

2024

Список препаратов, покрываемых программой Medicaid (фармацевтический справочник)

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

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

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

Округа, входящие в программу MSC+: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore,

Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomon, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Winona, Wright и Yellow Medicine

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

Информация, включенная в этот список покрываемых страховкой препаратов, была верной по состоянию на 01.05.2024. Чтобы получить актуальную информацию, перейдите на сайт ucare.org. Если у вас есть вопросы, позвоните в Службу поддержки клиентов UCare по номеру телефона, указанному на этой странице. Вы можете запросить печатную копию списка покрытых лекарств Medicaid в любое время.

UCare Customer Service: Families and Children (PMAP), MinnesotaCare и MSC+: 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). TTY: 612-676-6810 или 1-800-688-2534 (звонок бесплатный). Часы работы: с 08:00 до 17:00, с понедельника по пятницу. Эти звонки бесплатны. Подробную информацию см. на сайте ucare.org. UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

Дата принятия DHS 15.12.2023.



ОЗНАКОМЬТЕСЬ: В ДОКУМЕНТЕ СОДЕРЖИТСЯ ИНФОРМАЦИЯ О ЛЕКАРСТВАХ, КОТОРЫЕ МЫ ПОКРЫВАЕМ В РАМКАХ ЭТИХ ПЛАНОВ. Участники должны пользоваться сетевыми аптеками UCare для получения льгот на отпускаемые по рецепту лекарства.

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

Примечание для существующих участников. В список покрываемых препаратов прошлого года были внесены изменения, и он может изменяться в течение года. Пожалуйста, ознакомьтесь с этим документом, чтобы убедиться, что в список по-прежнему включены те лекарства, которые вы принимаете. Обращайтесь в Службу поддержки клиентов UCare с вопросами: для участников программ Families and Children (PMAP), MinnesotaCare, MSC+: 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). ТТУ: 612-676-6810 или 1-800-688-2534 (звонок бесплатный). Часы работы: с 08:00 до 17:00, с понедельника по пятницу. Эти звонки бесплатны.

Обновления к данному перечню также доступны на сайте **ucare.org**.

Если у вас есть Medicare, необходимо получить большинство ваших рецептурных лекарств по программе Medicare Prescription Drug Program (Medicare Part D). Чтобы получать льготы Medicare для рецептурных препаратов, вы должны быть участником плана рецептурных препаратов Medicare.

Уведомление о гражданских правах

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

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

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

UCare

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

PO Box 52

Minneapolis, MN 55440-0052

Бесплатный номер: 1-800-203-7225

Телетайп (TTY): 1-800-688-2534

Факс: 612-884-2021

Эл. почта: cag@ucare.org

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

Услуги языковой помощи. UCare предоставляет переведенные документы и устный перевод на иностранные языки бесплатно и своевременно, когда услуги языковой помощи необходимы для обеспечения доступа к нашей информации и услугам для лиц, плохо владеющих английским языком. **Обращайтесь в UCare по телефону 612-676-3200 (голосовые сообщения) или 1-800-203-7225 (голосовые сообщения), 612-676-6810 (TTY) или 1-800-688-2534 (TTY).**

Жалобы о нарушении гражданских прав

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

Управление по гражданским правам Министерства здравоохранения и социальных служб США (OCR)

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

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

Свяжитесь с OCR напрямую, чтобы подать жалобу:

Office for Civil Rights
 U.S. Department of Health and Human Services
 Midwest Region
 233 N. Michigan Avenue, Suite 240
 Чикаго, IL 60601
 Центр обслуживания клиентов: бесплатный номер 800-368-1019
 TDD: бесплатный номер 800-537-7697
 Электронная почта: ocrmail@hhs.gov

Департамент по правам человека штата Миннесота (MDHR)

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

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

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

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

Департамент социального обеспечения штата Миннесота (DHS)

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

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

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

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

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

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

Civil Rights Coordinator (Координатор по вопросам гражданских прав)

Minnesota Department of Human Services (Департамент социального обеспечения штата Миннесота)

Equal Opportunity and Access Division (Отдел равных возможностей и доступа)

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (голосовые сообщения) или воспользуйтесь предпочитаемой службой коммутируемых сообщений

Американские индейцы могут продолжать или начать пользоваться племенными клиниками и клиниками Организации медицинского обслуживания индейцев (Indian Health Services, IHS). Мы не будем требовать предварительного одобрения или выставлять вам какие-либо условия для получения услуг в этих клиниках. Для пожилых людей в возрасте 65 лет и старше это включает в себя услуги в рамках альтернативных программ помощи пожилым гражданам (Elderly Waiver, EW), предоставляемые в рамках племени. Если врач или другой поставщик медицинских услуг в племенной клинике или клинике IHS направит вас к поставщику в нашей сети, мы не будем требовать от вас предварительного посещения вашего основного поставщика медицинских услуг.

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ВАЖНАЯ ИНФОРМАЦИЯ

Что такое список покрываемых препаратов?

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

Вносятся ли изменения в список покрываемых препаратов?

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

Примеры некоторых возможных изменений:

- Препарат, который вы принимаете, больше не является предпочтительным (см. статью «Что такое список предпочтительных препаратов?» в следующем разделе).
- Препарат исключается из списка покрываемых препаратов по соображениям безопасности.
- Изменение требований к предварительному разрешению. (См. раздел «Существуют ли какие-либо ограничения в отношении моего покрытия?»)

Как лекарства перечислены в списке покрываемых страховкой препаратов?

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

Поиск по заболеванию

Препараты, перечисленные по заболеванию, начинаются на странице 1. Препараты в справочнике объединены в категории в зависимости от типа заболеваний, для лечения которых их применяют. Если вы знаете, для чего применяется ваш препарат, найдите категорию в списке, который начинается на странице 1. Затем посмотрите под названием категории для вашего препарата.

Поиск по алфавиту

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

Что такое список предпочтительных препаратов?

В Миннесоте все планы здравоохранения должны использовать Список предпочтительных препаратов (PDL) Департамента здравоохранения штата Миннесота (DHS). DHS разрабатывает PDL при поддержке Комитета по составлению справочников препаратов, чтобы лица, назначающие препараты и участники, могли получить сведения о препаратах или категориях препаратов, которые являются более бюджетными. Как правило, у «предпочтительных» препаратов цена не такая высокая, а у «непредпочтительных» — не такая низкая. Предпочтительные препараты доступны для участников с меньшим количеством ограничений. На получение непредпочтительных препаратов требуется предварительное разрешение. Чтобы получить непредпочтительный препарат, ваш врач или поставщик медицинских услуг должен получить предварительное разрешение. PDL включен в список покрываемых лекарств UCare. Полный список покрываемых лекарств UCare включает в себя другие препараты в дополнение к тем, которые включены в PDL. PDL доступен на веб-сайте DHS по адресу <http://minnesota.magellanmedicaid.com/pdl.asp>.

Что такое непатентованные препараты или биоаналоги?

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

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

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

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

1. Ваш врач письменно информирует UCare о том, что фирменный препарат или препарат, не являющийся биоаналогом, необходим вам по медицинским показаниям, ИЛИ
2. UCare может выбрать вместо непатентованного препарата отпуск некоторых фирменных версий или вместо биоаналога предложить препарат, не являющийся биоаналогом, ИЛИ
3. закон штата Миннесота требует отпуск фирменного препарата или препарата, не являющегося биоаналогом препарата.

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

Что такое безрецептурные препараты (OTC)?

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

Что такое специальные препараты?

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

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

Название специализированной аптеки: Fairview Specialty Pharmacy

Телефон и ТТУ: 612-672-5260 или 1-800-595-7140 (звонок бесплатный), звоните в Национальный ретрансляционный центр (National Relay Center) по номеру 711 и попросите соединить с номером 1-800-595-7140 (звонок бесплатный).

Факс: 1-866-347-4939

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

Вам также нужно будет позвонить в специализированную аптеку по телефону 612-672-5260 или 1-800-595-7140 (звонок бесплатный), позвонить (ТТУ) в Национальный ретрансляционный центр по номеру 711 и попросить соединить с номером 1-800-595-7140 (звонок бесплатный), чтобы создать учетную запись. Вам нужно будет предъявить вашу идентификационную карточку участника UCare (ID) во время звонка в специализированную аптеку.

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

Не все препараты покрываются. Если препарат, который вы хотите принимать, не входит в список покрываемых препаратов, можно обратиться в службу поддержки клиентов UCare Customer Service for Families and Children (PMAP), MinnesotaCare и MSC+: 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). ТТУ: 612-676-6810 или 1-800-688-2534 (звонок бесплатный), чтобы узнать, покрывается ли препарат. Если нет, то он считается препаратом, не включенным в справочник.

Если нужен препарат, не входящий в список покрываемых препаратов:

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

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

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

Существуют ли какие-либо ограничения в отношении моего покрытия?

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

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

Вы можете узнать, требует ли ваш препарат предварительного разрешения, имеются ли ограничения по его количеству или возрастные требования к нему, посмотрев в этом списке покрываемых препаратов. Исключение из ограничения на препарат может быть сделано, если ваш врач представит заявление или документацию, подтверждающую запрос. Перейдите к рецептурным препаратам в разделе 7 «Покрываемые услуги» из вашего *Справочника участника* для получения дополнительной информации. Вы также можете получить дополнительную информацию об ограничениях, применяемых к конкретным покрываемым препаратам, позвонив в Службу поддержки UCare Families and Children (PMAP), MinnesotaCare и MSC+ по номеру 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). ТТУ: 612-676-6810 или 1-800-688-2534 (этот звонок бесплатный) или посетите наш веб-сайт по адресу ucare.org. Или перейдите к разделу «Можно ли запросить исключение из ограничений покрытия?»

- **Исключенные препараты.** Некоторые препараты исключены из списка покрываемых препаратов. Это означает, что они не покрываются планом. К исключенным препаратам относятся следующие.
 - Препараты, применяемые для лечения сексуальной или эректильной дисфункции
 - Препараты, применяемые для повышения фертильности
 - Препараты, применяемые в косметических целях, в том числе препараты для лечения выпадения волос
 - Препараты, исключенные из покрытия федеральным законодательством или законодательством штата
 - Экспериментальные препараты, исследуемые препараты или препараты, не одобренные или авторизованные FDA
 - Медицинский каннабис

Можно ли запросить исключение из ограничений покрытия?

Да. Вы или ваш поставщик медицинских услуг можете получить единую форму запросов штата Миннесота на предварительное одобрение Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) на рецептурные препараты и исключения из

фармацевтического справочника на сайте ucare.org или обратившись в службу поддержки клиентов UCare Customer Service for Families and Children (PMAP), MinnesotaCare и MSC+ по телефону 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). TTY: 612-676-6810 или 1-800-688-2534 (звонок бесплатный). Ваш поставщик медицинских услуг должен отправить эту форму по номеру факса или по адресу, указанному в документе. Чтобы обеспечить тщательный обзор и гарантировать, что вы или ваш лечащий врач получите ответ в течение 24 часов, необходимо предоставить всю информацию, запрашиваемую в форме, в том числе документацию о том, какие препараты применялись с неблагоприятным исходом, в том числе дозировки и причину неблагоприятного исхода (например, побочные эффекты).

Сколько будет стоить рецепт?

С 1 января 2024 года за препараты, покрываемые программой Medical Assistance, доплата больше не взимается. Вы не участвуете в издержках за препараты, покрываемые в рамках программы Medical Assistance. С участников программы MinnesotaCare действительно взимается доплата. Вся информация о доплате за рецептурные препараты указана в разделе 6 «Совместное покрытие затрат» Справочника участника. Если у вас есть другие вопросы, обращайтесь в Службу поддержки клиентов UCare участников Families and Children (PMAP), MinnesotaCare, MSC+: 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). TTY: 612-676-6810 или 1-800-688-2534 (звонок бесплатный), или перейдите на веб-сайт ucare.org.

Обозначения списка препаратов (фармацевтического справочника)

Объяснение статуса покрытия и требований		
P	Предпочтительные препараты	Предпочтительные препараты
NP	Непредпочтительные препараты	На получение непредпочтительных препаратов требуется предварительное разрешение UCare
SF	Раздельная выдача	Запас препаратов для лечения онкологии ограничен 14 или 15 днями в рамках одной выдачи в аптеке в течение первых 90 дней терапии
EDS	Запас на большее количество дней	Препараты, запас которых может быть обеспечен на срок до 90 дней
MFG	Ограничения в отношении производителя	<ul style="list-style-type: none"> • Предпочтение отдается производителю Mylan. • Производитель, не являющийся Mylan, не является предпочтительным
OTC	Без рецепта	Покрываемые (безрецептурные) препараты

PA	Предварительное разрешение	Препараты, которые требуют одобрения UCare, прежде чем вы получите его по рецепту
SP	Специальный препарат	Препараты, которые необходимо получать по рецепту через специализированную аптеку Fairview
QL	Ограничение по количеству	Существуют ограничения на количество препарата, покрываемого в рамках одной выдачи
LA	Ограниченный доступ	Препараты, которые можно приобрести только в определенных аптеках
PV	Профилактика	Препараты для профилактического использования, оплачиваемые по цене 0 долл.США

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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	QL 60 EA / fill P
<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	QL 120 EA / fill P
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	QL 90 EA / fill P
<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	QL 120 EA / fill P
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL 90 EA / fill P
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL 60 EA / fill P
<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	QL 90 EA / fill PA NP
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab)</i>	1	QL 90 EA / fill P
<i>dextroamphetamine sulfate 30 mg tab</i>	1	QL 60 EA / fill PA NP
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	QL 1800 ml / fill PA NP

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="display: flex; align-items: center; margin-top: 5px;"> <div style="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="display: flex; align-items: center; margin-top: 5px;"> <div style="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="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="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="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="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="display: flex; align-items: center; margin-top: 5px;"> <div style="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="display: flex; align-items: center; margin-top: 5px;"> <div style="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="display: flex; align-items: center; margin-top: 5px;"> <div style="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="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="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="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="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="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="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 style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 EA / fill</div> </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </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 style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 EA / fill</div> </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </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 style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 EA / fill</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> </div>
<i>methylphenidate hcl er (methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 54 mg tab er 24h)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 EA / fill</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> </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 style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 EA / fill</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> </div>
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 EA / fill</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> </div>
METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 1 day(s)</div> </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>
<i>methylphenidate hcl er (xr)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 EA / fill</div> </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>
<i>methylphenidate hcl er 10 mg tab er</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 EA / fill</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> </div>
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 EA / fill</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methylphenidate hcl er 20 mg tab er</i>	1	QL 90 EA / fill P
<i>modafinil</i>	1	QL 60 EA / fill
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 30 MG CHER)	2	QL 60 EA / fill PA NP
QUILLICHEW ER 40 MG CHER	2	QL 30 EA / fill PA NP
QUILLIVANT XR	2	QL 360 ml / fill PA NP
RITALIN	2	QL 90 EA / fill PA NP
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	1	QL 60 EA / fill P
RITALIN LA 40 MG CAP ER 24H	1	QL 30 EA / fill P
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
PALFORZIA	2	PA LA
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - C'S		
ACTIVATED CHARCOAL	2	OTC
<i>cranberry supplement</i>	1	OTC EDS

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	
<i>gentamicin sulfate (gentamicin sulfate 10 mg/ml solution, 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: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">280 ml / fill</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<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: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">280 ml / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TOBI PODHALER	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">224 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>tobramycin 300 mg/4ml nebu soln</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">224 ml / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">280 ml / fill</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>tobramycin sulfate (tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 80 mg/2ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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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	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
<i>flurbiprofen 100 mg tab</i>	1	<div data-bbox="1133 287 1195 323">EDS</div> <div data-bbox="1133 336 1195 371">P</div>
<i>ibuprofen (motrin)</i>	1	<div data-bbox="1133 401 1195 436">OTC</div> <div data-bbox="1133 449 1195 485">EDS</div> <div data-bbox="1133 497 1195 533">P</div>
<i>ibuprofen-famotidine</i>	1	<div data-bbox="1133 556 1195 592">PA</div> <div data-bbox="1133 604 1195 640">EDS</div> <div data-bbox="1133 653 1195 688">NP</div>
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	<div data-bbox="1133 711 1195 747">EDS</div> <div data-bbox="1133 760 1195 795">P</div>
KETOPROFEN (KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	2	<div data-bbox="1133 863 1195 898">P</div>
KETOPROFEN 25 MG CAP	1	<div data-bbox="1133 959 1195 995">P</div>
KETOPROFEN ER	2	<div data-bbox="1133 1022 1195 1058">PA</div> <div data-bbox="1133 1071 1195 1106">NP</div>
<i>ketorolac tromethamine 10 mg tab</i>	1	<div data-bbox="1133 1136 1195 1171">P</div>
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	1	<div data-bbox="1133 1199 1195 1234">PA</div> <div data-bbox="1133 1247 1195 1283">NP</div>
KIPROFEN	1	<div data-bbox="1133 1312 1195 1348">P</div>
MECLOFENAMATE SODIUM	2	<div data-bbox="1133 1375 1195 1411">PA</div> <div data-bbox="1133 1423 1195 1459">NP</div>
<i>mefenamic acid</i>	1	<div data-bbox="1133 1486 1195 1522">PA</div> <div data-bbox="1133 1535 1195 1570">NP</div>
<i>meloxicam (meloxicam 5 mg cap, meloxicam 10 mg cap)</i>	1	<div data-bbox="1133 1600 1195 1635">PA</div> <div data-bbox="1133 1648 1195 1684">NP</div>
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	<div data-bbox="1133 1713 1195 1749">EDS</div> <div data-bbox="1133 1761 1195 1797">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOBIC	2	PA NP
<i>nabumetone</i>	1	EDS P
NALFON	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
<i>piroxicam</i>	1	EDS
<i>relafen</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ORENCIA 250 MG RECON SOLN	2	PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORENCIA 50 MG/0.4ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1.6 ml / 28 day PA SP NP
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2.8 ml / 28 day PA SP NP
ORENCIA CLICKJECT	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP NP

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	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P
ENBREL 25 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 2 ml / 28 days PA SP P
ENBREL MINI	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P
ENBREL SURECLICK	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P

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	<div data-bbox="1133 174 1192 205">QL</div> 10 EA / fill <div data-bbox="1133 222 1192 254">PA</div> <div data-bbox="1133 270 1192 302">P</div>
<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	<div data-bbox="1133 422 1192 453">QL</div> 4 EA / day <div data-bbox="1133 470 1192 501">PA</div>
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	<div data-bbox="1133 705 1192 737">QL</div> 4 EA / day <div data-bbox="1133 753 1192 785">PA</div> <div data-bbox="1133 802 1192 833">NP</div>
<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	<div data-bbox="1133 976 1192 1008">QL</div> 4 EA / day <div data-bbox="1133 1024 1192 1056">PA</div> <div data-bbox="1133 1073 1192 1104">NP</div>
<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	<div data-bbox="1133 1207 1192 1239">QL</div> 3 EA / day <div data-bbox="1133 1255 1192 1287">PA</div> <div data-bbox="1133 1304 1192 1335">NP</div>
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H)	2	<div data-bbox="1133 1459 1192 1491">QL</div> 3 EA / day <div data-bbox="1133 1507 1192 1539">PA</div> <div data-bbox="1133 1556 1192 1587">NP</div>
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 50 mg cap er 12h, hydrocodone bitartrate er 60 mg tb24 deter)</i>	1	<div data-bbox="1133 1669 1192 1701">QL</div> 2 EA / day <div data-bbox="1133 1717 1192 1749">PA</div> <div data-bbox="1133 1766 1192 1797">NP</div>

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	<ul style="list-style-type: none"> QL 1 EA / day PA NP
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	<ul style="list-style-type: none"> QL 8 ml / day
<i>hydromorphone hcl 2 mg tab</i>	1	<ul style="list-style-type: none"> QL 6 EA / day
<i>hydromorphone hcl 4 mg tab</i>	1	<ul style="list-style-type: none"> QL 5 EA / day
<i>hydromorphone hcl 8 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 EA / day
<i>hydromorphone hcl er</i>	1	<ul style="list-style-type: none"> QL 1 EA / day PA NP
HYSINGLA ER (HYSINGLA ER 30 MG TB24 DETER, HYSINGLA ER 40 MG TB24 DETER)	2	<ul style="list-style-type: none"> QL 3 EA / day PA NP
HYSINGLA ER (HYSINGLA ER 80 MG TB24 DETER, HYSINGLA ER 100 MG TB24 DETER, HYSINGLA ER 120 MG TB24 DETER)	2	<ul style="list-style-type: none"> QL 1 EA / day PA NP
HYSINGLA ER 20 MG TB24 DETER	2	<ul style="list-style-type: none"> QL 4 EA / day PA NP
HYSINGLA ER 60 MG TB24 DETER	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
KADIAN (KADIAN 10 MG CAP ER 24H, KADIAN 20 MG CAP ER 24H)	2	<ul style="list-style-type: none"> QL 4 EA / day PA NP

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	<ul style="list-style-type: none"> QL 1 EA / day PA NP
KADIAN 30 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 3 EA / day PA NP
KADIAN 40 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i>	1	<ul style="list-style-type: none"> QL 10 ml / day
<i>methadone hcl 10 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 EA / day PA NP
<i>methadone hcl 5 mg tab</i>	1	<ul style="list-style-type: none"> QL 4 EA / day PA NP
<i>methadone hcl 5 mg/5ml solution</i>	1	<ul style="list-style-type: none"> QL 20 ml / day
<i>methadone hcl intencol</i>	1	<ul style="list-style-type: none"> QL 10 ml / day
MORPHABOND ER (MORPHABOND ER 15 MG TB12 DETER, MORPHABOND ER 30 MG TB12 DETER)	2	<ul style="list-style-type: none"> QL 4 EA / day PA NP
MORPHABOND ER 100 MG TB12 DETER	2	<ul style="list-style-type: none"> QL 1 EA / day PA NP
MORPHABOND ER 60 MG TB12 DETER	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP

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 style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 4 EA / day </div> <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: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> </div>
<i>morphine sulfate er 30 mg cap er 24h</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3 EA / day </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>
MORPHINE SULFATE ER 30 MG CAP ER 24H	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3 EA / day </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>
<i>morphine sulfate er 30 mg tab er</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3 EA / day </div> <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: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> </div>
MORPHINE SULFATE ER 40 MG CAP ER 24H	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 EA / day </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </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 style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 1 EA / day </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3 EA / day </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 EA / day </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>
MS CONTIN (MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 1 EA / day </div> <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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MS CONTIN 15 MG TAB ER	2	QL 4 EA / day PA NP
MS CONTIN 30 MG TAB ER	2	QL 3 EA / day PA NP
NUCYNTA 100 MG TAB	2	QL 2 EA / day PA NP
NUCYNTA 50 MG TAB	2	QL 4 EA / day PA NP
NUCYNTA 75 MG TAB	2	QL 3 EA / day PA NP
NUCYNTA ER (NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H)	2	QL 1 EA / day PA NP
NUCYNTA ER (NUCYNTA ER 50 MG TAB ER 12H, NUCYNTA ER 100 MG TAB ER 12H)	2	QL 2 EA / day PA NP
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 5 mg tab)</i>	1	QL 12 EA / day
<i>oxycodone hcl 10 mg tab</i>	1	QL 6 EA / day
<i>oxycodone hcl 100 mg/5ml conc</i>	1	QL 3 ml / day
<i>oxycodone hcl 15 mg tab</i>	1	QL 4 EA / day
<i>oxycodone hcl 20 mg tab</i>	1	QL 3 EA / day
<i>oxycodone hcl 30 mg tab</i>	1	QL 2 EA / day
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL 40 ml / day

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	QL 3 EA / day PA NP
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	QL 1 EA / day PA NP
OXYCODONE HCL ER 30 MG TB12 DETER	1	QL 2 EA / day PA NP
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER)	2	QL 3 EA / day PA NP
OXYCONTIN (OXYCONTIN 40 MG TB12 DETER, OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	2	QL 1 EA / day PA NP
OXYCONTIN 30 MG TB12 DETER	2	QL 2 EA / day PA NP
<i>tramadol hcl 50 mg tab</i>	1	QL 8 EA / day
XTAMPZA ER (XTAMPZA ER 27 MG CP12 DETER, XTAMPZA ER 36 MG CP12 DETER)	2	QL 2 EA / day PA NP
XTAMPZA ER (XTAMPZA ER 9 MG CP12 DETER, XTAMPZA ER 13.5 MG CP12 DETER, XTAMPZA ER 18 MG CP12 DETER)	2	QL 3 EA / day PA NP

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		<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: #8b4513; 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
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl 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: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 3 EA / day
<i>nalbuphine hcl</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> 2 EA / day
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	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: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / fill
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	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: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1.5 ML / fill(s)
SUBOXONE 12-3 MG FILM	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: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 2 EA / day
SUBOXONE 2-0.5 MG FILM	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: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 12 EA / day
SUBOXONE 4-1 MG FILM	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: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 6 EA / day
SUBOXONE 8-2 MG FILM	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: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 3 EA / day
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB)	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: #8b4513; 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> 12 EA / day
ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB)	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: #8b4513; 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
ZUBSOLV 2.9-0.71 MG SL TAB	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: #8b4513; 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

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		
VANCOCIN	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 (XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	2	QL 2 ML / 28 day(s) PA SP
XOLAIR 75 MG/0.5ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA SP
XOLAIR 75 MG/0.5ML SOLN PRSYR	2	QL 1 ML / 28 day(s) PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYFLO	2	PA NP
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP	2	PA NP
<i>roflumilast</i>	1	P
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>albuterol sulfate hfa</i>	1	QL 0.6 GM / 1 day(s) PA EDS NP
ANORO ELLIPTA	2	QL 14 UNITS / FILL P
<i>arformoterol tartrate</i>	1	PA EDS NP
BEVESPI AEROSPHERE	2	PA NP
BREO ELLIPTA	2	QL 60 EA / fill PA NP
<i>brey-na</i>	1	QL 20.6 GM / fill(s) PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BREZTRI AEROSPHERE	2	PA NP
BROVANA	2	PA NP
<i>budesonide-formoterol fumarate</i>	1	QL 20.4 GM / fill(s) PA EDS NP
COMBIVENT RESPIMAT	2	P
DUAKLIR PRESSAIR	2	QL 1 UNIT / FILL PA NP
DULERA	2	QL 26 GM / 1 FILL P
FLUTICASONE FUROATE-VILANTEROL	1	QL 60 EA / fill PA NP
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 EA / fill PA NP
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL)	1	QL 12 GM / 30 day(s) PA NP
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	QL 1 EA / 1 FILL PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>formoterol fumarate</i>	1	PA EDS NP
<i>ipratropium-albuterol</i>	1	QL 540 UNITS / FILL EDS P
<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 4 GM / fill(s) 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="margin-bottom: 2px;">60 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
VENTOLIN HFA	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="margin-bottom: 2px;">36 GM / fill</div> <div style="background-color: #339933; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>wixela inhub</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="margin-bottom: 2px;">60 EA / fill</div> <div style="background-color: #663333; color: white; padding: 2px; border-radius: 3px;">EDS</div> </div>
XOPENEX HFA	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="margin-bottom: 2px;">30 GM / fill</div> <div style="background-color: #339933; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
XANTHINES		
<i>theophylline 80 mg/15ml solution</i>	1	<div style="background-color: #663333; color: white; padding: 2px; border-radius: 3px;">EDS</div>
<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	<div style="background-color: #663333; color: white; padding: 2px; border-radius: 3px;">EDS</div>
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>jantoven</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #663333; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>warfarin sodium</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #663333; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	<div style="background-color: #339933; color: white; padding: 2px; border-radius: 3px;">P</div>
ELIQUIS DVT/PE STARTER PACK	2	<div style="background-color: #339933; color: white; padding: 2px; border-radius: 3px;">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SAVAYSA	2	PA NP
XARELTO (XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	P
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	PA NP
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate</i>	1	PA NP
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	PA NP
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	PA NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALTOCO 20 MG DOSE	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;">2 EA / 1 FILL</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
VALTOCO 5 MG DOSE	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;">2 EA / 1 FILL</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
ANTICONVULSANTS - MISC.		
APTIOM	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">NP</div>
BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB)	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">NP</div>
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	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">NP</div>
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab)</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">P</div>
<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	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">NP</div>
<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	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">P</div>
CARBATROL	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">NP</div>
DIACOMIT	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">NP</div>
ELEPSIA XR	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPIDIOLEX	2	PA SP NP
<i>epitol</i>	1	EDS P
EPRONTIA	2	PA NP
FINTEPLA	2	PA LA NP
<i>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap)</i>	1	QL 270 EA / fill P
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	1	QL 2160 ml / fill P
<i>gabapentin 600 mg tab</i>	1	QL 180 EA / fill P
<i>gabapentin 800 mg tab</i>	1	QL 135 EA / fill 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	<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: #999999; 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> 90 EA / fill
LYRICA 20 MG/ML SOLUTION	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: #999999; 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> 900 ml / fill
MOTPOLY XR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #999999; 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>
MYSOLINE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #999999; 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>
NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 300 MG CAP, NEURONTIN 400 MG CAP)	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: #999999; 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> 270 EA / fill
NEURONTIN 250 MG/5ML SOLUTION	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: #999999; 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> 2160 ml / fill
NEURONTIN 600 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: #999999; 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> 180 EA / fill
NEURONTIN 800 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: #999999; 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> 135 EA / fill
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #990000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #009933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
OXTELLAR XR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #999999; 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>pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)</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: #009933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 60 EA / fill

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 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;">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>pregabalin 20 mg/ml 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;">900 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>
<i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</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>
PRIMIDONE 125 MG TAB	2	<div style="display: flex; align-items: center;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
QUDEXY XR	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; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>roweepra</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</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>roweepra xr</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</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>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</i>	1	<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; margin-top: 2px;"> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</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>
SPRITAM	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; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>subvenite</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</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>subvenite starter kit-blue</i>	1	<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; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>subvenite starter kit-green</i>	1	<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; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>subvenite starter kit-orange</i>	1	<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; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	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; 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
TEGRETOL-XR	2	PA NP
TOPAMAX	2	PA NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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 X 200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X 100 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tiagabine hcl</i>	1	PA EDS NP
<i>vigabatrin</i>	1	PA LA NP
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	2	PA NP
ANTIDEPRESSANTS - MISC.		
APLENZIN	2	PA NP
<i>bupropion hcl</i>	1	EDS P
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">28 EA / 30 day(s)</div> </div> <div style="background-color: #c4863d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
NARDIL	1	
PHENELZINE SULFATE	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>tranylcypromine sulfate</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	2	<div style="background-color: #c4863d; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #a9a9a9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
SPRAVATO (84 MG DOSE)	2	<div style="background-color: #c4863d; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #a9a9a9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	2	<div style="background-color: #c4863d; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
<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	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #32cd32; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	<div style="background-color: #c4863d; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 20 mg tab)</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="margin-left: 5px;">30 UNITS / 30 DAYS</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">EDS</div> <div style="background-color: #32cd32; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>escitalopram oxalate 10 mg tab</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #32cd32; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	<div style="background-color: #c4863d; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
KAZANO 12.5-1000 MG TAB	2	QL 30 EA / fill PA NP
KAZANO 12.5-500 MG TAB	2	QL 60 EA / fill PA NP
KOMBIGLYZE XR	2	QL 60 EA / fill PA P
OSENI	2	QL 30 EA / fill PA NP
<i>pioglitazone hcl-glimepiride</i>	1	PA EDS NP
<i>pioglitazone hcl-metformin hcl</i>	1	PA EDS NP
QTERN	2	QL 30 EA / fill PA NP
<i>saxagliptin-metformin er</i>	1	QL 60 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
SYNJARDY	2	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> QL 30 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XULTOPHY	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 15 ML / fill</div> <div>PA</div> <div>NP</div> </div>
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
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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 EA / fill</div> <div>PA</div> <div>NP</div> </div>
JANUVIA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 EA / fill</div> <div>PA</div> <div>P</div> </div>





























DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
APIDRA SOLOSTAR	2	PA NP
BASAGLAR KWIKPEN	2	PA NP
BASAGLAR TEMPO PEN	2	PA NP
FIASP	2	PA NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMULIN 70/30	2	<div data-bbox="1133 170 1195 205">OTC</div> <div data-bbox="1133 218 1195 254">P</div>
HUMULIN 70/30 KWIKPEN	2	<div data-bbox="1133 283 1195 319">OTC</div> <div data-bbox="1133 331 1195 367">P</div>
HUMULIN N	2	<div data-bbox="1133 396 1195 432">OTC</div> <div data-bbox="1133 445 1195 480">P</div>
HUMULIN N KWIKPEN	2	<div data-bbox="1133 510 1195 546">PA</div> <div data-bbox="1133 558 1195 594">OTC</div> <div data-bbox="1133 606 1195 642">NP</div>
HUMULIN R	2	<div data-bbox="1133 665 1195 701">OTC</div> <div data-bbox="1133 714 1195 749">P</div>
HUMULIN R U-500 (CONCENTRATED)	2	<div data-bbox="1133 779 1195 814">P</div>
HUMULIN R U-500 KWIKPEN	2	<div data-bbox="1133 871 1195 907">P</div>
INSULIN ASP PROT & ASP FLEXPEN	2	<div data-bbox="1133 949 1195 984">P</div>
INSULIN ASPART	2	<div data-bbox="1133 1033 1195 1068">P</div>
INSULIN ASPART FLEXPEN	2	<div data-bbox="1133 1102 1195 1138">P</div>
INSULIN ASPART PENFILL	2	<div data-bbox="1133 1159 1195 1194">P</div>
INSULIN ASPART PROT & ASPART	2	<div data-bbox="1133 1236 1195 1272">P</div>
INSULIN DEGLUDEC	2	<div data-bbox="1133 1329 1195 1365">PA</div> <div data-bbox="1133 1377 1195 1413">NP</div>
INSULIN DEGLUDEC FLEXTOUCH	2	<div data-bbox="1133 1442 1195 1478">PA</div> <div data-bbox="1133 1491 1195 1526">NP</div>
INSULIN GLARGINE	2	<div data-bbox="1133 1556 1195 1591">PA</div> <div data-bbox="1133 1604 1195 1640">NP</div>
INSULIN GLARGINE MAX SOLOSTAR	2	<div data-bbox="1133 1669 1195 1705">PA</div> <div data-bbox="1133 1717 1195 1753">NP</div>
INSULIN GLARGINE SOLOSTAR	2	<div data-bbox="1133 1782 1195 1818">PA</div> <div data-bbox="1133 1831 1195 1866">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN GLARGINE-YFGN	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
INSULIN LISPRO	2	<div data-bbox="1133 285 1195 317">P</div>
INSULIN LISPRO (1 UNIT DIAL)	2	<div data-bbox="1133 348 1195 380">P</div>
INSULIN LISPRO JUNIOR KWIKPEN	2	<div data-bbox="1133 432 1195 464">P</div>
INSULIN LISPRO PROT & LISPRO	2	<div data-bbox="1133 516 1195 548">PA</div> <div data-bbox="1133 564 1195 596">NP</div>
LANTUS	2	<div data-bbox="1133 621 1195 653">P</div>
LANTUS SOLOSTAR	2	<div data-bbox="1133 684 1195 716">P</div>
LEVEMIR	2	<div data-bbox="1133 747 1195 779">P</div>
LEVEMIR FLEXPEN	2	<div data-bbox="1133 810 1195 842">P</div>
LEVEMIR FLEXTOUCH	2	<div data-bbox="1133 873 1195 905">P</div>
LYUMJEV	2	<div data-bbox="1133 936 1195 968">PA</div> <div data-bbox="1133 984 1195 1016">NP</div>
LYUMJEV KWIKPEN	2	<div data-bbox="1133 1041 1195 1073">PA</div> <div data-bbox="1133 1089 1195 1121">NP</div>
NOVOLIN 70/30	2	<div data-bbox="1133 1146 1195 1178">PA</div> <div data-bbox="1133 1194 1195 1226">OTC</div> <div data-bbox="1133 1243 1195 1274">NP</div>
NOVOLIN 70/30 FLEXPEN	2	<div data-bbox="1133 1314 1195 1346">PA</div> <div data-bbox="1133 1362 1195 1394">OTC</div> <div data-bbox="1133 1411 1195 1442">NP</div>
NOVOLIN 70/30 FLEXPEN RELION	2	<div data-bbox="1133 1482 1195 1514">PA</div> <div data-bbox="1133 1530 1195 1562">OTC</div> <div data-bbox="1133 1579 1195 1610">NP</div>
NOVOLIN 70/30 RELION	2	<div data-bbox="1133 1629 1195 1661">PA</div> <div data-bbox="1133 1686 1195 1717">OTC</div> <div data-bbox="1133 1734 1195 1766">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN N	2	 
NOVOLIN N FLEXPEN	2	  
NOVOLIN N FLEXPEN RELION	2	  
NOVOLIN N RELION	2	 
NOVOLIN R	2	 
NOVOLIN R FLEXPEN	2	  
NOVOLIN R FLEXPEN RELION	2	  
NOVOLIN R RELION	2	 
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLOG RELION	2	P
REZVOGLAR KWIKPEN	2	PA NP
SEMGLEE	2	PA NP
SEMGLEE (YFGN)	2	PA NP
TOUJEO MAX SOLOSTAR	2	PA NP
TOUJEO SOLOSTAR	2	PA NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVOKANA	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 EA / fill</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
JARDIANCE	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 EA / fill</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
STEGLATRO	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>30 EA / fill</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>
SULFONYLUREAS		
<i>glimepiride</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>glipizide er</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>glipizide xl</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>glyburide</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BISMUTH SUBSALICYLATE	2	<div style="background-color: #cc66cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>bismuth subsalicylate</i>	1	<div style="background-color: #cc66cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>bismuth subsalicylate (pepto-bismol)</i>	1	<div style="background-color: #cc66cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
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	<div style="background-color: #cc66cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>loperamide</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #cc66cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>
<i>opium</i>	1	<div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 100 ML / fill(s)
PAREGORIC	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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>ketokonazole 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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>diphenydramine</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<i>levocetirizine (xyzal)</i>	1	OTC EDS P
<i>loratadine (claritin)</i>	1	OTC EDS P

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	
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIHYPERTENSIVES		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	PA NP
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	2	PA LA NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NIASPAN	1	P
PROTEIN 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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (12 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
LENVIMA (14 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
LENVIMA (18 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
LENVIMA (20 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA	2	PA LA
VENCLEXTA STARTING PACK	2	PA LA
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	1	QL 30 EA / fill PA SP
<i>erlotinib hcl 25 mg tab</i>	1	QL 90 EA / fill PA SP
<i>gefitinib</i>	1	QL 30 EA / fill PA SP
GILOTRIF	2	QL 30 EA / fill PA LA
TAGRISO	2	QL 1 EA / day PA SF SP
VIZIMPRO	2	QL 1 EA / 1 day(s) PA SF SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	2	QL 1 EA / 1 day(s) PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DAURISMO 25 MG TAB	2	QL 2 EA / 1 day(s) PA SF SP
ERIVEDGE	2	QL 1 EA / day PA SF SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL 120 EA / fill PA SP
<i>abiraterone acetate 500 mg tab</i>	1	QL 60 EA / fill PA SP
<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	
<i>flutamide</i>	1	EDS
<i>letrozole</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
ORSERDU 345 MG TAB	2	QL 1 EA / day PA SF SP
ORSERDU 86 MG TAB	2	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	QL 4 EA / day PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 20 EA / fill(s) PA
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	<ul style="list-style-type: none"> QL 8 EA / fill(s) PA LA
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 8 EA / fill(s) PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	2	<ul style="list-style-type: none"> QL 4 EA / fill(s) PA LA
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 16 EA / fill(s) PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	<ul style="list-style-type: none"> QL 8 EA / fill(s) PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	2	QL 12 EA / fill(s) PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	QL 4 EA / fill(s) PA LA
XPOVIO (60 MG TWICE WEEKLY)	2	QL 24 EA / fill(s) PA LA
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	2	QL 16 EA / fill(s) PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	QL 8 EA / fill(s) PA LA
XPOVIO (80 MG TWICE WEEKLY)	2	QL 32 EA / fill(s) PA LA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	2	QL 5 EA / fill PA LA
KISQALI FEMARA (400 MG DOSE)	2	QL 70 EA / fill PA SP
KISQALI FEMARA (600 MG DOSE)	2	QL 91 EA / fill PA SP
KISQALI FEMARA(200 MG DOSE)	2	QL 49 EA / fill PA SP
LONSURF	2	PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lapatinib ditosylate</i>	1	PA SP
LORBRENA 100 MG TAB	2	QL 1 EA / 1 day(s) PA SF SP
LORBRENA 25 MG TAB	2	QL 3 EA / 1 day(s) PA SF SP
LUMAKRAS 120 MG TAB	2	QL 8 EA / day PA SF SP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MEKINIST 2 MG TAB	2	<ul style="list-style-type: none"> QL 30 EA / fill PA SP
MEKTOVI	2	<ul style="list-style-type: none"> QL 180 EA / fill PA SP
NERLYNX	2	<ul style="list-style-type: none"> QL 6 EA / day PA SF SP
NINLARO	2	<ul style="list-style-type: none"> PA SP
<i>pazopanib hcl</i>	1	<ul style="list-style-type: none"> PA SP
PEMAZYRE	2	<ul style="list-style-type: none"> QL 30 EA / fill PA SP
PIQRAY (200 MG DAILY DOSE)	2	<ul style="list-style-type: none"> PA SP
PIQRAY (250 MG DAILY DOSE)	2	<ul style="list-style-type: none"> PA SP
PIQRAY (300 MG DAILY DOSE)	2	<ul style="list-style-type: none"> PA SP
QINLOCK	2	<ul style="list-style-type: none"> QL 90 EA / fill PA LA
RETEVMO	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROZLYTREK (ROZLYTREK 100 MG CAP, ROZLYTREK 200 MG CAP)	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
ROZLYTREK 50 MG PACKET	2	<ul style="list-style-type: none"> QL 180 EA / fill PA
RUBRACA	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sunitinib malate</i>	1	PA SP
TABRECTA	2	QL 120 EA / fill PA SP
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	2	QL 4 EA / day PA SF SP
TAFINLAR 10 MG TAB SOL	2	QL 900 ml / fill PA SP
TALZENNA	2	QL 1 EA / 1 day(s) PA SF SP
TASIGNA	2	QL 4 EA / day PA SF SP
TAZVERIK	2	QL 240 EA / fill PA LA
TEPMETKO	2	QL 60 EA / fill PA SP
TIBSOVO	2	QL 60 EA / fill PA LA
TURALIO 125 MG CAP	2	QL 120 EA / fill PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VANFLYTA	2	QL 60 EA / 30 day(s) PA SP
VERZENIO	2	QL 2 EA / day PA SF SP
VITRAKVI 100 MG CAP	2	QL 60 EA / fill PA LA
VITRAKVI 20 MG/ML SOLUTION	2	QL 300 ml / fill PA LA
VITRAKVI 25 MG CAP	2	QL 180 EA / fill PA LA
VONJO	2	QL 120 EA / fill PA LA
VOTRIENT	2	PA SF SP
XALKORI	2	QL 2 EA / 1 day(s) PA SF SP
XOSPATA	2	QL 3 EA / 1 day(s) PA SF SP
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	2	QL 30 EA / fill PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZELBORAF	2	QL 240 EA / fill PA SP
ZOLINZA	2	QL 4 EA / day SF SP
ZYDELIG	2	PA LA
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	2	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
NOURIANZ	2	PA SP NP
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
TRIHXYPHENIDYL 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEUPRO	2	<div data-bbox="1133 174 1192 205">PA</div> <div data-bbox="1133 222 1192 254">NP</div>
<i>pramipexole dihydrochloride</i>	1	<div data-bbox="1133 283 1192 315">EDS</div> <div data-bbox="1133 331 1192 363">P</div>
<i>pramipexole dihydrochloride er</i>	1	<div data-bbox="1133 392 1192 424">PA</div> <div data-bbox="1133 441 1192 472">NP</div>
REQUIP XL	2	<div data-bbox="1133 501 1192 533">PA</div> <div data-bbox="1133 550 1192 581">NP</div>
<i>ropinirole hcl</i>	1	<div data-bbox="1133 611 1192 642">EDS</div> <div data-bbox="1133 659 1192 690">P</div>
<i>ropinirole hcl er</i>	1	<div data-bbox="1133 720 1192 751">PA</div> <div data-bbox="1133 768 1192 800">EDS</div> <div data-bbox="1133 816 1192 848">NP</div>
RYTARY	2	<div data-bbox="1133 888 1192 919">PA</div> <div data-bbox="1133 936 1192 968">NP</div>
SINEMET	2	<div data-bbox="1133 997 1192 1029">PA</div> <div data-bbox="1133 1045 1192 1077">NP</div>
STALEVO 100	2	<div data-bbox="1133 1106 1192 1138">PA</div> <div data-bbox="1133 1155 1192 1186">NP</div>
STALEVO 125	2	<div data-bbox="1133 1215 1192 1247">PA</div> <div data-bbox="1133 1264 1192 1295">NP</div>
STALEVO 150	1	<div data-bbox="1133 1325 1192 1356">PA</div> <div data-bbox="1133 1373 1192 1404">NP</div>
STALEVO 200	2	<div data-bbox="1133 1434 1192 1465">PA</div> <div data-bbox="1133 1482 1192 1514">NP</div>
STALEVO 50	1	<div data-bbox="1133 1543 1192 1575">PA</div> <div data-bbox="1133 1591 1192 1623">NP</div>
STALEVO 75	1	<div data-bbox="1133 1652 1192 1684">PA</div> <div data-bbox="1133 1701 1192 1732">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>selegiline hcl</i>	1	EDS
XADAGO	2	PA NP
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM	\$0	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ziprasidone mesylate</i>	\$0	PA NP
BENZISOXAZOLES		
FANAPT	\$0	PA NP
FANAPT TITRATION PACK	\$0	PA NP
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RYKINDO	\$0	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
UZEDY	\$0	<div data-bbox="1133 287 1195 319">PA</div> <div data-bbox="1133 336 1195 367">NP</div>
BUTYROPHENONES		
<i>haloperidol</i>	\$0	<div data-bbox="1133 472 1195 504">EDS</div>
<i>haloperidol decanoate</i>	\$0	<div data-bbox="1133 535 1195 567">EDS</div>
<i>haloperidol lactate 2 mg/ml conc</i>	\$0	<div data-bbox="1133 598 1195 630">EDS</div>
<i>haloperidol lactate 5 mg/ml solution</i>	\$0	
DIBENZAPINES		
<i>asenapine maleate</i>	\$0	<div data-bbox="1133 795 1195 827">PA</div> <div data-bbox="1133 844 1195 875">EDS</div> <div data-bbox="1133 892 1195 924">NP</div>
<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	<div data-bbox="1133 1020 1195 1052">EDS</div> <div data-bbox="1133 1068 1195 1100">P</div>
CLOZAPINE 12.5 MG TAB DISP	\$0	<div data-bbox="1133 1199 1195 1230">P</div>
CLOZARIL	\$0	<div data-bbox="1133 1262 1195 1293">PA</div> <div data-bbox="1133 1310 1195 1341">NP</div>
<i>loxapine succinate</i>	\$0	<div data-bbox="1133 1375 1195 1407">EDS</div>
<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	<div data-bbox="1133 1472 1195 1503">EDS</div> <div data-bbox="1133 1520 1195 1551">P</div>
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	\$0	<div data-bbox="1133 1614 1195 1646">PA</div> <div data-bbox="1133 1663 1195 1694">EDS</div> <div data-bbox="1133 1711 1195 1743">NP</div>
<i>olanzapine 10 mg recon soln</i>	\$0	<div data-bbox="1133 1770 1195 1801">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<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 400 mg tab)</i>	\$0	EDS P
<i>quetiapine fumarate 300 mg tab</i>	\$0	QL 60 UNITS / 30 DAYS EDS P
<i>quetiapine fumarate er</i>	\$0	EDS P
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
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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 (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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aripiprazole (aripiprazole 1 mg/ml solution, aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 30 mg tab)</i>	\$0	EDS P
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	\$0	PA NP
<i>aripiprazole 20 mg tab</i>	\$0	QL 30 UNITS / 30 DAYS EDS P
ARISTADA	\$0	PA NP
ARISTADA INITIO	\$0	PA NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	\$0	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
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	
SYM TUZA	2	
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BARACLUDE (BARACLUDE 0.5 MG TAB, BARACLUDE 1 MG TAB)	2	<ul style="list-style-type: none"> QL 30 EA / fill PA SP NP
BARACLUDE 0.05 MG/ML SOLUTION	2	<ul style="list-style-type: none"> SP P
<i>entecavir</i>	1	<ul style="list-style-type: none"> QL 30 EA / fill EDS P
EPCLUSA 200-50 MG TAB	2	<ul style="list-style-type: none"> PA QL 28 UNITS / FILL; 84 UNITS / 365 DAYS SP NP
EPCLUSA 400-100 MG TAB	2	<ul style="list-style-type: none"> QL 84 EA / 365 day(s) PA SP NP
EPIVIR HBV 100 MG TAB	1	<ul style="list-style-type: none"> SP P
EPIVIR HBV 5 MG/ML SOLUTION	2	<ul style="list-style-type: none"> SP P
HARVONI (HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB)	2	<ul style="list-style-type: none"> PA QL 56 UNITS / FILL; 112 UNITS / 365 DAYS SP NP
HARVONI 33.75-150 MG PACKET	2	<ul style="list-style-type: none"> PA QL 28 UNITS / FILL; 56 UNITS / 365 DAYS SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HARVONI 90-400 MG TAB	2	<ul style="list-style-type: none"> QL 84 EA / 365 days PA SP NP
HEPSERA	1	<ul style="list-style-type: none"> SP P
<i>lamivudine 100 mg tab</i>	1	<ul style="list-style-type: none"> EDS SP P
LEDIPASVIR-SOFOSBUVIR	1	<ul style="list-style-type: none"> QL 84 EA / 365 days PA QL 28 UNITS / FILL; 56 UNITS / 365 DAYS FOR MEMBERS 18 YEARS OF AGE AND OLDER SP NP
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(s) SP P
PEGASYS 180 MCG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 4 ML / fill(s) 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RIBAVIRIN 200 MG TAB	2	SP P
SOFOSBUVIR-VELPATASVIR	1	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	QL 84 EA / 365 days PA SP NP
SOVALDI (SOVALDI 200 MG PACKET, SOVALDI 200 MG TAB)	2	QL 168 EA / 365 days PA SP NP
VEMLIDY	2	PA SP NP
VIEKIRA PAK	2	QL 336 EA / 365 days PA SP NP
VOSEVI	2	QL 84 EA / 365 days PA SP P
ZEPATIER	2	QL 84 EA / 365 days PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HERPES AGENTS		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 200 mg/5ml suspension, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	P
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	PA EDS NP
SITAVIG	2	PA NP
<i>valacyclovir hcl</i>	1	EDS P
VALTREX	2	PA NP
ZOVIRAX 200 MG/5ML SUSPENSION	2	PA NP
INFLUENZA AGENTS		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	QL 10 EA / fill P
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAMIFLU 6 MG/ML RECON SUSP	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;">250 ml / fill</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	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;">1 EA / fill</div> </div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	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;">2 EA / fill</div> </div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	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;">1 EA / fill</div> </div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
MISC. ANTIVIRALS		
LAGEVRIO	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;">40 EA / fill</div> </div>
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>carvedilol phosphate er</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
COREG	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
COREG CR	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>nebivolol hcl</i>	1	PA EDS NP
TENORMIN	2	PA NP
TOPROL XL	2	PA NP
BETA BLOCKERS NON-SELECTIVE		
BETAPACE	2	PA NP
BETAPACE AF	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CORGARD	2	PA NP
HEMANGEOL	2	PA LA NP
INDERAL LA	2	PA NP
INDERAL XL	2	PA NP
INNOPRAN XL	2	PA NP
<i>nadolol</i>	1	EDS P
<i>pindolol</i>	1	EDS P
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
CARDIZEM LA	2	PA NP
<i>cartia xt</i>	1	EDS P
<i>dilt-xr</i>	1	EDS P
<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	EDS P
DILTIAZEM HCL 100 MG RECON SOLN	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 359 1192 390">EDS</div> <div data-bbox="1133 407 1192 438">P</div>
<i>diltiazem hcl er beads</i>	1	<div data-bbox="1133 653 1192 684">EDS</div> <div data-bbox="1133 701 1192 732">P</div>
<i>diltiazem hcl er coated beads</i>	1	<div data-bbox="1133 768 1192 800">EDS</div> <div data-bbox="1133 816 1192 848">P</div>
<i>felodipine er</i>	1	<div data-bbox="1133 884 1192 915">EDS</div> <div data-bbox="1133 932 1192 963">P</div>
<i>isradipine</i>	1	<div data-bbox="1133 999 1192 1031">EDS</div> <div data-bbox="1133 1050 1192 1081">P</div>
<i>matzim la</i>	1	<div data-bbox="1133 1104 1192 1136">PA</div> <div data-bbox="1133 1152 1192 1184">EDS</div> <div data-bbox="1133 1201 1192 1232">NP</div>
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	1	<div data-bbox="1133 1272 1192 1304">P</div>
<i>nicardipine hcl 2.5 mg/ml solution</i>	1	
<i>nifedipine</i>	1	<div data-bbox="1133 1430 1192 1461">EDS</div> <div data-bbox="1133 1478 1192 1509">P</div>
<i>nifedipine er</i>	1	<div data-bbox="1133 1545 1192 1577">EDS</div> <div data-bbox="1133 1593 1192 1625">P</div>
<i>nifedipine er osmotic release</i>	1	<div data-bbox="1133 1661 1192 1692">EDS</div> <div data-bbox="1133 1709 1192 1740">P</div>
<i>nimodipine</i>	1	<div data-bbox="1133 1766 1192 1797">PA</div> <div data-bbox="1133 1814 1192 1845">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	QL 252 EA / 28 days PA LA NP
TYVASO REFILL	2	PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TYVASO STARTER	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>
VENTAVIS	2	<div data-bbox="1133 336 1195 371">PA</div> <div data-bbox="1133 384 1195 420">LA</div> <div data-bbox="1133 432 1195 468">NP</div>
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	1	<div data-bbox="1133 604 1349 640">QL 30 EA / fill</div> <div data-bbox="1133 653 1195 688">PA</div> <div data-bbox="1133 701 1195 737">SP</div> <div data-bbox="1133 749 1195 785">P</div>
<i>bosentan</i>	1	<div data-bbox="1133 812 1349 848">QL 60 EA / fill</div> <div data-bbox="1133 861 1195 896">PA</div> <div data-bbox="1133 909 1195 945">LA</div> <div data-bbox="1133 957 1195 993">NP</div>
LETAIRIS	2	<div data-bbox="1133 1020 1349 1056">QL 30 EA / fill</div> <div data-bbox="1133 1068 1195 1104">PA</div> <div data-bbox="1133 1117 1195 1152">LA</div> <div data-bbox="1133 1165 1195 1201">NP</div>
OPSUMIT	2	<div data-bbox="1133 1228 1349 1264">QL 30 EA / fill</div> <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>
TRACLEER (TRACLEER 62.5 MG TAB, TRACLEER 125 MG TAB)	1	<div data-bbox="1133 1436 1349 1472">QL 60 EA / fill</div> <div data-bbox="1133 1484 1195 1520">PA</div> <div data-bbox="1133 1533 1195 1568">LA</div> <div data-bbox="1133 1581 1195 1617">P</div>
TRACLEER 32 MG TAB SOL	2	<div data-bbox="1133 1644 1369 1680">QL 120 EA / fill</div> <div data-bbox="1133 1692 1195 1728">PA</div> <div data-bbox="1133 1740 1195 1776">LA</div> <div data-bbox="1133 1789 1195 1824">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA	2	PA SP NP
<i>alyq</i>	1	PA SP NP
REVATIO (REVATIO 10 MG/ML RECON SUSP, REVATIO 20 MG TAB)	2	PA SP NP
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	QL 120 ML / fill(s) PA SP P
<i>sildenafil citrate 20 mg tab</i>	1	QL 90 EA / fill PA SP P
<i>tadalafil (pah)</i>	1	PA SP NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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		
<i>cefadroxil (cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	1	P
CEFADROXIL 1 GM TAB	2	PA NP
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	P
CEPHALEXIN (CEPHALEXIN 250 MG TAB, CEPHALEXIN 500 MG TAB)	2	PA NP
KEFLEX	2	PA NP
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	P
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
CEFTRIAXONE SODIUM IN DEXTROSE	2	
CEFTRIAXONE 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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levonorgestrel-ethinyl estrad</i> (<i>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>luter</i>	\$0	EDS
<i>marlissa</i>	\$0	EDS
<i>melodetta 24 fe</i>	\$0	EDS
<i>merzee</i>	\$0	EDS
<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-linyah</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levonorgestrel (plan b)</i>	\$0	QL 1 EA / fill(s) 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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 30 EA / fill </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <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>
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	
<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	<div style="background-color: #8b0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>methylprednisolone</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
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	<div data-bbox="1133 1759 1195 1797">PA</div> <div data-bbox="1133 1808 1195 1845">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UCERIS 9 MG TAB ER 24H	2	PA NP
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	EDS
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>dextromethorphan (robatussin)</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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 EDS
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACANYA	2	PA NP
<i>accutane</i>	1	
<i>adapalene (adapalene 0.1 % cream, adapalene 0.3 % gel)</i>	1	PA NP
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
FLECTOR	2	QL 60 EA / fill PA NP
LICART	2	QL 30 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
LUZU	2	QL 60 GM / 30 days PA NP
MICATIN	2	OTC
<i>miconazole (micatin)</i>	1	OTC P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<i>tavaborole</i>	1	PA NP
<i>terbinafine (lamisil)</i>	1	OTC P
<i>tolnaftate (tinactin)</i>	1	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 day(s) PA
<i>fluorouracil (fluorouracil 5 % cream, fluorouracil 5 % solution)</i>	1	
FLUOROURACIL 2 % SOLUTION	2	
VALCHLOR	2	QL 240 GM / 30 days LA
ANTIPRURITICS - TOPICAL		
<i>anti-itch lotion</i>	1	OTC
ANTIPSORIATICS		
<i>acitretin</i>	1	SP
BIMZELX	2	QL 2 EA / 56 day(s) PA SP NP
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i>	1	
COSENTYX (300 MG DOSE)	2	QL 2 ML / 28 day(s) PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
COSENTYX UNOREADY	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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
TALTZ	2	<ul style="list-style-type: none"> QL 1 ML / 28 DAY(S) PA SP NP
<i>tazarotene 0.1 % cream</i>	1	<ul style="list-style-type: none"> PA NP
TREMIFYA	2	<ul style="list-style-type: none"> QL 1 ml / 56 days PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	2	QL 2.28 ML / 28 day(s) PA SP P
DUPIXENT (DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR)	2	QL 4 ml / 28 days PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX 0.5 % SOLUTION	2	
<i>podofilox 0.5 % solution</i>	1	
<i>salicylic acid</i>	1	<ul style="list-style-type: none"> OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 GM / 30 days
		QL 90 EA / fill
LIDOCAINE 5 % PATCH	1	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	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pramoxine / calamine</i>	1	OTC
ZTLIDO 1.8 % PATCH	2	PA NP
MISC. TOPICAL		
A+D FIRST AID	2	OTC
a+d first aid	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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
RID COMPLETE LICE ELIMINATION KIT	2	PA OTC NP
SKLICE	2	PA NP
SPINOSAD	1	QL 120 ml / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ACCU-CHEK SMARTVIEW	\$0	<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>
ALBUSTIX	\$0	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div>
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	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div>
CHEMSTRIP MICRAL	\$0	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div>
CHEMSTRIP UGK	\$0	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div>
CONTOUR NEXT TEST	\$0	<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>
CONTOUR TEST	\$0	<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>
<i>covid-19 test</i>	\$0	<div style="background-color: #9c27b0; color: white; padding: 2px; border-radius: 5px; display: inline-block;">QL</div> 8 EA / 30 DAY(S) <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>
CVS KETONE CARE	\$0	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div>
FORA G20 BLOOD GLUCOSE TEST	\$0	<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: #f4a460; color: white; padding: 2px; border-radius: 5px; display: inline-block;">NP</div>
FORA GTEL BLOOD KETONE TEST	\$0	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div>
FORA TEST N'GO ADV-VOICE-6 CON	\$0	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px; display: inline-block;">OTC</div>
FREESTYLE INSULINX TEST	\$0	<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: #f4a460; color: white; padding: 2px; border-radius: 5px; display: inline-block;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ONETOUCH ULTRA	\$0	PA OTC NP
ONETOUCH ULTRA TEST	\$0	PA OTC NP
ONETOUCH VERIO STRIP	\$0	PA OTC NP
PRECISION XTRA BLOOD GLUCOSE	\$0	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
PERTZYE	2	PA NP
VIOKACE	2	PA NP
ZENPEP	2	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	EDS
<i>hydrochlorothiazide</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
ATELVIA	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
FORTEO	1	SP P
FOSAMAX	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ORLISSA 200 MG TAB	2	QL 60 EA / fill PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GROWTH HORMONES		
GENOTROPIN	2	<div data-bbox="1133 243 1192 277">PA</div> <div data-bbox="1133 294 1192 327">SP</div> <div data-bbox="1133 344 1192 378">NP</div>
GENOTROPIN MINIQUICK	2	<div data-bbox="1133 403 1192 436">PA</div> <div data-bbox="1133 453 1192 487">SP</div> <div data-bbox="1133 504 1192 537">NP</div>
HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE)	2	<div data-bbox="1133 583 1192 617">PA</div> <div data-bbox="1133 634 1192 667">SP</div> <div data-bbox="1133 684 1192 718">NP</div>
HUMATROPE 5 MG RECON SOLN	2	<div data-bbox="1133 772 1192 806">PA</div> <div data-bbox="1133 823 1192 856">NP</div>
NORDITROPIN FLEXPRO	2	<div data-bbox="1133 886 1192 919">PA</div> <div data-bbox="1133 936 1192 970">SP</div> <div data-bbox="1133 987 1192 1020">P</div>
NUTROPIN AQ NUSPIN 10	2	<div data-bbox="1133 1045 1192 1079">PA</div> <div data-bbox="1133 1096 1192 1129">SP</div> <div data-bbox="1133 1146 1192 1180">P</div>
NUTROPIN AQ NUSPIN 20	2	<div data-bbox="1133 1205 1192 1239">PA</div> <div data-bbox="1133 1255 1192 1289">SP</div> <div data-bbox="1133 1306 1192 1339">P</div>
NUTROPIN AQ NUSPIN 5	2	<div data-bbox="1133 1365 1192 1398">PA</div> <div data-bbox="1133 1415 1192 1449">SP</div> <div data-bbox="1133 1465 1192 1499">P</div>
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	2	<div data-bbox="1133 1545 1192 1579">PA</div> <div data-bbox="1133 1596 1192 1629">SP</div> <div data-bbox="1133 1646 1192 1680">NP</div>
SAIZEN	2	<div data-bbox="1133 1743 1192 1776">PA</div> <div data-bbox="1133 1793 1192 1827">SP</div> <div data-bbox="1133 1843 1192 1877">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 10 MG/0.5ML SOLN PRSYR	2	QL 15 ML / fill PA LA
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	2	QL 4 ML / fill PA LA
PALYNZIQ 20 MG/ML SOLN PRSYR	2	QL 30 ML / fill PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RAVICTI	2	PA LA
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
<i>moxifloxacin hcl 400 mg tab</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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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>alosetron 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(s)</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
<i>dutasteride</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #32CD32; color: white; padding: 2px;">P</div> </div>
<i>dutasteride-tamsulosin hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
<i>finasteride 5 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #32CD32; color: white; padding: 2px;">P</div> </div>
FLOMAX	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: #FF8C00; color: white; padding: 2px;">NP</div> </div>
JALYN	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: #FF8C00; color: white; padding: 2px;">NP</div> </div>
PROSCAR	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: #FF8C00; color: white; padding: 2px;">NP</div> </div>
RAPAFLO	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: #FF8C00; color: white; padding: 2px;">NP</div> </div>
<i>silodosin</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
<i>tamsulosin hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #32CD32; color: white; padding: 2px;">P</div> </div>
URINARY ANALGESICS		
<i>phenazopyridine (azo)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">OTC</div> </div>
URINARY STONE AGENTS		
<i>tiopronin 100 mg tab</i>	1	<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: white; padding: 2px;">SP</div> </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	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	<ul style="list-style-type: none"> QL 90 EA / fill PA SP P
OXBRYTA 300 MG TAB SOL	2	<ul style="list-style-type: none"> QL 150 EA / fill PA SP P
SIKLOS	2	<ul style="list-style-type: none"> PA NP
COBALAMINS		
b-12 (methylcobalamin)	1	<ul style="list-style-type: none"> OTC EDS
B-12 1000 MCG TAB DISP	2	<ul style="list-style-type: none"> OTC
B-12 METHYLCOBALAMIN	2	<ul style="list-style-type: none"> OTC
<i>vitamin b12</i>	1	<ul style="list-style-type: none"> OTC EDS
VITAMIN B12	2	<ul style="list-style-type: none"> OTC
FOLIC ACID/FOLATES		
FOLIC ACID 1 MG	1	<ul style="list-style-type: none"> OTC EDS
<i>folic acid 400 mcg/800 mcg</i>	\$0	<ul style="list-style-type: none"> OTC EDS
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	2	<ul style="list-style-type: none"> PA SP P
DOPTELET	2	<ul style="list-style-type: none"> QL 60 EA / fill SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPOGEN	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">P</div>
GRANIX (GRANIX 300 MCG/ML SOLUTION, GRANIX 480 MCG/1.6ML SOLUTION)	2	<div data-bbox="1133 369 1195 405">SP</div>
LEUKINE	2	<div data-bbox="1133 468 1195 504">SP</div>
NEULASTA	2	<div data-bbox="1133 531 1195 567">SP</div>
NEULASTA ONPRO	2	<div data-bbox="1133 594 1195 630">SP</div>
NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 480 MCG/0.8ML SOLN PRSYR)	2	<div data-bbox="1133 716 1195 751">SP</div>
PROCRIT	2	<div data-bbox="1133 833 1195 869">PA</div> <div data-bbox="1133 882 1195 917">SP</div> <div data-bbox="1133 930 1195 966">NP</div>
PROMACTA	2	<div data-bbox="1133 989 1195 1024">PA</div> <div data-bbox="1133 1037 1195 1073">SP</div>
REBLOZYL	2	<div data-bbox="1133 1102 1195 1138">PA</div> <div data-bbox="1133 1150 1195 1186">NP</div>
RETACRIT	2	<div data-bbox="1133 1215 1195 1251">PA</div> <div data-bbox="1133 1264 1195 1299">SP</div> <div data-bbox="1133 1312 1195 1348">P</div>
UDENYCA	2	<div data-bbox="1133 1371 1195 1407">SP</div>
ZARXIO	2	<div data-bbox="1133 1434 1195 1470">SP</div>
ZIEXTENZO	2	<div data-bbox="1133 1497 1195 1533">SP</div>
HEMATOPOIETIC MIXTURES		
<i>ferraplus 90</i>	2	
FERREX	2	<div data-bbox="1133 1694 1195 1730">OTC</div>
FERREX 150 FORTE	2	<div data-bbox="1133 1757 1195 1793">OTC</div>

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	<ul style="list-style-type: none"> QL 30 EA / fill PA NP
AMBIEN CR	2	<ul style="list-style-type: none"> QL 30 EA / fill PA NP
EDLUAR	2	<ul style="list-style-type: none"> QL 30 EA / fill PA NP
<i>eszopiclone</i>	1	<ul style="list-style-type: none"> QL 30 EA / fill P
LUNESTA	2	<ul style="list-style-type: none"> QL 30 EA / fill PA NP
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	<ul style="list-style-type: none"> QL 60 EA / fill P
<i>zolpidem tartrate (zolpidem tartrate 1.75 mg sl tab, zolpidem tartrate 3.5 mg sl tab)</i>	1	<ul style="list-style-type: none"> 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 UNIT / 365 DAYS
DEXCOM G4 PLAT PED RECEIVER	\$0	QL 1 UNIT / 365 DAYS
DEXCOM G4 PLATINUM RCV/SHARE	\$0	QL 1 UNIT / 365 DAYS
DEXCOM G4 PLATINUM RECEIVER	\$0	QL 1 UNIT / 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 UNIT / 365 DAYS PA NP
DEXCOM G5 MOBILE TRANSMITTER	\$0	QL 1 EA / 90 days PA EDS NP
DEXCOM G5 RECEIVER KIT	\$0	QL 1 UNIT / 365 DAYS PA NP
DEXCOM G6 RECEIVER	\$0	QL 1 UNIT / 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 UNIT / 365 DAYS
DEXCOM G7 SENSOR	\$0	QL 3 EA / fill(s)
FREESTYLE LIBRE 14 DAY READER	\$0	QL 1 UNIT / 365 DAYS P
FREESTYLE LIBRE 14 DAY SENSOR	\$0	QL 2 EA / fill(s) P
FREESTYLE LIBRE 2 READER	\$0	QL 1 UNIT / 365 DAYS P
FREESTYLE LIBRE 2 SENSOR	\$0	QL 2 EA / fill(s) P
FREESTYLE LIBRE 3 READER	\$0	QL 1 UNIT / 365 DAYS
FREESTYLE LIBRE 3 SENSOR	\$0	QL 2 EA / fill(s)
FREESTYLE LIBRE READER	\$0	QL 1 UNIT / 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 PODS (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	<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: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 20 EA / 30 day(s)
VYEPTI	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <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>
MIGRAINE COMBINATIONS		
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</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> 18 EA / 30 days
TREXIMET	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> 18 EA / 30 days
MIGRAINE PRODUCTS		
TRUDHESA	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> 8 EA / 28 days
MIGRAINE PRODUCTS - NSAIDS		
ELYXYB	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> 28.8 ml / 30 days
SEROTONIN AGONISTS		
<i>almotriptan malate</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> 18 EA / 30 days
AMERGE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <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>
<i>eletriptan hydrobromide</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> 18 EA / 30 day(s)

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FROVA	2	<ul style="list-style-type: none"> QL 18 EA / 30 days PA NP
<i>frovatriptan succinate</i>	1	<ul style="list-style-type: none"> QL 18 EA / 30 days PA NP
IMITREX (IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB)	2	<ul style="list-style-type: none"> QL 18 EA / 30 day(s) PA NP
IMITREX 6 MG/0.5ML SOLUTION	1	<ul style="list-style-type: none"> QL 8 EA / 30 day(s) P
IMITREX STATDOSE REFILL	1	<ul style="list-style-type: none"> QL 8 ML / 30 day(s) P
IMITREX STATDOSE SYSTEM	1	<ul style="list-style-type: none"> QL 8 EA / 30 day(s) P
MAXALT	2	<ul style="list-style-type: none"> QL 36 EA / 30 day(s) PA NP
MAXALT-MLT	2	<ul style="list-style-type: none"> QL 36 EA / 30 day(s) PA NP
<i>naratriptan hcl</i>	1	<ul style="list-style-type: none"> QL 18 EA / 30 day(s) PA NP
RELPAX	1	<ul style="list-style-type: none"> QL 18 EA / 30 day(s) P
REYVOW 100 MG TAB	2	<ul style="list-style-type: none"> QL 16 EA / 30 day(s) PA NP
REYVOW 50 MG TAB	2	<ul style="list-style-type: none"> 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	QL 18 EA / 30 day(s) P
ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION)	1	QL 18 EA / 30 day(s) P
ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB)	2	QL 18 EA / 30 day(s) PA
MINERALS ELECTROLYTES		
BICARBONATES		
<i>sodium bicarbonate 4.2 % solution</i>	1	
SODIUM BICARBONATE 7.5 % SOLUTION	2	
CALCIUM		
<i>calcium / magnesium / zinc</i>	1	OTC EDS
<i>calcium / phosphorus / vitamin d</i>	2	OTC
<i>calcium / vitamin c / vitamin d</i>	2	OTC
<i>calcium / vitamin d / vitamin k</i>	1	OTC EDS
CALCIUM / VITAMIN D / VITAMIN K	2	OTC
<i>calcium carbonate</i>	1	OTC EDS
CALCIUM CARBONATE	2	OTC
<i>calcium carbonate / folic acid / vitamin d</i>	2	
<i>calcium carbonate / vitamin d</i>	1	OTC EDS
CALCIUM CARBONATE / VITAMIN D	2	OTC

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 NAACL 20-0.45 MEQ/L-% SOLUTION	1	
KCL (0.149%) IN NAACL 20-0.9 MEQ/L-% SOLUTION	2	
KCL (0.298%) IN NAACL	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>bd posiflush safescrub</i>	1	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOMODULATORS		
<i>lenalidomide</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px;">PA</div> <div style="background-color: #a9a9a9; color: white; padding: 2px;">SP</div> </div> 30 EA / fill
REVLIMID	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px;">PA</div> <div style="background-color: #a9a9a9; color: white; padding: 2px;">LA</div> </div> 30 EA / fill
REZUROCK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px;">PA</div> <div style="background-color: #a9a9a9; color: white; padding: 2px;">SP</div> <div style="background-color: #e67e22; color: white; padding: 2px;">NP</div> </div> 30 EA / fill
THALOMID	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a9a9a9; color: white; padding: 2px;">LA</div> </div>
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL	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: white; padding: 2px;">SP</div> <div style="background-color: #e67e22; color: white; padding: 2px;">NP</div> </div>
<i>azasan</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px;">NP</div> </div>
<i>azathioprine (azathioprine 50 mg tab, azathioprine 75 mg tab, azathioprine 100 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px;">P</div> </div>
CELLCEPT (CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB)	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: white; padding: 2px;">SP</div> <div style="background-color: #e67e22; color: white; padding: 2px;">NP</div> </div>
CELLCEPT 200 MG/ML RECON SUSP	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a9a9a9; color: white; padding: 2px;">SP</div> <div style="background-color: #27ae60; color: white; padding: 2px;">P</div> </div>
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px;">P</div> </div>
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENSPRYNG	2	PA SP NP
ENVARUSUS XR	2	PA SP NP
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	1	PA NP
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	1	P
IMURAN	2	PA NP
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	P
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	PA NP
<i>mycophenolate sodium</i>	1	PA NP
<i>mycophenolic acid</i>	1	PA NP
MYFORTIC	2	PA SP NP
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	2	PA SP NP
PROGRAF (PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 5 MG CAP)	2	PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RAPAMUNE 1 MG/ML SOLUTION	1	SP P
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP, SANDIMMUNE 100 MG/ML SOLUTION)	2	PA SP NP
<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>ringers irrigation</i>	1	
<i>tis-u-sol</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	1	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dentagel</i>	1	EDS
<i>fluoridex</i>	1	EDS
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>vitamin b complex</i>	1	OTC EDS
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MULTIPLE VITAMINS W/ MINERALS		
MULTIVITAMINS / MINERALS	2	OTC
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		
PEDIATRIC MULTIPLE VITAMINS / MINERALS	2	OTC EDS
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PEDIATRIC VITAMINS		
<i>pediatric vitamins</i>	2	OTC
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VITAMINS / LIPOTROPICS	2	OTC
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NASAL AGENTS - MISC.		
SODIUM CHLORIDE NASAL SPRAY	2	OTC
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NASONEX	2	PA NP
OMNARIS	2	QL 12.5 ML / fill PA NP
QNASL	2	QL 10.6 ML / fill PA NP
QNASL CHILDRENS	2	PA NP
SINUVA	2	PA NP
<i>triamcinolone acetonide (nasacort)</i>	1	QL 33 GM / fill OTC EDS
XHANCE	2	PA NP
ZETONNA	2	QL 6.1 GM / fill PA NP
SYMPATHOMIMETIC DECONGESTANTS		
<i>oxymetazoline (afrin)</i>	1	OTC
<i>phenylephrine (neo-synephrine)</i>	1	OTC
<i>phenylephrine (sudafed pe)</i>	1	OTC
<i>pseudoephedrine (sudafed)</i>	1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	2	QL 200 ml / fill PA LA
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEPHRAMINE	2	
PROCALAMINE	2	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REFRESH RELIEVA	2	OTC
REFRESH RELIEVA PF 0.5-0.9 % SOLUTION	2	OTC
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dorzolamide hcl-timolol mal</i>	1	EDS P
<i>dorzolamide hcl-timolol mal pf</i>	1	PA EDS NP
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>atropine sulfate 1 % solution</i>	1	EDS
HOMATROPAIRE	2	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	PA NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sulfacetamide sodium 10 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
VIGAMOX	2	PA NP
XDEMZY	2	QL 10 ML / fill(s) PA
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROCKLATAN	2	PA NP
OPHTHALMIC LOCAL ANESTHETICS		
<i>altacaine</i>	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl 0.5 % solution</i>	1	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<i>loteprednol etabonate (loteprednol etabonate 0.2 % suspension, 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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIESENCE	2	LA P
YUTIQ	2	PA NP
OPHTHALMICS - MISC.		
ACULAR	2	PA NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bromfenac sodium 0.075 % solution</i>	1	PA NP
BROMSITE	2	PA NP
CROMOLYN SODIUM 4 % SOLUTION	1	P
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROLENSA	2	PA NP
<i>sodium chloride eye products (muro 128)</i>	1	OTC
TRUSOPT	2	PA NP
ZADITOR	2	PA OTC NP
ZERVIATE	2	PA NP
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	1	QL 2.5 ml / fill PA EDS NP
<i>latanoprost</i>	1	QL 2.5 ml / fill EDS P
LUMIGAN	2	QL 2.5 ml / fill PA NP
TRAVATAN Z	1	QL 2.5 ml / fill P
<i>travoprost (bak free)</i>	1	QL 2.5 ml / fill PA EDS NP
VYZULTA	2	QL 2.5 ml / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XALATAN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>2.5 ml / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XELPROS	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>2.5 ml / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
ZIOPTAN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>30 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
<i>carbamide peroxide (debrox)</i>	1	<div style="background-color: #cc00cc; color: white; padding: 2px; border-radius: 3px;">OTC</div>
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	<div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div>
<i>ofloxacin otic soln 0.3%</i>	1	<div style="background-color: #00cc66; color: white; padding: 2px; border-radius: 3px;">P</div>
OTIC COMBINATIONS		
CIPRO HC	2	<div style="background-color: #00cc66; color: white; padding: 2px; border-radius: 3px;">P</div>
<i>ciprofloxacin-dexamethasone</i>	1	<div style="background-color: #00cc66; color: white; padding: 2px; border-radius: 3px;">P</div>
CIPROFLOXACIN-FLUOCINOLONE PF	1	<div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div>
COLY-MYCIN S	2	<div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div>
CORTISPORIN-TC	2	<div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div>
<i>neomycin-polymyxin-hc</i>	1	<div style="background-color: #00cc66; color: white; padding: 2px; border-radius: 3px;">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OTIC STEROIDS		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
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 8 GM/40ML 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	<div data-bbox="1133 1724 1195 1759">PA</div> <div data-bbox="1133 1772 1195 1808">NP</div>

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		
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC)	2	
CHERRY	2	OTC
CHERRY CONCENTRATE SYRUP	2	OTC
<i>flavor syrup</i>	2	OTC
RASPBERRY SYRUP	2	OTC
<i>saline bacteriostatic</i>	1	
<i>sodium chloride bacteriostatic</i>	1	
<i>sterile water for injection</i>	1	
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>rivastigmine</i>	1	PA EDS NP
<i>rivastigmine tartrate</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<i>tetrabenazine</i>	1	SP
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	2	QL 60 EA / fill PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUBAGIO	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>
AVONEX PEN	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">P</div>
AVONEX PREFILLED	2	<div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">SP</div> <div data-bbox="1133 585 1195 621">P</div>
BAFIERTAM	2	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">SP</div> <div data-bbox="1133 743 1195 779">NP</div>
BETASERON	2	<div data-bbox="1133 804 1195 840">PA</div> <div data-bbox="1133 852 1195 888">SP</div> <div data-bbox="1133 900 1195 936">P</div>
BRIUMVI	2	<div data-bbox="1133 961 1195 997">PA</div> <div data-bbox="1133 1010 1195 1045">NP</div>
COPAXONE 20 MG/ML SOLN PRSYR	1	<div data-bbox="1133 1077 1195 1113">PA</div> <div data-bbox="1133 1125 1195 1161">SP</div> <div data-bbox="1133 1173 1195 1209">P</div>
COPAXONE 40 MG/ML SOLN PRSYR	2	<div data-bbox="1133 1234 1195 1270">PA</div> <div data-bbox="1133 1283 1195 1318">SP</div> <div data-bbox="1133 1331 1195 1367">NP</div>
<i>dalfampridine er</i>	1	<div data-bbox="1133 1392 1349 1428">QL 60 EA / fill</div> <div data-bbox="1133 1440 1195 1476">PA</div> <div data-bbox="1133 1488 1195 1524">SP</div> <div data-bbox="1133 1537 1195 1572">NP</div>
<i>dimethyl fumarate</i>	1	<div data-bbox="1133 1602 1195 1638">SP</div> <div data-bbox="1133 1650 1195 1686">P</div>
<i>dimethyl fumarate starter pack</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">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EXTAVIA	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>
<i> fingolimod hcl </i>	1	<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">P</div>
GILENYA 0.25 MG CAP	2	<div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">SP</div> <div data-bbox="1133 585 1195 621">NP</div>
GILENYA 0.5 MG CAP	1	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">SP</div> <div data-bbox="1133 743 1195 779">NP</div>
<i> glatiramer acetate 20 mg/ml soln prsy </i>	1	<div data-bbox="1133 804 1195 840">PA</div> <div data-bbox="1133 852 1195 888">SP</div> <div data-bbox="1133 900 1195 936">NP</div>
<i> glatiramer acetate 40 mg/ml soln prsy </i>	1	<div data-bbox="1133 961 1195 997">PA</div> <div data-bbox="1133 1010 1195 1045">SP</div> <div data-bbox="1133 1058 1195 1094">NP</div>
<i> glatopa 20 mg/ml soln prsy </i>	1	<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>
<i> glatopa 40 mg/ml soln prsy </i>	1	<div data-bbox="1133 1276 1195 1312">PA</div> <div data-bbox="1133 1325 1195 1360">SP</div> <div data-bbox="1133 1373 1195 1409">NP</div>
KESIMPTA	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>
LEMTRADA	2	<div data-bbox="1133 1591 1195 1627">PA</div> <div data-bbox="1133 1640 1195 1675">LA</div> <div data-bbox="1133 1688 1195 1724">NP</div>
MAVENCLAD (10 TABS)	2	<div data-bbox="1133 1749 1195 1785">PA</div> <div data-bbox="1133 1797 1195 1833">LA</div> <div data-bbox="1133 1845 1195 1881">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVENCLAD (4 TABS)	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">LA</div> <div data-bbox="1133 270 1195 302">NP</div>
MAVENCLAD (5 TABS)	2	<div data-bbox="1133 336 1195 367">PA</div> <div data-bbox="1133 384 1195 415">LA</div> <div data-bbox="1133 432 1195 464">NP</div>
MAVENCLAD (6 TABS)	2	<div data-bbox="1133 495 1195 527">PA</div> <div data-bbox="1133 543 1195 575">LA</div> <div data-bbox="1133 592 1195 623">NP</div>
MAVENCLAD (7 TABS)	2	<div data-bbox="1133 653 1195 684">PA</div> <div data-bbox="1133 701 1195 732">LA</div> <div data-bbox="1133 749 1195 781">NP</div>
MAVENCLAD (8 TABS)	2	<div data-bbox="1133 812 1195 844">PA</div> <div data-bbox="1133 861 1195 892">LA</div> <div data-bbox="1133 909 1195 940">NP</div>
MAVENCLAD (9 TABS)	2	<div data-bbox="1133 974 1195 1005">PA</div> <div data-bbox="1133 1022 1195 1054">LA</div> <div data-bbox="1133 1071 1195 1102">NP</div>
MAYZENT	2	<div data-bbox="1133 1131 1195 1163">PA</div> <div data-bbox="1133 1180 1195 1211">SP</div> <div data-bbox="1133 1228 1195 1260">NP</div>
MAYZENT STARTER PACK	2	<div data-bbox="1133 1293 1195 1325">PA</div> <div data-bbox="1133 1341 1195 1373">SP</div> <div data-bbox="1133 1390 1195 1421">NP</div>
OCREVUS	2	<div data-bbox="1133 1455 1195 1486">PA</div> <div data-bbox="1133 1503 1195 1535">SP</div> <div data-bbox="1133 1551 1195 1583">NP</div>
PLEGRIDY	2	<div data-bbox="1133 1614 1195 1646">PA</div> <div data-bbox="1133 1663 1195 1694">SP</div> <div data-bbox="1133 1711 1195 1743">NP</div>
PLEGRIDY STARTER PACK	2	<div data-bbox="1133 1772 1195 1803">PA</div> <div data-bbox="1133 1820 1195 1852">SP</div> <div data-bbox="1133 1869 1195 1900">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PONVORY	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>
PONVORY STARTER PACK	2	<div data-bbox="1133 336 1195 371">PA</div> <div data-bbox="1133 384 1195 420">SP</div> <div data-bbox="1133 432 1195 468">NP</div>
REBIF	2	<div data-bbox="1133 495 1195 531">PA</div> <div data-bbox="1133 543 1195 579">SP</div> <div data-bbox="1133 592 1195 627">P</div>
REBIF REBIDOSE	2	<div data-bbox="1133 653 1195 688">PA</div> <div data-bbox="1133 701 1195 737">SP</div> <div data-bbox="1133 749 1195 785">P</div>
REBIF REBIDOSE TITRATION PACK	2	<div data-bbox="1133 814 1195 850">PA</div> <div data-bbox="1133 863 1195 898">SP</div> <div data-bbox="1133 911 1195 947">P</div>
REBIF TITRATION PACK	2	<div data-bbox="1133 970 1195 1005">PA</div> <div data-bbox="1133 1018 1195 1054">SP</div> <div data-bbox="1133 1066 1195 1102">P</div>
TASCENSO ODT	2	<div data-bbox="1133 1127 1195 1163">PA</div> <div data-bbox="1133 1176 1195 1211">NP</div>
TECFIDERA	2	<div data-bbox="1133 1241 1195 1276">PA</div> <div data-bbox="1133 1289 1195 1325">SP</div> <div data-bbox="1133 1337 1195 1373">NP</div>
<i>teriflunomide</i>	1	<div data-bbox="1133 1400 1195 1436">PA</div> <div data-bbox="1133 1449 1195 1484">SP</div> <div data-bbox="1133 1497 1195 1533">P</div>
TYSABRI	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>
VUMERITY	2	<div data-bbox="1133 1719 1195 1755">PA</div> <div data-bbox="1133 1768 1195 1803">SP</div> <div data-bbox="1133 1816 1195 1852">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VUMERITY (STARTER)	2	<ul style="list-style-type: none"> QL 106 EA / fill PA NP
ZEPOSIA	2	<ul style="list-style-type: none"> QL 30 EA / fill PA SP NP
ZEPOSIA 7-DAY STARTER PACK	2	<ul style="list-style-type: none"> QL 30 EA / fill PA SP NP
ZEPOSIA STARTER KIT	2	<ul style="list-style-type: none"> QL 30 EA / fill PA SP NP
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	<ul style="list-style-type: none"> PA NP
LYRICA CR	2	<ul style="list-style-type: none"> PA NP
<i>pregabalin er</i>	1	<ul style="list-style-type: none"> PA NP
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	2	<ul style="list-style-type: none"> PA NP
SARAFEM 10 MG TAB	2	<ul style="list-style-type: none"> QL 30 EA / fill PA NP
SARAFEM 20 MG TAB	2	<ul style="list-style-type: none"> QL 30 EA / fill(s) PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KALYDECO 150 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>60 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>
KALYDECO 5.8 MG PACKET	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>56 EA / 28 DAY(S)</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>112 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>
ORKAMBI (ORKAMBI 75-94 MG PACKET, ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>56 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>
PULMOZYME	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>
SYMDEKO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>56 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>
TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 100-50-75 & 150 MG TAB THPK)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>84 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>56 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>270 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>
OFEV	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>60 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">LA</div> </div>
<i>pirfenidone 267 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>270 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div>






























DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pirfenidone 801 mg tab</i>	1	<div data-bbox="1133 170 1192 205">QL</div> <div data-bbox="1203 170 1349 205">90 EA / fill</div> <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">SP</div>
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	
<i>mondoxynel 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	<div data-bbox="1133 1698 1192 1734">EDS</div>
<i>propylthiouracil</i>	1	<div data-bbox="1133 1755 1192 1791">EDS</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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(s) PA NP
ACIPHEX SPRINKLE	2	PA NP
<i>cvs esomeprazole magnesium</i>	1	OTC EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cvs omeprazole 20.6 (20 base) mg cap dr</i>	1	 
<i>cvs omeprazole magnesium</i>	1	 
DEXILANT	2	 
<i>eq esomeprazole magnesium</i>	1	  
<i>eq omeprazole magnesium</i>	1	 
<i>esomeprazole magnesium (esomeprazole magnesium 10 mg packet, esomeprazole magnesium 20 mg packet, esomeprazole magnesium 40 mg packet)</i>	1	 
<i>esomeprazole magnesium 20 mg cap dr</i>	1	  
<i>esomeprazole magnesium 40 mg cap dr</i>	1	 
<i>gnp esomeprazole magnesium</i>	1	  
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	 
<i>goodsense esomeprazole</i>	1	  
<i>hm esomeprazole magnesium dr</i>	1	  

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>kls esomeprazole magnesium</i>	1	<div data-bbox="1133 174 1192 210">OTC</div> <div data-bbox="1133 222 1192 258">EDS</div> <div data-bbox="1133 270 1192 306">P</div>
<i>kp omeprazole magnesium</i>	1	<div data-bbox="1133 333 1192 369">OTC</div> <div data-bbox="1133 382 1192 417">EDS</div>
<i>lansoprazole (prevacid)</i>	1	<div data-bbox="1133 449 1192 485">PA</div> <div data-bbox="1133 497 1192 533">OTC</div> <div data-bbox="1133 546 1192 581">EDS</div> <div data-bbox="1133 594 1192 630">NP</div>
LANSOPRAZOLE 15 MG CAP DR	1	<div data-bbox="1133 659 1192 695">OTC</div> <div data-bbox="1133 707 1192 743">EDS</div> <div data-bbox="1133 756 1192 791">P</div>
LANSOPRAZOLE 15 MG TAB DR DISP	1	<div data-bbox="1133 806 1192 842">PA</div> <div data-bbox="1133 854 1192 890">OTC</div> <div data-bbox="1133 903 1192 938">NP</div>
LANSOPRAZOLE 30 MG CAP DR	1	<div data-bbox="1133 974 1192 1010">EDS</div> <div data-bbox="1133 1022 1192 1058">P</div>
LANSOPRAZOLE 30 MG TAB DR DISP	1	<div data-bbox="1133 1079 1192 1115">PA</div> <div data-bbox="1133 1127 1192 1163">NP</div>
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 20 MG PACKET, NEXIUM 40 MG PACKET)	1	<div data-bbox="1133 1268 1192 1304">P</div>
NEXIUM 20 MG CAP DR	2	<div data-bbox="1133 1404 1192 1440">PA</div> <div data-bbox="1133 1453 1192 1488">OTC</div> <div data-bbox="1133 1501 1192 1537">NP</div>
NEXIUM 24HR 20 MG CAP DR	2	<div data-bbox="1133 1562 1192 1598">OTC</div>
NEXIUM 24HR CLEAR MINIS	2	<div data-bbox="1133 1625 1192 1661">OTC</div>
NEXIUM 40 MG CAP DR	2	<div data-bbox="1133 1688 1192 1724">PA</div> <div data-bbox="1133 1736 1192 1772">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>bismuth/metronidaz/tetracyclin</i>	1	
<i>cvs omeprazole-sod bicarbonate</i>	1	PA 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>trospium 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

DRUG NAME**DRUG TIER****REQUIREMENTS / LIMITS****URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***flavoxate hcl*

1

PA

EDS

NP

VACCINES**BACTERIAL VACCINES**

ACTHIB \$0

BCG VACCINE \$0

BEXSERO \$0

BIOTHRAX \$0

HIBERIX \$0

MENACTRA \$0

MENQUADFI \$0

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ACAM2000	\$0	
AFLURIA QUADRIVALENT	\$0	
AREXVY	\$0	
COMIRNATY	\$0	
DENGVAXIA	\$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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

<i>vaginal contraceptive foam</i>	\$0	OTC
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VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate 2 % cream</i>	1	
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<i>clotrimazole (gyne-lotrimin)</i>	1	OTC
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P

<i>miconazole (monistat)</i>	1	OTC
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MICONAZOLE 3 200 MG SUPPOSITORY	2	
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<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
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<i>tioconazole (vagistat)</i>	1	OTC
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VAGINAL ESTROGENS

<i>estradiol 0.1 mg/gm cream</i>	1	EDS
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>estradiol 10 mcg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> 0.7 EA / day
<i>yuvafem</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> 0.7 EA / day
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #800000; 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> 2 EA / fill(s)
<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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">MFG</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / fill
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">MFG</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 UNITS / 1 day(s)
<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: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">MFG</div> <div style="background-color: #32cd32; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 2 EA / fill
EPIPEN 2-PAK	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #32cd32; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 2 EA / fill
EPIPEN JR 2-PAK	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #32cd32; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 2 EA / fill
SYMJEPI	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #32cd32; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 2 EA / fill
EPINEPHRINE (EPINEPHRINE 1 MG/10ML SOLN PRSYR, EPINEPHRINE 1 MG/ML SOLUTION, EPINEPHRINE 10 MG/10ML SOLUTION)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	OTC EDS
BETA-CAROTENE	2	OTC
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin a</i>	1	OTC EDS
<i>vitamin d</i>	1	OTC EDS
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pyridoxine (vitamin b6)</i>	1	<div data-bbox="1133 174 1192 210">OTC</div> <div data-bbox="1133 222 1192 258">EDS</div>
<i>riboflavin (vitamin b2)</i>	1	<div data-bbox="1133 283 1192 319">OTC</div> <div data-bbox="1133 331 1192 367">EDS</div>
<i>thiamine (vitamin b1)</i>	1	<div data-bbox="1133 392 1192 428">OTC</div> <div data-bbox="1133 441 1192 476">EDS</div>
VITAMIN C	2	<div data-bbox="1133 504 1192 539">OTC</div>
<i>vitamin c</i>	1	<div data-bbox="1133 571 1192 606">OTC</div>

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