

2024

Danh sách các loại Thuốc được Bảo hiểm của Medicaid (Được thụ)

- Families and Children (Chương trình Hỗ trợ Y tế Trả trước (PMAP))
- MinnesotaCare
- Minnesota Senior Care Plus (Chăm sóc Người cao tuổi Bổ sung) (MSC Plus)
- UCare Connect (SNBC)

Chương trình 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 và Wright

Chương trình 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 và Wright

Chương trình 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, Mahnomen, 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 và Yellow Medicine

Chương trình 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, Mahnomen, 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 và Yellow Medicine

Thông tin có trong danh sách các loại thuốc được bảo hiểm này được áp dụng từ ngày 01/04/2024. Để biết thông tin mới nhất, vui lòng truy cập vào ucare.org. Nếu quý vị có thắc mắc, hãy liên hệ với Dịch vụ Khách hàng của UCare theo số điện thoại trên trang này. Quý vị có thể yêu cầu in bản sao Danh sách các loại Thuốc được Bảo hiểm này của Medicaid bất cứ lúc nào.

Dịch vụ Khách hàng của UCare: Chương trình Families and Children (PMAP), MinnesotaCare và MSC+: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước). Giờ làm việc: 8 am – 5 pm, Thứ Hai – Thứ Sáu. Đây là các số miễn cước. Để biết thêm thông tin, hãy truy cập vào ucare.org. UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

Ngày Chấp nhận DHS: 15/12/2023.



VUI LÒNG ĐỌC: TÀI LIỆU NÀY CÓ THÔNG TIN VỀ CÁC LOẠI THUỐC MÀ CHÚNG TÔI BAO TRẢ TRONG NHỮNG CHƯƠNG TRÌNH BẢO HIỂM NÀY. Hội viên phải đến các tiệm thuốc tây trong mạng lưới UCare để nhận quyền lợi thuốc theo toa.

Danh sách này có thể thay đổi và không bao gồm tất cả các loại thuốc. Danh sách này phải tuân theo các quy định và quy chế cụ thể của tiểu bang, bao gồm nhưng không giới hạn ở những quy định liên quan đến việc thay thế các loại thuốc gốc, lịch trình sử dụng các chất bị kiểm soát, ưu tiên các loại thuốc biệt dược và thuốc gốc bắt buộc (nếu có).

Lưu ý cho hội viên hiện tại: Danh sách các loại thuốc được bảo hiểm này đã thay đổi kể từ năm ngoái và có thể thay đổi trong cả năm. Vui lòng xem lại tài liệu này để đảm bảo vẫn có loại thuốc mà quý vị đang dùng trong danh sách này. Vui lòng liên hệ với Dịch vụ Khách hàng của UCare nếu có thắc mắc: Hội viên Chương trình Families and Children (PMAP), MinnesotaCare và MSC+: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước). Giờ làm việc: 8 am – 5 pm, Thứ Hai – Thứ Sáu. Đây là các số miễn cước.

Danh sách cập nhật cũng có tại ucare.org.

Nếu có Medicare, quý vị phải nhận hầu hết các loại thuốc theo toa của mình thông qua Chương trình Thuốc Theo toa Medicare (Medicare Phần D). Quý vị phải đăng ký vào một chương trình bảo hiểm thuốc theo toa của Medicare để hưởng quyền lợi thuốc theo toa của Medicare.

Thông báo về Dân Quyền

Phân biệt đối xử là vi phạm pháp luật. UCare không phân biệt đối xử dựa trên bất kỳ điều nào sau đây:

- chủng tộc
- màu da
- nguồn gốc quốc gia
- tín ngưỡng
- tôn giáo
- khuynh hướng tình dục
- tình trạng hỗ trợ cộng đồng
- tuổi tác
- khuyết tật (bao gồm cả khiếm khuyết về thể chất hoặc tinh thần)
- tình dục (bao gồm định kiến giới tính và bản dạng giới)
- tình trạng hôn nhân
- niềm tin chính trị
- tình trạng y tế
- tình trạng sức khỏe
- nhận dịch vụ chăm sóc sức khỏe
- quá trình yêu cầu đòi bồi hoàn bảo hiểm
- tiền sử y tế
- thông tin di truyền

Quý vị có quyền nộp đơn khiếu nại về phân biệt đối xử nếu tin là mình đã bị UCare phân biệt đối xử. Quý vị có thể nộp đơn khiếu nại và yêu cầu giúp nộp đơn khiếu nại trực tiếp hoặc qua thư, điện thoại, fax hoặc email tại:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Miễn cước: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

Hỗ trợ và Dịch vụ Phụ trợ: UCare cung cấp thêm hỗ trợ và dịch vụ phụ trợ, như thông dịch viên hoặc thông tin ở định dạng có thể sử dụng, miễn phí và kịp thời để bảo đảm hội viên có cơ hội công bằng khi tham gia vào chương trình chăm sóc sức khỏe của chúng tôi. **Liên hệ** UCare theo số 612-676-3200 (thoại) hoặc 1-800-203-7225 (thoại), 612-676-6810 (TTY) hoặc 1-800-688-2534 (TTY).

Dịch vụ Hỗ trợ Ngôn ngữ: UCare cung cấp các bản dịch tài liệu và thông dịch ngôn ngữ, miễn phí và kịp thời, khi các dịch vụ hỗ trợ ngôn ngữ là cần thiết để đảm bảo người nói tiếng Anh hạn chế được tiếp cận có ý nghĩa với thông tin và dịch vụ của chúng tôi. **Liên hệ** UCare theo số 612-676-3200 (thoại) hoặc 1-800-203-7225 (thoại), 612-676-6810 (TTY) hoặc 1-800-688-2534 (TTY).

Khiếu nại về Dân Quyền

Quý vị có quyền nộp đơn khiếu nại về phân biệt đối xử nếu tin là mình đã bị UCare phân biệt đối xử. Quý vị cũng có thể liên hệ trực tiếp với bất kỳ cơ quan nào trong các cơ quan sau đây để nộp đơn khiếu nại phân biệt đối xử.

Văn phòng Dân Quyền (OCR) của U.S. Department of Health and Human Services

Quý vị có quyền nộp đơn khiếu nại với OCR, là cơ quan của liên bang, nếu tin là quý vị đã bị phân biệt đối xử vì bất kỳ điều nào sau đây:

- chủng tộc
- màu da
- nguồn gốc quốc gia
- tuổi tác
- tình trạng khuyết tật
- giới tính
- tôn giáo (trong một số trường hợp)

Liên hệ trực tiếp với OCR để nộp đơn khiếu nại:

Văn phòng Dân Quyền
 Bộ Y tế và Dịch vụ Nhân sinh Hoa Kỳ Khu vực Midwest
 233 N. Michigan Avenue, Suite 240
 Chicago, IL 60601
 Tổng đài Trả lời Khách hàng: Miễn cước: 800-368-1019
 TDD Miễn cước: 800-537-7697
 Email: ocrmail@hhhs.gov

Bộ Nhân Quyền Minnesota (MDHR)

Ở Minnesota, quý vị có quyền nộp đơn khiếu nại với MDHR nếu quý vị bị phân biệt đối xử vì bất kỳ điều nào sau đây:

- chủng tộc
- màu da
- nguồn gốc quốc gia
- tôn giáo
- tín ngưỡng
- giới tính
- khuynh hướng tình dục
- tình trạng hôn nhân
- tình trạng hỗ trợ cộng đồng
- tình trạng khuyết tật

Liên hệ trực tiếp với **MDHR** để nộp đơn khiếu nại:

Bộ Nhân Quyền Minnesota
 540 Fairview Avenue North Suite 201
 St. Paul, MN 55104
 651-539-1100 (thoại)
 800-657-3704 (miễn cước)
 711 hoặc 800-627-3529 (Tiếp âm MN)
 651-296-9042 (fax)
Info.MDHR@state.mn.us (Email)

Minnesota Department of Human Services (DHS)

Quý vị có quyền nộp đơn khiếu nại với DHS nếu tin là mình đã bị phân biệt đối xử trong các chương trình chăm sóc sức khỏe của chúng tôi vì bất kỳ điều nào sau đây:

- chủng tộc
- màu da
- nguồn gốc quốc gia
- tôn giáo (trong một số trường hợp)
- tuổi tác
- khuyết tật (bao gồm cả khiếm khuyết về thể chất hoặc tinh thần)
- tình dục (bao gồm định kiến giới tính và bản dạng giới)

Phải nộp đơn khiếu nại bằng văn bản và trong vòng 180 ngày kể từ ngày quý vị phát hiện hành vi được coi là phân biệt đối xử. Đơn khiếu nại phải có tên và địa chỉ của quý vị và mô tả sự phân biệt đối xử mà quý vị đang khiếu nại. Chúng tôi sẽ xem xét đơn khiếu nại và thông báo cho quý vị bằng văn bản về việc chúng tôi có thẩm quyền điều tra hay không. Nếu có, chúng tôi sẽ điều tra theo khiếu nại đó.

DHS sẽ thông báo kết quả điều tra bằng văn bản cho quý vị. Quý vị có quyền kháng nghị nếu không đồng ý với quyết định này. Để kháng nghị, quý vị phải gửi yêu cầu bằng văn bản để DHS soát xét lại kết quả điều tra. Hãy nêu ngắn gọn và nói rõ lý do tại sao quý vị không đồng ý với quyết định này. Bao gồm cả thông tin bổ sung mà quý vị nghĩ là quan trọng.

Nếu quý vị nộp đơn khiếu nại theo cách này, những người làm việc cho cơ quan có tên trong đơn khiếu nại không thể trả đũa quý vị. Có nghĩa là họ không thể phạt quý vị bằng bất kỳ cách nào vì quý vị đã nộp đơn khiếu nại. Nộp đơn khiếu nại theo hình thức cách này không ngăn cản quý vị tìm kiếm các hành động pháp lý hoặc hành chính khác.

Liên hệ trực tiếp với **DHS** để nộp đơn khiếu nại về phân biệt đối xử:

Điều phối viên Dân Quyền

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (thoại) hoặc sử dụng dịch vụ tiếp âm ưu tiên của quý vị

Người Mỹ da đỏ có thể tiếp tục hoặc bắt đầu sử dụng các phòng khám của bộ lạc và Indian Health Services (IHS). Chúng tôi sẽ không yêu cầu việc phải phê duyệt trước hoặc áp dụng bất kỳ điều kiện nào để quý vị nhận dịch vụ tại các phòng khám này. Với người cao tuổi từ 65 tuổi trở lên, quy định này áp dụng cho các dịch vụ Miễn trừ cho Người cao tuổi (EW) được cung cấp thông qua bộ lạc. Nếu bác sĩ hoặc nhà cung cấp khác trong phòng khám của bộ lạc hoặc IHS giới thiệu quý vị đến một nhà cung cấp trong mạng lưới của chúng tôi, thì chúng tôi sẽ không yêu cầu quý vị phải đến khám tại bác sĩ chăm sóc chính của mình trước khi được giới thiệu.

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THÔNG TIN QUAN TRỌNG

Danh sách các loại thuốc được bảo hiểm là gì?

Danh sách các loại thuốc được bảo hiểm bao gồm các loại thuốc kê toa được UCare bao trả. Các loại thuốc trong danh sách được UCare lựa chọn với sự trợ giúp của đội ngũ bác sĩ và dược sĩ. Thông thường, UCare sẽ bao trả các thuốc được liệt kê trong danh sách các loại thuốc được bảo hiểm, miễn là thuốc đó cần thiết về mặt y tế, bệnh nhân mua thuốc theo toa tại tiệm thuốc tây trong mạng lưới UCare và tuân thủ các yêu cầu khác liên quan đến thuốc. Hầu hết các loại thuốc và một số tiếp liệu được cấp với liều dùng lên đến 30 ngày. Một số thuốc mà quý vị dùng thường xuyên để trị bệnh mãn tính hoặc dài hạn được cấp với liều dùng lên đến 90 ngày và được xác định trong Danh sách các loại Thuốc được Bảo hiểm này là 90 ngày.

Danh sách các loại thuốc được bảo hiểm có thay đổi không?

Danh sách các loại thuốc được bảo hiểm của UCare có thể thay đổi trong suốt 1 năm theo lịch. Nếu việc thay đổi ảnh hưởng đến phạm vi bảo hiểm của một loại thuốc mà quý vị đang dùng thì UCare sẽ cố gắng liên hệ với quý vị và bác sĩ kê toa để cho biết về sự thay đổi đó. UCare cũng sẽ cho quý vị biết về các loại thuốc thay thế được bảo hiểm.

Một số thay đổi có thể là:

- Thuốc mà quý vị đang dùng không còn được ưu tiên nữa (Hãy tham khảo "Danh sách Thuốc Ưu tiên là gì?" trong phần sau).
- Chúng tôi đã loại bỏ một loại thuốc khỏi danh sách các loại thuốc được bảo hiểm vì lý do an toàn.
- Các yêu cầu về ủy quyền trước đã thay đổi. (Xem phần "Có bất kỳ quy định hạn chế nào đối với bảo hiểm của tôi không?"

Thuốc được liệt kê trong danh sách các loại thuốc được bảo hiểm theo cách nào?

Có hai cách để tìm thuốc theo toa của quý vị trong dược thư. Quý vị có thể tìm kiếm theo tình trạng bệnh liên quan đến thuốc của mình hoặc theo thứ tự bảng chữ cái.

Tìm theo Tình trạng Bệnh

Các thuốc được liệt kê theo tình trạng y tế bắt đầu ở trang 1. Các thuốc trong dược thư này được nhóm thành các loại tùy thuộc vào loại bệnh mà loại thuốc đó điều trị. Nếu biết công dụng của thuốc thì quý vị hãy tìm danh mục đó trong danh sách ở trang 1. Sau đó, xem dưới tên phân loại để tìm thuốc của quý vị.

Tìm kiếm theo Thứ tự bảng Chữ cái

Nếu không chắc nên tìm danh mục nào thì quý vị có thể tìm thuốc của mình trong Danh mục này. Danh mục này có danh sách tất cả các loại thuốc trong dược thư theo bảng chữ cái. Cả thuốc biệt dược và thuốc gốc đều được liệt kê trong Danh mục thuốc. Xem Danh mục này và tìm thuốc của quý vị. Bên cạnh tên thuốc, quý vị sẽ thấy số trang để xem thông tin bảo hiểm trong dược thư.

Danh sách Thuốc Ưu tiên là gì?

Ở Minnesota, tất cả các chương trình bảo hiểm sức khỏe đều phải sử dụng Danh sách Thuốc Ưu tiên (PDL) của Bộ Dịch vụ Nhân sinh Minnesota (DHS). PDL này do DHS soạn lập và được tham khảo ý kiến của Ủy ban Phụ trách Dược Thư để bác sĩ kê toa và hội viên biết về các thuốc hoặc các loại thuốc tiết kiệm chi phí. Nói chung, các thuốc được "ưu tiên" tiết kiệm chi phí hơn và các thuốc "không được ưu tiên" sẽ có chi phí cao hơn. Các loại thuốc ưu tiên có sẵn cho hội viên ít bị hạn chế hơn. Các loại thuốc không ưu tiên yêu cầu phải được ủy quyền trước. Để nhận thuốc không ưu tiên, bác sĩ hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị phải xin phép trước. PDL được đưa vào danh sách các loại thuốc được bảo hiểm của UCare. Danh sách đầy đủ các loại thuốc được bảo hiểm của UCare bao gồm các loại thuốc khác ngoài các loại thuốc trên PDL. PDL có sẵn trên trang web của DHS tại <http://minnesota.magellanmedicaid.com/pdl.asp>.

Thuốc gốc hoặc thuốc tương đương sinh học là gì?

Thuốc gốc là thuốc được Cơ quan Quản lý Thực phẩm và Dược phẩm (FDA) phê duyệt và có các thành phần hoạt chất tương tự như thuốc biệt dược. Thuốc gốc có tác dụng lâm sàng tương tự như thuốc biệt dược.

Thuốc tương đương sinh học là một loại thuốc sinh học được FDA phê duyệt (thường là thuốc theo toa ở dạng tiêm) rất giống với một thuốc sinh học đã được phê duyệt. Thuốc tương đương sinh học không khác biệt về mặt lâm sàng ở góc độ an toàn và hiệu quả. Thuốc tương đương sinh học không giống như thuốc gốc, nhưng tương tự như thuốc gốc, thuốc tương đương sinh học có thể là các lựa chọn điều trị với giá cả phù hợp hơn.

Thuốc thay thế ở dạng thuốc gốc hoặc thuốc tương đương sinh học có nghĩa là phiên bản gốc hoặc tương đương sinh học của một loại thuốc thay vì tên biệt dược hoặc phiên bản không tương đương sinh học của thuốc đó.

UCare chỉ bao trả cho thuốc biệt dược hoặc phiên bản không tương đương sinh học của thuốc đó khi:

1. Bác sĩ kê toa cho quý vị có văn bản thông báo với UCare rằng thuốc biệt dược hoặc phiên bản không tương đương sinh học của thuốc đó là cần thiết về mặt y tế HOẶC
2. UCare có thể ưu tiên phân phối một số phiên bản thuốc biệt dược nhất định thay vì phiên bản gốc hoặc không tương đương sinh học cho phiên bản tương đương sinh học của thuốc đó HOẶC
3. Luật Minnesota yêu cầu phải phân phối thuốc biệt dược hoặc thuốc không tương đương sinh học của thuốc đó.

Trong danh sách các loại thuốc được bảo hiểm thì thuốc biệt dược được viết hoa (ví dụ: EPIPEN) và thuốc gốc được liệt kê dưới dạng viết thường in nghiêng (ví dụ: *viên nén sertraline*).

Thuốc không kê toa là gì?

Các loại thuốc và sản phẩm bán sẵn trên thị trường không cần toa được gọi là thuốc không kê toa (OTC). Mặc dù thuốc OTC được bán mà không cần toa của bác sĩ, nhưng nếu bác sĩ kê toa cho một loại thuốc OTC thì UCare có thể bao trả cho thuốc đó. Trong danh sách các thuốc được bảo hiểm thì thuốc và sản phẩm OTC được liệt kê sau danh mục của danh sách thuốc không kê toa (OTC) riêng.

Thuốc đặc hiệu là gì?

Thuốc đặc hiệu dùng cho bệnh nhân mắc các bệnh phức tạp hoặc mãn tính. Những loại thuốc này thường được yêu cầu phải xử lý, phân phối hoặc theo dõi đặc biệt bởi dược sĩ được đào tạo chuyên môn.

Nếu quý vị được kê toa một loại thuốc có trong Danh sách Thuốc Đặc hiệu của UCare thì bác sĩ kê toa phải gửi toa thuốc đến tiệm thuốc tây đặc hiệu của UCare.

Tên của Tiệm thuốc tây Đặc hiệu: Fairview Specialty Pharmacy

Điện thoại và TTY: 612-672-5260 hoặc 1-800-595-7140 (đây là số miễn cước) TTY gọi cho Trung tâm Tiếp âm Quốc gia (National Relay Center) theo số 711 và gọi 1-800-595-7140 (đây là số miễn cước).

Fax: 1-866-347-4939

Giờ làm việc: 24 giờ/ngày, 7 ngày/tuần

Quý vị cũng cần gọi cho Tiệm thuốc tây Đặc hiệu theo số 612-672-5260 hoặc 1-800-595-7140 (đây là số miễn cước), TTY gọi cho Trung tâm Tiếp âm Quốc gia (National Relay Center) theo số 711 và gọi 1-800-595-7140 (đây là số miễn cước) để thiết lập tài khoản. Quý vị cần phải có thẻ Hội viên UCare (ID) khi gọi cho Tiệm thuốc tây Đặc hiệu.

Nếu một loại thuốc không có trong danh sách các loại thuốc được bảo hiểm thì sao?

Không phải tất cả các thuốc đều được bảo hiểm. Nếu loại thuốc mà quý vị muốn mua không có trong danh sách thuốc được bảo hiểm thì quý vị có thể gọi Dịch vụ Khách hàng của UCare cho Gia đình và Trẻ em (PMAP), MinnesotaCare và MSC+ theo số: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước) và hỏi xem loại thuốc đó có được bảo hiểm không. Nếu không thì loại thuốc đó được coi là không có trong dược thư.

Nếu cần một loại thuốc không có trong danh sách các thuốc được bảo hiểm:

- thì quý vị có thể hỏi nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị xem có loại thuốc nào khác được bảo hiểm mà vẫn có hiệu quả cho quý vị không.
- quý vị và/hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị có thể yêu cầu UCare áp dụng "trường hợp ngoại lệ" và bao trả thuốc cho quý vị hoặc loại bỏ các quy định hạn chế hoặc giới hạn. Nếu yêu cầu ngoại lệ của quý vị được phê duyệt thì loại thuốc đó sẽ được bảo hiểm chi trả theo mức đồng thanh toán với thuốc gốc hoặc biệt dược.

Thông thường, UCare sẽ chỉ phê duyệt yêu cầu của nhà cung cấp dịch vụ chăm sóc sức khỏe về trường hợp ngoại lệ trong dược thư nếu loại thuốc thay thế có trong danh sách các thuốc được bảo hiểm của UCare không hiệu quả để điều trị bệnh của quý vị và/hoặc sẽ khiến quý vị gặp tác dụng bất lợi về sức khỏe.

Nếu nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị kê toa thuốc không có trong danh sách các thuốc được bảo hiểm hoặc thuốc cần ủy quyền trước thì họ phải gọi cho Navitus Health Solutions hoặc truy cập vào trang web nhà cung cấp của chúng tôi để điền mẫu đơn yêu cầu. Hội viên cũng có thể xem thêm thông tin về ucare.org. Vui lòng gọi cho Dịch vụ Khách hàng của UCare theo số được ghi trên bì thuốc để được trợ giúp.

Có bất kỳ quy định hạn chế nào đối với quyền lợi bảo hiểm của tôi không?

Một số loại thuốc được bảo hiểm có thể áp dụng các yêu cầu hoặc giới hạn bổ sung về bảo hiểm. Những yêu cầu và giới hạn này có thể bao gồm như sau:

- **Ủy quyền trước:** UCare yêu cầu quý vị hoặc bác sĩ hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị phải xin phép trước cho một số loại thuốc nhất định. Có nghĩa là quý vị sẽ phải được UCare phê duyệt trước khi mua toa thuốc của mình. Nếu quý vị không được phê duyệt thì UCare có thể không bao trả cho thuốc đó.
- **Giới hạn về số lượng:** Với một số loại thuốc nhất định, UCare có giới hạn về số lượng thuốc mà chúng tôi sẽ bao trả.
- **Yêu cầu về độ tuổi:** Một số loại thuốc có yêu cầu về độ tuổi. Có thể cần giấy ủy quyền trước tùy thuộc vào độ tuổi của quý vị và thuốc được kê toa cụ thể.

Quý vị có thể kiểm tra xem thuốc của mình có cần ủy quyền trước hay không, có giới hạn về số lượng hay không hoặc có yêu cầu về độ tuổi hay không bằng cách xem danh sách các loại thuốc được bảo hiểm này. Có thể có ngoại lệ đối với các quy định hạn chế hoặc giới hạn về thuốc nếu bác sĩ của quý vị gửi thông báo hoặc văn bản hỗ trợ cho yêu cầu đó. Xem Thuốc Theo Toa trong phần 7: Dịch vụ được Bảo hiểm trong *Sổ tay Hội viên của quý vị* để biết thêm thông tin. Quý vị cũng có thể tìm hiểu thêm thông tin về các quy định hạn chế áp dụng cho các thuốc được bảo hiểm cụ thể bằng cách gọi cho Dịch vụ khách hàng của UCare đối với Chương trình Families and Children (PMAP), MinnesotaCare và MSC+ theo số 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước) hoặc bằng cách truy cập vào trang web của chúng tôi tại ucare.org. Quý vị cũng có thể xem phần "Tôi có thể yêu cầu một ngoại lệ cho các quy định hạn chế về bảo hiểm không?"

- **Thuốc bị Loại trừ:** Một số loại thuốc bị loại trừ khỏi danh sách các loại thuốc được bảo hiểm. Có nghĩa là những loại thuốc đó không được bảo hiểm. Các loại thuốc bị loại trừ bao gồm:
 - Thuốc được dùng để điều trị rối loạn chức năng tinh dục hoặc cương dương
 - Thuốc được dùng để tăng cường khả năng sinh sản
 - Thuốc được dùng cho mục đích thẩm mỹ, kể cả thuốc để điều trị rụng tóc
 - Thuốc bị loại trừ khỏi phạm vi bảo hiểm của luật liên bang hoặc tiểu bang
 - Thuốc thử nghiệm, thuốc nghiên cứu hoặc thuốc không được Cơ quan Quản lý Thực phẩm và Dược phẩm (FDA) phê duyệt hoặc chấp thuận
 - Cần sa y tế

Tôi có thể yêu cầu một ngoại lệ cho các quy định hạn chế về bảo hiểm không?

Có. Quý vị hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị có thể tải xuống Mẫu đơn Thống nhất về Yêu cầu Ủy quyền Trước cho Thuốc Theo toa (PA) và Ngoại lệ trong Dược thư của Minnesota tại địa chỉ ucare.org hoặc liên hệ với Dịch vụ Khách hàng của UCare cho

Families and Children (PMAP), MinnesotaCare và MSC+ theo số: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước). Nhà cung cấp của quý vị phải gửi lại mẫu đơn này theo số fax hoặc địa chỉ được nêu trên tài liệu này. Để xem xét kỹ lưỡng và đảm bảo rằng quý vị hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị nhận được phản hồi trong vòng 24 giờ thì nhà cung cấp/quý vị phải cung cấp tất cả thông tin được yêu cầu trong mẫu này, bao gồm tài liệu về loại thuốc đã được dùng và không đạt hiệu quả, kê cả liều lượng đã sử dụng và lý do thất bại (ví dụ: tác dụng phụ).

Chi phí thuốc kê toa sẽ là bao nhiêu?

Kể từ ngày 1 tháng 1 năm 2024, các loại thuốc được Medical Assistance bao trả sẽ không còn có khoản đồng thanh toán. Quý vị không phải chia sẻ chi phí cho các loại thuốc được bảo hiểm theo chương trình Medical Assistance. Hội viên Chương trình MinnesotaCare không phải trả khoản đồng thanh toán. Tất cả các thông tin về đồng thanh toán cho thuốc kê toa đều được liệt kê trong Phần 6 của *Sổ tay Hội viên*: Chia sẻ Chi phí. Nếu quý vị có thắc mắc khác, hãy liên hệ với Dịch vụ Khách hàng của UCare đối với Chương trình Families and Children (PMAP), MinnesotaCare và MSC+ theo số: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước) hoặc truy cập vào trang web của chúng tôi tại ucare.org.

Danh sách Thuốc (dược thư) Chính

Giải thích về Trạng thái Bảo hiểm và Yêu cầu		
P	Thuốc ưu tiên	Thuốc ưu tiên
NP	Thuốc Không Ưu tiên	Thuốc không ưu tiên cần phải có quyết định Ủy quyền Trước của UCare
SF	Mua Toa thuốc Riêng	Các loại thuốc uống điều trị ung thư với liều dùng 14 hoặc 15 ngày mỗi lần mua cho 90 ngày điều trị đầu tiên
EDS	Tăng Số Ngày Cung cấp Thuốc	Các loại thuốc có liều lượng lên đến 90 ngày
MFG	Giới hạn của Nhà sản xuất	<ul style="list-style-type: none"> • Ưu tiên Nhà sản xuất Mylan. • Không ưu tiên Nhà sản xuất không thuộc Mylan
OTC	Thuốc Không Kê Toa	Thuốc OTC (không kê toa) được bảo hiểm
PA	Quyết định Ủy quyền Trước	Các loại thuốc cần được UCare phê duyệt trước khi quý vị mua toa thuốc

SP	Thuốc Đặc hiệu	Các loại thuốc yêu cầu quý vị phải mua theo toa của mình thông qua Tiệm thuốc tây Đặc hiệu Fairview
QL	Giới hạn Số lượng	Có giới hạn về số lượng thuốc được bảo hiểm cho mỗi lần mua
LA	Hạn chế Sử dụng	Các thuốc chỉ có sẵn tại một số hiệu thuốc nhất định
PV	Phòng ngừa	Thuốc được bảo hiểm với chi phí \$0 sử dụng cho việc phòng ngừa bệnh



PO Box 52
Minneapolis, MN 55440-0052

612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước)

TTY/Khiếm thính:
612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước)

8 am – 5 pm, Thứ Hai – Thứ Sáu

ucare.org

U12487 Vietnamese (U3984) (03/2024)

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INTUNIV	2	PA NP
QELBREE	2	PA NP
STRATTERA	2	PA NP

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI	2	QL 30 EA / fill PA
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STIMULANTS - MISC.

ADHANSIA XR (ADHANSIA XR 35 MG CAP ER 24H, ADHANSIA XR 45 MG CAP ER 24H, ADHANSIA XR 55 MG CAP ER 24H, ADHANSIA XR 70 MG CAP ER 24H, ADHANSIA XR 85 MG CAP ER 24H)	2	QL 30 EA / fill PA NP
ADHANSIA XR 25 MG CAP ER 24H	2	QL 60 EA / fill PA NP
APTENSIO XR	2	QL 60 EA / fill PA NP
<i>armodafinil</i>	1	QL 30 EA / fill
AZSTARYS 26.1-5.2 MG CAP	2	QL 30 EA / fill PA NP
AZSTARYS 39.2-7.8 MG CAP	2	QL 60 EA / fill PA NP
AZSTARYS 52.3-10.4 MG CAP	2	QL 90 EA / fill PA NP

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

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
JORNAY PM	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</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>	30 EA / fill
METHYLIN 10 MG/5ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>	900 ml / fill
METHYLIN 5 MG/5ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>	1800 ml / fill
<i>methylphenidate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</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>	30 EA / fill
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</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>	120 EA / fill
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>	90 EA / fill
<i>methylphenidate hcl 10 mg chew tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</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>	180 EA / fill
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>	900 ml / fill
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>	1800 ml / fill
<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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</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>	60 EA / fill
<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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</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>	30 EA / fill

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	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>modafinil</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div>
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 30 MG CHER)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; 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: #8b6914; 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: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
QUILLICHEW ER 40 MG CHER	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; 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: #8b6914; 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: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
QUILLIVANT XR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">360 ml / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b6914; 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: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
RITALIN	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;">90 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b6914; 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: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; 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: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
RITALIN LA 40 MG CAP ER 24H	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; 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: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
PALFORZIA	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b6914; 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: #a9a9a9; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - C'S		
ACTIVATED CHARCOAL	2	<div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
<i>cranberry supplement</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	2	
GENTAMICIN SULFATE 10 MG/ML SOLUTION	2	
<i>gentamicin sulfate 40 mg/ml solution</i>	1	
KITABIS PAK	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</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> 280 ml / fill
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
TOBI	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #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> 280 ml / fill
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="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> 224 EA / fill
<i>tobramycin 300 mg/4ml nebu soln</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #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> 224 ml / fill
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</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> 280 ml / fill
<i>tobramycin sulfate (tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 80 mg/2ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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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	<ul style="list-style-type: none"> QL 2 EA / 28 DAY(S) PA SP NP
HADLIMA PUSHTOUCH	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAY(S) PA SP NP
HULIO	2	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP
HULIO (2 SYRINGE)	2	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP P
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	2	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP P
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	<ul style="list-style-type: none"> QL 2 UNITS / 28 DAYS PA SP P

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

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

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

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

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

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

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

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

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

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
ORENCIA 250 MG RECON SOLN	2		<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ORENCIA 50 MG/0.4ML SOLN PRSYR	2		<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 1.6 ml / 28 day</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	2		<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 2.8 ml / 28 day</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ORENCIA CLICKJECT	2		<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS			
ENBREL (ENBREL 25 MG RECON SOLN, ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 50 MG/ML SOLN PRSYR)	2		<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
ENBREL 25 MG/0.5ML SOLUTION	2		<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 2 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
ENBREL MINI	2		<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
ENBREL SURECLICK	2		<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fentanyl (fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr)</i>	1	<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 1205 1192 1236">QL</div> 3 EA / day <div data-bbox="1133 1253 1192 1285">PA</div> <div data-bbox="1133 1302 1192 1333">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 1457 1192 1488">QL</div> 3 EA / day <div data-bbox="1133 1505 1192 1537">PA</div> <div data-bbox="1133 1554 1192 1585">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 intensol</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	QL 4 EA / day PA P
<i>morphine sulfate er 30 mg cap er 24h</i>	1	QL 3 EA / day PA NP
MORPHINE SULFATE ER 30 MG CAP ER 24H	2	QL 3 EA / day PA NP
<i>morphine sulfate er 30 mg tab er</i>	1	QL 3 EA / day PA P
MORPHINE SULFATE ER 40 MG CAP ER 24H	2	QL 2 EA / day PA NP
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	QL 1 EA / day PA NP
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	2	QL 3 EA / day PA NP
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	2	QL 2 EA / day PA NP
MS CONTIN (MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER)	2	QL 1 EA / day PA NP

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: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</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>
<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: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>nalbuphine hcl</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: #999999; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> </div>
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	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;">1 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #999999; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	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;">1.5 ML / fill(s)</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #999999; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
SUBOXONE 12-3 MG FILM	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: #999999; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
SUBOXONE 2-0.5 MG FILM	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: #999999; color: white; padding: 2px 5px; border-radius: 3px;">12 EA / day</div> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
SUBOXONE 4-1 MG FILM	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: #999999; color: white; padding: 2px 5px; border-radius: 3px;">6 EA / day</div> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
SUBOXONE 8-2 MG FILM	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: #999999; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> <div style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
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: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px 5px; border-radius: 3px;">12 EA / day</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>
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: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</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>
ZUBSOLV 2.9-0.71 MG SL 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;">4 EA / day</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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZUBSOLV 5.7-1.4 MG SL TAB	2	<div data-bbox="1133 170 1192 205">QL</div> 3 EA / day <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
FORTESTA	2	<div data-bbox="1133 588 1192 623">QL</div> 120 GM / fill <div data-bbox="1133 636 1192 672">PA</div> <div data-bbox="1133 684 1192 720">NP</div>
NATESTO	2	<div data-bbox="1133 743 1192 779">QL</div> 14.64 GM / fill <div data-bbox="1133 791 1192 827">PA</div> <div data-bbox="1133 840 1192 875">NP</div>
TESTIM	2	<div data-bbox="1133 898 1192 934">QL</div> 300 GM / fill <div data-bbox="1133 947 1192 982">PA</div> <div data-bbox="1133 995 1192 1031">NP</div>
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)</i>	1	<div data-bbox="1133 1054 1192 1089">QL</div> 150 GM / fill <div data-bbox="1133 1102 1192 1138">PA</div> <div data-bbox="1133 1150 1192 1186">P</div>
TESTOSTERONE (TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL)	2	<div data-bbox="1133 1211 1192 1247">QL</div> 300 GM / fill <div data-bbox="1133 1260 1192 1295">PA</div> <div data-bbox="1133 1308 1192 1344">NP</div>
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	1	<div data-bbox="1133 1390 1192 1425">QL</div> 300 GM / fill <div data-bbox="1133 1438 1192 1474">PA</div> <div data-bbox="1133 1486 1192 1522">NP</div>
<i>testosterone 10 mg/act (2%) gel</i>	1	<div data-bbox="1133 1547 1192 1583">QL</div> 120 GM / fill <div data-bbox="1133 1596 1192 1631">PA</div> <div data-bbox="1133 1644 1192 1680">NP</div>
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	<div data-bbox="1133 1705 1192 1740">QL</div> 37.5 GM / fill <div data-bbox="1133 1753 1192 1789">PA</div> <div data-bbox="1133 1801 1192 1837">NP</div>

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUAKLIR PRESSAIR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
DULERA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 26 GM / 1 FILL
FLUTICASONE FUROATE-VILANTEROL	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 60 GM / fill
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 60 UNITS / 30 day(s)
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 12 GM / 30 day(s)
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / 1 FILL
<i>formoterol fumarate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>ipratropium-albuterol</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8B0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 540 UNITS / FILL

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	1	
<i>heparin sodium lock flush</i>	1	
LOVENOX	2	PA NP
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate (dabigatran etexilate mesylate 75 mg cap, dabigatran etexilate mesylate 150 mg cap)</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
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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KAZANO 12.5-1000 MG TAB	2	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
SEGLUROMET	2	QL 60 EA / fill PA NP
SOLIQUA	2	QL 15 ML / fill PA NP
STEGLUJAN	2	QL 30 EA / fill PA NP

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN R	2	OTC P
NOVOLIN R FLEXPEN	2	PA OTC NP
NOVOLIN R FLEXPEN RELION	2	PA OTC NP
NOVOLIN R RELION	2	OTC P
NOVOLOG	2	P
NOVOLOG 70/30 FLEXPEN RELION	2	P
NOVOLOG FLEXPEN	2	P
NOVOLOG FLEXPEN RELION	2	P
NOVOLOG MIX 70/30	2	P
NOVOLOG MIX 70/30 FLEXPEN	2	P
NOVOLOG MIX 70/30 RELION	2	P
NOVOLOG PENFILL	2	P
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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levocetirizine (xyzal)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>loratadine (claritin)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
ANTIHISTAMINES - PHENOTHIAZINES		
<i>phenadoz</i>	1	
<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 6.25 mg/5ml syrup, promethazine hcl 12.5 mg suppos, promethazine hcl 12.5 mg tab, promethazine hcl 25 mg suppos, promethazine hcl 25 mg tab, promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg tab, promethazine hcl 50 mg/ml solution)</i>	1	
<i>promethegan (promethegan 12.5 mg suppos, promethegan 25 mg suppos)</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (cyproheptadine hcl 2 mg/5ml syrup, cyproheptadine hcl 4 mg tab)</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a1887f; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #e69138; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a1887f; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #9e9e9e; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #e69138; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nebivolol hcl</i>	1	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">EDS</div> <div data-bbox="1133 270 1195 302">NP</div>
TENORMIN	2	<div data-bbox="1133 331 1195 363">PA</div> <div data-bbox="1133 380 1195 411">NP</div>
TOPROL XL	2	<div data-bbox="1133 447 1195 478">PA</div> <div data-bbox="1133 495 1195 527">NP</div>
BETA BLOCKERS NON-SELECTIVE		
BETAPACE	2	<div data-bbox="1133 630 1195 661">PA</div> <div data-bbox="1133 678 1195 709">NP</div>
BETAPACE AF	2	<div data-bbox="1133 745 1195 777">PA</div> <div data-bbox="1133 793 1195 825">NP</div>
CORGARD	2	<div data-bbox="1133 861 1195 892">PA</div> <div data-bbox="1133 909 1195 940">NP</div>
HEMANGEOL	2	<div data-bbox="1133 976 1195 1008">PA</div> <div data-bbox="1133 1024 1195 1056">LA</div> <div data-bbox="1133 1073 1195 1104">NP</div>
INDERAL LA	2	<div data-bbox="1133 1123 1195 1155">PA</div> <div data-bbox="1133 1171 1195 1203">NP</div>
INDERAL XL	2	<div data-bbox="1133 1239 1195 1270">PA</div> <div data-bbox="1133 1287 1195 1318">NP</div>
INNOPRAN XL	2	<div data-bbox="1133 1354 1195 1386">PA</div> <div data-bbox="1133 1402 1195 1434">NP</div>
<i>nadolol</i>	1	<div data-bbox="1133 1470 1195 1501">EDS</div> <div data-bbox="1133 1518 1195 1549">P</div>
<i>pindolol</i>	1	<div data-bbox="1133 1585 1195 1617">EDS</div> <div data-bbox="1133 1633 1195 1665">P</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIZEM LA	2	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 260">NP</div>
<i>cartia xt</i>	1	<div data-bbox="1133 283 1195 321">EDS</div> <div data-bbox="1133 331 1195 369">P</div>
<i>dilt-xr</i>	1	<div data-bbox="1133 392 1195 430">EDS</div> <div data-bbox="1133 441 1195 478">P</div>
<i>diltiazem hcl (diltiazem hcl 25 mg/5ml solution, diltiazem hcl 50 mg/10ml solution, diltiazem hcl 125 mg/25ml solution)</i>	1	
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	1	<div data-bbox="1133 653 1195 690">EDS</div> <div data-bbox="1133 701 1195 739">P</div>
DILTIAZEM HCL 100 MG RECON SOLN	2	
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	1	<div data-bbox="1133 1062 1195 1100">EDS</div> <div data-bbox="1133 1110 1195 1148">P</div>
<i>diltiazem hcl er beads</i>	1	<div data-bbox="1133 1354 1195 1392">EDS</div> <div data-bbox="1133 1402 1195 1440">P</div>
<i>diltiazem hcl er coated beads</i>	1	<div data-bbox="1133 1463 1195 1501">EDS</div> <div data-bbox="1133 1512 1195 1549">P</div>
<i>felodipine er</i>	1	<div data-bbox="1133 1572 1195 1610">EDS</div> <div data-bbox="1133 1621 1195 1659">P</div>
<i>isradipine</i>	1	<div data-bbox="1133 1682 1195 1719">EDS</div> <div data-bbox="1133 1730 1195 1768">P</div>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<p>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)</p>	1	
<p>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</p>	1	EDS
<p>methylprednisolone</p>	1	
<p>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension)</p>	1	
<p>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)</p>	1	
<p>prednisolone 15 mg/5ml solution</p>	1	
<p>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)</p>	1	
<p>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)</p>	1	

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>benzoyl peroxide pad</i>	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">OTC</div> <div data-bbox="1133 270 1195 306">NP</div>
<i>benzoyl peroxide-erythromycin</i>	1	<div data-bbox="1133 331 1195 367">P</div>
<i>bp 10-1</i>	1	<div data-bbox="1133 394 1195 430">PA</div> <div data-bbox="1133 443 1195 478">NP</div>
BPO GEL 4%, 8%	1	<div data-bbox="1133 510 1195 546">OTC</div> <div data-bbox="1133 558 1195 594">P</div>
<i>claravis</i>	1	
CLENIA PLUS	2	<div data-bbox="1133 678 1195 714">PA</div> <div data-bbox="1133 726 1195 762">NP</div>
CLEOCIN-T 1 % GEL	2	<div data-bbox="1133 793 1195 829">PA</div> <div data-bbox="1133 842 1195 877">NP</div>
<i>clindacin</i>	1	<div data-bbox="1133 909 1195 945">PA</div> <div data-bbox="1133 957 1195 993">NP</div>
<i>clindacin etz 1 % swab</i>	1	<div data-bbox="1133 1014 1195 1050">P</div>
<i>clindacin-p</i>	1	<div data-bbox="1133 1077 1195 1113">P</div>
CLINDAGEL	2	<div data-bbox="1133 1140 1195 1176">PA</div> <div data-bbox="1133 1188 1195 1224">NP</div>
<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	<div data-bbox="1133 1329 1195 1365">P</div>
<i>clindamycin phosphate (clindamycin phosphate 1 % foam, clindamycin phosphate 1 % gel)</i>	1	<div data-bbox="1133 1476 1195 1512">PA</div> <div data-bbox="1133 1524 1195 1560">NP</div>
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution, clindamycin phosphate 1 % swab)</i>	1	<div data-bbox="1133 1654 1195 1690">P</div>
<i>clindamycin-tretinoin</i>	1	<div data-bbox="1133 1780 1195 1816">PA</div> <div data-bbox="1133 1829 1195 1864">NP</div>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLECTOR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">60 EA / fill</div> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
LICART	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">30 EA / fill</div> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
ANTIBIOTICS - TOPICAL		
<i>bacitracin</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
<i>bacitracin / polymyxin b (polysporin)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
<i>bacitracin zinc</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
CENTANY	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
CENTANY AT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996666; 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>gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #33cc66; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>mupirocin calcium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996666; 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>neomycin / bacitracin / polymixin (neosporin)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
XEPI	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #33cc66; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LIDOCAINE PATCH 4%	1	QL 90 EA / fill OTC
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>lidocaine-prilocaine cream kit</i>	1	
LIDODERM 5 % PATCH	2	QL 90 EA / fill PA NP
<i>pramoxine / calamine</i>	1	OTC
ZTLIDO 1.8 % PATCH	2	PA NP
MISC. TOPICAL		
A+D FIRST AID	2	OTC
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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORLISSA 200 MG TAB	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / fill </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 5px;">PA</div>
GROWTH HORMONES		
GENOTROPIN	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
GENOTROPIN MINIQUICK	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE)	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
HUMATROPE 5 MG RECON SOLN	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
NORDITROPIN FLEXPRO	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SP</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
NUTROPIN AQ NUSPIN 10	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SP</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
NUTROPIN AQ NUSPIN 20	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SP</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
NUTROPIN AQ NUSPIN 5	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SP</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">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 style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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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</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
<i>dutasteride</i>	1	<div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">P</div>
<i>dutasteride-tamsulosin hcl</i>	1	<div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">NP</div>
<i>finasteride 5 mg tab</i>	1	<div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">P</div>
FLOMAX	2	<div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
JALYN	2	<div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
PROSCAR	2	<div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
RAPAFLO	2	<div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
<i>silodosin</i>	1	<div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">NP</div>
<i>tamsulosin hcl</i>	1	<div style="margin-top: 5px;">EDS</div> <div style="margin-top: 5px;">P</div>
URINARY ANALGESICS		
<i>phenazopyridine (azo)</i>	1	<div style="margin-top: 5px;">OTC</div>
URINARY STONE AGENTS		
<i>tiopronin 100 mg tab</i>	1	<div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">SP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALTUVIIO	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	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
KOVALTRY	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
MONONINE	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
NOVOEIGHT	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
NOVOSEVEN RT	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
NUWIQ	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
OBIZUR	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
PROFILNINE	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
REBINYN	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
RECOMBINATE	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
RIXUBIS	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
SEVENFACT	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
TRETEN	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
VONVENDI	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
WILATE	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px; display: inline-block;">P</div>

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB)	2	<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	PA SP P
GRANIX (GRANIX 300 MCG/ML SOLUTION, GRANIX 480 MCG/1.6ML SOLUTION)	2	SP
LEUKINE	2	SP
NEULASTA	2	SP
NEULASTA ONPRO	2	SP
NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 480 MCG/0.8ML SOLN PRSYR)	2	SP
PROCRIT	2	PA SP NP
PROMACTA	2	PA SP
REBLOZYL	2	PA NP
RETACRIT	2	PA SP P
UDENYCA	2	SP
ZARXIO	2	SP
ZIEXTENZO	2	SP
HEMATOPOIETIC MIXTURES		
<i>ferraplus 90</i>	2	
FERREX	2	OTC
FERREX 150 FORTE	2	OTC

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OMNIPOD CLASSIC PDM (GEN 3)	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 365 day(s)</div> </div> <div style="display: flex; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH INTRO (GEN 4)	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 365 day(s)</div> </div> <div style="display: flex; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH PDM (GEN 4)	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 365 day(s)</div> </div> <div style="display: flex; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OMNIPOD DASH PODS (GEN 4)	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>15 EA / fill(s)</div> </div> <div style="display: flex; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
FOOT CARE PRODUCTS		
<i>foot care products</i>	2	
GI-GU OSTOMY & IRRIGATION SUPPLIES		
<i>catheter</i>	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
<i>incontinence supplies</i>	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
<i>ostomy supplies</i>	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
INFANT CARE PRODUCTS		
<i>diapers</i>	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
<i>infant care products</i>	2	
MISC. DEVICES		
<i>alcohol swabs</i>	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
ENEMA BOTTLE	2	
<i>miscellaneous medical devices</i>	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
PARENTERAL THERAPY SUPPLIES		
<i>insulin injection device</i>	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
<i>miscellaneous injection device</i>	2	
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC)	2	

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



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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>rizatriptan benzoate</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">36 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>sumatriptan 20 mg/act solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>sumatriptan 5 mg/act solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">36 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 ML / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 ML / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>sumatriptan succinate refill</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 ML / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TOSYMRA	2	<div style="display: flex; align-items: center; 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;"> <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; 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;"> <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 (sodium bicarbonate 4.2 % solution, sodium bicarbonate 8.4 % solution)</i>	1	
SODIUM BICARBONATE 7.5 % SOLUTION	2	
CALCIUM		
<i>calcium / magnesium / zinc</i>	1	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>monoject flush syringe</i>	1	
<i>monoject sodium chloride flush</i>	1	
<i>normal saline flush</i>	1	
<i>saline flush</i>	1	
<i>saline flush zr</i>	1	
<i>sodium chloride</i>	1	OTC EDS
<i>sodium chloride flush</i>	1	
<i>swabflush saline flush</i>	1	
TRACE MINERALS		
<i>chromium</i>	1	OTC EDS
CHROMIUM	2	OTC
<i>selenium</i>	1	OTC EDS
ZINC		
<i>zinc</i>	1	OTC
<i>zinc gluconate</i>	1	OTC
<i>zinc sulfate</i>	1	OTC
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>clovique</i>	1	SP
<i>penicillamine 250 mg tab</i>	1	PA SP
<i>trientine hcl 250 mg cap</i>	1	SP
IMMUNOMODULATORS		
<i>lenalidomide</i>	1	QL 30 EA / fill PA SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENVARUSUS XR	2	<div data-bbox="1133 174 1192 205">PA</div> <div data-bbox="1133 222 1192 254">SP</div> <div data-bbox="1133 270 1192 302">NP</div>
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	1	<div data-bbox="1133 342 1192 373">PA</div> <div data-bbox="1133 390 1192 422">NP</div>
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	1	<div data-bbox="1133 485 1192 516">P</div>
IMURAN	2	<div data-bbox="1133 569 1192 600">PA</div> <div data-bbox="1133 617 1192 648">NP</div>
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	<div data-bbox="1133 709 1192 741">P</div>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	<div data-bbox="1133 816 1192 848">PA</div> <div data-bbox="1133 865 1192 896">NP</div>
<i>mycophenolate sodium</i>	1	<div data-bbox="1133 926 1192 957">PA</div> <div data-bbox="1133 974 1192 1005">NP</div>
<i>mycophenolic acid</i>	1	<div data-bbox="1133 1035 1192 1066">PA</div> <div data-bbox="1133 1083 1192 1115">NP</div>
MYFORTIC	2	<div data-bbox="1133 1144 1192 1176">PA</div> <div data-bbox="1133 1192 1192 1224">SP</div> <div data-bbox="1133 1241 1192 1272">NP</div>
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	2	<div data-bbox="1133 1308 1192 1339">PA</div> <div data-bbox="1133 1356 1192 1388">SP</div> <div data-bbox="1133 1404 1192 1436">NP</div>
PROGRAF (PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 5 MG CAP)	2	<div data-bbox="1133 1467 1192 1499">PA</div> <div data-bbox="1133 1516 1192 1547">SP</div> <div data-bbox="1133 1564 1192 1596">NP</div>
RAPAMUNE 1 MG/ML SOLUTION	1	<div data-bbox="1133 1627 1192 1659">SP</div> <div data-bbox="1133 1675 1192 1707">P</div>
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP, SANDIMMUNE 100 MG/ML SOLUTION)	2	<div data-bbox="1133 1736 1192 1768">PA</div> <div data-bbox="1133 1785 1192 1816">SP</div> <div data-bbox="1133 1833 1192 1864">NP</div>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CYSTARAN	2	<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 ml / 28 days</div> </div> <div style="background-color: #cccccc; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">LA</div>
<i>diclofenac sodium 0.1 % solution</i>	1	<div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>dorzolamide hcl</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>epinastine hcl</i>	1	<div style="background-color: #806440; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
FLURBIPROFEN SODIUM	2	<div style="background-color: #806440; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
ILEVRO	2	<div style="background-color: #806440; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	1	<div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>ketotifen drops (zaditor)</i>	1	<div style="background-color: #806440; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cc00cc; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">OTC</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">EDS</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
LASTACAFT	2	<div style="background-color: #806440; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
NEVANAC	2	<div style="background-color: #806440; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<i>olopatadine</i>	1	<div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2.5 ml / fill</div> <div style="background-color: #cc00cc; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">OTC</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
PROLENSA	2	<div style="background-color: #806440; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<i>sodium chloride eye products (muro 128)</i>	1	<div style="background-color: #cc00cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
TRUSOPT	2	<div style="background-color: #806440; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZIOPTAN	2	<div data-bbox="1133 170 1192 205">QL</div> <div data-bbox="1203 170 1349 205">30 ML / fill</div> <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
<i>carbamide peroxide (debrox)</i>	1	<div data-bbox="1133 533 1192 569">OTC</div>
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	<div data-bbox="1133 659 1192 695">PA</div> <div data-bbox="1133 707 1192 743">NP</div>
<i>ofloxacin otic soln 0.3%</i>	1	<div data-bbox="1133 764 1192 800">P</div>
OTIC COMBINATIONS		
CIPRO HC	2	<div data-bbox="1133 911 1192 947">P</div>
<i>ciprofloxacin-dexamethasone</i>	1	<div data-bbox="1133 974 1192 1010">P</div>
CIPROFLOXACIN-FLUOCINOLONE PF	1	<div data-bbox="1133 1037 1192 1073">PA</div> <div data-bbox="1133 1085 1192 1121">NP</div>
COLY-MYCIN S	2	<div data-bbox="1133 1163 1192 1199">PA</div> <div data-bbox="1133 1211 1192 1247">NP</div>
CORTISPORIN-TC	2	<div data-bbox="1133 1268 1192 1304">PA</div> <div data-bbox="1133 1316 1192 1352">NP</div>
<i>neomycin-polymyxin-hc</i>	1	<div data-bbox="1133 1352 1192 1388">P</div>
OTIC STEROIDS		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<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	
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AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	2	
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NATURAL PENICILLINS

<i>penicillin g potassium</i>	1	
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PENICILLIN G PROCAINE	2	
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PENICILLIN G SODIUM	2	
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PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN)	2	
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<i>penicillin v potassium (penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>	1	
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PENICILLIN COMBINATIONS

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

NP

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dimethyl fumarate</i>	1	SP P
<i>dimethyl fumarate starter pack</i>	1	PA SP NP
EXTAVIA	2	PA SP NP
<i>fingolimod hcl</i>	1	PA SP P
GILENYA 0.25 MG CAP	2	PA SP NP
GILENYA 0.5 MG CAP	1	PA SP NP
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	PA SP NP
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	PA SP NP
<i>glatopa 20 mg/ml soln prsy</i>	1	PA SP NP
<i>glatopa 40 mg/ml soln prsy</i>	1	PA SP NP
KESIMPTA	2	PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LEMTRADA	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">LA</div> <div data-bbox="1133 270 1195 306">NP</div>
MAVENCLAD (10 TABS)	2	<div data-bbox="1133 336 1195 371">PA</div> <div data-bbox="1133 384 1195 420">LA</div> <div data-bbox="1133 432 1195 468">NP</div>
MAVENCLAD (4 TABS)	2	<div data-bbox="1133 495 1195 531">PA</div> <div data-bbox="1133 543 1195 579">LA</div> <div data-bbox="1133 592 1195 627">NP</div>
MAVENCLAD (5 TABS)	2	<div data-bbox="1133 653 1195 688">PA</div> <div data-bbox="1133 701 1195 737">LA</div> <div data-bbox="1133 749 1195 785">NP</div>
MAVENCLAD (6 TABS)	2	<div data-bbox="1133 812 1195 848">PA</div> <div data-bbox="1133 861 1195 896">LA</div> <div data-bbox="1133 909 1195 945">NP</div>
MAVENCLAD (7 TABS)	2	<div data-bbox="1133 972 1195 1008">PA</div> <div data-bbox="1133 1020 1195 1056">LA</div> <div data-bbox="1133 1068 1195 1104">NP</div>
MAVENCLAD (8 TABS)	2	<div data-bbox="1133 1136 1195 1171">PA</div> <div data-bbox="1133 1184 1195 1220">LA</div> <div data-bbox="1133 1232 1195 1268">NP</div>
MAVENCLAD (9 TABS)	2	<div data-bbox="1133 1291 1195 1327">PA</div> <div data-bbox="1133 1339 1195 1375">LA</div> <div data-bbox="1133 1388 1195 1423">NP</div>
MAYZENT	2	<div data-bbox="1133 1451 1195 1486">PA</div> <div data-bbox="1133 1499 1195 1535">SP</div> <div data-bbox="1133 1547 1195 1583">NP</div>
MAYZENT STARTER PACK	2	<div data-bbox="1133 1608 1195 1644">PA</div> <div data-bbox="1133 1656 1195 1692">SP</div> <div data-bbox="1133 1705 1195 1740">NP</div>
OCREVUS	2	<div data-bbox="1133 1768 1195 1803">PA</div> <div data-bbox="1133 1816 1195 1852">SP</div> <div data-bbox="1133 1864 1195 1900">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PLEGRIDY	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
PLEGRIDY STARTER PACK	2	<div data-bbox="1133 336 1195 371">PA</div> <div data-bbox="1133 384 1195 420">SP</div> <div data-bbox="1133 432 1195 468">NP</div>
PONVORY	2	<div data-bbox="1133 491 1195 527">PA</div> <div data-bbox="1133 539 1195 575">SP</div> <div data-bbox="1133 588 1195 623">NP</div>
PONVORY STARTER PACK	2	<div data-bbox="1133 651 1195 686">PA</div> <div data-bbox="1133 699 1195 735">SP</div> <div data-bbox="1133 747 1195 783">NP</div>
REBIF	2	<div data-bbox="1133 810 1195 846">PA</div> <div data-bbox="1133 858 1195 894">SP</div> <div data-bbox="1133 907 1195 942">P</div>
REBIF REBIDOSE	2	<div data-bbox="1133 968 1195 1003">PA</div> <div data-bbox="1133 1016 1195 1052">SP</div> <div data-bbox="1133 1064 1195 1100">P</div>
REBIF REBIDOSE TITRATION PACK	2	<div data-bbox="1133 1129 1195 1165">PA</div> <div data-bbox="1133 1178 1195 1213">SP</div> <div data-bbox="1133 1226 1195 1262">P</div>
REBIF TITRATION PACK	2	<div data-bbox="1133 1287 1195 1323">PA</div> <div data-bbox="1133 1335 1195 1371">SP</div> <div data-bbox="1133 1383 1195 1419">P</div>
TASCENSO ODT	2	<div data-bbox="1133 1442 1195 1478">PA</div> <div data-bbox="1133 1491 1195 1526">NP</div>
TECFIDERA	2	<div data-bbox="1133 1556 1195 1591">PA</div> <div data-bbox="1133 1604 1195 1640">SP</div> <div data-bbox="1133 1652 1195 1688">NP</div>
<i>teriflunomide</i>	1	<div data-bbox="1133 1715 1195 1751">PA</div> <div data-bbox="1133 1764 1195 1799">SP</div> <div data-bbox="1133 1812 1195 1848">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TYSABRI	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
VUMERITY	2	<div data-bbox="1133 333 1195 369">PA</div> <div data-bbox="1133 382 1195 417">SP</div> <div data-bbox="1133 430 1195 466">NP</div>
VUMERITY (STARTER)	2	<div data-bbox="1133 491 1195 527">QL 106 EA / fill</div> <div data-bbox="1133 539 1195 575">PA</div> <div data-bbox="1133 588 1195 623">NP</div>
ZEPOSIA	2	<div data-bbox="1133 655 1195 690">QL 30 EA / fill</div> <div data-bbox="1133 703 1195 739">PA</div> <div data-bbox="1133 751 1195 787">SP</div> <div data-bbox="1133 800 1195 835">NP</div>
ZEPOSIA 7-DAY STARTER PACK	2	<div data-bbox="1133 863 1195 898">QL 30 EA / fill</div> <div data-bbox="1133 911 1195 947">PA</div> <div data-bbox="1133 959 1195 995">SP</div> <div data-bbox="1133 1008 1195 1043">NP</div>
ZEPOSIA STARTER KIT	2	<div data-bbox="1133 1068 1195 1104">QL 30 EA / fill</div> <div data-bbox="1133 1117 1195 1152">PA</div> <div data-bbox="1133 1165 1195 1201">SP</div> <div data-bbox="1133 1213 1195 1249">NP</div>
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB, GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB)	2	<div data-bbox="1133 1377 1195 1413">PA</div> <div data-bbox="1133 1425 1195 1461">NP</div>
LYRICA CR	2	<div data-bbox="1133 1516 1195 1551">PA</div> <div data-bbox="1133 1564 1195 1600">NP</div>
<i>pregabalin er</i>	1	<div data-bbox="1133 1629 1195 1665">PA</div> <div data-bbox="1133 1677 1195 1713">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>paroxetine mesylate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
KALYDECO 150 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL 60 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
KALYDECO 5.8 MG PACKET	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / 28 DAY(S)</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">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: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL 112 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">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: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
PULMOZYME	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
SYMDEKO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">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: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL 84 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">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: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>esomeprazole magnesium 20 mg cap dr</i>	1	OTC EDS P
<i>esomeprazole magnesium 40 mg cap dr</i>	1	EDS P
<i>gnp esomeprazole magnesium</i>	1	OTC EDS P
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	OTC EDS
<i>goodsense esomeprazole</i>	1	OTC EDS P
<i>hm esomeprazole magnesium dr</i>	1	OTC EDS P
<i>kls esomeprazole magnesium</i>	1	OTC EDS P
<i>kp omeprazole magnesium</i>	1	OTC EDS
<i>lansoprazole (prevacid)</i>	1	PA OTC EDS NP
LANSOPRAZOLE 15 MG CAP DR	1	OTC EDS P
LANSOPRAZOLE 15 MG TAB DR DISP	1	PA OTC NP

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QL 2 UNITS / 1 day(s) PA MFG NP
<i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i>	1	QL 2 EA / fill MFG P
EPIPEN 2-PAK	1	QL 2 EA / fill P
EPIPEN JR 2-PAK	1	QL 2 EA / fill P
SYMJEPI	1	QL 2 EA / fill P
EPINEPHRINE (EPINEPHRINE 1 MG/10ML SOLN PRSYR, EPINEPHRINE 1 MG/ML SOLUTION, EPINEPHRINE 10 MG/10ML SOLUTION)	2	
<i>epinephrine 1 mg/10ml soln prsyr</i>	1	
EPINEPHRINE PF	2	
<i>midodrine hcl</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>beta-carotene</i>	1	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

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

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TYSABRI	284	varenicline tartrate (starter)	VIJOICE	250
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VISTA GEL DRY EYE RELIEF.....	261	volnea.....	173	X	
VISTOGARD.....	99	VONJO.....	135	X-SEB T 10 % SHAMPOO.....	197
VITAMIN A.....	193	VONVENDI.....	219	XADAGO.....	139
vitamin a.....	303	voriconazole.....	103	XALATAN.....	270
vitamin a / vitamin d.....	193	VOSEVI.....	152	XALKORI.....	135
VITAMIN A-C-D INFANT.....	255	VOTRIENT.....	135	XARELTO.....	69,70
VITAMIN A/C/D/ INFANT/TODDLER.....	255	VOXZOGO.....	207	XARELTO STARTER PACK.....	70
vitamin b complex.....	252	VRAYLAR.....	140	XCOPRI.....	79
VITAMIN B COMPLEX.....	253	VUMERITY.....	284	XCOPRI (250 MG DAILY DOSE).....	79
vitamin b complex (\$0).....	253	VUMERITY (STARTER).....	284	XCOPRI (350 MG DAILY DOSE).....	79
vitamin b complex / vitamin c / biotin / minerals / folic acid.....	253	VUSION.....	187	XELJANZ.....	33
vitamin b complex / vitamin c / calcium.....	253	VYEPTI.....	239	XELJANZ XR.....	33
vitamin b complex / vitamin c / vitamin e / zinc.....	253	vyfemla.....	173	XELPROS.....	270
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VITAMIN C.....	304	VYZULTA.....	270	XHANCE.....	258
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VITAMIN D.....	304	WAL-TUSSIN COUGH RELIEF.....	177	XOFLUZA (40 MG DOSE).....	153
vitamin e.....	304	warfarin sodium.....	69	XOFLUZA (80 MG DOSE).....	153
vitamins / lipotropics.....	255	water for irrigation, sterile.....	250	XOLAIR.....	62
VITAMINS / LIPOTROPICS.....	255	WEGOVI.....	19	XOPENEX HFA.....	69
		WELCHOL.....	107	XOSPATA.....	135
		WELIREG.....	124	XPOVIO (100 MG ONCE WEEKLY).....	125
		WELLBUTRIN SR.....	82	XPOVIO (40 MG ONCE WEEKLY).....	125
		WELLBUTRIN XL.....	82		
		wera.....	173		
		WESTHROID.....	289		
		wheat dextrin powder.....	229		
		WIDE-SEAL DIAPHRAGM.....	234		

XPOVIO (60 MG ONCE WEEKLY)	125	ZEMBRACE SYMTOUCH	241	ZOLOFT	84
XPOVIO (60 MG TWICE WEEKLY)	125	zenatane	183	zolpidem tartrate	227,228
XPOVIO (80 MG ONCE WEEKLY)	125	ZENIFIBER AG	197	ZOLPIDEM TARTRATE	228
XPOVIO (80 MG TWICE WEEKLY)	125	ZENIFOAM AG	197	zolpidem tartrate er	228
XTAMPZA ER	48	ZENPEP	201	ZOMACTON	205
XTANDI	124	zenzedi	18	ZOMACTON (FOR ZOMA-JET 10)	205
xulane	173	ZEPATIER	152	ZOMIG	242
XULTOPHY	90	ZEPBOUND	19	ZONEGRAN	78
XYNTHA	220	ZEPOSIA	284	ZONISADE	78
XYNTHA SOLOFUSE	220	ZEPOSIA 7-DAY STARTER PACK	284	zonisamide	78
		ZEPOSIA STARTER KIT	284	ZONTIVITY	222
		ZERVIAE	270	ZORBTIVE	205
		ZESTORETIC	117	ZORTRESS	250
		ZESTRIL	112	ZORVOLEX	38
		ZETIA	110	ZOSTAVAX	301
		ZETONNA	258	zovia 1/35 (28)	173
		ZIAC	117	zovia 1/35e (28)	173
		ZIANA	183	ZOVIRAX	152,190
		zidovudine	148	ZTALMY	78
		ZIEXTENZO	224	ZTLIDO 1.8 % PATCH	195
		zileuton er	63	ZUBSOLV	52,53
		ZIMHI	100	zumandimine	173
		zinc	247	ZURZUVAE	82
		zinc gluconate	247	ZYDELIG	135
		zinc oxide (desitin)	196	ZYFLO	63
		zinc sulfate	247	ZYKADIA	136
		ZIOPTAN	271	ZYPITAMAG	110
		ziprasidone hcl	140	ZYPREXA	143
		ziprasidone mesylate	140	ZYPREXA RELPREVV	143
		ZIPSOR	38	ZYPREXA ZYDIS	143
		ZIRGAN	265		
		ZITHROMAX	232		
		ZITHROMAX TRI-PAK	232		
		ZITHROMAX Z-PAK	232		
		ZOCOR	109		
		ZOFRAN	101		
		ZOHYDRO ER	49		
		ZOKINVY	251		
		ZOLINZA	135		
		zolmitriptan	241,242		

Y

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YUFLYMA (1 PEN)	32				
YUFLYMA 1-PEN KIT	33				
YUFLYMA 2-PEN KIT	33				
YUFLYMA 2-SYRINGE KIT	33				
YUPELRI	63				
YUSIMRY	33				
YUTIQ	267				
yuvaferm	302				

Z

ZADITOR	270				
zafemy	173				
zafirlukast	63				
zaleplon	227				
zarah	173				
ZARONTIN	80				
ZARXIO	224				
ZATEAN-PN PLUS	255				
zebutal	40				
ZEGERID	296				
ZEGERID OTC	296				
ZEJULA	135				
ZELBORAF	135				