 1262">P</div> |
| REBIF TITRATION PACK | 2 | <div data-bbox="1133 1287 1195 1323">PA</div> <div data-bbox="1133 1335 1195 1371">SP</div> <div data-bbox="1133 1383 1195 1419">P</div> |
| TASCENSO ODT | 2 | <div data-bbox="1133 1444 1195 1480">PA</div> <div data-bbox="1133 1493 1195 1528">NP</div> |
| TECFIDERA | 2 | <div data-bbox="1133 1560 1195 1596">PA</div> <div data-bbox="1133 1608 1195 1644">SP</div> <div data-bbox="1133 1656 1195 1692">NP</div> |
| <i>teriflunomide</i> | 1 | <div data-bbox="1133 1717 1195 1753">PA</div> <div data-bbox="1133 1766 1195 1801">SP</div> <div data-bbox="1133 1814 1195 1850">P</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--|
| TYSABRI | 2 | <div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div> |
| VUMERITY | 2 | <div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 464">NP</div> |
| VUMERITY (STARTER) | 2 | <div data-bbox="1133 489 1195 525">QL 106 EA / fill</div> <div data-bbox="1133 537 1195 573">PA</div> <div data-bbox="1133 585 1195 621">NP</div> |
| ZEPOSIA | 2 | <div data-bbox="1133 651 1195 686">QL 30 EA / fill</div> <div data-bbox="1133 699 1195 735">PA</div> <div data-bbox="1133 747 1195 783">SP</div> <div data-bbox="1133 795 1195 831">NP</div> |
| ZEPOSIA 7-DAY STARTER PACK | 2 | <div data-bbox="1133 861 1195 896">QL 30 EA / fill</div> <div data-bbox="1133 909 1195 945">PA</div> <div data-bbox="1133 957 1195 993">SP</div> <div data-bbox="1133 1005 1195 1041">NP</div> |
| ZEPOSIA STARTER KIT | 2 | <div data-bbox="1133 1071 1195 1106">QL 30 EA / fill</div> <div data-bbox="1133 1119 1195 1155">PA</div> <div data-bbox="1133 1167 1195 1203">SP</div> <div data-bbox="1133 1215 1195 1251">NP</div> |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB, GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB) | 2 | <div data-bbox="1133 1373 1195 1409">PA</div> <div data-bbox="1133 1421 1195 1457">NP</div> |
| LYRICA CR | 2 | <div data-bbox="1133 1514 1195 1549">PA</div> <div data-bbox="1133 1562 1195 1598">NP</div> |
| <i>pregabalin er</i> | 1 | <div data-bbox="1133 1627 1195 1663">PA</div> <div data-bbox="1133 1675 1195 1711">NP</div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|--------------------------------|
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| FLUOXETINE HCL (PMDD) | 2 | PA NP |
| SARAFEM 10 MG TAB | 2 | QL 30 EA / fill PA NP |
| SARAFEM 20 MG TAB | 2 | QL 30 EA / fill(s) PA NP |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| ERGOLOID MESYLATES | 2 | |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT | 2 | PA NP |
| SMOKING DETERRENTS | | |
| CHANTIX | \$0 | |
| CHANTIX CONTINUING MONTH PAK | \$0 | |
| CHANTIX STARTING MONTH PAK | \$0 | |
| <i>nicotine gum</i> | \$0 | OTC |
| <i>nicotine patch</i> | \$0 | OTC |
| NICOTROL | \$0 | |
| <i>varenicline tartrate</i> | \$0 | |
| <i>varenicline tartrate (starter)</i> | \$0 | |
| <i>varenicline tartrate(continue)</i> | \$0 | |
| VASOMOTOR SYMPTOM AGENTS | | |
| BRISDELLE | 2 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|----------------------------------|
| <i>paroxetine mesylate</i> | 1 | PA EDS NP |
| RESPIRATORY AGENTS - MISC. | | |
| CYSTIC FIBROSIS AGENTS | | |
| KALYDECO (KALYDECO 13.4 MG PACKET, KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET) | 2 | QL 56 EA / fill PA SP |
| KALYDECO 150 MG TAB | 2 | QL 60 EA / fill PA SP |
| KALYDECO 5.8 MG PACKET | 2 | QL 56 EA / 28 DAY(S) PA SP |
| ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB) | 2 | QL 112 EA / fill PA SP |
| ORKAMBI (ORKAMBI 75-94 MG PACKET, ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET) | 2 | QL 56 EA / fill PA SP |
| PULMOZYME | 2 | SP |
| SYMDEKO | 2 | QL 56 EA / fill PA SP |
| TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 100-50-75 & 150 MG TAB THPK) | 2 | QL 84 EA / fill PA SP |
| TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK) | 2 | QL 56 EA / fill PA SP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| PULMONARY FIBROSIS AGENTS | | |
| ESBRIET 267 MG CAP | 2 | QL 270 EA / fill PA SP |
| OFEV | 2 | QL 60 EA / fill PA LA |
| <i>pirfenidone 267 mg tab</i> | 1 | QL 270 EA / fill PA SP |
| <i>pirfenidone 801 mg tab</i> | 1 | QL 90 EA / fill PA SP |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| SULFADIAZINE | 2 | |
| <i>sulfadiazine</i> | 1 | |
| TETRACYCLINES | | |
| TETRACYCLINES | | |
| <i>doxy 100</i> | 1 | |
| <i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg recon soln, doxycycline hyclate 100 mg tab)</i> | 1 | |
| <i>doxycycline monohydrate (doxycycline monohydrate 50 mg cap, doxycycline monohydrate 100 mg cap)</i> | 1 | |
| <i>lymepak</i> | 1 | |
| <i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>mondoxyne nl 100 mg cap</i> | 1 | |
| <i>morgidox 100 mg cap</i> | 1 | |
| <i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i> | 1 | |
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| <i>methimazole</i> | 1 | EDS |
| <i>propylthiouracil</i> | 1 | EDS |
| THYROID HORMONES | | |
| ADTHYZA (ADTHYZA 15 MG TAB, ADTHYZA 30 MG TAB, ADTHYZA 60 MG TAB, ADTHYZA 90 MG TAB, ADTHYZA 120 MG TAB) | 2 | EDS |
| ADTHYZA (ADTHYZA 16.25 MG TAB, ADTHYZA 32.5 MG TAB, ADTHYZA 130 MG TAB) | 2 | |
| ARMOUR THYROID (ARMOUR THYROID 15 MG TAB, ARMOUR THYROID 30 MG TAB, ARMOUR THYROID 60 MG TAB, ARMOUR THYROID 90 MG TAB, ARMOUR THYROID 120 MG TAB) | 2 | EDS |
| <i>euthyrox</i> | 1 | EDS |
| <i>levo-t</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i> | 1 | EDS |
| <i>levoxyl</i> | 1 | EDS |
| <i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i> | 1 | EDS |
| NATURE-THROID (NATURE-THROID 16.25 MG TAB, NATURE-THROID 32.5 MG TAB, NATURE-THROID 48.75 MG TAB, NATURE-THROID 81.25 MG TAB, NATURE-THROID 130 MG TAB, NATURE-THROID 146.25 MG TAB, NATURE-THROID 195 MG TAB) | 2 | |
| NIVA THYROID | 2 | EDS |
| NP THYROID | 2 | EDS |
| THYQUIDITY | 2 | |
| THYROID | 2 | EDS |
| <i>unithroid</i> | 1 | EDS |
| WESTHROID (WESTHROID 32.5 MG TAB, WESTHROID 130 MG TAB, WESTHROID 195 MG TAB) | 2 | |
| WP THYROID (WP THYROID 16.25 MG TAB, WP THYROID 32.5 MG TAB, WP THYROID 48.75 MG TAB, WP THYROID 81.25 MG TAB, WP THYROID 130 MG TAB) | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| TOXOIDS | | |
| TOXOID COMBINATIONS | | |
| ADACEL | \$0 | |
| BOOSTRIX | \$0 | |
| DAPTACEL | \$0 | |
| DIPHTHERIA-TETANUS TOXOIDS DT | \$0 | |
| INFANRIX | \$0 | |
| KINRIX | \$0 | |
| PEDIARIX | \$0 | |
| PENTACEL | \$0 | |
| QUADRACEL | \$0 | |
| TDVAX | \$0 | |
| TENIVAC | \$0 | |
| TETANUS-DIPHTHERIA TOXOIDS TD | \$0 | |
| VAXELIS | \$0 | |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| <i>atropine sulfate (atropine sulfate 0.4 mg/ml solution, atropine sulfate 0.5 mg/5ml soln prsy, atropine sulfate 1 mg/10ml soln prsy, atropine sulfate 1 mg/ml solution, atropine sulfate 8 mg/20ml solution)</i> | 1 | |
| ATROPINE SULFATE (PF) | 2 | |
| ATROPINE SULFATE 0.25 MG/5ML SOLN PRSYR | 2 | |
| <i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 10 mg/5ml solution, dicyclomine hcl 20 mg tab)</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>ed-spaz</i> | 1 | EDS |
| <i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i> | 1 | EDS |
| <i>hyoscyamine sulfate (hyoscyamine sulfate 0.125 mg sl tab, hyoscyamine sulfate 0.125 mg tab, hyoscyamine sulfate 0.125 mg tab disp, hyoscyamine sulfate 0.125 mg/5ml elixir, hyoscyamine sulfate 0.125 mg/ml solution)</i> | 1 | EDS |
| <i>hyoscyamine sulfate er</i> | 1 | EDS |
| <i>hyoscyamine sulfate sl</i> | 1 | EDS |
| <i>hyosyne</i> | 1 | EDS |
| <i>methscopolamine bromide 2.5 mg tab</i> | 1 | |
| <i>methscopolamine bromide 5 mg tab</i> | 1 | EDS |
| <i>nulev</i> | 1 | EDS |
| <i>oscimin</i> | 1 | EDS |
| <i>oscimin sr</i> | 1 | EDS |
| <i>symax-sl</i> | 1 | EDS |
| <i>symax-sr</i> | 1 | EDS |
| H-2 ANTAGONISTS | | |
| <i>cimetidine</i> | 1 | EDS |
| <i>cimetidine hcl</i> | 1 | EDS |
| CIMETIDINE HCL 300 MG/5ML SOLUTION | 2 | EDS |
| <i>famotidine (pepcid)</i> | 1 | OTC EDS |
| FAMOTIDINE PREMIXED | 2 | |
| NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP) | 2 | EDS |
| <i>nizatidine (nizatidine 150 mg cap, nizatidine 300 mg cap)</i> | 1 | EDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------|
| NIZATIDINE 15 MG/ML SOLUTION | 2 | |
| MISC. ANTI-ULCER | | |
| <i>sucralfate (sucralfate 1 gm tab, sucralfate 1 gm/10ml suspension)</i> | 1 | EDS |
| PROTON PUMP INHIBITORS | | |
| <i>acid reducer 20.6 (20 base) mg cap dr</i> | 1 | OTC EDS |
| ACIPHEX | 2 | QL 30 EA / fill PA NP |
| ACIPHEX SPRINKLE | 2 | PA NP |
| <i>cvs esomeprazole magnesium</i> | 1 | OTC EDS P |
| <i>cvs omeprazole 20.6 (20 base) mg cap dr</i> | 1 | OTC EDS |
| <i>cvs omeprazole magnesium</i> | 1 | OTC EDS |
| DEXILANT | 2 | PA NP |
| <i>eq esomeprazole magnesium</i> | 1 | OTC EDS P |
| <i>eq omeprazole magnesium</i> | 1 | OTC EDS |
| <i>esomeprazole magnesium (esomeprazole magnesium 10 mg packet, esomeprazole magnesium 20 mg packet, esomeprazole magnesium 40 mg packet)</i> | 1 | PA NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|---|
| <i>esomeprazole magnesium 20 mg cap dr</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>esomeprazole magnesium 40 mg cap dr</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>gnp esomeprazole magnesium</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>gnp omeprazole 20.6 (20 base) mg cap dr</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> |
| <i>goodsense esomeprazole</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>hm esomeprazole magnesium dr</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>kls esomeprazole magnesium</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| <i>kp omeprazole magnesium</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> |
| <i>lansoprazole (prevacid)</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a1887f; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #ffb74d; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| LANSOPRAZOLE 15 MG CAP DR | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| LANSOPRAZOLE 15 MG TAB DR DISP | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a1887f; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #ffb74d; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| LANSOPRAZOLE 30 MG CAP DR | 1 | EDS P |
| LANSOPRAZOLE 30 MG TAB DR DISP | 1 | PA NP |
| NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 20 MG PACKET, NEXIUM 40 MG PACKET) | 1 | P |
| NEXIUM 20 MG CAP DR | 2 | PA OTC NP |
| NEXIUM 24HR 20 MG CAP DR | 2 | OTC |
| NEXIUM 24HR CLEAR MINIS | 2 | OTC |
| NEXIUM 40 MG CAP DR | 2 | PA NP |
| NEXIUM I.V. | 2 | PA NP |
| <i>omeprazole (prilosec)</i> | 1 | OTC EDS P |
| <i>omeprazole magnesium 20.6 (20 base) mg cap dr</i> | 1 | OTC EDS |
| <i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i> | 1 | EDS P |
| <i>pantoprazole sodium 40 mg packet</i> | 1 | PA NP |
| PREVACID 24HR 15 MG CAP DR | 2 | PA OTC NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| PREVACID 30 MG CAP DR | 2 | PA NP |
| PREVACID SOLUTAB 15 MG TAB DR DISP | 2 | PA NP |
| PREVACID SOLUTAB 30 MG TAB DR DISP | 2 | PA NP |
| PRILOSEC | 2 | PA NP |
| PROTONIX (PROTONIX 20 MG TAB DR, PROTONIX 40 MG PACKET, PROTONIX 40 MG TAB DR) | 2 | PA NP |
| <i>qc esomeprazole magnesium</i> | 1 | OTC EDS P |
| <i>qc omeprazole magnesium</i> | 1 | OTC EDS |
| <i>ra esomeprazole magnesium</i> | 1 | OTC EDS P |
| <i>rabeprazole sodium 20 mg tab dr</i> | 1 | PA EDS NP |
| <i>sm esomeprazole magnesium</i> | 1 | OTC EDS P |
| ULCER DRUGS - PROSTAGLANDINS | | |
| <i>misoprostol</i> | 1 | EDS |
| ULCER THERAPY COMBINATIONS | | |
| <i>bis subcit-metronid-tetracyc</i> | 1 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| <i>bismuth/metronidaz/tetracyclin</i> | 1 | |
| | | PA |
| <i>cvs omeprazole-sod bicarbonate</i> | 1 | OTC |
| | | EDS |
| | | NP |
| <i>goodsense omepr/sod bicarb</i> | 1 | PA |
| | | OTC |
| | | EDS |
| | | NP |
| <i>omeprazole-sodium bicarbonate (omeprazole-sodium bicarbonate 20-1680 mg packet, omeprazole-sodium bicarbonate 40-1100 mg cap, omeprazole-sodium bicarbonate 40-1680 mg packet)</i> | 1 | PA |
| | | NP |
| <i>omeprazole-sodium bicarbonate 20-1100 mg cap</i> | 1 | PA |
| | | OTC |
| | | EDS |
| | | NP |
| ZEGERID (ZEGERID 20-1680 MG PACKET, ZEGERID 40-1100 MG CAP, ZEGERID 40-1680 MG PACKET) | 2 | PA |
| | | NP |
| ZEGERID 20-1100 MG CAP | 2 | PA |
| | | OTC |
| | | NP |
| ZEGERID OTC | 2 | PA |
| | | OTC |
| | | NP |
| UNCATEGORIZED | | |
| UNCLASSIFIED | | |
| OPILL | \$0 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| <i>darifenacin hydrobromide er</i> | 1 | PA EDS NP |
| DETROL | 2 | PA NP |
| DETROL LA | 2 | PA NP |
| DITROPAN XL | 2 | PA NP |
| ENABLEX | 2 | PA NP |
| GELNIQUE | 2 | PA NP |
| <i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i> | 1 | EDS P |
| <i>oxybutynin chloride er</i> | 1 | EDS P |
| OXYTROL | 2 | P |
| <i>solifenacin succinate</i> | 1 | EDS P |
| <i>tolterodine tartrate</i> | 1 | EDS P |
| <i>tolterodine tartrate er</i> | 1 | EDS P |
| TOVIAZ | 1 | P |
| <i>trospium chloride</i> | 1 | PA EDS NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--|-----------|-----------------------|
| <i>tropium chloride er</i> | 1 | PA EDS NP |
| VESICARE | 2 | PA NP |
| VESICARE LS | 2 | PA NP |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| GEMTESA | 2 | PA NP |
| MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H) | 2 | PA NP |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| <i>bethanechol chloride</i> | 1 | EDS |
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS | | |
| <i>flavoxate hcl</i> | 1 | PA EDS NP |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| ACTHIB | \$0 | |
| BCG VACCINE | \$0 | |
| BEXSERO | \$0 | |
| BIOTHRAX | \$0 | |
| HIBERIX | \$0 | |
| MENACTRA | \$0 | |
| MENQUADFI | \$0 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------|
| MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION) | \$0 | |
| PEDVAX HIB | \$0 | |
| PENBRAYA | \$0 | |
| PNEUMOVAX 23 | \$0 | |
| PREVNAR 13 | \$0 | |
| PREVNAR 20 | \$0 | |
| TRUMENBA | \$0 | |
| TYPHIM VI | \$0 | |
| VAXCHORA | \$0 | |
| VAXNEUVANCE | \$0 | |
| VIVOTIF | \$0 | |
| VIRAL VACCINES | | |
| ABRYSVO | \$0 | |
| ACAM2000 | \$0 | |
| AFLURIA QUADRIVALENT | \$0 | |
| AREXVY | \$0 | |
| COMIRNATY | \$0 | |
| DENG VAXIA | \$0 | |
| ENGERIX-B | \$0 | |
| FLUAD | \$0 | |
| FLUAD QUADRIVALENT | \$0 | |
| FLUARIX QUADRIVALENT | \$0 | |
| FLUBLOK QUADRIVALENT | \$0 | |
| FLUCELVAX QUADRIVALENT | \$0 | |
| FLULAVAL QUADRIVALENT | \$0 | |
| FLUMIST QUADRIVALENT | \$0 | |
| FLUZONE HIGH-DOSE | \$0 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------|------------------|------------------------------|
| FLUZONE HIGH-DOSE QUADRIVALENT | \$0 | |
| FLUZONE QUADRIVALENT | \$0 | |
| GARDASIL 9 | \$0 | |
| HAVRIX | \$0 | |
| HEPLISAV-B | \$0 | |
| IMOVAX RABIES | \$0 | |
| IPOL | \$0 | |
| IXCHIQ | \$0 | |
| IXIARO | \$0 | |
| JANSSEN COVID-19 VACCINE | \$0 | |
| JYNNEOS | \$0 | |
| M-M-R II | \$0 | |
| MODERNA COVID-19 BIVAL 6M-5Y | \$0 | |
| MODERNA COVID-19 BIVAL BOOSTER | \$0 | |
| MODERNA COVID-19 BIVALENT | \$0 | |
| MODERNA COVID-19 VAC (BOOSTER) | \$0 | |
| MODERNA COVID-19 VAC 6M-11Y | \$0 | |
| MODERNA COVID-19 VACC 6-11Y | \$0 | |
| MODERNA COVID-19 VACC 6M-5Y | \$0 | |
| MODERNA COVID-19 VACCINE | \$0 | |
| NOVAVAX COVID-19 VACCINE | \$0 | |
| PFIZER COVID-19 BIVAL 6MO-4YR | \$0 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------|-----------|-----------------------|
| PFIZER COVID-19 VAC BIVAL 5-11 | \$0 | |
| PFIZER COVID-19 VAC BIVALENT | \$0 | |
| PFIZER COVID-19 VAC-TRIS 5-11Y | \$0 | |
| PFIZER COVID-19 VAC-TRIS 6M-4Y | \$0 | |
| PFIZER-BIONT COVID-19 VAC-TRIS | \$0 | |
| PFIZER-BIONTECH COVID-19 VACC | \$0 | |
| PREHEVBRIO | \$0 | |
| PRIORIX | \$0 | |
| PROQUAD | \$0 | |
| RABAVERT | \$0 | |
| RECOMBIVAX HB | \$0 | |
| ROTARIX | \$0 | |
| ROTATEQ | \$0 | |
| SHINGRIX | \$0 | |
| SPIKEVAX | \$0 | |
| SPIKEVAX COVID-19 VACCINE | \$0 | |
| STAMARIL | \$0 | |
| TICOVAC | \$0 | |
| TWINRIX | \$0 | |
| VAQTA | \$0 | |
| VARIVAX | \$0 | |
| YF-VAX | \$0 | |
| ZOSTAVAX | \$0 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|-----------------------------------|
| VAGINAL AND RELATED PRODUCTS | | |
| SPERMICIDES | | |
| <i>vaginal contraceptive foam</i> | \$0 | OTC |
| VAGINAL ANTI-INFECTIVES | | |
| <i>clindamycin phosphate 2 % cream</i> | 1 | |
| <i>clotrimazole (gyne-lotrimin)</i> | 1 | OTC P |
| <i>miconazole (monistat)</i> | 1 | OTC |
| MICONAZOLE 3 200 MG SUPPOSITORY | 2 | |
| <i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i> | 1 | |
| <i>tioconazole (vagistat)</i> | 1 | OTC |
| VAGINAL ESTROGENS | | |
| <i>estradiol 0.1 mg/gm cream</i> | 1 | EDS |
| <i>estradiol 10 mcg tab</i> | 1 | QL 0.7 EA / day EDS |
| <i>yuvafem</i> | 1 | QL 0.7 EA / day EDS |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| AUVI-Q | 2 | QL 2 EA / fill(s) PA NP |
| <i>epinephrine (anaphylaxis)</i> | 1 | |
| <i>epinephrine (epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj)</i> | 1 | QL 2 EA / fill PA MFG NP |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|---|-----------|--|
| EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 UNITS / 1 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #34495e; color: white; padding: 2px 5px; border-radius: 3px;">MFG</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> |
| <i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / fill</div> <div style="background-color: #34495e; color: white; padding: 2px 5px; border-radius: 3px;">MFG</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| EPIPEN 2-PAK | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / fill</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| EPIPEN JR 2-PAK | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / fill</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| SYMJEPI | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / fill</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> |
| EPINEPHRINE (EPINEPHRINE 1 MG/10ML SOLN PRSYR, EPINEPHRINE 1 MG/ML SOLUTION, EPINEPHRINE 10 MG/10ML SOLUTION) | 2 | |
| <i>epinephrine 1 mg/10ml soln prsyr</i> | 1 | |
| EPINEPHRINE PF | 2 | |
| <i>midodrine hcl</i> | 1 | |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| <i>beta-carotene</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> |
| BETA-CAROTENE | 2 | <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> |
| <i>phytonadione 5 mg tab</i> | 1 | |
| <i>vitamin a</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> |
| <i>vitamin d</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> |

| DRUG NAME | DRUG TIER | REQUIREMENTS / LIMITS |
|--------------------------------|-----------|-----------------------|
| VITAMIN D | 2 | OTC |
| <i>vitamin e</i> | 1 | OTC EDS |
| WATER SOLUBLE VITAMINS | | |
| <i>biotin</i> | 1 | OTC EDS |
| <i>calcium ascorbate</i> | 1 | OTC |
| <i>calcium panthothenate</i> | 1 | OTC EDS |
| <i>niacin</i> | 1 | OTC EDS P |
| NIACIN | 2 | OTC P |
| <i>niacinamide</i> | 1 | OTC EDS |
| <i>pyridoxine (vitamin b6)</i> | 1 | OTC EDS |
| <i>riboflavin (vitamin b2)</i> | 1 | OTC EDS |
| <i>thiamine (vitamin b1)</i> | 1 | OTC EDS |
| VITAMIN C | 2 | OTC |
| <i>vitamin c</i> | 1 | OTC |

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