

2024

Medicaid List of Covered Drugs (Formulary)

- Families and Children (Prepaid Medical Assistance Program (PMAP))
- MinnesotaCare
- Minnesota Senior Care Plus (MSC Plus)
- UCare Connect (SNBC)

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 and Wright

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, and Wright

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 and Yellow Medicine

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 and Yellow Medicine

The information included in this list of covered drugs was correct as of 04/01/2024. To get the most current information, please visit [ucare.org](https://www.ucare.org). If you have questions, contact UCare Customer Service at the number listed on this page. You can ask for a printed copy of this Medicaid List of Covered Drugs at any time.

UCare Customer Service: Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free). Hours of operation: 8 am – 5 pm, Monday – Friday. These calls are free. For more information visit [ucare.org](https://www.ucare.org). UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THESE PLANS. Members must use UCare network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

Note to existing members: This list of covered drugs has changed since last year and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact UCare Customer Services with questions: Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free). Hours of operation: 8 am – 5 pm, Monday – Friday. These calls are free.

You can also find updates to this list at ucare.org.

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get Medicare prescription drug benefits.

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

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

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟ်သုတ်ဟ်သးဘၣ်တက့ၢ်. ဝဲနမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်. ကိးဘၣ် လီတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

Auxiliary Aids and Services: UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services: UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll-free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

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IMPORTANT INFORMATION

What is a list of covered drugs?

A list of covered drugs includes the prescription drugs covered by UCare. The drugs on the list are selected by UCare with the help of a team of doctors and pharmacists. UCare will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a UCare network pharmacy, and other requirements related to the drug are followed. Most drugs and certain supplies are available up to a 30-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are identified on this List of Covered Drugs as 90-day.

Does the list of covered drugs ever change?

The UCare list of covered drugs can change during the course of a calendar year. If changes affect the coverage of a drug you are taking, UCare will make reasonable efforts to contact you and your prescriber to tell you about the change. UCare will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred (Refer to “What is a Preferred Drug List?” in the section following).
- A drug is removed from the list of covered drugs for safety reasons.
- Prior authorization requirements have changed. (Refer to “Are there any restrictions on my coverage?”)

How are drugs listed in the list of covered drugs?

There are two ways to find your prescription drugs in the formulary. You can search by medical condition associated with your drug or by alphabetical listing.

Search by Medical Condition

Drugs listed by medical condition begin on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions they are used to treat. If you know what your drug is used for, look for the category in the list that begins on page 1. Then look under the category name for your drug.

Search by Alphabetical Listing

If you are not sure what category to look under, you can look for your drug in the Index. The Index gives an alphabetical list of all of the drugs included in the formulary. Both brand name and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information within the formulary.

What is a Preferred Drug List?

In Minnesota, all health plans are required to use the Minnesota Department of Human Services' (DHS) Preferred Drug List (PDL). The PDL is created by DHS, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are cost effective. Generally, drugs that are “preferred” are more cost effective and drugs that are “non-preferred” are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs require a prior authorization. To get a non-preferred drug, your doctor or health care provider must get prior authorization. The PDL is included as part of UCare’s list of covered drugs. UCare’s complete list of covered drugs includes other drugs in addition to those on the PDL. The PDL is available on DHS’s website at <http://minnesota.magellanmedicaid.com/pdl.asp>.

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredients as the brand name drug. It produces the same clinical effect as the brand name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to an already-approved biological product. It has no clinically meaningful differences in terms of safety and effectiveness. Biosimilar drugs are not the same as generic drugs, but like generics, biosimilar drugs may offer more affordable treatment options.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand name or non-biosimilar version of the drug.

UCare will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs UCare in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. UCare may prefer the dispensing of certain brand-name versions over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the dispensing of the brand name or non-biosimilar version of the drug.

Within the list of covered drugs, brand name drugs are capitalized (e.g. EPIPEN) and generic drugs are listed in lower-case italics (e.g. *sertraline tablet*).

What are over-the-counter drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, UCare may cover it. Within the list of covered drugs, OTC drugs and products are listed after the index in a separate over-the-counter (OTC) drug list.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially trained pharmacist.

If you are prescribed a drug that is on the UCare Specialty Drug List, your prescriber will need to send the prescription to UCare's specialty pharmacy.

Name of Specialty Pharmacy: Fairview Specialty Pharmacy

Phone and TTY: 612-672-5260 or 1-800-595-7140 (this call is free) TTY call the National Relay Center at 711 and ask for 1-800-595-7140 (this call is free).

Fax: 1-866-347-4939

Hours of operation: 24 hours a day, seven days a week

You will also need to call the Specialty Pharmacy at 612-672-5260 or 1-800-595-7140 (this call is free), TTY call the National Relay Center at 711 and ask for 1-800-595-7140 (this call is free), to set up an account. You will need to have your UCare Member Identification (ID) card when you call the Specialty Pharmacy.

What if a drug is not on the list of covered drugs?

Not all drugs are covered. If a drug you want to take is not listed in the list of covered drugs, you can call contact UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free) and ask if the drug is covered. If not, it is considered a non-formulary drug.

If you need a drug that is not included in the list of covered drugs:

- you can ask your health care provider if there is another covered drug that will work for you.
- you and/or your health care provider can ask UCare to make an "exception" and cover the drug for you or remove the restrictions or limits. If your exception request is approved, the drug will be covered at the appropriate generic or brand name copay level.

Generally, UCare will only approve your health care provider's request for a formulary exception if the alternative drug included on UCare's list of covered drugs would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

If your healthcare provider prescribes a drug that is not on our list of covered drugs or a drug that requires prior authorization, your provider should call Navitus Health Solutions or visit our provider website to complete a request form. Members may also find more information on ucare.org. Please call UCare Customer Service at the number listed on the front cover for help.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include the following:

- **Prior authorization:** UCare requires you or your doctor or health care provider to get prior authorization for certain drugs. This means that you will need to get approval from UCare before you fill your prescription. If you don't get approval, UCare may not cover the drug.
- **Quantity limits:** For certain drugs, UCare limits the amount of the drug that we will cover.
- **Age requirements:** Some drugs have age requirements. A prior authorization may be needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Refer to Prescription Drugs in section 7: Covered Services of your *Member Handbook* for more information. You can also get more information about the restrictions applied to specific covered drugs by calling UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free) or by visiting our website at [ucare.org](https://www.ucare.org). Also refer to “Can I ask for an exception to the coverage restrictions?”

- **Excluded Drugs:** Some drugs are excluded from the list of covered drugs. This means they are not covered. Excluded drugs include the following:
 - Drugs used to treat sexual or erectile dysfunction
 - Drugs used to enhance fertility
 - Drugs used for cosmetic purposes, including drugs to treat hair loss
 - Drugs excluded from coverage by federal or state law
 - Experimental drugs, investigational drugs, or drugs not approved or authorized by the Food and Drug Administration (FDA)
 - Medical cannabis

Can I ask for an exception to the coverage restrictions?

Yes. You or your healthcare provider can get the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions from [ucare.org](https://www.ucare.org) or by contacting, UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free). Your

provider must return this form to the fax number or address listed on the document. To allow for a thorough review and to ensure that you or your healthcare provider gets a response within 24 hours, all information requested in the form should be provided, including documentation of which medications have been tried and failed, including the dosages used and the reason for failure (e.g. side effects).

What will a prescription cost?

As of January 1, 2024, Medical Assistance covered drugs no longer have copays. You do not have cost sharing for drugs covered under Medical Assistance. MinnesotaCare member do have copays. All copay information for prescriptions is listed in the *Member Handbook* in Section 6: Cost-Sharing. If you have additional questions, contact UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free) or visit our website at ucare.org.

Drug List (formulary) Key

Explanation of Coverage Status and Requirements		
P	Preferred Drugs	Preferred drugs
NP	Non-Preferred Drugs	Non-preferred drugs require Prior Authorization from UCare
SF	Split Fill	Oncology drugs limited to a 14 or 15 day supply per fill for the first 90-days of therapy
EDS	Extended Day Supply	Drugs that can be filled for up to a 90-day supply
MFG	Manufacturer Limitations	<ul style="list-style-type: none"> • Mylan manufacturer is Preferred • Non-Mylan manufacturer is Non-Preferred
OTC	Over the Counter	Covered OTC (over the counter) drugs
PA	Prior Authorization	Drugs that require approval from UCare before you fill your prescription
SP	Specialty Drug	Drugs that require you to fill your prescription through Fairview Specialty Pharmacy

QL	Quantity Limit	There are limits to the amount of drug covered per fill
LA	Limited Access	Drugs that are only available at certain pharmacies
PV	Preventive	Drugs covered at \$0 for preventive use

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 25 mg cap er 24h, amphetamine-dextroamphet er 30 mg cap er 24h)</i>	1	QL 60 EA / fill P
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 5 mg cap er 24h, amphetamine-dextroamphet er 10 mg cap er 24h, amphetamine-dextroamphet er 15 mg cap er 24h)</i>	1	QL 120 EA / fill P
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	QL 90 EA / fill P
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab, amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab)</i>	1	QL 120 EA / fill P
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL 90 EA / fill P
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL 60 EA / fill P
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)</i>	1	QL 90 EA / fill PA NP
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab)</i>	1	QL 90 EA / fill P
<i>dextroamphetamine sulfate 30 mg tab</i>	1	QL 60 EA / fill PA NP
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	QL 1800 ml / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dextroamphetamine sulfate er</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
DYANAVEL XR 2.5 MG/ML SUSP	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1440 ml / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF6600; 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: #FF6600; 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: #FF6600; 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: #FF6600; 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: #FF6600; 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: #FF6600; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 10 mg cap, lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap</i>)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 10 mg chew tab, lisdexamfetamine dimesylate 20 mg chew tab, lisdexamfetamine dimesylate 30 mg chew tab</i>)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div>
<i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 70 mg cap</i>)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>

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

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

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

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

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
JORNAY PM	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #339966; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #339966; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #339966; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #339966; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #339966; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">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;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">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 data-bbox="1133 197 1192 233">QL</div> 60 EA / fill <div data-bbox="1133 247 1192 283">PA</div> <div data-bbox="1133 298 1192 333">NP</div>
<i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 40 mg cap er 24h, methylphenidate hcl er (la) 60 mg cap er 24h)</i>	1	<div data-bbox="1133 394 1192 430">QL</div> 30 EA / fill <div data-bbox="1133 445 1192 480">PA</div> <div data-bbox="1133 495 1192 531">NP</div>
<i>methylphenidate hcl er (methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 27 mg tab er 24h, methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 36 mg tab er 24h)</i>	1	<div data-bbox="1133 625 1192 661">QL</div> 60 EA / fill <div data-bbox="1133 676 1192 711">P</div>
<i>methylphenidate hcl er (methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 54 mg tab er 24h)</i>	1	<div data-bbox="1133 823 1192 858">QL</div> 30 EA / fill <div data-bbox="1133 873 1192 909">P</div>
<i>methylphenidate hcl er (osm)</i> <i>(methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 36 mg tab er)</i>	1	<div data-bbox="1133 999 1192 1035">QL</div> 60 EA / fill <div data-bbox="1133 1050 1192 1085">P</div>
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	1	<div data-bbox="1133 1167 1192 1203">QL</div> 30 EA / fill <div data-bbox="1133 1218 1192 1253">P</div>
METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER	1	<div data-bbox="1133 1268 1192 1304">QL</div> 1 EA / 1 day(s) <div data-bbox="1133 1318 1192 1354">PA</div> <div data-bbox="1133 1369 1192 1404">NP</div>
<i>methylphenidate hcl er (xr)</i>	1	<div data-bbox="1133 1436 1192 1472">QL</div> 60 EA / fill <div data-bbox="1133 1486 1192 1522">PA</div> <div data-bbox="1133 1537 1192 1572">NP</div>
<i>methylphenidate hcl er 10 mg tab er</i>	1	<div data-bbox="1133 1587 1192 1623">QL</div> 120 EA / fill <div data-bbox="1133 1638 1192 1673">P</div>
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	2	<div data-bbox="1133 1701 1192 1736">QL</div> 60 EA / fill <div data-bbox="1133 1751 1192 1787">P</div>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	2	
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	
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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 M (2 PEN)	2	QL 2 EA / 28 day(s) PA SP NP
ADALIMUMAB-ADB M (2 SYRINGE)	2	QL 2 EA / 28 day(s) PA SP NP

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
YUFLYMA 2-PEN KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP
YUFLYMA 2-SYRINGE KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP
YUSIMRY	2	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP NP
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT	2	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP NP
RINVOQ	2	<ul style="list-style-type: none"> QL 30 EA / fill PA SP NP
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	2	<ul style="list-style-type: none"> QL 60 EA / fill PA SP P
XELJANZ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 300 ml / fill PA SP NP
XELJANZ XR	2	<ul style="list-style-type: none"> 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 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>10 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: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> </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 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>4 EA / day</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>
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 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>4 EA / day</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>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 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>4 EA / day</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>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 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>3 EA / day</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>
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H)	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>3 EA / day</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>hydrocodone bitartrate er (hydrocodone bitartrate er 50 mg cap er 12h, hydrocodone bitartrate er 60 mg tb24 deter)</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>2 EA / day</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>

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	<div data-bbox="1133 218 1352 254">QL 1 EA / day</div> <div data-bbox="1133 268 1192 304">PA</div> <div data-bbox="1133 319 1192 354">NP</div>
KADIAN 30 MG CAP ER 24H	2	<div data-bbox="1133 428 1352 464">QL 3 EA / day</div> <div data-bbox="1133 478 1192 514">PA</div> <div data-bbox="1133 529 1192 564">NP</div>
KADIAN 40 MG CAP ER 24H	2	<div data-bbox="1133 590 1352 625">QL 2 EA / day</div> <div data-bbox="1133 640 1192 676">PA</div> <div data-bbox="1133 690 1192 726">NP</div>
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i>	1	<div data-bbox="1133 758 1352 793">QL 10 ml / day</div>
<i>methadone hcl 10 mg tab</i>	1	<div data-bbox="1133 848 1352 884">QL 2 EA / day</div> <div data-bbox="1133 898 1192 934">PA</div> <div data-bbox="1133 949 1192 984">NP</div>
<i>methadone hcl 5 mg tab</i>	1	<div data-bbox="1133 1010 1352 1045">QL 4 EA / day</div> <div data-bbox="1133 1060 1192 1096">PA</div> <div data-bbox="1133 1110 1192 1146">NP</div>
<i>methadone hcl 5 mg/5ml solution</i>	1	<div data-bbox="1133 1171 1352 1207">QL 20 ml / day</div>
<i>methadone hcl intensol</i>	1	<div data-bbox="1133 1228 1352 1264">QL 10 ml / day</div>
MORPHABOND ER (MORPHABOND ER 15 MG TB12 DETER, MORPHABOND ER 30 MG TB12 DETER)	2	<div data-bbox="1133 1293 1352 1329">QL 4 EA / day</div> <div data-bbox="1133 1344 1192 1379">PA</div> <div data-bbox="1133 1394 1192 1430">NP</div>
MORPHABOND ER 100 MG TB12 DETER	2	<div data-bbox="1133 1463 1352 1499">QL 1 EA / day</div> <div data-bbox="1133 1514 1192 1549">PA</div> <div data-bbox="1133 1564 1192 1600">NP</div>
MORPHABOND ER 60 MG TB12 DETER	2	<div data-bbox="1133 1625 1352 1661">QL 2 EA / day</div> <div data-bbox="1133 1675 1192 1711">PA</div> <div data-bbox="1133 1726 1192 1761">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>morphine sulfate er 15 mg tab er</i>	1	<div data-bbox="1133 170 1352 212">QL 4 EA / day</div> <div data-bbox="1133 218 1195 260">PA</div> <div data-bbox="1133 266 1195 308">P</div>
<i>morphine sulfate er 30 mg cap er 24h</i>	1	<div data-bbox="1133 325 1352 367">QL 3 EA / day</div> <div data-bbox="1133 373 1195 415">PA</div> <div data-bbox="1133 422 1195 464">NP</div>
MORPHINE SULFATE ER 30 MG CAP ER 24H	2	<div data-bbox="1133 480 1352 522">QL 3 EA / day</div> <div data-bbox="1133 529 1195 571">PA</div> <div data-bbox="1133 577 1195 619">NP</div>
<i>morphine sulfate er 30 mg tab er</i>	1	<div data-bbox="1133 636 1352 678">QL 3 EA / day</div> <div data-bbox="1133 684 1195 726">PA</div> <div data-bbox="1133 732 1195 774">P</div>
MORPHINE SULFATE ER 40 MG CAP ER 24H	2	<div data-bbox="1133 791 1352 833">QL 2 EA / day</div> <div data-bbox="1133 840 1195 882">PA</div> <div data-bbox="1133 888 1195 930">NP</div>
MORPHINE SULFATE ER BEADS (MORPHINE SULFATE ER BEADS 60 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 75 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 90 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 120 MG CAP ER 24H)	2	<div data-bbox="1133 1045 1352 1087">QL 1 EA / day</div> <div data-bbox="1133 1094 1195 1136">PA</div> <div data-bbox="1133 1142 1195 1184">NP</div>
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	2	<div data-bbox="1133 1287 1352 1329">QL 3 EA / day</div> <div data-bbox="1133 1335 1195 1377">PA</div> <div data-bbox="1133 1383 1195 1425">NP</div>
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	2	<div data-bbox="1133 1442 1352 1484">QL 2 EA / day</div> <div data-bbox="1133 1491 1195 1533">PA</div> <div data-bbox="1133 1539 1195 1581">NP</div>
MS CONTIN (MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER)	2	<div data-bbox="1133 1598 1352 1640">QL 1 EA / day</div> <div data-bbox="1133 1646 1195 1688">PA</div> <div data-bbox="1133 1694 1195 1736">NP</div>

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2.56 ML / 28 day(s) PA NP
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.64 ML / 28 day(s) PA NP
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.36 ML / 28 day(s) PA NP
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.18 ML / 28 day(s) PA NP
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.27 ML / 28 day(s) PA NP
<i>buprenorphine</i>	1	<ul style="list-style-type: none"> QL 4 EA / fill PA NP
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	<ul style="list-style-type: none"> QL 3 EA / day PA NP
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	<ul style="list-style-type: none"> QL 2 EA / day PA NP
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	1	<ul style="list-style-type: none"> QL 12 EA / day PA NP
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	1	<ul style="list-style-type: none"> QL 12 EA / day P
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	<ul style="list-style-type: none"> QL 6 EA / day PA NP

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone 25 mg/2.5gm (1%) gel</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>testosterone 30 mg/act solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>testosterone cypionate</i>	1	
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	
VOGELXO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
VOGELXO PUMP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>colocort</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
RECTAL COMBINATIONS		
<i>hemorrhoidal cream</i>	1	<div style="background-color: #9b30ff; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>hemorrhoidal ointment</i>	1	<div style="background-color: #9b30ff; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>hemorrhoidal suppository</i>	1	<div style="background-color: #9b30ff; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	1	<div style="background-color: #9b30ff; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>albuterol sulfate hfa</i>	1	<ul style="list-style-type: none"> QL 0.6 GM / 1 day(s) PA EDS NP
ANORO ELLIPTA	2	<ul style="list-style-type: none"> QL 14 UNITS / FILL P
<i>arformoterol tartrate</i>	1	<ul style="list-style-type: none"> PA EDS NP
BEVESPI AEROSPHERE	2	<ul style="list-style-type: none"> PA NP
BREO ELLIPTA (BREO ELLIPTA 50-25 MCG/INH AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA)	2	<ul style="list-style-type: none"> QL 60 GM / fill PA NP
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> QL 60 GM / fill(s) PA NP
<i>breynd</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	PA NP
DULERA	2	QL 26 GM / 1 FILL P
FLUTICASONE FUROATE-VILANTEROL	1	QL 60 GM / fill PA NP
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 UNITS / 30 day(s) PA NP
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL)	1	QL 12 GM / 30 day(s) PA NP
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	1	QL 1 EA / 1 FILL PA NP
<i>formoterol fumarate</i>	1	PA EDS NP
<i>ipratropium-albuterol</i>	1	QL 540 UNITS / FILL EDS P

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	1	
<i>heparin sodium lock flush</i>	1	
LOVENOX	2	<div data-bbox="1133 579 1195 615">PA</div> <div data-bbox="1133 632 1195 667">NP</div>
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate (dabigatran etexilate mesylate 75 mg cap, dabigatran etexilate mesylate 150 mg cap)</i>	1	<div data-bbox="1133 764 1195 800">PA</div> <div data-bbox="1133 816 1195 852">NP</div>
PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG PACKET, PRADAXA 150 MG PACKET)	2	<div data-bbox="1133 974 1195 1010">PA</div> <div data-bbox="1133 1026 1195 1062">NP</div>
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	1	<div data-bbox="1133 1205 1195 1241">P</div>
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	2	<div data-bbox="1133 1520 1195 1556">PA</div> <div data-bbox="1133 1572 1195 1608">NP</div>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levocetirizine (xyzal)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 5px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px;">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: 5px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 5px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 5px;">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: 5px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px; border-radius: 5px;">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: 5px;">PA</div> <div style="background-color: #95a5a6; color: white; padding: 2px; border-radius: 5px;">LA</div> <div style="background-color: #e67e22; color: white; padding: 2px; border-radius: 5px;">NP</div> </div>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI (200 MG DOSE)	2	QL 21 EA / fill PA SP
KISQALI (400 MG DOSE)	2	QL 42 EA / fill PA SP
KISQALI (600 MG DOSE)	2	QL 63 UNITS / 1 FILL PA SP
KOSELUGO 10 MG CAP	2	QL 240 EA / fill PA SP
KOSELUGO 25 MG CAP	2	QL 120 EA / fill PA SP
KRAZATI	2	QL 180 EA / fill PA LA
<i>lapatinib ditosylate</i>	1	PA SP
LORBRENA 100 MG TAB	2	QL 1 EA / 1 day(s) PA SF SP
LORBRENA 25 MG TAB	2	QL 3 EA / 1 day(s) PA SF SP
LUMAKRAS 120 MG TAB	2	QL 8 EA / day PA SF SP

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nebivolol hcl</i>	1	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">EDS</div> <div data-bbox="1133 270 1195 302">NP</div>
TENORMIN	2	<div data-bbox="1133 329 1195 361">PA</div> <div data-bbox="1133 378 1195 409">NP</div>
TOPROL XL	2	<div data-bbox="1133 445 1195 476">PA</div> <div data-bbox="1133 493 1195 525">NP</div>
BETA BLOCKERS NON-SELECTIVE		
BETAPACE	2	<div data-bbox="1133 630 1195 661">PA</div> <div data-bbox="1133 678 1195 709">NP</div>
BETAPACE AF	2	<div data-bbox="1133 745 1195 777">PA</div> <div data-bbox="1133 793 1195 825">NP</div>
CORGARD	2	<div data-bbox="1133 861 1195 892">PA</div> <div data-bbox="1133 909 1195 940">NP</div>
HEMANGEOL	2	<div data-bbox="1133 976 1195 1008">PA</div> <div data-bbox="1133 1024 1195 1056">LA</div> <div data-bbox="1133 1073 1195 1104">NP</div>
INDERAL LA	2	<div data-bbox="1133 1121 1195 1152">PA</div> <div data-bbox="1133 1169 1195 1201">NP</div>
INDERAL XL	2	<div data-bbox="1133 1236 1195 1268">PA</div> <div data-bbox="1133 1285 1195 1316">NP</div>
INNOPRAN XL	2	<div data-bbox="1133 1352 1195 1383">PA</div> <div data-bbox="1133 1400 1195 1432">NP</div>
<i>nadolol</i>	1	<div data-bbox="1133 1467 1195 1499">EDS</div> <div data-bbox="1133 1516 1195 1547">P</div>
<i>pindolol</i>	1	<div data-bbox="1133 1583 1195 1614">EDS</div> <div data-bbox="1133 1631 1195 1663">P</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIZEM LA	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
<i>cartia xt</i>	1	<div data-bbox="1133 283 1195 319">EDS</div> <div data-bbox="1133 331 1195 367">P</div>
<i>dilt-xr</i>	1	<div data-bbox="1133 392 1195 428">EDS</div> <div data-bbox="1133 441 1195 476">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 651 1195 686">EDS</div> <div data-bbox="1133 699 1195 735">P</div>
DILTIAZEM HCL 100 MG RECON SOLN	2	
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	1	<div data-bbox="1133 1060 1195 1096">EDS</div> <div data-bbox="1133 1108 1195 1144">P</div>
<i>diltiazem hcl er beads</i>	1	<div data-bbox="1133 1354 1195 1390">EDS</div> <div data-bbox="1133 1402 1195 1438">P</div>
<i>diltiazem hcl er coated beads</i>	1	<div data-bbox="1133 1463 1195 1499">EDS</div> <div data-bbox="1133 1512 1195 1547">P</div>
<i>felodipine er</i>	1	<div data-bbox="1133 1572 1195 1608">EDS</div> <div data-bbox="1133 1621 1195 1656">P</div>
<i>isradipine</i>	1	<div data-bbox="1133 1682 1195 1717">EDS</div> <div data-bbox="1133 1730 1195 1766">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 210">PA</div> <div data-bbox="1133 222 1195 258">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 1123">P</div>
CEPHALEXIN (CEPHALEXIN 250 MG TAB, CEPHALEXIN 500 MG TAB)	2	<div data-bbox="1133 1220 1195 1255">PA</div> <div data-bbox="1133 1268 1195 1304">NP</div>
KEFLEX	2	<div data-bbox="1133 1346 1195 1381">PA</div> <div data-bbox="1133 1394 1195 1430">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 1675">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	
CEFTRIAXONE SODIUM IN DEXTROSE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFTRIAXONE SODIUM-DEXTROSE	2	
SUPRAX (SUPRAX 100 MG CHEW TAB, SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 200 MG CHEW TAB, SUPRAX 200 MG/5ML RECON SUSP, SUPRAX 500 MG/5ML RECON SUSP)	2	PA NP
SUPRAX 400 MG CAP	1	P
<i>tazicef (tazicef 1 gm recon soln, tazicef 2 gm recon soln)</i>	1	
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
PREDNISON 5 MG/5ML SOLUTION	2	
PREDNISON INTENSOL	2	
SOLU-CORTEF	2	
SOLU-MEDROL (PF)	2	
SOLU-MEDROL (SOLU-MEDROL 2 GM RECON SOLN, SOLU-MEDROL 500 MG RECON SOLN, SOLU-MEDROL 1000 MG RECON SOLN)	2	
TARPEYO	2	PA LA
UCERIS 9 MG TAB ER 24H	2	PA NP
MINERALOCORTICIDS		
<i>fludrocortisone acetate</i>	1	EDS
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>dextromethorphan (robitussin)</i>	1	OTC
WAL-TUSSIN COUGH RELIEF	2	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1	
<i>brompheniramine / phenylephrine</i>	1	OTC
<i>brompheniramine / pseudoephedrine</i>	1	OTC
<i>cetirizine / pseudoephedrine (zyrtec - d)</i>	1	OTC P
CHILDRENS COLD-ALLERGY	2	OTC
<i>chlorpheniramine / phenylephrine</i>	1	OTC

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLECTOR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 60 EA / fill
LICART	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 30 EA / fill
ANTIBIOTICS - TOPICAL		
<i>bacitracin</i>	1	<div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>bacitracin / polymyxin b (polysporin)</i>	1	<div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>bacitracin zinc</i>	1	<div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
CENTANY	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
CENTANY AT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; 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="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>mupirocin calcium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>neomycin / bacitracin / polymixin (neosporin)</i>	1	<div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	1	<div style="background-color: #9900cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
XEPI	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	1	<div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</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: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; 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="margin-right: 10px;"> QL </div> <div>60 EA / fill</div> </div> <div style="margin-top: 5px;"> PA </div>
GROWTH HORMONES		
GENOTROPIN	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>NP</div> </div>
GENOTROPIN MINIQUICK	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>NP</div> </div>
HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE)	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>NP</div> </div>
HUMATROPE 5 MG RECON SOLN	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div>NP</div> </div>
NORDITROPIN FLEXPRO	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>P</div> </div>
NUTROPIN AQ NUSPIN 10	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>P</div> </div>
NUTROPIN AQ NUSPIN 20	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>P</div> </div>
NUTROPIN AQ NUSPIN 5	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>P</div> </div>
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">SP</div> <div>NP</div> </div>

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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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 data-bbox="1133 174 1195 205" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 218 1195 249" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
KOVALTRY	2	<div data-bbox="1133 279 1195 310" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 323 1195 354" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
MONONINE	2	<div data-bbox="1133 384 1195 415" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 428 1195 459" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
NOVOEIGHT	2	<div data-bbox="1133 489 1195 520" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 533 1195 564" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
NOVOSEVEN RT	2	<div data-bbox="1133 594 1195 625" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 638 1195 669" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
NUWIQ	2	<div data-bbox="1133 699 1195 730" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 743 1195 774" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
OBIZUR	2	<div data-bbox="1133 804 1195 835" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 848 1195 879" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
PROFILNINE	2	<div data-bbox="1133 909 1195 940" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 953 1195 984" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
REBINYN	2	<div data-bbox="1133 1014 1195 1045" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1058 1195 1089" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
RECOMBINATE	2	<div data-bbox="1133 1119 1195 1150" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1163 1195 1194" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
RIXUBIS	2	<div data-bbox="1133 1224 1195 1255" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1268 1195 1299" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
SEVENFACT	2	<div data-bbox="1133 1329 1195 1360" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1373 1195 1404" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
TRETEN	2	<div data-bbox="1133 1434 1195 1465" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1478 1195 1509" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
VONVENDI	2	<div data-bbox="1133 1539 1195 1570" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1583 1195 1614" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
WILATE	2	<div data-bbox="1133 1644 1195 1675" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1688 1195 1719" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; 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	QL 1 EA / 365 day(s) PA
OMNIPOD DASH INTRO (GEN 4)	\$0	QL 1 EA / 365 day(s) PA
OMNIPOD DASH PDM (GEN 4)	\$0	QL 1 EA / 365 day(s) PA
OMNIPOD DASH PODS (GEN 4)	\$0	QL 15 EA / fill(s) PA
FOOT CARE PRODUCTS		
<i>foot care products</i>	2	
GI-GU OSTOMY & IRRIGATION SUPPLIES		
<i>catheter</i>	2	OTC
<i>incontinence supplies</i>	2	OTC
<i>ostomy supplies</i>	2	OTC
INFANT CARE PRODUCTS		
<i>diapers</i>	2	OTC
<i>infant care products</i>	2	
MISC. DEVICES		
<i>alcohol swabs</i>	\$0	OTC
ENEMA BOTTLE	2	
<i>miscellaneous medical devices</i>	2	OTC
PARENTERAL THERAPY SUPPLIES		
<i>insulin injection device</i>	\$0	OTC
<i>miscellaneous injection device</i>	2	
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC)	2	

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



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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>rizatriptan benzoate</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>36 EA / 30 day(s)</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>sumatriptan 20 mg/act solution</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 EA / 30 day(s)</div> </div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff6600; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<i>sumatriptan 5 mg/act solution</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>36 EA / 30 day(s)</div> </div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff6600; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</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; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 EA / 30 day(s)</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</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; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>8 ML / 30 day(s)</div> </div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff6600; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>8 ML / 30 day(s)</div> </div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff6600; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<i>sumatriptan succinate refill</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>8 ML / 30 day(s)</div> </div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff6600; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
TOSYMRA	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>6 UNITS / FILL; 2 FILLS / 30 DAYS</div> </div> <div style="background-color: #ff6600; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
ZEMBRACE SYMTOUCH	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 UNITS / FILL; 2 FILLS / 30 DAYS</div> </div> <div style="background-color: #ff6600; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</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; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 EA / 30 day(s)</div> </div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff6600; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 5 mg tab)</i>	1	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 EA / 30 day(s)</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION)	1	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 EA / 30 day(s)</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB)	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>18 EA / 30 day(s)</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
MINERALS ELECTROLYTES		
BICARBONATES		
<i>sodium bicarbonate (sodium bicarbonate 4.2 % solution, sodium bicarbonate 8.4 % solution)</i>	1	
SODIUM BICARBONATE 7.5 % SOLUTION	2	
CALCIUM		
<i>calcium / magnesium / zinc</i>	1	<div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>calcium / phosphorus / vitamin d</i>	2	<div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>calcium / vitamin c / vitamin d</i>	2	<div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>calcium / vitamin d / vitamin k</i>	1	<div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
CALCIUM / VITAMIN D / VITAMIN K	2	<div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>calcium carbonate</i>	1	<div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
CALCIUM CARBONATE	2	<div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>calcium carbonate / folic acid / vitamin d</i>	2	
<i>calcium carbonate / vitamin d</i>	1	<div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
CALCIUM CARBONATE / VITAMIN D	2	<div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENVARUSUS XR	2	<div data-bbox="1133 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: #6a3d9a; 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: #ccc; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">LA</div>
<i>diclofenac sodium 0.1 % solution</i>	1	<div style="background-color: #27ae60; 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: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>epinastine hcl</i>	1	<div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
FLURBIPROFEN SODIUM	2	<div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
ILEVRO	2	<div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; 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: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>ketotifen drops (zaditor)</i>	1	<div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #9b59b6; 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: #e69d00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
LASTACAFT	2	<div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
NEVANAC	2	<div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<i>olopatadine</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2.5 ml / fill</div> <div style="background-color: #9b59b6; 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: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
PROLENSA	2	<div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; 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: #9b59b6; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
TRUSOPT	2	<div style="background-color: #806442; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; 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
ZERVIAE	2	<ul style="list-style-type: none"> PA NP
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	1	<ul style="list-style-type: none"> QL 2.5 ml / fill PA EDS NP
<i>latanoprost</i>	1	<ul style="list-style-type: none"> QL 2.5 ml / fill EDS P
LUMIGAN	2	<ul style="list-style-type: none"> QL 2.5 ml / fill PA NP
TRAVATAN Z	1	<ul style="list-style-type: none"> QL 2.5 ml / fill P
<i>travoprost (bak free)</i>	1	<ul style="list-style-type: none"> QL 2.5 ml / fill PA EDS NP
VYZULTA	2	<ul style="list-style-type: none"> QL 2.5 ml / fill PA NP
XALATAN	2	<ul style="list-style-type: none"> QL 2.5 ml / fill PA NP
XELPROS	2	<ul style="list-style-type: none"> QL 2.5 ml / fill PA NP

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PLEGRIDY	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
PLEGRIDY STARTER PACK	2	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 464">NP</div>
PONVORY	2	<div data-bbox="1133 493 1195 529">PA</div> <div data-bbox="1133 541 1195 577">SP</div> <div data-bbox="1133 590 1195 625">NP</div>
PONVORY STARTER PACK	2	<div data-bbox="1133 651 1195 686">PA</div> <div data-bbox="1133 699 1195 735">SP</div> <div data-bbox="1133 747 1195 783">NP</div>
REBIF	2	<div data-bbox="1133 808 1195 844">PA</div> <div data-bbox="1133 856 1195 892">SP</div> <div data-bbox="1133 905 1195 940">P</div>
REBIF REBIDOSE	2	<div data-bbox="1133 966 1195 1001">PA</div> <div data-bbox="1133 1014 1195 1050">SP</div> <div data-bbox="1133 1062 1195 1098">P</div>
REBIF REBIDOSE TITRATION PACK	2	<div data-bbox="1133 1123 1195 1159">PA</div> <div data-bbox="1133 1171 1195 1207">SP</div> <div data-bbox="1133 1220 1195 1255">P</div>
REBIF TITRATION PACK	2	<div data-bbox="1133 1287 1195 1323">PA</div> <div data-bbox="1133 1335 1195 1371">SP</div> <div data-bbox="1133 1383 1195 1419">P</div>
TASCENSO ODT	2	<div data-bbox="1133 1444 1195 1480">PA</div> <div data-bbox="1133 1493 1195 1528">NP</div>
TECFIDERA	2	<div data-bbox="1133 1560 1195 1596">PA</div> <div data-bbox="1133 1608 1195 1644">SP</div> <div data-bbox="1133 1656 1195 1692">NP</div>
<i>teriflunomide</i>	1	<div data-bbox="1133 1717 1195 1753">PA</div> <div data-bbox="1133 1766 1195 1801">SP</div> <div data-bbox="1133 1814 1195 1850">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TYSABRI	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
VUMERITY	2	<div data-bbox="1133 329 1195 365">PA</div> <div data-bbox="1133 378 1195 413">SP</div> <div data-bbox="1133 426 1195 462">NP</div>
VUMERITY (STARTER)	2	<div data-bbox="1133 485 1369 520">QL 106 EA / fill</div> <div data-bbox="1133 533 1195 569">PA</div> <div data-bbox="1133 581 1195 617">NP</div>
ZEPOSIA	2	<div data-bbox="1133 640 1349 676">QL 30 EA / fill</div> <div data-bbox="1133 688 1195 724">PA</div> <div data-bbox="1133 737 1195 772">SP</div> <div data-bbox="1133 785 1195 821">NP</div>
ZEPOSIA 7-DAY STARTER PACK	2	<div data-bbox="1133 850 1349 886">QL 30 EA / fill</div> <div data-bbox="1133 898 1195 934">PA</div> <div data-bbox="1133 947 1195 982">SP</div> <div data-bbox="1133 995 1195 1031">NP</div>
ZEPOSIA STARTER KIT	2	<div data-bbox="1133 1060 1349 1096">QL 30 EA / fill</div> <div data-bbox="1133 1108 1195 1144">PA</div> <div data-bbox="1133 1157 1195 1192">SP</div> <div data-bbox="1133 1205 1195 1241">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 1365 1195 1400">PA</div> <div data-bbox="1133 1413 1195 1449">NP</div>
LYRICA CR	2	<div data-bbox="1133 1512 1195 1547">PA</div> <div data-bbox="1133 1560 1195 1596">NP</div>
<i>pregabalin er</i>	1	<div data-bbox="1133 1617 1195 1652">PA</div> <div data-bbox="1133 1665 1195 1701">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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>esomeprazole magnesium 40 mg cap dr</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>gnp esomeprazole magnesium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>
<i>goodsense esomeprazole</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>hm esomeprazole magnesium dr</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>kls esomeprazole magnesium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>kp omeprazole magnesium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>
<i>lansoprazole (prevacid)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a1887f; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #ffb74d; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
LANSOPRAZOLE 15 MG CAP DR	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
LANSOPRAZOLE 15 MG TAB DR DISP	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a1887f; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #ffb74d; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

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

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div>2 UNITS / 1 day(s)</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #333333; color: white; padding: 2px; border-radius: 3px;">MFG</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div>2 EA / fill</div> <div style="background-color: #333333; color: white; padding: 2px; border-radius: 3px;">MFG</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
EPIPEN 2-PAK	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>2 EA / fill</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
EPIPEN JR 2-PAK	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>2 EA / fill</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
SYMJEPI	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>2 EA / fill</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
EPINEPHRINE (EPINEPHRINE 1 MG/10ML SOLN PRSYR, EPINEPHRINE 1 MG/ML SOLUTION, EPINEPHRINE 10 MG/10ML SOLUTION)	2	
<i>epinephrine 1 mg/10ml soln prsyr</i>	1	
EPINEPHRINE PF	2	
<i>midodrine hcl</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>beta-carotene</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px; border-radius: 3px;">EDS</div> </div>
BETA-CAROTENE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin a</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px; border-radius: 3px;">EDS</div> </div>
<i>vitamin d</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px; border-radius: 3px;">EDS</div> </div>

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

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