# 3-Tier State Mandate

## Formulary Guide (2950)

March 2024

Includes generic and brand-name medications

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Right here.
For you.

## Dear Member,

The prescription drug benefit is one of the most important and frequently utilized elements of health plan coverage. To help you identify which medications are covered under your plan, we are pleased to provide the **3-Tier State Mandate Formulary Guide**. This booklet provides you with easy to understand information about your prescription drug coverage including descriptions of prescription drug safety and cost-saving programs.

The **3-Tier State Mandate Formulary Guide** lists commonly prescribed medications and their tier classifications. The medications listed have been approved by the Food and Drug Administration as safe and effective and were selected in consultation with a team of health care professionals because they meet our criteria for safety, quality and value. We continually review and update our formulary.

**The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents or contact the Pharmacy Help Desk at 1-800-499-1275 for a complete description of your pharmacy benefit.**

This booklet includes the Formulary Guide and prescription drug benefit information. Please refer to this booklet when you see your healthcare practitioner or are prescribed a medication.

The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents for a complete description of your pharmacy benefit.

If you have questions or need additional information, please visit our website **UniveraHealthcare.com** or contact the **Pharmacy Help Desk at 1-800-499-1275**.

## What is a formulary?

A formulary is a list of brand name and generic drugs that are covered under your prescription drug benefit.

## How is the formulary developed?

Drugs listed on the formulary were selected by our independent Pharmacy and Therapeutics (P&T) Committee which is made up of practicing health care providers and clinical pharmacists. The P&T Committee reviews each drug based upon scientific evidence, findings by federal government agencies, professional medical associations and journals to help ensure that the medications covered meet criteria for safety, effectiveness and value.

## How do I use the formulary?

There are two ways to find your drug within the formulary:

### Medical condition

Drugs are listed in alphabetical order according to drug categories. For example, drugs used to treat heart conditions are listed under the category "Cardiovascular." Drugs are listed in alphabetical order by condition.

### Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that follows the formulary. The Index provides an alphabetical listing of all of the drugs included in the formulary and the page where they can be found in the formulary.

## 3-Tier Drug Benefit

Your 3-tier prescription drug benefit allows you to make informed choices and encourages value when choosing your prescription medications. Your copayment will vary depending on the tier in which your prescription drug is placed.

- **Tier One** drugs are typically generics and have the lowest copayment amount.
- **Tier Two** drugs are brand drugs that have unique, significant clinical advantages and offer overall greater value over the other products in the same drug class.
- **Tier Three** drugs are all other brand drugs, including new brand drugs and drugs that have generic equivalents. Tier Three drugs have the highest copayment amount.

The 3-Tier State Mandate Formulary Guide lists commonly used medications and their tier designations. Because there are thousands of medications included in your pharmacy benefit, we list only the most commonly prescribed.

***Your plan may not cover all medications listed in this booklet. Please see your plan documents for a complete description of your pharmacy benefit, or call the Pharmacy Help Desk at 1-800-499-1275.***

## Can the formulary change?

Our P&T Committee regularly reviews the drugs on our formulary to be sure they meet the criteria for safety, effectiveness and value. Drugs may be added or moved to a lower tier at any time. Drugs may be removed or moved to a higher tier yearly.

## Generics Are Real Medicine

### Generic drugs: safe, effective, affordable!

To help keep your prescription drug costs down, choose a generic drug over a brand. Generics are as safe and effective as their brand name counterparts – they just cost a lot less.

In fact, you'll save money when you choose a generic because generics have the lowest copay. That means you'll always pay the lowest out-of-pocket amount for a generic.

Generic drugs treat your illness or condition with the same effectiveness and safety as their brand name equivalents because they have to meet the same rigorous FDA requirements as brand name drugs.

Experience has shown that more than 90% of members who start on a generic will stay on a generic. So the next time you need your brand prescription filled, ask your doctor or pharmacist if a generic is right for you.

## Where can I purchase my prescription medications?

You have access to more than 65,000 participating pharmacies in our nationwide Pharmacy Network, including national chains and most independents. Just show your Member Card at any participating pharmacy; it identifies you as having prescription drug coverage. A list of participating pharmacies in your area is available on our website UniveraHealthcare.com.

## Mail Service Pharmacy

Get your prescriptions delivered right to your door! When you use Express Scripts Home Delivery Pharmacy℠ or Wegmans® Home Delivery Pharmacy, you get the convenience of home delivery and the ease of ordering new prescriptions and refills either by phone or via our website. Some benefits offer copay savings for ordering prescriptions through Express Scripts Home Delivery Pharmacy℠ or Wegmans® Home Delivery Pharmacy.

Using a home delivery pharmacy is ideal for those who take prescription medication on a continuing basis. For more information on how to use Express Scripts Home Delivery Pharmacy℠ or Wegmans® Home Delivery Pharmacy, please visit our website at **UniveraHealthcare.com** or contact the Pharmacy Help Desk at 1-800-499-1275.

## Specialty pharmacy

Specialty pharmacies focus on you and your individual health care needs. Because they work exclusively with specialty medications, they are experts in handling and administering these complex medications. Nationally recognized specialty pharmacy Accredo Health participates in our network. Accredo offers outstanding customer service and is dedicated to providing quality care to our members. With a single, toll-free phone call they take care of all the details – they will contact your doctor for your prescription and arrange delivery to your home. There are several local/regional specialty pharmacies also participating in our specialty pharmacy network. A complete listing of participating specialty pharmacies is available on our website **UniveraHealthcare.com**.

## Are there any restrictions on coverage?

Some covered drugs may have additional requirements or limits for coverage. If a drug has requirements or limits, it will be noted in the formulary.

If your healthcare practitioner determines that you need a medication that has a requirement or limit, we have an exception process in place. Your healthcare practitioner must submit a request to the Health Plan supporting your need.

### Coverage requirements or limits may include:

#### Prior Authorization

Prior authorization helps ensure that a prescribed drug is safe and appropriate for your medical condition. Certain medications require that your doctor gets approval before the medication is covered. Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose is appropriately prescribed based on Food and Drug Administration (FDA) and manufacturer guidelines, medical literature, safety, use and benefit design.

#### Step Therapy

In some cases you may be required to first try one or more drugs to treat your medical condition before another drug for that condition will be covered. The medication treatment moves along a series of "steps." For example, if **Drug A** and **Drug B** both treat your medical condition, we may not cover **Drug B** unless you try **Drug A** first. If **Drug A** does not work, we will then cover **Drug B**.

#### Specialty Drug Benefit

Specialty medications are designed for conditions like multiple sclerosis, rheumatoid arthritis, hepatitis C, and others that are difficult to treat with traditional medications. These medications are self-administered: either taken orally or by injection.

Your prescription drug benefit may require that you purchase certain specialty medications at a specialty pharmacy that participates in the Specialty Pharmacy Network in order to receive coverage. If a participating specialty pharmacy is not used you may be responsible for the full cost of the prescription. A complete listing of participating specialty pharmacies can be found on our website, **UniveraHealthcare.com**.

#### Quantity Limits

For certain drugs, we limit the amount of the drug that we will cover. The amount of drug we cover is based on FDA approved dosing and usage guidelines.

#### Generic Advantage Program

The Generic Advantage program promotes the use of generic medications. If you fill your prescription with a brand name medication when there is a generic equivalent available, you will pay the difference between the pharmacy's charge for the more costly brand name medication and our price for the less expensive generic. Check your benefits summary to find out if the Generic Advantage program applies to your plan.

### Key:

**UPPERCASE** – Brand name medication
***lowercase*** – generic medication
**PA** = Prior Authorization required
**QL** = Quantity Limit applies
**ST** = Step Therapy required
**MS** = Drug must be purchased at a participating network specialty pharmacy for coverage

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| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ANALGESICS | | |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | | |
| *adult aspirin regimen* | 1 | C Covered in full age 59 and under |
| ANAPROX DS | 3 | |
| ARTHROTEC 50 | 3 | QL |
| ARTHROTEC 75 | 3 | QL |
| *aspir-trin* | 1 | QL<br>C Covered in full age 59 and under |
| *aspirin (81 mg tab chew, 81 mg tablet dr, 325 mg tablet, 325 mg tablet dr, bayer 325 mg caplet, bayer 325 mg tablet)* | 1 | QL<br>C Covered in full age 59 and under |
| *aspirin ec* | 1 | QL<br>C Covered in full age 59 and under |
| *aspirin regimen* | 1 | C Covered in full age 59 and under |
| *aspirin/calcium carbonate/magnesium* | 1 | C Covered in full age 59 and under |
| *bufferin* | 1 | C Covered in full age 59 and under |
| *butalbital/aspirin/caffeine 50-325-40 capsule* | 1 | QL |
| *butalbital/aspirin/caffeine 50-325-40 tablet* | 1 | |
| CAMBIA | 3 | QL |
| CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE, 400 MG CAPSULE) | 3 | QL |
| *celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)* | 1 | QL |
| COXANTO | 3 | QL PA |
| DAYPRO | 3 | QL |
| DICLOFENAC EPOLAMINE | 3 | QL PA |
| *diclofenac potassium 25 mg capsule* | 1 | QL PA |
| DICLOFENAC POTASSIUM 25 MG TABLET | 3 | QL PA |
| DICLOFENAC POTASSIUM 50 MG POWD PACK | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *diclofenac potassium 50 mg tablet* | 1 | |
| *diclofenac sodium (1.5 % drops, 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)* | 1 | |
| *diclofenac sodium 1 % gel (gram)* | 1 | QL |
| *diclofenac sodium 20mg/g(2%) sol md pmp* | 1 | QL PA |
| *diclofenac sodium/misoprostol (sodium/misoprostol 50 tab ir dr, sodium/misoprostol 75 tab ir dr)* | 1 | QL |
| DICLOFENAC SUBMICRONIZED | 3 | QL PA |
| *diflunisal* | 1 | |
| DISALCID | 3 | |
| DUEXIS | 3 | QL PA |
| EC-NAPROSYN | 3 | |
| *ecotrin (ec 81 mg tablet, ec 325 mg tablet)* | 1 | QL<br>C Covered in full age 59 and under |
| ELYXYB | 3 | QL |
| *etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tab er 24h, 500 mg tablet, 600 mg tab er 24h)* | 1 | |
| FELDENE | 3 | |
| *fenoprofen calcium (200 mg capsule, 400 mg capsule)* | 3 | QL PA |
| *fenoprofen calcium 600 mg tablet* | 1 | PA |
| FENORTHO | 3 | PA |
| FLECTOR | 3 | QL PA |
| *flurbiprofen* | 1 | |
| *ibu* | 1 | |
| *ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)* | 1 | |
| *ibuprofen/famotidine* | 1 | QL PA |
| INDOCIN 25 MG/5 ML SUSPENSION | 3 | |
| INDOCIN 50 MG SUPPOSITORY | 3 | PA |
| *indomethacin (25 mg capsule, 25 mg/5 ml oral susp, 50 mg capsule, 75 mg capsule er)* | 1 | |
| *indomethacin 50 mg supp.rect* | 1 | PA |
| INDOMETHACIN, SUBMICRONIZED | 3 | QL PA |
| *ketoprofen (50 mg capsule, 75 mg capsule, 200 mg cap24h pel)* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *ketoprofen 25 mg capsule* | 1 | PA |
| *ketorolac tromethamine 10 mg tablet* | 1 | QL |
| KETOROLAC TROMETHAMINE 15.75 MG SPRAY | 3 | QL PA |
| LICART 1.3% PATCH | 3 | QL PA |
| LODINE | 3 | |
| *lofena* | 1 | QL PA |
| *low dose aspirin ec* | 1 | QL<br>C Covered in full age 59 and under |
| *lubiprostone 24mcg capsule* | 1 | QL |
| *meclofenamate sodium* | 3 | |
| *mefenamic acid* | 1 | |
| *meloxicam (7.5 mg tablet, 15 mg tablet)* | 1 | |
| MELOXICAM 7.5 MG/5ML ORAL SUSP | 3 | QL PA |
| MELOXICAM, SUBMICRONIZED 10 MG CAPSULE | 3 | QL PA |
| *meloxicam, submicronized 5 mg capsule* | 1 | QL PA |
| MOBIC | 3 | |
| *nabumetone (500 mg tablet, 750 mg tablet)* | 1 | QL |
| NALFON | 3 | PA |
| NAPRELAN | 3 | PA |
| NAPROSYN 125 MG/5 ML SUSPEN | 3 | PA |
| NAPROSYN 500 MG TABLET | 3 | |
| *naproxen (250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet, 500 mg tablet dr)* | 1 | |
| *naproxen 125 mg/5ml oral susp* | 1 | PA |
| *naproxen sodium (275 mg tablet, 550 mg tablet)* | 1 | |
| *naproxen sodium (375 mg tbmp 24hr, 500 mg tbmp 24hr)* | 1 | PA |
| NAPROXEN SODIUM 750 MG TBMP 24HR | 3 | PA |
| *naproxen/esomeprazole magnesium* | 1 | QL PA |
| OXAPROZIN 300 MG CAPSULE | 3 | QL PA |
| *oxaprozin 600 mg tablet* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PENNSAID 2% PUMP | 3 | QL PA |
| *piroxicam* | 1 | |
| QMIIZ ODT (ODT 7.5 MG TABLET, ODT 15 MG TABLET) | 3 | QL PA |
| RELAFEN DS | 3 | QL PA |
| *salsalate* | 1 | |
| SPRIX | 3 | QL PA S |
| *st. joseph aspirin* | 1 | C Covered in full age 59 and under |
| *st. joseph aspirin ec* | 1 | C Covered in full age 59 and under |
| *sulindac* | 1 | |
| TIVORBEX | 3 | QL PA |
| *tolmetin sodium* | 1 | |
| *tri-buffered aspirin* | 1 | C Covered in full age 59 and under |
| VIMOVO | 3 | QL PA |
| VIVLODEX | 3 | QL PA |
| VOLTAREN-XR | 3 | |
| ZIPSOR | 3 | QL PA |
| ZORVOLEX | 3 | QL PA |
| OPIOID ANALGESICS, LONG-ACTING | | |
| ARYMO ER | 3 | PA |
| BELBUCA | 3 | PA |
| *buprenorphine* | 1 | PA |
| BUTRANS | 3 | PA |
| CONZIP | 3 | PA |
| DOLOPHINE HCL | 3 | |
| DURAGESIC | 3 | PA |
| *fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)* | 1 | PA |
| *fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72, 87.5mcg/hr patch td72)* | 1 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 20 mg tab er 24h, 30 mg cap er 12h, 30 mg tab er 24h, 40 mg cap er 12h, 40 mg tab er 24h, 50 mg cap er 12h, 60 mg tab er 24h, 80 mg tab er 24h, 100 mg tab er 24h, 120 mg tab er 24h)* | 1 | PA |
| *hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)* | 1 | PA |
| HYSINGLA ER | 3 | PA |
| KADIAN (ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE, ER 60 MG CAPSULE, ER 80 MG CAPSULE, ER 100 MG CAPSULE, ER 200 MG CAPSULE) | 3 | PA |
| KADIAN ER 10 MG CAPSULE | 3 | PA ST |
| *levorphanol tartrate 2 mg tablet* | 1 | PA |
| *levorphanol tartrate 3 mg tablet (mfr: lannett co. inc)* | 1 | PA |
| LEVORPHANOL TARTRATE 3 MG TABLET (MFR: SENTYNL THERAPEUTICS) | 3 | PA |
| *methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 40 mg tablet sol)* | 1 | PA |
| *methadone intensol* | 1 | PA |
| METHADOSE 10 MG/ML ORAL CONC | 3 | PA |
| *methadose 40 mg tablet dispr* | 1 | PA |
| *morphine sulfate (10 mg cap er pel, 15 mg tablet er, 20 mg cap er pel, 30 mg cap er pel, 30 mg cpmp 24hr, 30 mg tablet er, 40 mg cap er pel, 45 mg cpmp 24hr, 50 mg cap er pel, 60 mg cap er pel, 60 mg cpmp 24hr, 60 mg tablet er, 75 mg cpmp 24hr, 80 mg cap er pel, 90 mg cpmp 24hr, 100 mg cap er pel, 100 mg tablet er, 120 mg cpmp 24hr, 200 mg tablet er)* | 1 | PA |
| MS CONTIN | 3 | PA |
| NUCYNTA ER | 2 | PA |
| OXYCODONE HCL (10 MG TAB ER 12H, 15 MG TAB ER 12H, 20 MG TAB ER 12H, 30 MG TAB ER 12H, 40 MG TAB ER 12H, 60 MG TAB ER 12H, 80 MG TAB ER 12H) | 3 | PA |
| OXYCONTIN | 3 | PA |
| *oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h)* | 1 | PA |
| *tramadol er caps* | 3 | PA |
| *tramadol hcl (100 mg tab er 24h, 100 mg tbmp 24hr, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tab er 24h, 300 mg tbmp 24hr)* | 1 | PA |
| XTAMPZA ER | 2 | PA |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| ABSTRAL | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-15mg tablet, 300mg-30mg tablet, 300mg-60mg tablet, 300mg/12.5 solution)* | 1 | |
| *acetaminophen/caff/dihydrocod 320.5-30mg capsule* | 1 | |
| *acetaminophen/caff/dihydrocod 325-30-16 tablet* | 3 | |
| ACTIQ | 3 | QL PA |
| APADAZ | 3 | |
| *ascomp with codeine* | 1 | |
| BENZHYDROCODONE HCL/ACETAMINOPHEN | 3 | |
| *butalbital/acetaminophen/caffeine/codeine phosphate* | 1 | QL |
| *butorphanol tartrate 10 mg/ml spray* | 1 | QL |
| *codeine phosphate/butalbital/aspirin/caffeine* | 1 | |
| *codeine sulfate* | 1 | |
| CODITUSSIN AC | 3 | |
| DEMEROL (50 MG TABLET, 100 MG TABLET) | 3 | |
| DILAUDID (2 MG TABLET, 4 MG TABLET, 5 MG/5 ML ORAL LIQUID, 8 MG TABLET) | 3 | |
| *endocet* | 1 | |
| FENTANYL CITRATE (100 MCG TABLET EFF, 200 MCG TABLET EFF, 400 MCG TABLET EFF, 600 MCG TABLET EFF, 800 MCG TABLET EFF) | 3 | QL PA |
| *fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)* | 1 | QL PA |
| FENTORA | 3 | QL PA |
| FIORICET WITH CODEINE | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 2.5-325 mg tablet, hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 10-325/15 solution, hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)* | 1 | |
| *hydrocodone/ibuprofen* | 1 | |
| *hydromorphone hcl (1 mg/ml liquid, 2 mg tablet, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)* | 1 | |
| LAZANDA | 3 | QL PA |
| LORTAB | 3 | |
| *meperidine hcl (50 mg tablet, 50 mg/5 ml solution, 100 mg tablet)* | 1 | |
| *morphine sulfate (15 mg tablet, 30 mg tablet)* | 2 | |
| *morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 10 mg/5 ml solution, 20 mg supp.rect, 20 mg/5 ml solution, 30 mg supp.rect, 100 mg/5ml solution)* | 1 | |
| NALOCET | 3 | PA |
| NUCYNTA | 2 | |
| OPANA | 3 | |
| *opium/belladonna alkaloids* | 1 | |
| OXAYDO (5 MG TABLET, 7.5 MG TABLET) | 3 | PA |
| *oxycodone hcl (5 mg capsule, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 15 mg tablet, 20 mg tablet, 20 mg/ml oral conc, 30 mg tablet)* | 1 | |
| *oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-300 mg tablet, hcl/acetaminophen 7.5-300 mg tablet, hcl/acetaminophen 10-300mg/5 solution)* | 1 | PA |
| *oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 5-325/5 ml solution, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)* | 1 | |
| OXYCODONE HCL/ACETAMINOPHEN (HCL/ACETAMINOPHEN 5 MG-300MG TABLET, HCL/ACETAMINOPHEN 10MG-300MG TABLET) | 3 | ST |
| *oxymorphone hcl (5 mg tablet, 10 mg tablet)* | 1 | |
| *pentazocine hcl/naloxone hcl* | 1 | |
| PERCOCET | 3 | |
| PRIMLEV (5-300 MG TABLET, 7.5-300 MG TABLET, 10-300 MG TABLET) | 3 | PA |
| *prolate (5-300 mg tablet, 7.5-300 mg tablet, 10-300 mg tablet)* | 1 | PA |
| PROLATE 10 MG-300 MG/5 ML SOLN | 3 | PA |
| QDOLO | 3 | |
| ROXICODONE | 3 | |
| ROXYBOND (5 MG TABLET, 15 MG TABLET, 30 MG TABLET) | 3 | PA |
| SEGLENTIS | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY) | 3 | QL PA |
| TRAMADOL HCL (5 MG/ML SOLUTION, 100 MG TABLET) | 3 | |
| *tramadol hcl 50 mg tablet* | 1 | |
| *tramadol hcl/acetaminophen* | 1 | |
| TREZIX | 3 | |
| TYLENOL-CODEINE NO.3 | 3 | |
| TYLENOL-CODEINE NO.4 | 3 | |
| ULTRACET | 3 | |
| ULTRAM | 3 | |
| *verdrocet* | 1 | |
| ANESTHETICS | | |
| LOCAL ANESTHETICS | | |
| ANACAINE | 3 | |
| ANASTIA | 3 | |
| *glydo* | 1 | |
| *lido-k* | 1 | |
| *lidocaine (5 % adh. patch, 5 % oint. (g))* | 1 | |
| *lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution, 3 % cream (g), 3 % lotion, 4 % solution, 40 mg/ml solution)* | 1 | |
| *lidocaine/prilocaine (lidocaine/prilocaine 2.5 cream (g), lidocaine/prilocaine 2.5 kit)* | 1 | |
| LIDOCAN II | 3 | PA |
| *lidocan iii* | 1 | PA |
| LIDODERM | 3 | |
| *lidopin 3% cream* | 1 | |
| LIDOPIN 3.25% CREAM | 3 | |
| LIPROZONEPAK | 3 | PA |
| MEDOLOR PAK | 3 | PA |
| NUMBONEX | 3 | |
| ZTLIDO | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS | | |
| ALCOHOL DETERRENTS/ANTI-CRAVING | | |
| *acamprosate calcium* | 1 | QL |
| ANTABUSE | 3 | |
| *disulfiram* | 1 | |
| *naltrexone hcl* | 1 | |
| OPVEE | 2 | |
| OPIOID DEPENDENCE | | |
| BUNAVAIL | 3 | |
| *buprenorphine hcl (2 mg tab subl, 8 mg tab subl)* | 1 | |
| *buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 2 mg-0.5mg tab subl, /naloxone 4mg-1mg film, /naloxone 8 mg-2 mg film, /naloxone 8 mg-2 mg tab subl, /naloxone 12 mg-3 mg film)* | 1 | |
| LUCEMYRA | 3 | QL |
| SUBOXONE | 3 | |
| ZUBSOLV | 2 | |
| OPIOID REVERSAL AGENTS | | |
| KLOXXADO | 2 | |
| LIFEMS NALOXONE | 3 | |
| *naloxone hcl (0.4 mg/ml cartridge, 0.4 mg/ml vial, 1 mg/ml syringe, 4 mg spray)* | 1 | |
| NARCAN | 3 | |
| ZIMHI | 2 | |
| SMOKING CESSATION AGENTS | | |
| *bupropion hcl sr 150 mg tablet* | 1 | C Covered in full age 18+ |
| NICODERM CQ | 3 | QL<br>C Covered in full age 18+ |
| NICORETTE | 3 | QL<br>C Covered in full age 18+ |
| *nicotine (7mg/24hr patch td24, 14mg/24hr patch td24, 21 mg/24hr patch td24, 21-14-7mg patch dysq)* | 1 | QL<br>C Covered in full age 18+ |
| *nicotine polacrilex (2 mg gum, 2 mg lozenge, 2 mg lozng mini, 4 mg gum, 4 mg lozenge)* | 1 | QL<br>C Covered in full age 18+ |
| NICOTINE POLACRILEX 4 MG LOZNG MINI | 3 | QL<br>C Covered in full age 18+ |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| NICOTROL | 3 | QL<br>C Covered in full age 18+ |
| NICOTROL NS | 3 | QL<br>C Covered in full age 18+ |
| *quit 2* | 1 | QL<br>C Covered in full age 18+ |
| *quit 4* | 1 | QL<br>C Covered in full age 18+ |
| *stop smoking aid* | 1 | QL<br>C Covered in full age 18+ |
| *varenicline tartrate (0.5 (11)-1 tab ds pk, 0.5 mg tablet, 1 mg tablet)* | 1 | QL<br>C Covered in full |
| ANTIBACTERIALS | | |
| AMINOGLYCOSIDES | | |
| ARIKAYCE | 3 | QL PA S |
| *gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g), 0.3 % drops, 0.3 % oint. (g))* | 1 | |
| *neomycin sulfate* | 1 | |
| *paromomycin sulfate* | 1 | |
| ANTIBACTERIALS, OTHER | | |
| *bacitracin 500 unit/g oint. (g)* | 1 | |
| CENTANY | 3 | |
| CLEOCIN (2% CREAM, 100 MG OVULE) | 3 | |
| CLEOCIN HCL | 3 | |
| CLEOCIN PEDIATRIC | 3 | |
| *clindacin etz 1% pledget* | 1 | |
| *clindacin p* | 1 | |
| *clindamycin hcl* | 1 | |
| *clindamycin palmitate hcl* | 1 | |
| *clindamycin phosphate (1 % gel (gram), 1 % med. swab, 2 % cream/appl)* | 1 | |
| CLINDESSE | 3 | |
| FIRVANQ | 3 | |
| FLAGYL | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| FLAGYL ER | 3 | |
| *fosfomycin tromethamine* | 1 | |
| FURADANTIN | 3 | |
| HIPREX | 3 | |
| *hyophen* | 1 | |
| LIKMEZ | 3 | QL PA |
| *linezolid 100 mg/5ml susp recon* | 1 | |
| *linezolid 600 mg tablet* | 1 | QL |
| MACROBID | 3 | |
| MACRODANTIN | 3 | |
| *methenamine hippurate* | 1 | |
| *methenamine mandelate* | 1 | |
| *methenamine/sod phosph,monobasic/methylene blue/hyoscyamine* | 1 | |
| METROCREAM | 3 | |
| METROGEL | 3 | |
| METROGEL-VAGINAL | 3 | |
| METROLOTION | 3 | |
| *metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % gel w/appl, 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump, 250 mg tablet, 375 mg capsule, 500 mg tablet)* | 1 | |
| MONUROL | 3 | |
| *mupirocin* | 1 | |
| *nitrofurantoin 25 mg/5 ml oral susp* | 1 | |
| NITROFURANTOIN 50 MG/5 ML ORAL SUSP | 3 | |
| *nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)* | 1 | |
| *nitrofurantoin monohydrate/macrocrystals* | 1 | |
| NORITATE | 3 | ST |
| NUVESSA | 3 | QL |
| *phosphasal* | 1 | |
| PRIMSOL | 3 | |
| SIVEXTRO | 3 | QL PA |
| SOLOSEC | 3 | |
| *tinidazole* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *trimethoprim* | 1 | |
| TRIMPEX | 3 | |
| URELLE | 3 | |
| *uretron d-s* | 1 | |
| URIBEL | 3 | |
| *urimar-t tablet* | 1 | |
| *uro-458* | 1 | |
| *uro-mp* | 1 | |
| *urogesic-blue* | 1 | |
| *uryl* | 1 | |
| *ustell* | 1 | |
| *utira-c* | 1 | |
| VANCOCIN HCL | 3 | |
| *vancomycin hcl (50 mg/ml soln recon, 125 mg capsule, 250 mg capsule)* | 1 | |
| VANCOMYCIN HCL 25 MG/ML SOLN RECON | 3 | |
| *vandazole* | 1 | |
| XACIATO | 3 | |
| XENLETA 600 MG TABLET | 3 | QL PA |
| ZYVOX 100 MG/5 ML SUSPENSION | 3 | |
| ZYVOX 600 MG TABLET | 3 | QL |
| BETA-LACTAM, CEPHALOSPORINS | | |
| *cefaclor (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule, 500 mg tab er 12h)* | 1 | |
| *cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)* | 1 | |
| *cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)* | 1 | |
| *cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)* | 1 | |
| *cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)* | 1 | |
| *cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)* | 1 | |
| *cefuroxime axetil* | 1 | |
| *cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 750 mg capsule)* | 1 | |
| KEFLEX | 3 | |
| *medication transfer needle* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SUPRAX (100 MG TABLET CHEWABLE, 100 MG/5 ML SUSPENSION, 200 MG TABLET CHEWABLE, 200 MG/5 ML SUSPENSION, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION) | 3 | |
| BETA-LACTAM, PENICILLINS | | |
| *amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet)* | 1 | |
| *amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)* | 1 | |
| *ampicillin trihydrate* | 1 | |
| AUGMENTIN (125-31.25 MG/5 ML, 250-62.5 MG/5 ML, 500-125 TABLET, 875-125 TABLET) | 3 | |
| AUGMENTIN ES-600 | 3 | |
| AUGMENTIN XR | 3 | |
| *dicloxacillin sodium* | 1 | |
| MOXATAG | 3 | PA |
| *penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)* | 1 | |
| MACROLIDES | | |
| *azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)* | 1 | |
| *clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)* | 1 | |
| DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET) | 3 | |
| E.E.S. 200 | 3 | |
| E.E.S. 400 | 3 | |
| *ery-tab* | 1 | |
| ERYGEL | 3 | |
| ERYPED 200 | 3 | |
| ERYPED 400 | 3 | |
| *erythrocin stearate* | 1 | |
| *erythromycin base (250 mg capsule dr, 250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)* | 1 | |
| *erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)* | 1 | |
| ZITHROMAX (1 GM POWDER PACKET, 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, 600 MG TABLET) | 3 | |
| ZITHROMAX TRI-PAK | 3 | |
| ZMAX | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| QUINOLONES | | |
| AVELOX | 3 | |
| BAXDELA 450 MG TABLET | 3 | QL |
| CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET) | 3 | |
| CIPRO XR | 3 | |
| *ciprofloxacin* | 1 | |
| *ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)* | 1 | |
| *ciprofloxacin/ciprofloxacin hcl* | 1 | |
| FACTIVE | 3 | |
| FLOXIN | 3 | |
| LEVAQUIN | 3 | |
| *levofloxacin (250 mg tablet, 250mg/10ml solution, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)* | 1 | |
| *moxifloxacin hcl 400 mg tablet* | 1 | |
| *ofloxacin (0.3 % drops, 300 mg tablet, 400 mg tablet)* | 1 | |
| SULFONAMIDES | | |
| BACTRIM | 3 | |
| BACTRIM DS | 3 | |
| KLARON | 3 | |
| *sulfacetamide sodium 10 % suspension* | 1 | |
| *sulfadiazine* | 1 | |
| *sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)* | 1 | |
| *sulfatrim* | 1 | |
| *thermazene* | 1 | |
| TETRACYCLINES | | |
| ACTICLATE | 3 | PA |
| ADOXA | 3 | |
| AMZEEQ | 3 | QL ST |
| *avidoxy* | 1 | |
| *coremino* | 1 | |
| *demeclocycline hcl* | 1 | |
| DORYX | 3 | ST |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| DORYX MPC | 3 | ST |
| *doxycycline hyclate (20 mg tablet, 50 mg capsule, 50 mg tablet, 75 mg tablet dr, 100 mg capsule, 100 mg tablet, 100 mg tablet dr, 150 mg tablet dr)* | 1 | |
| *doxycycline hyclate (50 mg tablet dr, 200 mg tablet dr)* | 1 | ST |
| *doxycycline hyclate (75 mg tablet, 150 mg tablet)* | 1 | QL PA |
| *doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet, 150 mg capsule, 150 mg tablet)* | 1 | |
| *doxycycline monohydrate 40 mg cap ir dr* | 3 | QL PA |
| MINOCYCLINE HCL (45 MG CAP ER 24H, 90 MG CAP ER 24H, 105 MG TAB BP 24H, 135 MG CAP ER 24H, 135 MG TAB BP 24H) | 3 | QL PA |
| *minocycline hcl (45 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 90 mg tab er 24h, 105 mg tab er 24h, 115mg tab er 24h, 135 mg tab er 24h)* | 1 | QL |
| *minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)* | 1 | |
| MINOCYCLINE HCL 55 MG TAB ER 24H | 3 | QL |
| MINOLIRA ER | 3 | QL PA |
| *mondoxyne nl* | 1 | |
| MONODOX | 3 | |
| *morgidox (50 mg capsule, 100 mg capsule)* | 1 | |
| NUZYRA (150 MG TABLET-7, 150 MG-7 WITH LOAD) | 3 | PA |
| NUZYRA 150 MG TABLET | 3 | QL PA |
| ORACEA | 3 | QL PA |
| SEYSARA | 3 | QL PA |
| SOLODYN | 3 | QL |
| TARGADOX | 3 | |
| *tetracycline hcl (250 mg capsule, 500 mg capsule)* | 1 | |
| VIBRAMYCIN (25 MG/5 ML SUSP, 50 MG/5 ML SYRUP, 100 MG CAPSULE) | 3 | |
| XIMINO | 3 | QL PA |
| ZILXI | 3 | QL ST |
| ANTICONVULSANTS | | |
| ANTICONVULSANTS, OTHER | | |
| BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET) | 3 | QL |
| DEPAKOTE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| DEPAKOTE ER | 3 | |
| DEPAKOTE SPRINKLE | 3 | |
| DIACOMIT | 3 | QL PA S |
| *divalproex sodium (125 mg cap dr spr, 125 mg tablet dr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tab er 24h, 500 mg tablet dr)* | 1 | |
| ELEPSIA XR (1,000 MG TABLET, 1,500 MG TABLET) | 3 | QL |
| EPIDIOLEX | 3 | QL PA S MS |
| EPRONTIA | 3 | QL |
| *felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)* | 1 | |
| FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP) | 3 | |
| FINTEPLA | 3 | QL PA S |
| FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET) | 3 | QL |
| KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET) | 3 | |
| KEPPRA XR (500 MG TABLET, 750 MG TABLET) | 3 | QL |
| LAMICTAL (5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | 3 | |
| LAMICTAL (BLUE) | 3 | |
| LAMICTAL (GREEN) | 3 | |
| LAMICTAL (ORANGE) | 3 | |
| LAMICTAL ODT | 3 | QL |
| LAMICTAL XR | 3 | |
| *lamotrigine (25 mg tab rapdis, 25(42)-100 tab ds pk, 25(84)-100 tab ds pk, 50 mg tab rapdis, 100 mg tab rapdis, 200 mg tab rapdis)* | 1 | QL |
| *lamotrigine (5 mg tb chw dsp, 25 mg tab er 24, 25 mg tablet, 25 mg tb chw dsp, 25(21)-50 tb rd dspk, 25-50-100 tb rd dspk, 50 mg tab er 24, 50(42)-100 tb rd dspk, 100 mg tab er 24, 100 mg tablet, 150 mg tablet, 200 mg tab er 24, 200 mg tablet, 250 mg tab er 24, 300 mg tab er 24)* | 1 | |
| *lamotrigine 25mg (35) tab ds pk* | 1 | |
| *levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/5ml solution, 750 mg tablet, 1000 mg tablet)* | 1 | |
| *levetiracetam (500 mg tab er 24h, 750 mg tab er 24h)* | 1 | QL |
| QUDEXY XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE) | 3 | QL |
| *roweepra* | 1 | |
| *roweepra xr 500 mg tablet* | 1 | |
| *roweepra xr 750 mg tablet* | 1 | QL |
| SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET) | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TOPAMAX | 3 | |
| *topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)* | 1 | |
| *topiramate er caps* | 1 | QL |
| TROKENDI XR | 2 | QL |
| *valproic acid* | 1 | |
| *valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml solution, 500mg/10ml solution)* | 1 | |
| XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK) | 3 | QL |
| ZTALMY | 3 | QL PA S |
| CALCIUM CHANNEL MODIFYING AGENTS | | |
| CELONTIN | 3 | |
| *ethosuximide (250 mg capsule, 250 mg/5ml solution)* | 1 | |
| *methsuximide* | 1 | |
| ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION) | 3 | |
| ZONEGRAN 100 MG CAPSULE | 3 | |
| GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS | | |
| *clobazam (10 mg tablet, 20 mg tablet)* | 1 | QL |
| *clobazam 2.5 mg/ml oral susp* | 1 | |
| DIASTAT | 3 | QL |
| DIASTAT ACUDIAL | 3 | QL |
| *diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)* | 1 | |
| *gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 300 mg/6ml solution, 400 mg capsule, 600 mg tablet, 800 mg tablet)* | 1 | |
| GABITRIL | 3 | |
| GRALISE 30-DAY STARTER PACK | 3 | PA |
| GRALISE ER 300 MG TABLET | 3 | QL PA |
| MYSOLINE | 3 | |
| NEURONTIN (100 MG CAPSULE, 250 MG/5 ML SOLN, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET) | 3 | |
| NEURONTIN 250 MG/5 ML SOLUTION | 3 | |
| ONFI (10 MG TABLET, 20 MG TABLET) | 3 | QL |
| ONFI 2.5 MG/ML SUSPENSION | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)* | 1 | |
| *primidone (50 mg tablet, 250 mg tablet)* | 1 | |
| PRIMIDONE 125 MG TABLET | 3 | |
| SABRIL | 3 | QL PA S MS |
| SYMPAZAN | 3 | QL |
| *tiagabine hcl* | 1 | |
| VALTOCO | 3 | QL |
| *vigabatrin* | 1 | QL PA S MS |
| *vigadrone 500 mg powder packet* | 1 | PA S |
| *vigadrone 500 mg tablet* | 1 | QL PA S |
| *vigpoder* | 1 | QL S |
| SODIUM CHANNEL AGENTS | | |
| APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET) | 3 | QL |
| BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET) | 3 | |
| *carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpmp 12hr, 200 mg tab er 12h, 200 mg tablet, 300 mg cpmp 12hr, 400 mg tab er 12h)* | 1 | |
| CARBATROL | 3 | |
| DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE) | 2 | |
| DILANTIN-125 | 2 | |
| *epitol* | 1 | |
| *lacosamide (10 mg/ml solution, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)* | 1 | QL |
| MOTPOLY XR (100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE) | 3 | QL PA |
| *oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)* | 1 | |
| OXTELLAR XR (150 MG TABLET, 300 MG TABLET, 600 MG TABLET) | 3 | QL |
| PEGANONE | 3 | |
| PHENYTEK | 2 | |
| *phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)* | 1 | |
| *phenytoin sodium extended* | 1 | |
| *rufinamide (40 mg/ml oral susp, 200 mg tablet, 400 mg tablet)* | 1 | |
| TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TEGRETOL XR | 3 | |
| TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET) | 3 | |
| VIMPAT (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | 3 | QL |
| VIMPAT 10 MG/ML SOLUTION | 2 | QL |
| ZONEGRAN 25 MG CAPSULE | 3 | |
| ZONISADE | 3 | QL PA |
| *zonisamide* | 1 | |
| ANTICONVULSANTS, OTHER | | |
| ANTICONVULSANTS | | |
| NAYZILAM | 3 | QL |
| ANTIDEMENTIA AGENTS | | |
| ANTIDEMENTIA AGENTS, OTHER | | |
| *ergoloid mesylates* | 1 | |
| NAMZARIC | 3 | QL PA |
| CHOLINESTERASE INHIBITORS | | |
| ADLARITY | 3 | QL ST |
| ARICEPT | 3 | |
| *donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 23 mg tablet)* | 1 | |
| EXELON | 3 | |
| *galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)* | 1 | |
| RAZADYNE | 3 | |
| RAZADYNE ER | 3 | |
| *rivastigmine* | 1 | |
| *rivastigmine tartrate* | 1 | |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST | | |
| *memantine hcl (2 mg/ml solution, 5 mg tablet, 5 mg-10 mg tab ds pk, 10 mg tablet)* | 1 | |
| *memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)* | 1 | QL |
| NAMENDA (2 MG/ML SOLUTION, 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET) | 3 | |
| NAMENDA XR | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ANTIDEPRESSANTS | | |
| ANTIDEPRESSANTS, OTHER | | |
| ABILIFY 15 MG TABLET | 3 | QL |
| *amitriptyline hcl/chlordiazepoxide* | 1 | |
| APLENZIN | 3 | QL PA |
| AUVELITY | 3 | QL PA |
| *bupropion hcl (100 mg tab sr 12h, 150 mg tab er 24h, 150 mg tab sr 12h, 200 mg tab sr 12h, 300 mg tab er 24h)* | 1 | QL |
| *bupropion hcl (75 mg tablet, 100 mg tablet)* | 1 | |
| BUPROPION HCL 450 MG TAB ER 24H | 3 | QL |
| FORFIVO XL | 3 | QL ST |
| LYBALVI | 3 | QL PA |
| *mirtazapine* | 1 | |
| *olanzapine/fluoxetine hcl* | 1 | |
| *perphenazine/amitriptyline hcl* | 1 | |
| REMERON | 3 | |
| SYMBYAX | 3 | |
| WELLBUTRIN SR | 3 | QL |
| WELLBUTRIN XL (150 MG TABLET, 300 MG TABLET) | 3 | QL |
| ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE) | 3 | QL PA S MS |
| MONOAMINE OXIDASE INHIBITORS | | |
| EMSAM | 3 | QL ST |
| MARPLAN | 3 | |
| NARDIL | 3 | |
| PARNATE | 3 | |
| *phenelzine sulfate* | 1 | |
| *tranylcypromine sulfate* | 1 | |
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR) | | |
| CELEXA (10 MG TABLET, 20 MG TABLET, 40 MG TABLET) | 3 | QL |
| *citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)* | 1 | QL |
| *citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| CITALOPRAM HYDROBROMIDE 30 MG CAPSULE | 3 | QL PA |
| *desvenlafaxine er* | 3 | QL PA |
| *desvenlafaxine succinate* | 1 | QL |
| *diflorasone diacetate* | 1 | QL |
| EFFEXOR XR (37.5 MG CAPSULE, 75 MG CAPSULE, 150 MG CAPSULE) | 3 | QL |
| *escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)* | 1 | |
| FETZIMA | 3 | QL |
| *fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg capsule, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule, 60 mg tablet)* | 1 | |
| *fluoxetine hcl 90 mg capsule dr* | 1 | QL |
| *fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)* | 1 | QL |
| *fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)* | 1 | |
| LEXAPRO | 3 | |
| *nefazodone hcl (150 mg tablet, 200 mg tablet, 250 mg tablet)* | 1 | |
| *nefazodone hcl (50 mg tablet, 100 mg tablet)* | 1 | QL |
| *paroxetine hcl (10 mg tablet, 10 mg/5 ml oral susp, 20 mg tablet, 30 mg tablet, 40 mg tablet)* | 1 | |
| *paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)* | 1 | QL |
| *paroxetine mesylate* | 1 | QL |
| PAXIL (10 MG TABLET, 10 MG/5 ML SUSPENSION, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET) | 3 | |
| PAXIL CR | 3 | QL |
| PEXEVA (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET) | 3 | QL PA |
| PRISTIQ (ER 25 MG TABLET, ER 50 MG TABLET, ER 100 MG TABLET) | 3 | QL |
| PROZAC (10 MG, 40 MG) | 3 | QL |
| PROZAC 20 MG PULVULE | 3 | |
| SERTRALINE HCL (150 MG CAPSULE, 200 MG CAPSULE) | 3 | QL PA |
| *sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)* | 1 | |
| *trazodone hcl* | 1 | |
| TRINTELLIX | 3 | QL |
| *venlafaxine er tab (tier dependent on manufacturer.  ucb t3, others t1)* | 1 | QL ST |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)* | 1 | |
| *venlafaxine hcl (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)* | 1 | QL |
| VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET) | 3 | QL |
| VIIBRYD 10-20 MG STARTER PACK | 3 | |
| *vilazodone hcl* | 1 | QL |
| ZOLOFT (20 MG/ML ORAL CONC, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | 3 | |
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS) | | |
| VENLAFAXINE BESYLATE | 3 | QL ST |
| TRICYCLICS | | |
| *amitriptyline hcl* | 1 | |
| *amoxapine* | 1 | |
| ANAFRANIL | 3 | |
| *clomipramine hcl* | 1 | PA |
| *desipramine hcl* | 1 | |
| *doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)* | 1 | |
| *imipramine hcl* | 1 | |
| *imipramine pamoate* | 1 | |
| NORPRAMIN | 3 | |
| *nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)* | 1 | |
| PAMELOR | 3 | |
| *protriptyline hcl* | 1 | |
| TOFRANIL | 3 | |
| *trimipramine maleate* | 1 | |
| ANTIEMETICS | | |
| ANTIEMETICS, OTHER | | |
| ANTIVERT | 3 | |
| BONJESTA | 3 | QL PA |
| COMPAZINE (5 MG TABLET, 10 MG TABLET) | 3 | |
| *compazine 25 mg suppository* | 1 | |
| *compro* | 1 | |
| DICLEGIS | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *doxylamine succinate/pyridoxine hcl (vitamin b6)* | 1 | QL PA |
| GIMOTI | 3 | QL PA |
| *meclizine hcl (12.5 mg tablet, 25 mg tablet)* | 1 | |
| MECLIZINE HCL 50 MG TABLET | 3 | |
| *metoclopramide hcl (5 mg tab rapdis, 10 mg tab rapdis)* | 1 | QL |
| *metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)* | 1 | |
| *perphenazine* | 1 | |
| *phenadoz* | 1 | |
| *phenergan (12.5 mg, 25 mg, 50 mg)* | 1 | |
| *prochlorperazine* | 1 | |
| *prochlorperazine maleate* | 1 | |
| *promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)* | 1 | |
| *promethegan* | 1 | |
| REGLAN | 3 | |
| *scopolamine* | 1 | |
| TIGAN 300 MG CAPSULE | 3 | |
| TRANSDERM-SCOP | 3 | |
| *trimethobenzamide hcl* | 1 | |
| EMETOGENIC THERAPY ADJUNCTS | | |
| AKYNZEO 300-0.5 MG CAPSULE | 3 | QL |
| ANZEMET | 3 | QL ST |
| *aprepitant (40 mg capsule, 80 mg capsule, 125 mg capsule, 125mg-80mg cap ds pk)* | 1 | QL |
| *dronabinol* | 1 | |
| EMEND (40 MG CAPSULE, 80 MG CAPSULE, 125 MG POWDER PACKET, TRIPACK) | 3 | QL |
| *granisetron hcl 1 mg tablet* | 1 | QL |
| MARINOL | 3 | |
| *ondansetron* | 1 | |
| *ondansetron hcl (4 mg tablet, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet)* | 1 | |
| SANCUSO | 3 | QL ST |
| SYNDROS | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| VARUBI (90 MG TABLET, 180 MG DOSE(2X 90MG TB)) | 3 | QL |
| ZOFRAN | 3 | |
| ZUPLENZ | 3 | QL ST |
| ANTIFUNGALS | | |
| ANCOBON | 3 | |
| BREXAFEMME | 3 | QL ST |
| *ciclopirox 8 % solution* | 1 | QL |
| *clotrimazole (1 % cream (g), 1 % solution, 10 mg troche)* | 1 | |
| CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE) | 3 | |
| DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | 3 | |
| *econazole nitrate* | 1 | |
| ECOZA | 3 | QL ST |
| ERTACZO | 3 | ST |
| EXELDERM (CREAM, SOLUTION) | 3 | |
| EXTINA | 3 | |
| *fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)* | 1 | |
| *flucytosine* | 1 | |
| *griseofulvin ultramicrosize* | 1 | |
| *griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)* | 1 | |
| GYNAZOLE 1 | 3 | |
| *itraconazole* | 1 | |
| JUBLIA | 3 | QL PA |
| *ketoconazole (2 % cream (g), 2 % foam, 2 % shampoo, 200 mg tablet)* | 1 | |
| *ketodan 2% foam* | 1 | |
| *klayesta* | 1 | |
| LULICONAZOLE | 3 | QL ST |
| LUZU | 3 | QL ST |
| MENTAX | 3 | |
| *miconazole nitrate 200 mg supp.vag* | 1 | |
| MICONAZOLE NITRATE/ZINC OXIDE/PETROLATUM,WHITE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *naftifine hcl (1 % cream (g), 1 % gel (gram))* | 1 | |
| *naftifine hcl 2 % cream (g)* | 1 | QL |
| *naftifine hcl 2 % gel (gram)* | 1 | ST |
| NAFTIN 1% GEL | 3 | |
| NAFTIN 2% CREAM | 3 | QL |
| NAFTIN 2% GEL | 3 | ST |
| NIZORAL | 3 | |
| NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP) | 3 | |
| *nyamyc* | 1 | |
| *nystatin (500k unit tablet, 100000/g cream (g), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp)* | 1 | |
| *nystop* | 1 | |
| ORAVIG | 3 | PA |
| *oxiconazole nitrate* | 1 | |
| OXISTAT 1% CREAM | 3 | |
| OXISTAT 1% LOTION | 3 | ST |
| *posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)* | 1 | |
| SPORANOX (10 MG/ML SOLUTION, 100 MG CAPSULE) | 3 | |
| SULCONAZOLE NITRATE (1 % CREAM (G), 1 % SOLUTION) | 3 | |
| *terbinafine hcl 250 mg tablet* | 1 | |
| *terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)* | 1 | |
| TOLSURA | 3 | QL PA |
| VFEND (40 MG/ML SUSPENSION, 50 MG TABLET) | 3 | |
| VFEND 200 MG TABLET | 3 | QL |
| VIVJOA | 3 | QL PA |
| *voriconazole (50 mg tablet, 200 mg/5ml susp recon)* | 1 | |
| *voriconazole 200 mg tablet* | 1 | QL |
| VUSION | 3 | |
| XOLEGEL | 3 | ST |
| ANTIGOUT AGENTS | | |
| *allopurinol (100 mg tablet, 300 mg tablet)* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ALLOPURINOL 200 MG TABLET | 3 | QL PA |
| *colchicine* | 1 | QL S MS |
| COLCRYS | 3 | QL |
| *febuxostat* | 1 | |
| GLOPERBA | 3 | QL |
| MITIGARE | 3 | QL |
| *probenecid* | 1 | |
| *probenecid/colchicine* | 1 | |
| ULORIC | 3 | QL |
| ZYLOPRIM | 3 | |
| null | | |
| LODOCO | 3 | QL PA |
| ANTIMIGRAINE AGENTS | | |
| ANTIMIGRAINE AGENTS, OTHER | | |
| AJOVY AUTOINJECTOR | 2 | QL PA |
| NURTEC ODT | 3 | QL PA |
| QULIPTA (10 MG TABLET, 30 MG TABLET, 60 MG TABLET) | 3 | QL PA |
| UBRELVY | 3 | QL PA |
| ZAVZPRET | 3 | QL PA |
| ERGOT ALKALOIDS | | |
| CAFERGOT | 3 | |
| D.H.E.45 | 3 | PA |
| *dihydroergotamine mesylate (1 mg/ml ampul, 1 mg/ml vial)* | 1 | PA |
| *dihydroergotamine mesylate 0.5mg/spry spray/pump* | 3 | QL PA |
| ERGOMAR | 3 | |
| *ergotamine tartrate/caffeine* | 1 | |
| MIGERGOT | 3 | |
| MIGRANAL | 3 | QL PA |
| TRUDHESA | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PROPHYLACTIC | | |
| AIMOVIG AUTOINJECTOR | 2 | QL PA |
| AJOVY SYRINGE | 2 | QL PA |
| EMGALITY PEN | 2 | QL PA |
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 120 MG/ML SYRINGE, 300 MG (100 MG X3SYR)) | 2 | QL PA |
| SEROTONIN (5-HT) RECEPTOR AGONIST | | |
| *almotriptan malate* | 1 | QL |
| AMERGE | 3 | QL |
| *eletriptan hydrobromide* | 1 | QL |
| FROVA | 3 | QL |
| *frovatriptan succinate* | 1 | QL |
| IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT, 5 MG NASAL SPRAY, 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML VIAL, 20 MG NASAL SPRAY, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | 3 | QL |
| MAXALT | 3 | QL |
| MAXALT MLT | 3 | QL |
| *naratriptan hcl* | 1 | QL |
| ONZETRA XSAIL | 3 | QL ST |
| RELPAX | 3 | QL |
| REYVOW (50 MG TABLET, 100 MG TABLET) | 3 | QL PA |
| *rizatriptan benzoate (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)* | 1 | QL |
| *sumatriptan (5 mg spray, 20 mg spray)* | 1 | QL |
| *sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)* | 1 | QL |
| *sumatriptan succinate/naproxen sodium* | 1 | QL |
| TOSYMRA | 3 | QL ST |
| TREXIMET | 3 | QL |
| ZEMBRACE SYMTOUCH | 3 | QL ST |
| ZOLMITRIPTAN (2.5 MG SPRAY, 5 MG SPRAY) | 3 | QL ST |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)* | 1 | QL |
| ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY) | 3 | QL ST |
| ZOMIG (2.5 MG TABLET, 5 MG TABLET) | 3 | QL |
| ZOMIG ZMT | 3 | QL |
| ANTIMYASTHENIC AGENTS | | |
| PARASYMPATHOMIMETICS | | |
| *guanidine hcl* | 3 | |
| MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN) | 3 | |
| *pyridostigmine bromide (60 mg tablet, 180 mg tablet er)* | 1 | |
| PYRIDOSTIGMINE BROMIDE 30 MG TABLET | 3 | |
| *pyridostigmine bromide 60 mg/5 ml solution* | 1 | |
| ANTIMYCOBACTERIALS | | |
| ANTIMYCOBACTERIALS, OTHER | | |
| *dapsone (25 mg tablet, 100 mg tablet)* | 1 | |
| MYCOBUTIN | 3 | |
| *rifabutin* | 1 | |
| ANTITUBERCULARS | | |
| *cycloserine* | 1 | |
| *ethambutol hcl* | 1 | |
| *isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)* | 1 | |
| MYAMBUTOL | 3 | |
| PASER | 3 | |
| PRETOMANID | 3 | QL |
| PRIFTIN | 3 | |
| *pyrazinamide* | 1 | |
| RIFADIN (150 MG CAPSULE, 300 MG CAPSULE) | 3 | |
| *rifampin (150 mg capsule, 300 mg capsule)* | 1 | |
| RIFATER | 3 | |
| SIRTURO | 3 | |
| TRECATOR | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ANTINEOPLASTICS | | |
| ALKYLATING AGENTS | | |
| ALKERAN 2 MG TABLET | 3 | |
| *cyclophosphamide (25 mg capsule, 50 mg capsule)* | 1 | |
| CYCLOPHOSPHAMIDE (25 MG TABLET, 50 MG TABLET) | 3 | |
| GLEOSTINE | 3 | |
| LEUKERAN | 2 | |
| MATULANE | 2 | S |
| *melphalan* | 1 | |
| MYLERAN | 2 | |
| TEMODAR (100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE) | 3 | S MS |
| *temozolomide* | 1 | S MS |
| VALCHLOR | 3 | QL PA S MS |
| ANTIANDROGENS | | |
| *abiraterone acetate 250 mg tablet* | 1 | QL S MS |
| *abiraterone acetate 500 mg tablet* | 1 | QL PA S MS |
| *bicalutamide* | 1 | |
| CASODEX | 3 | |
| ERLEADA (60 MG TABLET, 240 MG TABLET) | 3 | QL PA S MS |
| *flutamide* | 1 | |
| NILANDRON | 3 | |
| *nilutamide* | 1 | |
| NUBEQA | 2 | QL PA S MS |
| ORSERDU (86 MG TABLET, 345 MG TABLET) | 3 | QL PA S MS |
| *toremifene citrate* | 1 | |
| XTANDI (40 MG CAPSULE, 40 MG TABLET, 80 MG TABLET) | 2 | QL PA S MS |
| YONSA | 3 | QL PA S MS |
| ZYTIGA (250 MG TABLET, 500 MG TABLET) | 3 | QL PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ANTIANGIOGENIC AGENTS | | |
| *lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule, 20 mg capsule, 25 mg capsule)* | 1 | QL PA S MS |
| POMALYST | 3 | QL PA S MS |
| REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE) | 3 | QL PA S MS |
| TEPMETKO | 3 | QL PA S |
| THALOMID | 3 | QL S MS |
| ANTIESTROGENS/MODIFIERS | | |
| EMCYT | 3 | |
| FARESTON | 3 | |
| SOLTAMOX | 3 | QL PA<br>C Covered in full |
| *tamoxifen citrate* | 1 | C Covered in full |
| ANTIMETABOLITES | | |
| *capecitabine (150 mg tablet, 500 mg tablet)* | 1 | S MS |
| DROXIA | 3 | |
| HYDREA | 3 | |
| *hydroxyurea* | 1 | |
| INQOVI | 3 | QL PA S MS |
| *mercaptopurine* | 1 | |
| PURIXAN | 3 | QL PA S |
| SIKLOS (100 MG TABLET, 1,000 MG TABLET) | 3 | PA |
| TABLOID | 2 | |
| XELODA | 3 | S MS |
| ANTINEOPLASTICS, OTHER | | |
| AUGTYRO | 3 | QL PA S MS |
| AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET) | 3 | QL PA S |
| BESREMI | 3 | QL PA S MS |
| BRUKINSA | 3 | QL PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| EXKIVITY | 3 | QL PA S MS |
| FOTIVDA | 3 | QL PA S MS |
| HEMANGEOL | 3 | S |
| IDHIFA | 3 | QL PA S MS |
| INREBIC | 3 | QL PA S MS |
| KISQALI FEMARA CO-PACK (200 MG, 400 MG, 600 MG) | 2 | QL PA S MS |
| KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE) | 3 | QL PA S MS |
| KRAZATI | 3 | QL PA S MS |
| *leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)* | 1 | |
| LONSURF | 3 | PA S MS |
| LUMAKRAS 120 MG TABLET | 3 | QL PA S MS |
| LYTGOBI (12 MG (3X, 16 MG (4X, 20 MG (5X) | 3 | QL PA S MS |
| NINLARO | 3 | PA S MS |
| OGSIVEO | 3 | QL PA S MS |
| ONUREG | 3 | QL PA S MS |
| QINLOCK | 3 | QL PA S |
| TAZVERIK | 3 | QL PA S MS |
| TRUSELTIQ (50 MG DAILY PK, 75 MG DAILY PK, 100 MG DAILY PK, 125 MG DAILY PK) | 3 | QL PA S |
| VANFLYTA | 3 | QL PA S MS |
| WELIREG | 3 | QL PA S MS |
| XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE) | 3 | QL PA S MS |
| ZOLINZA | 3 | QL PA S MS |
| AROMATASE INHIBITORS, 3RD GENERATION | | |
| *anastrozole* | 1 | C Covered in full |
| ARIMIDEX | 3 | |
| AROMASIN | 3 | |
| *exemestane* | 1 | C Covered in full |
| FEMARA | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *letrozole* | 1 | |
| ENZYME INHIBITORS | | |
| AKEEGA | 3 | QL PA S MS |
| *etoposide 50 mg capsule* | 1 | |
| GAVRETO | 3 | QL PA S MS |
| HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE) | 2 | QL S MS |
| JAYPIRCA (50 MG TABLET, 100 MG TABLET) | 3 | QL PA S MS |
| OJJAARA | 3 | QL PA MS |
| TRUQAP | 3 | QL PA S MS |
| MOLECULAR TARGET INHIBITORS | | |
| AFINITOR | 3 | QL PA S MS |
| ALECENSA | 3 | PA S MS |
| ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET) | 3 | QL PA S MS |
| BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET) | 3 | QL PA S |
| BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET) | 3 | QL PA S MS |
| BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE) | 3 | QL PA S MS |
| CABOMETYX | 3 | QL PA S MS |
| CALQUENCE (100 MG CAPSULE, 100 MG TABLET) | 3 | QL PA S |
| CAPRELSA (100 MG TABLET, 300 MG TABLET) | 2 | QL PA S |
| COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK) | 2 | QL PA S MS |
| COPIKTRA 15 MG CAPSULE | 3 | QL PA S |
| COPIKTRA 25 MG CAPSULE | 3 | QL PA |
| COTELLIC | 3 | QL PA S MS |
| DAURISMO (25 MG TABLET, 100 MG TABLET) | 3 | QL PA S MS |
| ERIVEDGE | 3 | QL PA S MS |
| *erlotinib hcl* | 1 | QL PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *everolimus (2 mg tab susp, 2.5 mg tablet, 3 mg tab susp, 5 mg tab susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)* | 1 | QL PA S MS |
| FRUZAQLA 1 MG CAPSULE | 3 | QL PA S MS |
| FRUZAQLA 5 MG CAPSULE | 3 | QL PA S |
| *gefitinib* | 1 | QL PA S MS |
| GILOTRIF | 3 | QL PA S MS |
| GLEEVEC (100 MG TABLET, 400 MG TABLET) | 3 | QL S MS |
| IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET) | 2 | QL PA S MS |
| ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET) | 3 | QL PA S |
| *imatinib mesylate (100 mg tablet, 400 mg tablet)* | 1 | QL S MS |
| IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET) | 3 | QL PA S |
| IMBRUVICA 70 MG/ML SUSPENSION | 3 | QL PA S MS |
| INLYTA (1 MG TABLET, 5 MG TABLET) | 3 | QL PA S MS |
| IRESSA | 3 | QL PA S MS |
| JAKAFI | 2 | QL PA S MS |
| KISQALI | 2 | QL PA S MS |
| *lapatinib ditosylate* | 1 | QL S MS |
| LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 14 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 24 MG DAILY DOSE) | 3 | QL PA S MS |
| LORBRENA (25 MG TABLET, 100 MG TABLET) | 3 | QL PA S MS |
| LYNPARZA | 3 | QL PA S MS |
| MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET) | 3 | QL PA S MS |
| MEKTOVI | 3 | QL PA S MS |
| NERLYNX | 3 | QL PA S MS |
| NEXAVAR | 3 | QL PA S MS |
| ODOMZO | 3 | PA S MS |
| OPZELURA | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *pazopanib hcl* | 1 | QL PA S MS |
| PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET) | 3 | QL PA S |
| PIQRAY (200 MG DAILY PACK, 250 MG DAILY PACK, 300 MG DAILY PACK) | 3 | QL PA S MS |
| RETEVMO (40 MG CAPSULE, 80 MG CAPSULE) | 3 | QL PA S MS |
| ROZLYTREK (50 MG PELLET PACKET, 100 MG CAPSULE, 200 MG CAPSULE) | 3 | QL PA S MS |
| RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET) | 3 | QL PA S MS |
| RYDAPT | 3 | QL PA S MS |
| SCEMBLIX | 3 | QL PA S MS |
| *sorafenib tosylate* | 1 | QL PA S MS |
| SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET) | 3 | QL PA S MS |
| STIVARGA | 3 | QL PA S MS |
| *sunitinib malate (12.5 mg capsule, 25 mg capsule, 37.5 mg capsule, 50 mg capsule)* | 1 | QL PA S MS |
| SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE) | 3 | QL PA S MS |
| TABRECTA | 3 | QL PA S MS |
| TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE) | 3 | QL PA S MS |
| TAGRISSO | 3 | PA S MS |
| TALZENNA (0.1 MG CAPSULE, 0.25 MG CAPSULE, 0.35 MG CAPSULE, 0.5 MG CAPSULE, 0.75 MG CAPSULE, 1 MG CAPSULE) | 3 | QL PA S MS |
| TARCEVA | 3 | QL PA S MS |
| TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE) | 3 | QL PA S MS |
| TIBSOVO | 3 | QL PA |
| TUKYSA (50 MG TABLET, 150 MG TABLET) | 3 | QL PA S MS |
| TURALIO | 3 | QL PA S |
| TYKERB | 3 | QL S MS |
| VENCLEXTA | 3 | QL PA S |
| VERZENIO | 2 | QL PA S MS |
| VIJOICE (50 MG TABLET, 125 MG TABLET, 250 MG DAILY DOSE PACK) | 3 | QL PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE) | 3 | QL PA S MS |
| VIZIMPRO | 3 | QL PA S MS |
| VOTRIENT | 3 | QL PA S MS |
| XALKORI (20 MG PELLET, 50 MG PELLET, 150 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE) | 3 | QL PA S MS |
| XOSPATA | 3 | QL PA S MS |
| ZEJULA (100 MG CAPSULE, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET) | 2 | QL PA S MS |
| ZELBORAF | 2 | QL PA S MS |
| ZYDELIG | 3 | QL PA S MS |
| ZYKADIA | 3 | QL PA S MS |
| RETINOIDS | | |
| *bexarotene (1 % gel (gram), 75 mg capsule)* | 1 | QL PA S MS |
| PANRETIN | 3 | |
| TARGRETIN 1% GEL | 3 | PA S MS |
| TARGRETIN 75 MG CAPSULE | 3 | QL PA S MS |
| *tretinoin 10 mg capsule* | 1 | |
| TREATMENT ADJUNCTS | | |
| MESNEX 400 MG TABLET | 3 | |
| REZLIDHIA | 3 | QL PA S |
| VONJO | 3 | QL PA S MS |
| ANTIPARASITICS | | |
| ANTHELMINTHICS | | |
| *albendazole* | 1 | |
| ALBENZA | 3 | |
| BILTRICIDE | 3 | |
| EMVERM | 3 | QL PA |
| *ivermectin 3 mg tablet* | 1 | QL PA |
| *praziquantel* | 1 | |
| STROMECTOL | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ANTIPROTOZOALS | | |
| ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET) | 3 | QL |
| ARAKODA | 3 | |
| *atovaquone 750 mg/5ml oral susp* | 1 | |
| *atovaquone/proguanil hcl* | 1 | |
| BENZNIDAZOLE (12.5 MG TABLET, 100 MG TABLET) | 3 | QL |
| *chloroquine phosphate* | 1 | |
| COARTEM | 3 | |
| DARAPRIM | 3 | PA S |
| *hydroxychloroquine sulfate (100 mg tablet, 300 mg tablet, 400 mg tablet)* | 1 | QL PA |
| *hydroxychloroquine sulfate 200 mg tablet* | 1 | |
| IMPAVIDO | 3 | QL PA |
| KRINTAFEL | 2 | |
| LAMPIT | 3 | |
| MALARONE | 3 | |
| *mefloquine hcl* | 1 | |
| MEPRON | 3 | |
| NEBUPENT | 3 | |
| *nitazoxanide* | 1 | QL |
| *pentamidine isethionate 300 mg vial-neb* | 1 | |
| PLAQUENIL | 3 | |
| *primaquine phosphate (tier dependent on manufacturer. sanofi-aventis t3, others t1)* | 3 | |
| *pyrimethamine* | 1 | S MS |
| QUALAQUIN | 3 | PA |
| *quinine sulfate* | 1 | PA |
| ANTIPARKINSON AGENTS | | |
| ANTICHOLINERGICS | | |
| *benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)* | 1 | |
| *trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet)* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ANTIPARKINSON AGENTS, OTHER | | |
| *amantadine hcl (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet)* | 1 | |
| *carbidopa/levodopa/entacapone* | 1 | |
| COMTAN | 3 | |
| *entacapone* | 1 | |
| GOCOVRI | 3 | QL PA |
| NOURIANZ | 3 | QL PA S |
| ONGENTYS | 3 | QL |
| OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET, ER 322 MG DAILY DOSE) | 3 | QL PA S |
| STALEVO | 3 | |
| TASMAR | 3 | |
| *tolcapone* | 1 | |
| DOPAMINE AGONISTS | | |
| APOKYN | 3 | QL PA S MS |
| *apomorphine hcl* | 1 | QL PA S MS |
| *bromocriptine mesylate* | 1 | |
| KYNMOBI (10 MG SL FILM, 15 MG SL FILM, 20 MG SL FILM, 25 MG SL FILM, 30 MG SL FILM, TITRATION KIT) | 3 | QL PA |
| MIRAPEX | 3 | |
| MIRAPEX ER (ER 0.375 MG TABLET, ER 0.75 MG TABLET, ER 1.5 MG TABLET, ER 2.25 MG TABLET, ER 3 MG TABLET, ER 3.75 MG TABLET, ER 4.5 MG TABLET) | 3 | PA |
| NEUPRO | 3 | QL PA |
| PARLODEL | 3 | |
| *pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)* | 1 | |
| *pramipexole di-hcl (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)* | 1 | PA |
| REQUIP XL | 3 | QL |
| *ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)* | 1 | |
| *ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)* | 1 | QL |
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS | | |
| *carbidopa* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)* | 1 | |
| DHIVY | 3 | |
| INBRIJA | 3 | QL PA S MS |
| LODOSYN | 3 | |
| RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP) | 3 | QL PA |
| SINEMET 10-100 | 3 | |
| SINEMET 25-100 | 3 | |
| SINEMET 25-250 | 3 | |
| SINEMET CR | 3 | |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS | | |
| AZILECT | 3 | QL |
| *rasagiline mesylate* | 1 | QL |
| *selegiline hcl* | 1 | |
| XADAGO (50 MG TABLET, 100 MG TABLET) | 3 | QL ST |
| ZELAPAR | 3 | QL PA |
| ANTIPSYCHOTICS | | |
| 1ST GENERATION/TYPICAL | | |
| *chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet)* | 1 | |
| *fluphenazine decanoate* | 1 | |
| *fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)* | 1 | |
| *haloperidol* | 1 | |
| *haloperidol lactate (2 mg/ml oral conc, 5 mg/ml vial)* | 1 | |
| *loxapine succinate* | 1 | |
| *molindone hcl* | 1 | |
| *pimozide* | 1 | |
| *thioridazine hcl* | 1 | |
| *thiothixene* | 1 | |
| *trifluoperazine hcl* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| 2ND GENERATION/ATYPICAL | | |
| ABILIFY (2 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET) | 3 | QL |
| ABILIFY ASIMTUFII (720 MG/2.4ML, 960 MG/3.2ML) | 3 | QL |
| ABILIFY MAINTENA | 3 | |
| ABILIFY MYCITE (2 MG KIT, 2 MG MAINT KIT, 2 MG START KIT, 5 MG KIT, 5 MG MAINT KIT, 5 MG START KIT, 10 MG KIT, 10 MG MAINT KIT, 10 MG START KIT, 15 MG KIT, 15 MG MAINT KIT, 15 MG START KIT, 20 MG KIT, 20 MG MAINT KIT, 20 MG START KIT, 30 MG KIT, 30 MG MAINT KIT, 30 MG START KIT) | 3 | QL PA |
| *aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tablet, 30 mg tablet)* | 1 | QL |
| ARISTADA | 3 | QL |
| ARISTADA INITIO | 3 | QL |
| *asenapine maleate* | 1 | QL |
| CAPLYTA | 3 | QL ST |
| FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET) | 3 | QL ST |
| FANAPT TITRATION PACK | 3 | ST |
| GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE) | 3 | |
| INVEGA | 3 | QL |
| INVEGA HAFYERA | 3 | |
| INVEGA SUSTENNA | 3 | |
| INVEGA TRINZA | 3 | |
| LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET, 120 MG TABLET) | 3 | QL |
| *lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet, 120 mg tablet)* | 1 | QL |
| NUPLAZID | 3 | QL PA S MS |
| *olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tab rapdis, 20 mg tablet)* | 1 | |
| *paliperidone* | 1 | QL |
| PERSERIS | 3 | |
| *quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)* | 1 | |
| *quetiapine fumarate (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h, 400 mg tablet)* | 1 | QL |
| QUETIAPINE FUMARATE 150 MG TABLET | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET) | 3 | QL ST |
| RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML SOLUTION, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET) | 3 | |
| RISPERDAL CONSTA | 3 | |
| *risperidone (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 1 mg/ml solution, 2 mg tab rapdis, 2 mg tablet, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)* | 1 | |
| RYKINDO | 3 | QL |
| SAPHRIS | 3 | QL |
| SECUADO | 3 | ST |
| SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET) | 3 | |
| SEROQUEL 400 MG TABLET | 3 | QL |
| SEROQUEL XR (50 MG TABLET, 150 MG TABLET, 200 MG TABLET, 300 MG TABLET, 400 MG TABLET) | 3 | QL |
| UZEDY | 3 | QL |
| VRAYLAR | 3 | QL ST |
| *ziprasidone hcl* | 1 | |
| ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET) | 3 | |
| ZYPREXA RELPREVV | 3 | |
| ZYPREXA ZYDIS | 3 | |
| TREATMENT-RESISTANT | | |
| *clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 25 mg tablet, 50 mg tablet, 100 mg tab rapdis, 100 mg tablet, 150 mg tab rapdis, 200 mg tab rapdis, 200 mg tablet)* | 1 | |
| CLOZARIL | 3 | |
| FAZACLO | 3 | |
| VERSACLOZ | 3 | |
| ANTISPASTICITY AGENTS | | |
| *baclofen (10 mg tablet, 20 mg tablet)* | 1 | |
| BACLOFEN (5 MG/5 ML SOLUTION, 10 MG/5 ML SOLUTION) | 3 | QL PA |
| BACLOFEN 5 MG TABLET | 3 | |
| DANTRIUM (25 MG CAPSULE, 50 MG CAPSULE) | 3 | |
| *dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)* | 1 | |
| LYVISPAH | 3 | QL PA |
| OZOBAX | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| OZOBAX DS | 3 | QL PA |
| *tizanidine hcl* | 1 | |
| ZANAFLEX | 3 | |
| ANTIVIRALS | | |
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS | | |
| LIVTENCITY | 3 | QL S |
| PREVYMIS (240 MG TABLET, 480 MG TABLET) | 3 | |
| VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET) | 3 | |
| *valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)* | 1 | |
| ANTI-HEPATITIS B (HBV) AGENTS | | |
| *adefovir dipivoxil* | 1 | |
| BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET) | 3 | QL |
| *entecavir* | 1 | QL |
| EPIVIR HBV (25 MG/5 ML SOLN, 100 MG TABLET) | 3 | |
| HEPSERA | 3 | |
| *lamivudine 100 mg tablet* | 1 | |
| VEMLIDY | 3 | |
| ANTI-HEPATITIS C (HCV) AGENTS | | |
| EPCLUSA (150-37.5 MG PELLET PKT, 200 MG-50 MG TABLET, 200-50 MG PELLET PACK, 400 MG-100 MG TABLET) | 2 | QL PA S MS |
| HARVONI (33.75-150 MG PELLET PK, 45-200 MG PELLET PACKT, 45-200 MG TABLET, 90-400 MG TABLET) | 2 | QL PA S MS |
| LEDIPASVIR/SOFOSBUVIR | 2 | QL PA S MS |
| MAVYRET 100-40 MG TABLET | 2 | QL PA S MS |
| MAVYRET 50-20 MG PELLET PACKET | 2 | PA S MS |
| *ribavirin (200 mg capsule, 200 mg tablet)* | 1 | PA S MS |
| SOFOSBUVIR/VELPATASVIR | 2 | QL PA S MS |
| SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET) | 3 | QL PA S MS |
| VOSEVI | 3 | QL PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ZEPATIER | 3 | QL PA ST S MS |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI) | | |
| BIKTARVY | 2 | QL S |
| DOVATO | 2 | S |
| GENVOYA | 2 | S |
| ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW, 400 MG TABLET) | 2 | QL S |
| ISENTRESS 100 MG POWDER PACKET | 2 | S |
| ISENTRESS HD | 2 | S |
| JULUCA | 2 | S |
| STRIBILD | 3 | QL S |
| TIVICAY | 3 | S |
| TIVICAY PD | 3 | S |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) | | |
| ATRIPLA | 3 | QL S |
| COMPLERA | 3 | S |
| DELSTRIGO | 3 | QL S |
| EDURANT | 3 | S |
| *efavirenz* | 1 | S |
| *efavirenz/emtricitabine/tenofovir disoproxil fumarate* | 1 | QL S |
| *efavirenz/lamivudine/tenofovir disoproxil fumarate* | 1 | QL S |
| *etravirine* | 1 | S |
| INTELENCE | 2 | S |
| *nevirapine (100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)* | 1 | S |
| *nevirapine 50 mg/5 ml oral susp* | 1 | S |
| ODEFSEY | 3 | S |
| PIFELTRO | 3 | QL S |
| RESCRIPTOR | 2 | S |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SUSTIVA | 3 | S |
| SYMFI | 3 | QL S |
| SYMFI LO | 3 | QL S |
| VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET) | 3 | S |
| VIRAMUNE XR | 3 | S |
| ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) | | |
| *abacavir sulfate 20 mg/ml solution* | 1 | |
| *abacavir sulfate 300 mg tablet* | 1 | S |
| *abacavir sulfate/lamivudine* | 1 | S |
| *abacavir sulfate/lamivudine/zidovudine* | 1 | S |
| CIMDUO | 3 | QL S |
| COMBIVIR | 3 | S |
| DESCOVY 120-15 MG TABLET | 2 | C Covered in full for PreP only<br>S |
| DESCOVY 200-25 MG TABLET | 2 | C Covered in full for PrEP only<br>S |
| *didanosine* | 1 | S |
| *emtricitabine* | 1 | S |
| *emtricitabine/tenofovir (tdf) 200-300 mg tablet* | 1 | C Covered in full for PrEP only<br>S |
| *emtricitabine/tenofovir disoproxil fumarate (emtricitabine/tenofovir 100-150 mg tablet, emtricitabine/tenofovir 133-200 mg tablet, emtricitabine/tenofovir 167-250 mg tablet)* | 1 | S |
| EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE) | 3 | S |
| EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET) | 3 | S |
| EPZICOM | 3 | S |
| *lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)* | 1 | S |
| *lamivudine/zidovudine* | 1 | S |
| RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE) | 3 | S |
| *stavudine* | 1 | S |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TEMIXYS | 2 | QL S |
| *tenofovir disoproxil fumarate* | 1 | S |
| TRIUMEQ | 2 | S |
| TRIUMEQ PD | 2 | QL |
| TRIZIVIR | 3 | S |
| TRUVADA | 3 | S |
| VIDEX | 2 | S |
| VIDEX EC | 3 | S |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER) | 3 | S |
| ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET) | 3 | S |
| *zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)* | 1 | S |
| ANTI-HIV AGENTS, OTHER | | |
| *maraviroc* | 1 | QL S |
| RUKOBIA | 3 | PA S |
| SELZENTRY (25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET) | 3 | S |
| SELZENTRY 20 MG/ML ORAL SOLN | 2 | S |
| SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET) | 3 | QL PA |
| TYBOST | 2 | QL S |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI) | | |
| APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE) | 3 | S |
| *atazanavir sulfate* | 1 | S |
| CRIXIVAN | 3 | S |
| *darunavir* | 1 | S |
| *darunavir ethanolate* | 1 | S |
| EVOTAZ | 3 | QL S |
| INVIRASE | 3 | S |
| KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET) | 3 | S |
| LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET) | 3 | S |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *lopinavir/ritonavir (lopinavir/ritonavir 100mg-25mg tablet, lopinavir/ritonavir 200mg-50mg tablet, lopinavir/ritonavir 400-100/5 solution)* | 1 | S |
| NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET, 100 MG SOFTGEL CAP, 100 MG TABLET) | 3 | S |
| PREZCOBIX | 3 | S |
| PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET) | 3 | S |
| REYATAZ | 3 | S |
| *ritonavir* | 1 | S |
| SYMTUZA | 3 | QL |
| VIRACEPT | 3 | S |
| ANTI-INFLUENZA AGENTS | | |
| FLUMADINE | 3 | |
| *oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)* | 1 | QL |
| RELENZA | 3 | QL |
| *rimantadine hcl* | 1 | |
| TAMIFLU (6 MG/ML SUSPENSION, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE) | 3 | QL |
| XOFLUZA | 3 | QL |
| ANTIHERPETIC AGENTS | | |
| *acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)* | 1 | |
| *famciclovir (125 mg tablet, 250 mg tablet)* | 1 | |
| *famciclovir 500 mg tablet* | 1 | QL |
| SITAVIG | 3 | PA |
| *valacyclovir hcl* | 1 | |
| VALTREX | 3 | |
| VIROPTIC | 3 | |
| ZOVIRAX (200 MG CAPSULE, 200 MG/5 ML SUSP, 400 MG TABLET, 800 MG TABLET) | 3 | |
| ANXIOLYTICS | | |
| ANXIOLYTICS, OTHER | | |
| *buspirone hcl* | 1 | |
| *meprobamate* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| BENZODIAZEPINES | | |
| *alprazolam (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab er 24h, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab er 24h, 1 mg tab rapdis, 1 mg tablet, 2 mg tab er 24h, 2 mg tab rapdis, 2 mg tablet, 3 mg tab er 24h)* | 1 | |
| *alprazolam intensol* | 1 | |
| ATIVAN (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET) | 3 | |
| *chlordiazepoxide hcl* | 1 | |
| *clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)* | 1 | |
| *clorazepate dipotassium* | 1 | |
| *diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)* | 1 | |
| KLONOPIN | 3 | |
| *lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml oral conc)* | 1 | |
| *lorazepam intensol* | 1 | |
| LOREEV XR (1 MG CAPSULE, 1.5 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE) | 3 | QL PA |
| *midazolam hcl (2 mg/ml syrup, 5 mg/2.5ml syrup)* | 1 | |
| *oxazepam* | 1 | |
| TRANXENE T-TAB | 3 | |
| VALIUM | 3 | |
| XANAX | 3 | |
| XANAX XR | 3 | |
| BIPOLAR AGENTS | | |
| MOOD STABILIZERS | | |
| EQUETRO | 3 | |
| *lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule)* | 1 | |
| *lithium citrate* | 1 | |
| LITHOBID | 3 | |
| BLOOD GLUCOSE REGULATORS | | |
| ***DIABETIC BENEFIT and/or DME BENEFIT APPLIES. Please refer to member contract for copayment amount. If Diabetic Benefit DOES NOT apply please refer to the following tier classifications:*** | | |
| ANTIDIABETIC AGENTS | | |
| *acarbose* | 1 | |
| ACTOPLUS MET | 3 | |
| ACTOS | 3 | |
| ADLYXIN | 3 | QL ST |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *alogliptin benzoate* | 3 | QL ST |
| *alogliptin benzoate/metformin hcl* | 3 | QL ST |
| *alogliptin benzoate/pioglitazone hcl* | 3 | QL ST |
| AMARYL | 3 | |
| BYDUREON BCISE | 3 | QL ST |
| BYDUREON PEN | 3 | QL ST |
| BYETTA (5 MCG PEN INJ, 10 MCG PEN INJ) | 3 | QL ST |
| CYCLOSET | 3 | QL |
| DAPAGLIFLOZIN PROPANEDIOL | 3 | QL ST |
| DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HCL (PROPANED/METFORMIN 5MG-1000MG TAB BP 24H, PROPANED/METFORMIN 10-1000 MG TAB BP 24H) | 3 | QL ST |
| DUETACT | 3 | QL |
| FARXIGA | 2 | QL |
| FORTAMET | 3 | ST |
| *glimepiride* | 1 | |
| *glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 10 mg tablet)* | 1 | |
| GLIPIZIDE 2.5 MG TABLET | 3 | |
| *glipizide/metformin hcl* | 1 | |
| GLUCOPHAGE | 3 | |
| GLUCOPHAGE XR | 3 | |
| GLUCOTROL | 3 | |
| GLUCOTROL XL | 3 | |
| GLUMETZA | 3 | ST |
| *glyburide* | 1 | |
| *glyburide,micronized* | 1 | |
| *glyburide/metformin hcl* | 1 | |
| GLYNASE | 3 | |
| GLYSET | 3 | |
| GLYXAMBI | 2 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| INPEFA (200 MG TABLET, 400 MG TABLET) | 3 | QL PA |
| INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET) | 2 | |
| INVOKAMET 50-500 MG TABLET | 2 | QL |
| INVOKAMET XR | 2 | |
| INVOKANA (100 MG TABLET, 300 MG TABLET) | 2 | QL |
| JANUMET | 2 | QL |
| JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET) | 2 | QL |
| JANUVIA | 2 | QL |
| JARDIANCE | 2 | QL |
| JENTADUETO | 2 | QL |
| JENTADUETO XR (2.5 MG, 5 MG TB) | 2 | QL |
| KAZANO | 3 | QL ST |
| KOMBIGLYZE XR (2.5-1,000 MG TAB, 5-1,000 MG TAB, 5-500 MG TABLET) | 3 | QL |
| *metformin er 500mg & 1000mg tab (generic version of glumetza)* | 1 | ST |
| *metformin hcl (500 mg tab er 24, 1000 mg tab er 24)* | 1 | ST |
| *metformin hcl (500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)* | 1 | |
| METFORMIN HCL 625 MG TABLET | 3 | ST |
| *miglitol* | 1 | |
| MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN) | 3 | QL PA |
| *nateglinide* | 1 | |
| NESINA | 3 | QL ST |
| ONGLYZA | 3 | QL |
| OSENI | 3 | QL ST |
| OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)) | 2 | QL PA |
| *pioglitazone hcl* | 1 | |
| *pioglitazone hcl/glimepiride* | 1 | QL |
| *pioglitazone hcl/metformin hcl* | 1 | |
| PRECOSE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| QTERN 10 MG-5 MG TABLET | 3 | QL ST |
| QTERN 5 MG-5 MG TABLET | 3 | ST |
| *repaglinide* | 1 | |
| RIOMET | 3 | |
| RIOMET ER | 3 | |
| RYBELSUS | 2 | QL ST |
| *saxagliptin hcl* | 1 | QL |
| *saxagliptin hcl/metformin hcl (/metformin 2.5-1000mg tbmp 24hr, /metformin 5 mg-500mg tbmp 24hr, /metformin 5mg-1000mg tbmp 24hr)* | 1 | QL |
| SEGLUROMET | 2 | QL |
| SOLIQUA 100-33 | 2 | QL |
| STARLIX | 3 | |
| STEGLATRO | 2 | QL |
| STEGLUJAN | 2 | QL |
| SYMLINPEN 120 | 3 | |
| SYMLINPEN 60 | 3 | |
| SYNJARDY | 2 | |
| SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB, 25-1,000 MG TABLET) | 2 | QL |
| TRADJENTA | 2 | QL |
| TRIJARDY XR | 2 | |
| TRULICITY | 2 | QL ST |
| VICTOZA 2-PAK | 2 | QL ST |
| VICTOZA 3-PAK | 2 | QL ST |
| WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN, 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN) | 3 | QL PA |
| XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET) | 2 | QL |
| XULTOPHY 100-3.6 | 2 | QL |
| ZEPBOUND | 3 | QL PA |
| GLYCEMIC AGENTS | | |
| BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK) | 2 | QL |
| DEX4 GLUCOSE (15 GM GEL PACKET, LIQUID, LIQUID BLAST) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *dex4 glucose (glucose 4 gm tablet chew, glucose tab pouch pack, quick dissolve tab chew)* | 1 | |
| *dex4 glucose bits* | 1 | |
| *dextrose (1 g tab chew, 4 g tab chew, 40 % gel (gram))* | 1 | |
| DEXTROSE (15 G/60 ML LIQUID, 15G/59ML LIQUID) | 3 | |
| *diazoxide* | 1 | |
| GLUCAGEN 1 MG HYPOKIT | 2 | QL |
| GLUCAGON EMERGENCY KIT | 2 | QL |
| *glucagon emergency kit (mfr: amphastar pharmaceuticals)* | 1 | QL |
| *gluco burst 40% gel* | 1 | |
| GLUCO SHOT | 3 | |
| GLUTOSE-15 | 3 | |
| GLUTOSE-45 | 3 | |
| GLUTOSE-5 | 3 | |
| GVOKE | 2 | QL |
| GVOKE HYPOPEN 1-PACK (1-PK 1 MG/0.2 ML, 1PK 0.5MG/0.1 ML) | 2 | QL |
| GVOKE HYPOPEN 2-PACK (2-PK 1 MG/0.2 ML, 2PK 0.5MG/0.1 ML) | 2 | QL |
| GVOKE PFS 1-PACK SYRINGE (1-PK 1 MG/0.2 ML SYR, 1PK 0.5MG/0.1 ML SYR) | 2 | QL |
| GVOKE PFS 2-PACK SYRINGE (2-PK 1 MG/0.2 ML SYR, 2PK 0.5MG/0.1 ML SYR) | 2 | QL |
| PROGLYCEM | 3 | |
| RELION GLUCOSE 15 GRAM LIQUID | 3 | |
| TRUEPLUS GLUCOSE (3.75 G TB CHW, 15 GRAM GEL, 15 GRAM LIQ, RA 15 GM GEL) | 3 | |
| ZEGALOGUE AUTOINJECTOR | 3 | QL |
| ZEGALOGUE SYRINGE | 3 | QL |
| INSULINS | | |
| ADMELOG | 3 | ST |
| ADMELOG SOLOSTAR | 3 | ST |
| AFREZZA | 3 | |
| APIDRA | 3 | ST |
| APIDRA SOLOSTAR | 3 | ST |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| BASAGLAR KWIKPEN U-100 | 3 | |
| BASAGLAR TEMPO PEN U-100 | 3 | |
| FIASP | 3 | ST |
| FIASP FLEXTOUCH | 3 | ST |
| FIASP PENFILL | 3 | ST |
| FIASP PUMPCART | 3 | ST |
| HUMALOG | 2 | |
| HUMALOG JUNIOR KWIKPEN | 2 | |
| HUMALOG KWIKPEN U-100 | 2 | |
| HUMALOG KWIKPEN U-200 | 2 | |
| HUMALOG MIX 50-50 | 2 | |
| HUMALOG MIX 50-50 KWIKPEN | 2 | |
| HUMALOG MIX 75-25 | 2 | |
| HUMALOG MIX 75-25 KWIKPEN | 2 | |
| HUMALOG TEMPO PEN U-100 | 2 | |
| HUMULIN 70-30 | 2 | |
| HUMULIN 70/30 KWIKPEN | 2 | |
| HUMULIN N | 2 | |
| HUMULIN N KWIKPEN | 2 | |
| HUMULIN R | 2 | |
| HUMULIN R U-500 | 2 | |
| HUMULIN R U-500 KWIKPEN | 2 | |
| INSULIN ASPART (100/ML (3) INSULN PEN, 100/ML CARTRIDGE, 100/ML VIAL) | 3 | ST |
| INSULIN ASPART PROT/INSULN ASP 70-30/ML VIAL | 3 | ST |
| INSULIN DEGLUDEC (100/ML (3) INSULN PEN, 100/ML VIAL, 200/ML (3) INSULN PEN) | 2 | |
| INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG (100/ML (3) INSULN PEN, 100/ML VIAL, 300/ML (3) INSULN PEN, 300/ML INSULN PEN) | 2 | |
| INSULIN GLARGINE-YFGN | 2 | |
| INSULIN LISPRO (100/ML INS PEN HF, 100/ML INSULN PEN, 100/ML VIAL) | 2 | |
| INSULIN LISPRO PROTAMINE AND INSULIN LISPRO | 2 | |
| LANTUS | 2 | |
| LANTUS SOLOSTAR | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| LEVEMIR | 2 | |
| LEVEMIR FLEXPEN | 2 | |
| LEVEMIR FLEXTOUCH | 2 | |
| LYUMJEV | 2 | |
| LYUMJEV KWIKPEN U-100 | 2 | |
| LYUMJEV KWIKPEN U-200 | 2 | |
| LYUMJEV TEMPO PEN U-100 | 2 | |
| NOVOLIN 70-30 | 3 | |
| NOVOLIN 70-30 FLEXPEN | 3 | |
| NOVOLIN N | 3 | |
| NOVOLIN N FLEXPEN | 3 | |
| NOVOLIN R | 3 | |
| NOVOLIN R FLEXPEN | 3 | |
| NOVOLOG | 3 | ST |
| NOVOLOG FLEXPEN | 3 | ST |
| NOVOLOG MIX 70-30 | 3 | ST |
| NOVOLOG MIX 70-30 FLEXPEN | 3 | ST |
| NOVOLOG PENFILL | 3 | ST |
| REZVOGLAR KWIKPEN | 3 | ST |
| SEMGLEE (YFGN) | 3 | PA |
| SEMGLEE (YFGN) PEN | 3 | PA |
| TOUJEO MAX SOLOSTAR | 2 | |
| TOUJEO SOLOSTAR | 2 | |
| TRESIBA | 2 | |
| TRESIBA FLEXTOUCH U-100 | 2 | |
| TRESIBA FLEXTOUCH U-200 | 2 | |
| BLOOD PRODUCTS AND MODIFIERS | | |
| ANTICOAGULANTS | | |
| ARIXTRA | 3 | S |
| COUMADIN | 2 | |
| *dabigatran etexilate mesylate (75 mg capsule, 110 mg capsule, 150 mg capsule)* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ELIQUIS (2.5 MG TABLET, 5 MG TABLET) | 2 | QL |
| ELIQUIS DVT-PE TREAT START 5MG | 2 | QL |
| *enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300 mg/3ml vial, 300mg/3ml vial)* | 1 | S |
| *fondaparinux sodium* | 1 | S |
| FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL) | 3 | S |
| FRAGMIN 10,000 UNIT/4 ML VIAL | 3 | |
| *jantoven* | 1 | |
| LOVENOX | 3 | S |
| PRADAXA (20 MG PELLET PACK, 30 MG PELLET PACK, 40 MG PELLET PACK, 50 MG PELLET PACK, 110 MG PELLET PACK, 150 MG PELLET PACK) | 3 | QL PA |
| PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE) | 3 | QL |
| SAVAYSA | 3 | QL ST |
| *warfarin sodium* | 1 | |
| XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET) | 2 | QL |
| XARELTO DVT-PE TREAT START 30D | 2 | |
| ZONTIVITY | 3 | QL PA |
| BLOOD PRODUCTS AND MODIFIERS, OTHER | | |
| AGRYLIN | 3 | |
| *anagrelide hcl* | 1 | |
| ARANESP | 2 | S MS |
| EPOGEN | 3 | S MS |
| FULPHILA | 3 | PA S MS |
| FYLNETRA | 3 | PA S MS |
| GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL) | 3 | PA S MS |
| LEUKINE | 3 | QL S MS |
| MIRCERA | 3 | S |
| MOZOBIL | 3 | QL S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| MULPLETA | 3 | QL PA S MS |
| NEULASTA | 2 | S MS |
| NEULASTA ONPRO | 2 | S MS |
| NEUPOGEN | 3 | PA S MS |
| NIVESTYM | 3 | PA S MS |
| NYVEPRIA | 3 | PA S MS |
| *plerixafor* | 1 | QL S MS |
| PROCRIT | 3 | S MS |
| PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET) | 3 | QL PA S MS |
| PYRUKYND (5 MG TABLET, 5 MG TAPER PACK, 20 MG TABLET, 20-5 MG TAPER PACK, 50 MG TABLET) | 3 | QL PA |
| RELEUKO | 3 | PA S MS |
| RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL) | 3 | S MS |
| STIMUFEND | 3 | PA S MS |
| UDENYCA | 2 | S MS |
| UDENYCA AUTOINJECTOR | 2 | S MS |
| ZARXIO | 2 | S MS |
| ZIEXTENZO | 3 | PA S MS |
| HEMOSTASIS AGENTS | | |
| AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET, 1,000 MG TABLET) | 3 | |
| *aminocaproic acid (250 mg/ml solution, 500 mg tablet, 1000 mg tablet)* | 1 | |
| HEMLIBRA (30 MG/ML VIAL, 60 MG/0.4 ML VIAL, 105 MG/0.7 ML VIAL, 150 MG/ML VIAL) | 3 | PA S MS |
| LYSTEDA | 3 | QL |
| MEPHYTON | 3 | |
| *phytonadione (vit k1) 5 mg tablet* | 1 | |
| *tranexamic acid 650 mg tablet* | 1 | QL |
| PLATELET MODIFYING AGENTS | | |
| AGGRENOX | 3 | |
| *aspirin/dipyridamole* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ASPIRIN/OMEPRAZOLE | 3 | QL PA |
| BRILINTA 60 MG TABLET | 2 | |
| BRILINTA 90 MG TABLET | 2 | QL |
| CABLIVI 11 MG KIT | 3 | QL PA S |
| *cilostazol* | 1 | |
| *clopidogrel bisulfate 300 mg tablet* | 1 | |
| *clopidogrel bisulfate 75 mg tablet* | 1 | QL |
| *dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)* | 1 | |
| DOPTELET | 3 | QL PA S MS |
| EFFIENT (5 MG TABLET, 10 MG TABLET) | 3 | QL |
| OXBRYTA (300 MG TABLET, 300 MG TABLET FOR SUSP, 500 MG TABLET) | 3 | QL PA S MS |
| PLAVIX | 3 | QL |
| *prasugrel hcl (5 mg tablet, 10 mg tablet)* | 1 | QL |
| TAVALISSE | 3 | QL PA S |
| *ticlopidine hcl* | 1 | |
| YOSPRALA | 3 | QL PA |
| CARDIOVASCULAR AGENTS | | |
| ALPHA-ADRENERGIC AGONISTS | | |
| CATAPRES | 3 | |
| CATAPRES-TTS | 3 | QL |
| *clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk, 0.3mg/24hr patch tdwk)* | 1 | QL |
| *clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)* | 1 | |
| CLONIDINE HCL 0.17 MG TAB ER 24H | 3 | QL PA |
| *droxidopa* | 1 | QL PA S MS |
| *guanfacine hcl (1 mg tablet, 2 mg tablet)* | 1 | |
| *methyldopa* | 1 | |
| *midodrine hcl* | 1 | |
| NEXICLON XR | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| NORTHERA | 3 | QL PA S MS |
| ALPHA-ADRENERGIC BLOCKING AGENTS | | |
| CARDURA | 3 | |
| CARDURA XL | 3 | |
| DIBENZYLINE | 3 | |
| *doxazosin mesylate* | 1 | |
| MINIPRESS | 3 | |
| *phenoxybenzamine hcl* | 1 | |
| *prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)* | 1 | |
| *terazosin hcl* | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| ATACAND | 3 | |
| AVAPRO | 3 | |
| BENICAR | 3 | |
| *candesartan cilexetil* | 1 | |
| COZAAR | 3 | |
| DIOVAN | 3 | |
| EDARBI | 3 | ST |
| *eprosartan mesylate* | 1 | |
| *irbesartan* | 1 | |
| *losartan potassium* | 1 | |
| MICARDIS | 3 | |
| *olmesartan medoxomil* | 1 | |
| *telmisartan* | 1 | |
| *valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)* | 1 | |
| VALSARTAN 4 MG/ML SOLUTION | 3 | QL PA |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS | | |
| ACCUPRIL | 3 | |
| ALTACE | 3 | |
| *benazepril hcl* | 1 | |
| *captopril* | 1 | |
| *enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *enalapril maleate 1 mg/ml solution* | 1 | PA |
| EPANDED SOLUTION | 3 | PA |
| *fosinopril sodium* | 1 | |
| *lisinopril* | 1 | |
| LOTENSIN | 3 | |
| MAVIK | 3 | |
| *moexipril hcl* | 1 | |
| *perindopril erbumine* | 1 | |
| PRINIVIL | 3 | |
| QBRELIS | 3 | QL PA |
| *quinapril hcl* | 1 | |
| *ramipril* | 1 | |
| *trandolapril* | 1 | |
| VASOTEC | 3 | |
| ZESTRIL | 3 | |
| ANTIARRHYTHMICS | | |
| *amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)* | 1 | |
| BETAPACE | 3 | |
| BETAPACE AF | 3 | |
| CORDARONE | 3 | |
| *disopyramide phosphate* | 1 | |
| *dofetilide* | 1 | |
| *flecainide acetate* | 1 | |
| *mexiletine hcl* | 1 | |
| MULTAQ | 2 | QL |
| NORPACE | 3 | |
| NORPACE CR | 3 | |
| *pacerone* | 1 | |
| *propafenone hcl (150 mg tablet, 225 mg cap er 12h, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)* | 1 | |
| *quinidine gluconate* | 1 | |
| *quinidine sulfate* | 1 | |
| RYTHMOL SR | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *sorine* | 1 | |
| *sotalol af* | 1 | |
| *sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)* | 1 | |
| SOTYLIZE | 3 | PA |
| TIKOSYN | 3 | |
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| *acebutolol hcl* | 1 | |
| *atenolol* | 1 | |
| *betaxolol hcl (10 mg tablet, 20 mg tablet)* | 1 | |
| *bisoprolol fumarate* | 1 | |
| BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET) | 3 | QL |
| *carvedilol* | 1 | |
| *carvedilol phosphate* | 1 | QL |
| COREG | 3 | |
| COREG CR | 3 | QL |
| CORGARD | 3 | |
| INDERAL LA | 3 | |
| INDERAL XL (80 MG CAPSULE, 120 MG CAPSULE) | 3 | PA |
| INNOPRAN XL (80 MG CAPSULE, 120 MG CAPSULE) | 3 | PA |
| KAPSPARGO SPRINKLE | 3 | |
| *labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)* | 1 | |
| LOPRESSOR (50 MG TABLET, 100 MG TABLET) | 3 | |
| *metoprolol succinate* | 1 | |
| *metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)* | 1 | |
| *nadolol* | 1 | |
| *nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)* | 1 | QL |
| *pindolol* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)* | 1 | |
| TENORMIN | 3 | |
| *timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)* | 1 | |
| TOPROL XL | 3 | |
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES | | |
| ADALAT CC | 3 | |
| *amlodipine besylate* | 1 | |
| CONJUPRI | 3 | QL PA |
| *felodipine* | 1 | |
| *isradipine* | 1 | |
| KATERZIA | 3 | QL PA |
| LEVAMLODIPINE MALEATE | 3 | QL PA |
| *nicardipine hcl (20 mg capsule, 30 mg capsule)* | 1 | |
| *nifedipine (10 mg capsule, 20 mg capsule, 30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)* | 1 | |
| *nimodipine* | 1 | |
| *nisoldipine* | 1 | QL |
| NORLIQVA | 3 | QL PA |
| NORVASC | 3 | |
| NYMALIZE (30 MG/10 ML SOLUTION, 60 MG/10 ML SOLUTION, 60 MG/20 ML SOLUTION) | 3 | QL |
| NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN) | 3 | QL |
| PROCARDIA XL | 3 | |
| SULAR | 3 | QL |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES | | |
| CALAN | 3 | |
| CALAN SR (SR 120 MG TABLET, SR 180 MG TABLET, SR 240 MG TABLET) | 3 | |
| CALAN SR (SR 120 MG, SR 180 MG, SR 240 MG) | 3 | |
| CARDIZEM | 3 | |
| CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE) | 3 | |
| CARDIZEM CD 360 MG CAPSULE | 3 | PA |
| CARDIZEM LA | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *cartia xt* | 1 | |
| *dilt-xr* | 1 | |
| *diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 240 mg tab er 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 420 mg cap sa 24h, 420 mg tab er 24h)* | 1 | |
| *diltiazem hcl 360 mg cap er 24h* | 1 | PA |
| *matzim la* | 1 | |
| *taztia xt* | 1 | |
| *tiadylt er* | 1 | |
| TIAZAC | 3 | |
| *verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)* | 1 | |
| VERELAN | 3 | |
| VERELAN PM | 3 | |
| CARDIOVASCULAR AGENTS, OTHER | | |
| ACCURETIC | 3 | |
| *acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)* | 1 | |
| ALDACTAZIDE | 3 | |
| *aliskiren hemifumarate* | 1 | QL |
| *amiloride hcl/hydrochlorothiazide* | 1 | |
| *amlodipine besylate/atorvastatin calcium* | 1 | QL |
| *amlodipine besylate/benazepril hcl* | 1 | |
| *amlodipine besylate/olmesartan medoxomil* | 1 | QL |
| *amlodipine besylate/valsartan* | 1 | QL PA |
| *amlodipine besylate/valsartan/hydrochlorothiazide* | 1 | QL PA |
| ASPRUZYO SPRINKLE (ER 500MG PKT, ER 1000MG PK) | 3 | QL PA |
| ATACAND HCT | 3 | |
| *atenolol/chlorthalidone* | 1 | |
| AVALIDE | 3 | |
| AZOR | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *benazepril hcl/hydrochlorothiazide* | 1 | |
| BENICAR HCT | 3 | |
| BIDIL | 3 | QL |
| *bisoprolol fumarate/hydrochlorothiazide* | 1 | |
| CADUET | 3 | QL |
| CAMZYOS (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE) | 3 | QL PA S MS |
| *candesartan cilexetil/hydrochlorothiazide* | 1 | |
| *captopril/hydrochlorothiazide* | 1 | |
| CONSENSI | 3 | QL PA |
| CORLANOR (5 MG TABLET, 5 MG/5 ML ORAL SOLN, 7.5 MG TABLET) | 3 | QL |
| DEMSER | 3 | |
| *digitek* | 1 | |
| *digox* | 1 | |
| *digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)* | 1 | |
| *digoxin 62.5 mcg tablet* | 1 | QL |
| DIOVAN HCT | 3 | |
| DYAZIDE | 3 | |
| EDARBYCLOR | 3 | ST |
| *enalapril maleate/hydrochlorothiazide* | 1 | |
| ENTRESTO | 2 | QL |
| EXFORGE | 3 | QL |
| EXFORGE HCT | 3 | QL |
| *fosinopril sodium/hydrochlorothiazide* | 1 | |
| HYZAAR | 3 | |
| *irbesartan/hydrochlorothiazide* | 1 | |
| *isosorbide dinitrate/hydralazine hcl* | 1 | QL |
| LANOXIN (125 MCG TABLET, 187.5 MCG TABLET, 250 MCG TABLET) | 3 | |
| LANOXIN 62.5 MCG TABLET | 3 | QL |
| *lisinopril/hydrochlorothiazide* | 1 | |
| LOPRESSOR HCT | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *losartan potassium/hydrochlorothiazide* | 1 | |
| LOTENSIN HCT | 3 | |
| LOTREL | 3 | |
| MAXZIDE | 3 | |
| MAXZIDE-25 MG | 3 | |
| *methyldopa/hydrochlorothiazide* | 1 | |
| *metoprolol tartrate/hydrochlorothiazide* | 1 | |
| *metyrosine* | 1 | |
| MICARDIS HCT | 3 | |
| NEXLETOL | 3 | QL PA |
| *olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide* | 1 | QL |
| *olmesartan medoxomil/hydrochlorothiazide* | 1 | |
| *pentoxifylline* | 1 | |
| PRESTALIA (7 MG-5 MG TABLET, 14 MG-10 MG TABLET) | 3 | QL |
| PRESTALIA 3.5 MG-2.5 MG TABLET | 3 | |
| *propranolol hcl/hydrochlorothiazide* | 1 | |
| *quinapril hcl/hydrochlorothiazide (quinapril/hydrochlorothiazide 10-12.5mg tablet, quinapril/hydrochlorothiazide 20 mg-25mg tablet, quinapril/hydrochlorothiazide 20-12.5 mg tablet)* | 1 | |
| *quinapril/hydrochlorothiazide 10-12.5 mg tablet* | 1 | |
| RANEXA (ER 500 MG TABLET, ER 1,000 MG TABLET) | 3 | QL |
| *ranolazine (500 mg tab er 12h, 1000 mg tab er 12h)* | 1 | QL |
| *spironolactone/hydrochlorothiazide* | 1 | |
| TARKA | 3 | QL |
| TEKTURNA | 3 | QL |
| TEKTURNA HCT | 3 | QL |
| *telmisartan/amlodipine besylate* | 1 | QL |
| *telmisartan/hydrochlorothiazide* | 1 | |
| TENORETIC 100 | 3 | |
| TENORETIC 50 | 3 | |
| *trandolapril/verapamil hcl* | 1 | QL |
| *triamterene/hydrochlorothiazide* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TRIBENZOR | 3 | QL |
| TWYNSTA | 3 | QL |
| *valsartan/hydrochlorothiazide* | 1 | |
| VASERETIC | 3 | |
| VECAMYL | 3 | |
| VERQUVO | 3 | QL PA |
| VYNDAMAX | 3 | QL PA S MS |
| ZESTORETIC | 3 | |
| ZIAC | 3 | |
| DIURETICS, LOOP | | |
| *bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)* | 1 | |
| DEMADEX | 3 | |
| EDECRIN | 3 | |
| *ethacrynic acid* | 1 | |
| FUROSCIX | 3 | QL PA |
| *furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)* | 1 | |
| LASIX | 3 | |
| SOAANZ (40 MG TABLET, 60 MG TABLET) | 3 | QL PA |
| SOAANZ 20 MG TABLET | 3 | QL |
| *torsemide* | 1 | |
| DIURETICS, POTASSIUM-SPARING | | |
| ALDACTONE | 3 | |
| *amiloride hcl* | 1 | |
| CAROSPIR | 3 | QL |
| DYRENIUM | 3 | |
| *eplerenone* | 1 | |
| INSPRA | 3 | |
| KERENDIA (10 MG TABLET, 20 MG TABLET) | 3 | QL PA |
| *spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)* | 1 | |
| *spironolactone 25 mg/5 ml oral susp* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *triamterene* | 1 | |
| DIURETICS, THIAZIDE | | |
| *chlorothiazide* | 1 | |
| *chlorthalidone* | 1 | |
| DIURIL | 3 | |
| *hydrochlorothiazide* | 1 | |
| *indapamide* | 1 | |
| *methyclothiazide* | 1 | |
| *metolazone* | 1 | |
| MICROZIDE | 3 | |
| THALITONE | 3 | QL ST |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | | |
| ANTARA (30 MG CAPSULE, 90 MG CAPSULE) | 3 | PA |
| *fenofibrate (40 mg tablet, 120 mg tablet)* | 1 | QL PA |
| *fenofibrate (50 mg capsule, 150 mg capsule)* | 1 | PA |
| *fenofibrate 160 mg tablet* | 1 | QL |
| *fenofibrate 54 mg tablet* | 1 | |
| *fenofibrate nanocrystallized (48 mg tablet, 145 mg tablet, 145mg tablet)* | 1 | QL |
| FENOFIBRATE,MICRONIZED (30 MG CAPSULE, 90 MG CAPSULE) | 3 | QL PA |
| *fenofibrate,micronized (43 mg capsule, 67 mg capsule, 134 mg capsule, 200 mg capsule)* | 1 | |
| *fenofibrate,micronized 130 mg capsule* | 1 | PA |
| *fenofibric acid (35 mg tablet, 105 mg tablet)* | 1 | PA |
| *fenofibric acid (choline)* | 1 | QL |
| FENOGLIDE | 3 | QL PA |
| FIBRICOR | 3 | PA |
| *gemfibrozil* | 1 | |
| LIPOCHOL PLUS | 3 | |
| LIPOFEN | 3 | PA |
| LOPID | 3 | |
| TRICOR (48 MG TABLET, 145 MG TABLET) | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TRILIPIX | 3 | QL |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS | | |
| ALTOPREV (20 MG TABLET, 40 MG TABLET) | 3 | QL<br>C Covered in full age 40-75 |
| ALTOPREV 60 MG TABLET | 3 | QL |
| ATORVALIQ | 3 | QL<br>C Covered in full age 40-75 |
| *atorvastatin calcium (10 mg tablet, 20 mg tablet)* | 1 | C Covered in full age 40-75 |
| *atorvastatin calcium (40 mg tablet, 80 mg tablet)* | 1 | |
| CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 40 MG TABLET) | 3 | QL |
| EZALLOR SPRINKLE (20 MG CAPSULE, 40 MG CAPSULE) | 3 | |
| EZALLOR SPRINKLE (5 MG CAPSULE, 10 MG CAPSULE) | 3 | C Covered in full age 40-75 |
| FLOLIPID | 3 | QL<br>C Covered in full age 40-75 |
| *fluvastatin sodium (20 mg capsule, 40 mg capsule, 80 mg tab er 24h)* | 1 | QL<br>C Covered in full age 40-75 |
| LESCOL XL | 3 | QL |
| LIPITOR | 3 | |
| LIVALO | 3 | QL ST<br>C Covered in full age 40-75 |
| *lovastatin (10 mg tablet, 20 mg tablet)* | 1 | C Covered in full age 40-75 |
| *lovastatin 40 mg tablet* | 1 | QL<br>C Covered in full age 40-75 |
| *pitavastatin calcium* | 1 | QL ST |
| PRAVACHOL | 3 | |
| *pravastatin sodium* | 1 | C Covered in full age 40-75 |
| *rosuvastatin calcium (20 mg tablet, 40 mg tablet)* | 1 | QL |
| *rosuvastatin calcium (5 mg tablet, 10 mg tablet)* | 1 | QL<br>C Covered in full age 40-75 |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)* | 1 | QL<br>C Covered in full age 40-75 |
| *simvastatin 80 mg tablet* | 1 | QL |
| ZOCOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 40 MG TABLET, 80 MG TABLET) | 3 | QL |
| ZYPITAMAG | 3 | ST<br>C Covered in full age 40-75 |
| DYSLIPIDEMICS, OTHER | | |
| *cholestyramine (with sugar) (4 g powd pack, 4 g powder)* | 1 | |
| *cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)* | 1 | |
| *colesevelam hcl* | 1 | |
| COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET) | 3 | |
| *colestipol hcl (1 g tablet, 5 g granules, 5 g packet)* | 1 | |
| *ezetimibe* | 1 | |
| *ezetimibe/atorvastatin calcium (ezetimibe/atorvastatin 10 mg-10mg tablet, ezetimibe/atorvastatin 10 mg-20mg tablet, ezetimibe/atorvastatin 10 mg-40mg tablet, ezetimibe/atorvastatin 10 mg-80mg tablet)* | 1 | QL PA |
| EZETIMIBE/ROSUVASTATIN CALCIUM | 2 | |
| *ezetimibe/simvastatin* | 1 | |
| *icosapent ethyl (0.5 gram capsule, 1 g capsule)* | 1 | QL |
| JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE) | 3 | QL PA S |
| LOVAZA | 3 | QL |
| NEXLIZET | 3 | QL PA |
| *niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)* | 1 | QL |
| *niacin 500 mg tablet* | 1 | QL PA |
| NIACOR | 3 | |
| NIASPAN (ER 500 MG TABLET, ER 750 MG TABLET, ER 1,000 MG TABLET) | 3 | QL |
| *omega-3 acid ethyl esters* | 1 | QL |
| PRALUENT | 3 | QL ST |
| *prevalite (packet, powder)* | 1 | |
| QUESTRAN (PACKET, POWDER) | 3 | |
| QUESTRAN LIGHT | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| REPATHA | 2 | QL |
| ROSZET | 2 | |
| VASCEPA 0.5 GM CAPSULE | 2 | |
| VASCEPA 1 GM CAPSULE | 2 | QL |
| VYTORIN | 3 | |
| WELCHOL | 3 | |
| ZETIA | 3 | |
| VASODILATORS, DIRECT-ACTING ARTERIAL | | |
| *hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)* | 1 | |
| *minoxidil (2.5 mg tablet, 10 mg tablet)* | 1 | |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS | | |
| DILATRATE-SR | 3 | |
| GONITRO | 3 | PA |
| ISORDIL | 3 | |
| ISORDIL TITRADOSE | 3 | |
| *isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet, 40 mg tablet er)* | 1 | |
| *isosorbide mononitrate (10 mg tablet, 20 mg tablet)* | 1 | |
| *isosorbide mononitrate (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)* | 1 | |
| *minitran* | 1 | |
| NITRO-BID | 3 | |
| NITRO-DUR | 3 | |
| *nitro-time* | 1 | |
| *nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.4mg/hr patch td24, 0.6mg/hr patch td24)* | 1 | |
| *nitroglycerin (0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl)* | 1 | |
| *nitroglycerin 400mcg/spr spray* | 1 | QL |
| NITROLINGUAL | 3 | QL |
| NITROMIST | 3 | QL PA |
| NITROSTAT | 3 | |
| RECTIV | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES | | |
| ADDERALL | 3 | |
| ADDERALL XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE) | 3 | QL |
| ADZENYS ER | 3 | QL PA |
| ADZENYS XR-ODT | 3 | QL PA |
| *amphetamine sulfate* | 1 | |
| *amphetamine suspension* | 3 | QL PA |
| DESOXYN | 3 | PA |
| DEXEDRINE (SPANSULE 5 MG, SPANSULE 10 MG, SPANSULE 15 MG) | 3 | |
| *dexedrine 10 mg tablet* | 1 | |
| *dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 12.5 mg cptp 24hr, dextroamphetamine/amphetamine 25 mg cptp 24hr, dextroamphetamine/amphetamine 37.5 mg cptp 24hr, dextroamphetamine/amphetamine 50 mg cptp 24hr)* | 1 | QL ST |
| *dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h)* | 1 | QL |
| *dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 30 mg tablet)* | 1 | |
| *dextroamphetamine sulfate (2.5 mg tablet, 5 mg capsule er, 5 mg tablet, 5 mg/5 ml solution, 7.5 mg tablet, 10 mg capsule er, 10 mg tablet, 15 mg capsule er, 15 mg tablet, 20 mg tablet, 30 mg tablet)* | 1 | |
| DYANAVEL XR (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET) | 3 | QL ST |
| DYANAVEL XR 2.5 MG/ML SUSP | 3 | QL PA |
| EVEKEO | 3 | |
| EVEKEO ODT | 3 | QL |
| *lisdexamfetamine dimesylate* | 1 | QL |
| *methamphetamine hcl* | 1 | PA |
| MYDAYIS | 3 | QL ST |
| PROCENTRA | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *reserpine* | 1 | QL |
| VYVANSE | 2 | QL |
| XELSTRYM | 3 | QL ST |
| ZENZEDI (2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET) | 3 | |
| *zenzedi (5 mg tablet, 10 mg tablet)* | 1 | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES | | |
| APTENSIO XR (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE) | 3 | QL |
| *atomoxetine hcl* | 1 | |
| AZSTARYS | 3 | QL ST |
| *clonidine hcl 0.1 mg tab er 12h* | 1 | QL |
| CONCERTA | 3 | QL |
| COTEMPLA XR-ODT | 3 | QL PA |
| DAYTRANA | 3 | QL |
| *dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)* | 1 | |
| *dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)* | 1 | QL |
| FOCALIN | 3 | |
| FOCALIN XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE) | 3 | QL |
| *guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)* | 1 | QL |
| INTUNIV (ER 1 MG TABLET, ER 2 MG TABLET, ER 3 MG TABLET, ER 4 MG TABLET) | 3 | QL |
| JORNAY PM (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE) | 3 | QL PA |
| KAPVAY | 3 | QL |
| METADATE CD (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE) | 3 | QL |
| *metadate er* | 1 | |
| METHYLIN (2.5 MG CHEWABLE TAB, 5 MG CHEWABLE TABLET, 5 MG/5 ML SOLUTION, 10 MG CHEWABLE TABLET, 10 MG/5 ML SOLUTION) | 3 | |
| *methylphenidate* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *methylphenidate hcl (10 mg cpbp 30-70, 10 mg cpbp 50-50, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 27 mg tab er 24, 30 mg cpbp 30-70, 30 mg cpbp 50-50, 36 mg tab er 24, 40 mg cpbp 30-70, 40 mg cpbp 50-50, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)* | 1 | QL |
| METHYLPHENIDATE HCL (10 MG CSBP 40-60, 15 MG CSBP 40-60, 20 MG CSBP 40-60, 30 MG CSBP 40-60, 40 MG CSBP 40-60, 45 MG TAB ER 24, 50 MG CSBP 40-60, 60 MG CSBP 40-60, 63 MG TAB ER 24, 72 MG TAB ER 24) | 3 | QL |
| *methylphenidate hcl (2.5 mg tab chew, 5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab chew, 10 mg tablet, 10 mg tablet er, 10 mg/5 ml solution, 20 mg tablet, 20 mg tablet er)* | 1 | |
| QELBREE (ER 100 MG CAPSULE, ER 150 MG CAPSULE, ER 200 MG CAPSULE) | 3 | QL PA |
| QUILLICHEW ER (ER 20 MG CHEW TAB, ER 30 MG CHEW TAB, ER 40 MG CHEW TAB) | 3 | QL PA |
| QUILLIVANT XR | 3 | QL PA |
| RELEXXII | 3 | QL |
| RITALIN | 3 | |
| RITALIN LA (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE) | 3 | QL |
| STRATTERA | 3 | |
| CENTRAL NERVOUS SYSTEM, OTHER | | |
| ADIPEX-P | 3 | |
| ALLZITAL | 3 | |
| AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET) | 3 | QL PA S MS |
| AUSTEDO XR (6 MG TABLET, 12 MG TABLET, 24 MG TABLET) | 3 | QL PA S MS |
| AUSTEDO XR TITRATION KT(WK1-4) | 3 | QL PA S MS |
| BD PEN NEEDLES T2. ALL OTHER MANUFACTURERS T3. | 3 | QL PA |
| *benzphetamine hcl* | 1 | |
| BUPAP | 3 | QL |
| *butalbital/acetaminophen (butalbital/acetaminophen 25mg-325mg tablet, butalbital/acetaminophen 50mg-325mg tablet)* | 1 | |
| *butalbital/acetaminophen (butalbital/acetaminophen capsule, butalbital/acetaminophen tablet)* | 1 | QL |
| *butalbital/acetaminophen/caffeine* | 1 | |
| CONTRAVE | 3 | QL PA |
| *diethylpropion hcl (25 mg tablet, 75 mg tablet er)* | 1 | |
| *esgic 50-325-40 mg capsule* | 1 | |
| ESGIC 50-325-40 MG TABLET | 3 | |
| EXSERVAN | 3 | QL PA S |
| FIORICET | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| FIRDAPSE | 3 | QL PA S |
| FREESTYLE LITE TEST STRIPS | 3 | QL PA |
| *gabapentin (300 mg tab er 24h, 600 mg tab er 24h)* | 1 | QL PA |
| GRALISE ER 600 MG TABLET | 3 | QL PA |
| HORIZANT (ER 300 MG TABLET, ER 600 MG TABLET) | 3 | QL PA |
| INGREZZA | 3 | QL PA S |
| INGREZZA INITIATION PACK | 3 | QL PA S |
| LOMAIRA | 3 | |
| NUEDEXTA | 3 | QL PA |
| *phendimetrazine tartrate (35 mg tablet, 105 mg capsule er)* | 1 | |
| *phentermine hcl* | 1 | |
| QSYMIA (3.75 MG-23 MG CAPSULE, 7.5 MG-46 MG CAPSULE, 11.25 MG-69 MG CAPSULE, 15 MG-92 MG CAPSULE) | 3 | QL PA |
| RADICAVA ORS (105 MG/5 ML SUSP, STARTER KIT SUSP) | 3 | QL PA S MS |
| RELYVRIO | 3 | QL PA S MS |
| RILUTEK | 3 | |
| *riluzole* | 1 | |
| TEGLUTIK | 3 | QL PA |
| TENCON | 3 | |
| *tetrabenazine (12.5 mg tablet, 25 mg tablet)* | 1 | QL PA S MS |
| TIGLUTIK | 3 | QL PA |
| VANATOL LQ | 3 | |
| *vtol lq* | 1 | |
| XENAZINE (12.5 MG TABLET, 25 MG TABLET) | 3 | QL PA S MS |
| *zebutal* | 1 | |
| FIBROMYALGIA AGENTS | | |
| CYMBALTA (20 MG CAPSULE, 30 MG CAPSULE, 60 MG CAPSULE) | 3 | QL |
| DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP) | 3 | QL ST |
| *duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *duloxetine hcl 40 mg capsule dr* | 1 | QL PA |
| IRENKA | 3 | |
| LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE) | 3 | |
| LYRICA 20 MG/ML ORAL SOLUTION | 3 | QL |
| LYRICA CR (CR 82.5 MG TABLET, CR 165 MG TABLET, CR 330 MG TABLET) | 3 | QL |
| *pregabalin (20 mg/ml solution, 82.5 mg tab er 24h, 165 mg tab er 24h, 330 mg tab er 24h)* | 1 | QL |
| *pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)* | 1 | |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK) | 3 | QL ST |
| MULTIPLE SCLEROSIS AGENTS | | |
| AMPYRA | 3 | QL S MS |
| AUBAGIO | 3 | QL S MS |
| AVONEX | 2 | QL S MS |
| *baclofen 25 mg/5 ml oral susp* | 1 | QL PA |
| BAFIERTAM | 3 | QL ST S MS |
| BETASERON | 3 | QL S MS |
| COPAXONE (20 MG/ML SYRINGE, 40 MG/ML SYRINGE) | 2 | QL S MS |
| *dalfampridine* | 1 | QL S MS |
| *dimethyl fumarate* | 1 | QL S MS |
| EXTAVIA | 2 | S MS |
| *fingolimod hcl* | 1 | QL S MS |
| FLEQSUVY | 3 | QL PA |
| GILENYA | 2 | QL S MS |
| *glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)* | 1 | QL S MS |
| *glatopa (20 mg/ml syringe, 40 mg/ml syringe)* | 1 | QL S MS |
| KESIMPTA PEN | 2 | QL S MS |
| MAVENCLAD | 3 | QL PA S MS |
| MAYZENT (0.25 MG TABLET, 0.25MG START-1MG MAINT, 0.25MG START-2MG MAINT, 1 MG TABLET, 2 MG TABLET) | 2 | QL S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PLEGRIDY | 2 | QL S MS |
| PLEGRIDY PEN | 2 | QL S MS |
| PONVORY | 3 | QL ST S MS |
| REBIF | 2 | QL S MS |
| TASCENSO ODT | 3 | QL PA |
| TECFIDERA | 3 | QL S MS |
| *teriflunomide 7 mg tablet* | 1 | QL ST S MS |
| TYSABRI | 3 | QL S MS |
| VELSIPITY | 3 | QL PA S MS |
| VUMERITY | 3 | QL ST S MS |
| ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER KIT (37-DAY), STARTER PACK (7-DAY)) | 2 | QL PA S MS |
| DENTAL AND ORAL AGENTS | | |
| *cevimeline hcl* | 1 | |
| *chlorhexidine gluconate 0.12 % mouthwash* | 1 | |
| *clinpro 5000* | 1 | |
| *denta 5000 plus* | 1 | |
| *dentagel* | 1 | |
| EVOXAC | 3 | |
| *fluoride (sodium) (0.2 % solution, 1.1 % cream (g), 1.1 % gel (gram), 1.1 % paste (ml))* | 1 | |
| *oralone* | 1 | |
| *paroex* | 1 | |
| PERIDEX | 3 | |
| *periogard* | 1 | |
| *pilocarpine hcl (5 mg tablet, 7.5 mg tablet)* | 1 | |
| *prevident (0.2%, dental)* | 1 | |
| PREVIDENT (1.1% GEL, 5000 BOOSTER PLUS) | 3 | |
| PREVIDENT 5000 DRY MOUTH | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT | 3 | |
| PREVIDENT 5000 ORTHO DEFENSE | 3 | |
| PREVIDENT 5000 PLUS | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PREVIDENT 5000 SENSITIVE | 3 | |
| SALAGEN | 3 | |
| *sf* | 1 | |
| *sf 5000 plus* | 1 | |
| *sodium fluoride 5000 dry mouth* | 1 | |
| *sodium fluoride 5000 plus* | 1 | |
| *sodium fluoride/potassium nitrate* | 1 | |
| *triamcinolone acetonide 0.1 % paste (g)* | 1 | |
| DERMATOLOGICAL AGENTS | | |
| ACNE AND ROSACEA AGENTS | | |
| ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE) | 3 | |
| ABSORICA (25 MG CAPSULE, 35 MG CAPSULE) | 3 | PA |
| ACANYA | 3 | QL |
| *acitretin* | 1 | QL |
| *adapalene (0.1 % cream (g), 0.3 % gel (gram), 0.3 % gel w/pump)* | 1 | |
| *adapalene (0.1 % med. swab, 0.1 % solution)* | 1 | QL ST |
| ADAPALENE 0.1 % LOTION | 3 | ST |
| *adapalene/benzoyl peroxide* | 1 | QL |
| AKLIEF | 3 | QL PA |
| ALTRENO | 3 | QL |
| *amnesteem* | 1 | |
| ARAZLO | 3 | QL PA |
| ATRALIN | 3 | |
| *avita* | 1 | |
| *azelaic acid* | 1 | |
| AZELEX | 3 | |
| BENZACLIN (GEL, GEL 35G PUMP, GEL 50G PUMP) | 3 | QL |
| BENZAMYCIN | 3 | |
| *brimonidine tartrate 0.33 % gel w/pump* | 1 | PA |
| CABTREO | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *claravis* | 1 | |
| *clindamycin phos/benzoyl perox 1.2%-3.75% gel w/pump* | 1 | QL PA |
| *clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1 %-5 % gel w/pump, phos/benzoyl 1.2%-2.5% gel w/pump, phos/benzoyl 1.2(1)%-5% gel (gram))* | 1 | QL |
| *clindamycin phosphate/tretinoin* | 1 | |
| CLINDAVIX | 3 | QL PA |
| DIFFERIN (0.1% CREAM, 0.3% GEL, 0.3% GEL PUMP) | 3 | |
| DIFFERIN 0.1% LOTION | 3 | ST |
| DUAC | 3 | |
| EPIDUO 0.1-2.5% GEL PUMP | 3 | QL |
| EPIDUO FORTE | 3 | QL |
| *erythromycin base/benzoyl peroxide* | 1 | |
| FABIOR | 3 | QL PA |
| FINACEA | 3 | |
| *isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)* | 1 | |
| *isotretinoin (25 mg capsule, 35 mg capsule)* | 1 | PA |
| *myorisan* | 1 | |
| *neuac gel* | 1 | |
| ONEXTON GEL PUMP | 3 | QL PA |
| RETIN-A | 3 | |
| RETIN-A MICRO | 3 | |
| RETIN-A MICRO PUMP | 3 | |
| SORIATANE | 3 | QL |
| *tazarotene 0.05 % gel (gram)* | 1 | |
| *tazarotene 0.1 % cream (g)* | 1 | |
| TAZAROTENE 0.1 % FOAM | 3 | QL PA |
| TAZORAC | 3 | |
| *tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g))* | 1 | |
| *tretinoin microspheres* | 1 | |
| VELTIN | 3 | |
| WINLEVI | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *zenatane* | 1 | |
| ZIANA | 3 | |
| DERMATITIS AND PRURITUS AGENTS | | |
| *ala-cort* | 1 | |
| *alclometasone dipropionate* | 1 | |
| *amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))* | 1 | |
| *ammonium lactate* | 1 | |
| APEXICON E | 3 | |
| *betamethasone dipropionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion)* | 1 | |
| *betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))* | 1 | |
| *betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.12 % foam)* | 1 | |
| BRYHALI | 3 | QL ST |
| CAPEX SHAMPOO | 3 | |
| *clobetasol propionate (0.05 % cream (g), 0.05 % foam, 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g), 0.05 % shampoo, 0.05 % solution, 0.05 % spray)* | 1 | |
| *clobetasol propionate/emollient base* | 1 | |
| CLOBEX | 3 | |
| *clocortolone pivalate 0.1 % cream(g)* | 1 | ST |
| *clodan 0.05% shampoo* | 1 | |
| CLODERM | 3 | ST |
| CORDRAN 4 MCG/SQ CM TAPE LARGE | 3 | QL |
| CUTIVATE (CREAM, LOTION) | 3 | |
| DESONATE | 3 | |
| *desonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g))* | 1 | |
| DESOWEN (CREAM, LOTION) | 3 | |
| *desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % cream (g), 0.25 % oint. (g), 0.25 % spray)* | 1 | |
| *doxepin hcl 5 % cream (g)* | 1 | QL PA |
| ELIDEL | 3 | QL |
| ELOCON | 3 | |
| EUCRISA | 2 | QL ST |
| *fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g))* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *fluocinolone acetonide/shower cap* | 1 | |
| *fluocinonide (0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution, 0.1 % cream (g))* | 1 | |
| *fluocinonide/emollient base* | 1 | |
| *flurandrenolide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))* | 1 | |
| *fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g), 0.05 % lotion)* | 1 | |
| *halcinonide* | 1 | ST |
| *halobetasol propionate (0.05 % cream (g), 0.05 % oint. (g))* | 1 | |
| *halobetasol propionate 0.05 % foam* | 1 | QL ST |
| HALOG (CREAM, OINTMENT) | 3 | ST |
| *hydrocortisone (1 % cream (g), 1 % crm/pe app, 1 % oint. (g), 2.5 % cream (g), 2.5 % crm/pe app, 2.5 % lotion, 2.5 % oint. (g))* | 1 | |
| *hydrocortisone butyrate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.1 % solution)* | 1 | |
| *hydrocortisone butyrate/emoll 0.1 % cream (g)* | 1 | |
| *hydrocortisone valerate* | 1 | |
| IMPOYZ | 3 | ST |
| KENALOG | 3 | QL |
| LEXETTE | 3 | QL ST |
| LOCOID 0.1% LOTION | 3 | |
| LOCOID LIPOCREAM | 3 | |
| LUXIQ | 3 | |
| *mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)* | 1 | |
| *nolix 0.05% cream* | 1 | |
| OLUX | 3 | |
| OLUX-E | 3 | |
| PANDEL | 3 | ST |
| *pimecrolimus* | 1 | QL |
| *prednicarbate* | 1 | |
| *procto-med hc* | 1 | |
| *procto-pak* | 1 | |
| *proctosol-hc* | 1 | |
| *proctozone-hc* | 1 | |
| PROTOPIC | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PRUDOXIN | 3 | |
| PSORCON | 3 | |
| *selenium sulfide 2.5 % lotion* | 1 | |
| SYNALAR 0.025% CREAM | 3 | |
| *tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))* | 1 | QL |
| TEXACORT | 3 | |
| TOPICORT (0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.25% CREAM, 0.25% OINTMENT, 0.25% SPRAY) | 3 | |
| *triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.5 % cream (g), 0.5 % oint. (g))* | 1 | |
| *triamcinolone acetonide 0.05 % oint. (g)* | 1 | QL PA |
| *triamcinolone acetonide 0.147mg/g aerosol* | 1 | QL |
| *trianex* | 1 | QL PA |
| *triderm* | 1 | |
| TRIDESILON | 3 | |
| ULTRAVATE (CREAM, OINTMENT) | 3 | |
| ULTRAVATE 0.05% LOTION | 3 | QL ST |
| VANOS | 3 | |
| VTAMA | 3 | QL PA |
| ZONALON | 3 | QL PA |
| SKYRIZI 150 MG/ML SYRINGE | 2 | QL PA S MS |
| SKYRIZI PEN | 2 | QL PA S MS |
| DERMATOLOGICAL AGENTS, OTHER | | |
| ABSORICA LD | 3 | PA |
| ALDARA | 3 | |
| AMELUZ | 3 | |
| ANA-LEX | 3 | |
| ANALPRAM HC (1% CREAM, 2.5%-1% LOTION) | 3 | |
| ATRAPRO DERMAL SPRAY | 3 | |
| *benzoyl peroxide microspheres* | 1 | |
| *calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| CALCIPOTRIENE 0.005 % FOAM | 3 | QL PA |
| *calcipotriene/betamethasone dipropionate* | 1 | QL |
| *calcitriol 3 mcg/g oint. (g)* | 1 | QL |
| CARAC | 3 | PA |
| *clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)* | 1 | |
| CONDYLOX | 3 | |
| *diclofenac sodium 3 % gel (gram)* | 1 | QL PA |
| DOVONEX | 3 | QL |
| DRITHOCREME HP | 3 | |
| DRYSOL | 3 | |
| DUOBRII | 3 | QL PA |
| EFUDEX | 3 | |
| ENSTILAR | 3 | QL PA |
| EPIDUO 0.1-2.5% GEL | 3 | QL |
| EPIFOAM | 3 | |
| EPSOLAY | 3 | QL PA |
| FLUOROPLEX | 3 | |
| *fluorouracil (2 % solution, 5 % cream (g), 5 % solution)* | 1 | |
| *fluorouracil 0.5% cream* | 3 | PA |
| *hydrocortisone acetate/lidocaine hcl/aloe vera (hydrocortisone/lidocaine/aloe 0.55%-2.8% gel w/appl, hydrocortisone/lidocaine/aloe 2.5-3%(7g) kit)* | 1 | |
| *hydrocortisone acetate/pramoxine hcl (hydrocortisone/pramoxine 1 %-1 % cream/appl, hydrocortisone/pramoxine 2.5 %-1 % cream (g), hydrocortisone/pramoxine 2.5-1%(4g) cream/appl)* | 1 | |
| *imiquimod (3.75 % cream pack, 3.75 % crm md pmp, 5 % cream pack)* | 1 | |
| IMPEKLO | 3 | ST |
| KLISYRI | 3 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *lidocaine hcl/hydrocortisone acetate (lidocaine/hydrocortisone 3 %-0.5 % cream (g), lidocaine/hydrocortisone 3 %-0.5 % cream/appl, lidocaine/hydrocortisone 3 %-0.5 % kit, lidocaine/hydrocortisone 3%-1%(7 g) kit, lidocaine/hydrocortisone 3-2.5%(7g) gel w/appl)* | 1 | |
| LITFULO | 3 | QL PA S MS |
| LOTRISONE | 3 | |
| *methoxsalen 10 mg cap lq rap* | 1 | |
| MICROCYN | 3 | |
| MICROCYN HYDROGEL | 3 | |
| NEO-SYNALAR 0.5%-0.025% CREAM | 3 | |
| NOVACORT | 3 | |
| NUDICLO SOLUPAK | 3 | QL PA |
| *nystatin/triamcinolone acetonide* | 1 | |
| OTEZLA 30 MG TABLET | 2 | QL PA S MS |
| OVACE PLUS 10% CREAM | 3 | |
| OXSORALEN-ULTRA | 3 | |
| PACNEX | 3 | |
| PACNEX HP | 3 | |
| PACNEX LP | 3 | |
| PENNSAICIN | 3 | QL PA |
| PLEXION 9.8-4.8% LOTION | 3 | |
| *podofilox (0.5 % gel (gram), 0.5 % solution)* | 1 | |
| PRAMOSONE (1% LOTION, 1%-1% CREAM, 1%-1% OINTMENT, 2.5%-1% CREAM, 2.5%-1% LOTION, 2.5%-1% OINTMENT) | 3 | |
| PROCORT | 3 | |
| PROCTOFOAM-HC | 3 | |
| QBREXZA | 3 | QL |
| REGRANEX | 3 | QL |
| *rosadan (cream, gel)* | 1 | |
| SANTYL | 3 | QL |
| *selenium sulfide (2.25 % shampoo, 2.3 % shampoo)* | 1 | |
| SILVADENE | 3 | |
| *silver nitrate applicator 75 %-25 % stick (ea)* | 1 | |
| *silver sulfadiazine* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SKYRIZI 75 MG/0.83 ML SYRINGE | 2 | QL PA S MS |
| SOLARAZE | 3 | QL PA |
| SORILUX | 3 | QL PA |
| *spinosad* | 3 | |
| *ssd* | 1 | |
| TACLONEX | 3 | QL |
| TOLAK | 2 | |
| *tretinoin/emollient base* | 1 | PA |
| *tri-chlor* | 1 | |
| TWYNEO | 3 | QL |
| ULESFIA | 3 | |
| VECTICAL | 3 | QL |
| VEREGEN | 3 | |
| WYNZORA | 3 | QL PA |
| XERESE | 3 | QL ST |
| ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM, 3.75% CREAM PUMP) | 3 | |
| ZYPRAM | 3 | |
| PEDICULICIDES/SCABICIDES | | |
| *crotan* | 1 | QL |
| ELIMITE | 3 | |
| EURAX | 3 | QL |
| *lindane* | 1 | QL |
| *malathion* | 1 | |
| NATROBA | 3 | |
| OVIDE | 3 | |
| *permethrin* | 1 | |
| SOOLANTRA | 3 | QL |
| TOPICAL ANTI-INFECTIVES | | |
| *acyclovir 5 % cream (g)* | 1 | QL ST |
| *acyclovir 5 % oint. (g)* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ACZONE 5% GEL | 3 | QL |
| ACZONE 7.5% GEL PUMP | 3 | QL ST |
| ALTABAX | 3 | |
| *ciclodan 0.77% cream* | 1 | |
| *ciclodan 8% solution* | 1 | QL |
| *ciclopirox (0.77 % gel (gram), 1 % shampoo)* | 1 | |
| *ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)* | 1 | |
| CLEOCIN T (T GEL, T LOTION) | 3 | |
| CLINDAGEL | 3 | ST |
| *clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution)* | 1 | |
| *clindamycin phosphate 1 % gel daily* | 1 | ST |
| *dapsone 5 % gel (gram)* | 1 | QL |
| *dapsone 7.5 % gel w/pump* | 1 | QL ST |
| DENAVIR | 3 | QL ST |
| *ery* | 1 | |
| *erythromycin base in ethanol (in 2 % gel (gram), in 2 % solution)* | 1 | |
| EVOCLIN | 3 | |
| KERYDIN | 3 | QL PA |
| LOPROX (0.77% CREAM, 0.77% TOPICAL SUSP, 1% SHAMPOO) | 3 | |
| *mupirocin calcium* | 1 | |
| *penciclovir* | 1 | QL ST |
| PENLAC | 3 | QL |
| SULFAMYLON (8.5% CREAM, POWDER PACKET) | 3 | |
| *tavaborole* | 1 | QL PA |
| XEPI | 3 | QL |
| ZOVIRAX 5% CREAM | 3 | QL ST |
| ZOVIRAX 5% OINTMENT | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ELECTROLYTES/MINERALS/METALS/VITAMINS | | |
| ELECTROLYTE/MINERAL REPLACEMENT | | |
| ACCRUFER | 3 | QL PA |
| CARBAGLU | 3 | PA S MS |
| *carglumic acid* | 1 | PA S |
| *fluoride (sodium) (0.25(0.55) tab chew, 0.5 mg/ml drops, 0.5(1.1)mg tab chew, 1mg(2.2mg) tab chew)* | 1 | C Covered in full age 16 and under |
| JUVEN | 3 | PA |
| K-TAB ER | 3 | |
| *klor-con* | 1 | |
| *klor-con 10* | 1 | |
| *klor-con 8* | 1 | |
| *klor-con m10* | 1 | |
| *klor-con m15* | 1 | |
| *klor-con m20* | 1 | |
| *klor-con sprinkle er 8 meq cap* | 1 | |
| *levocarnitine 330 mg tablet* | 1 | |
| *ludent fluoride* | 1 | C Covered in full age 16 and under |
| PEDIASURE HARVEST | 3 | PA |
| POKONZA | 3 | QL PA |
| *potassium chloride (8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 15 meq tab er prt, 20 meq packet, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid)* | 1 | |
| *potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)* | 1 | |
| UROCIT-K | 3 | |
| ELECTROLYTE/MINERAL/METAL MODIFIERS | | |
| CHEMET | 3 | |
| CUVRIOR | 3 | QL PA S |
| *deferasirox* | 1 | S MS |
| *deferiprone 1000 mg tablet* | 1 | S MS |
| *deferiprone 500 mg tablet* | 1 | |
| EXJADE | 3 | S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET) | 3 | S |
| FERRIPROX (3 TIMES A DAY) | 3 | S |
| JADENU | 3 | S MS |
| JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET) | 3 | QL PA S |
| SAMSCA | 3 | QL S MS |
| SYPRINE | 3 | PA |
| *tolvaptan* | 1 | QL S MS |
| *trientine hcl 250 mg capsule* | 1 | PA |
| PHOSPHATE BINDERS | | |
| AURYXIA | 3 | QL |
| *calcium acetate* | 1 | |
| FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW, 1,000 MG TABLET CHEW) | 3 | QL |
| FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK) | 3 | |
| *lanthanum carbonate (500 mg tab chew, 750 mg tab chew, 1000 mg tab chew)* | 1 | QL |
| PHOSLYRA | 3 | |
| RENAGEL | 3 | |
| RENVELA | 3 | |
| *sevelamer carbonate (2.4 g powd pack, 800 mg tablet)* | 1 | |
| *sevelamer carbonate 0.8 g powd pack* | 1 | QL |
| *sevelamer hcl (400 mg tablet, 800 mg tablet)* | 1 | |
| VELPHORO | 3 | QL |
| POTASSIUM BINDERS | | |
| *kionex* | 1 | |
| LOKELMA (5 POWDER PACKET, 10 POWDER PACKET) | 2 | QL |
| *sodium polystyrene sulfonate* | 1 | |
| *sps* | 1 | |
| VELTASSA | 2 | |
| VITAMINS | | |
| ACERFLEX | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ALFAMINO INFANT | 3 | PA |
| ALFAMINO JUNIOR | 3 | PA |
| AMINO ACIDS/WHEY PROTEIN CONCENTRATE AND ISOLATE (AC/WHEY 20G-140/39 POWDER, AC/WHEY 26G-150/39 POWDER) | 3 | PA |
| BABY'S ONLY ORG LACTORELIEF | 3 | PA |
| BABY'S ONLY ORGANIC DAIRY | 3 | PA |
| BABY'S ONLY ORGANIC DAIRY DHA | 3 | PA |
| BABY'S ONLY ORGANIC SOY | 3 | PA |
| *bal-care dha* | 1 | |
| BAL-CARE DHA ESSENTIAL | 3 | |
| BCAD 1 | 3 | PA |
| BENECALORIE | 3 | PA |
| BENEPROTEIN (POWDER, POWDER PACKET) | 3 | PA |
| BOOST (LIQUID, PUDDING) | 3 | PA |
| BOOST BREEZE | 3 | PA |
| BOOST GLUCOSE CONTROL | 3 | PA |
| BOOST HIGH PROTEIN (ENERGY DRNK, LIQUID) | 3 | PA |
| BOOST KID ESSENTIALS | 3 | PA |
| BOOST KID ESSENTIALS-FIBER | 3 | PA |
| BOOST PLUS | 3 | PA |
| BOOST SOOTHE | 3 | PA |
| BOOST VHC | 3 | PA |
| BRIGHT BEGINNINGS SOY | 3 | PA |
| c-nate dha | 1 | |
| CADEAU DHA | 3 | |
| CALCILO XD | 3 | PA |
| CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET) | 3 | |
| CARNITOR SF | 3 | |
| CHILDREN'S DIARESQ | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| CITRANATAL B-CALM | 3 | |
| CITRANATAL MEDLEY | 3 | |
| CITRULLINE POWDER | 3 | PA |
| CITRULLINE 1000 | 3 | PA |
| CITRULLINE 200 | 3 | PA |
| COMPLEAT | 3 | PA |
| COMPLEAT ORGANIC BLEND CHICKEN | 3 | PA |
| COMPLEAT ORGANIC BLENDS PLANT | 3 | PA |
| COMPLEAT PED ORG BLEND CHICKEN | 3 | PA |
| COMPLEAT PED ORG BLENDS PLANT | 3 | PA |
| COMPLEAT PEDIATRIC | 3 | PA |
| COMPLEAT PEDIATRIC REDUCED CAL | 3 | PA |
| COMPLETE AMINO ACID MIX | 3 | PA |
| *complete natal dha* | 1 | |
| *completenate* | 1 | |
| COMPLEX JUNIOR MSD | 3 | PA |
| COMPLEX MSD | 3 | PA |
| COMPLEX MSD ESSENTIAL | 3 | PA |
| CONCEPT DHA | 3 | |
| CONCEPT OB | 3 | |
| CREATINE MONOHYDRATE | 3 | PA |
| *cyanocobalamin (vitamin b-12) (500mcg/spr spray, 1000mcg/ml vial)* | 1 | |
| CYCLINEX-1 | 3 | PA |
| CYCLINEX-2 | 3 | PA |
| CYSTINE | 3 | PA |
| CYTO CARN | 3 | PA |
| CYTO RALA | 3 | PA |
| CYTO-Q MAX | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| CYTO-Q T-F | 3 | PA |
| CYTOLLINE | 3 | PA |
| CYTOTINE 1.5 G/15 ML LIQUID | 3 | PA |
| DIABETISOURCE AC | 3 | PA |
| DIARESQ | 3 | PA |
| DOJOLVI | 3 | QL PA S MS |
| DUET DHA 400 | 3 | |
| DUET DHA BALANCED | 3 | |
| DUOCAL | 3 | PA |
| EAA | 3 | PA |
| EFFER-K (10 TABLET EFF, 20 TABLET EFF) | 3 | |
| *effer-k 25 meq tablet eff* | 1 | |
| EGG-PRO | 3 | PA |
| ELECARE | 3 | PA |
| ELECARE JR | 3 | PA |
| ENFAGROW GENTLEASE FORMULA | 3 | PA |
| ENFAGROW NEUROPRO TODDLR NOGMO | 3 | PA |
| ENFAGROW TODDLER NEXT STEP | 3 | PA |
| ENFAGROW TODDLER TRANSITIONS | 3 | PA |
| ENFAGROW TODLR NXT STP NON-GMO | 3 | PA |
| ENFAMIL 24 | 3 | PA |
| ENFAMIL 5% GLUCOSE IN WATER | 3 | |
| ENFAMIL A.R. (LIQUID, POWDER) | 3 | PA |
| ENFAMIL ENFACARE (LIQUID, POWDER) | 3 | PA |
| ENFAMIL ENSPIRE INFANT FORMULA | 3 | PA |
| ENFAMIL FOR SUPPLEMENTING (FOR LIQ, NURSETTE, POWDER) | 3 | PA |
| ENFAMIL GENTLEASE (LIQUID, POWDER) | 3 | PA |
| ENFAMIL GENTLEASE NON-GMO | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ENFAMIL HUMAN MILK FORTIFIER (LIQ VL, PWD PK) | 3 | PA |
| ENFAMIL INFANT (LIQUID, LIQUID CONC, POWDER, POWDER PACKET) | 3 | PA |
| ENFAMIL INFANT NON-GMO | 3 | PA |
| ENFAMIL NEURO GENTLEASE NONGMO | 3 | PA |
| ENFAMIL NEUROPRO NON-GMO LIQ | 3 | PA |
| ENFAMIL NEWBORN (LIQUID, POWDER) | 3 | PA |
| ENFAMIL NEWBORN NON-GMO | 3 | PA |
| ENFAMIL PREMATURE | 3 | PA |
| ENFAMIL PROSOBEE (LIQUID, POWDER) | 3 | PA |
| ENFAMIL PROSOBEE LIPIL | 3 | PA |
| ENFAMIL REGULINE (LIQUID, POWDER) | 3 | PA |
| ENFAPORT | 3 | PA |
| ENSURE | 3 | PA |
| ENSURE ACTIVE HEART HEALTH | 3 | PA |
| ENSURE ACTIVE HIGH PROTEIN | 3 | PA |
| ENSURE ACTIVE LIGHT | 3 | PA |
| ENSURE ACTIVE MUSCLE HEALTH | 3 | PA |
| ENSURE ACTIVE PROTEIN-MUSCLE | 3 | PA |
| ENSURE CLEAR | 3 | PA |
| ENSURE CLEAR THERAPEUTIC | 3 | PA |
| ENSURE COMPACT | 3 | PA |
| ENSURE ENLIVE | 3 | PA |
| ENSURE HIGH PROTEIN (LIQUID, POWDER) | 3 | PA |
| ENSURE LIQUID | 3 | PA |
| ENSURE MAX PROTEIN | 3 | PA |
| ENSURE MUSCLE HEALTH | 3 | PA |
| ENSURE ORIGINAL (LIQUID, POWDER) | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ENSURE PLUS | 3 | PA |
| ENSURE POWDER | 3 | PA |
| ENSURE PRE-SURGERY | 3 | PA |
| ENSURE SURGERY SHAKE | 3 | PA |
| ENTERAL FORMULA REQUIRES PRIOR AUTHORIZATION. BRANDS ARE TIER 3 & GENERICS ARE TIER 1. | 3 | PA |
| EO28 SPLASH | 3 | PA |
| ESSENTIAL AMINO ACID MIX | 3 | PA |
| FIBERSOURCE HN | 3 | PA |
| FLORIVA 0.25 MG/ML DROPS | 3 | C Covered in full age 16 and under |
| *fluocinolone acetonide 0.025 % cream (g)* | 1 | |
| *folic acid (0.4 mg tablet, 0.8 mg tablet)* | 1 | QL<br>C Covered in full age 11+ |
| *folic acid 1 mg tablet* | 1 | |
| *folivane-ob* | 1 | |
| FRUITIVITS | 3 | PA |
| G-PREPROTEIN | 3 | PA |
| GA | 3 | PA |
| GA EXPRESS 15 | 3 | PA |
| GA GEL | 3 | PA |
| GA-1 ANAMIX EARLY YEARS | 3 | PA |
| GALZIN | 3 | |
| GERBER EXTENSIVE HA | 3 | PA |
| GERBER GOOD START GENTLEPRO LQ | 3 | PA |
| GERBER GOOD START GROW NON-GMO | 3 | PA |
| GERBER GOOD START SOY (LIQUID, POWDER) | 3 | PA |
| GERBER GOOD START SOY 2 NONGMO | 3 | PA |
| GERBER GOOD START SOY NO-GMO | 3 | PA |
| GLUCERNA (, SNACK) | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| GLUCERNA 1 CAL | 3 | PA |
| GLUCERNA 1.2 CAL | 3 | PA |
| GLUCERNA 1.5 CAL | 3 | PA |
| GLUCERNA ADVANCE | 3 | PA |
| GLUCERNA HUNGER SMART | 3 | PA |
| GLUCERNA THERAPEUTIC NUTRITION | 3 | PA |
| GLUCO BURST DIABETIC DRINK | 3 | PA |
| GLUTAMENT | 3 | PA |
| GLUTARADE GA-1 | 3 | PA |
| GLUTARADE JUNIOR GA-1 | 3 | PA |
| GLUTAREX-1 | 3 | PA |
| GLUTAREX-2 | 3 | PA |
| GLUTASOLVE | 3 | PA |
| GLUTOL | 3 | |
| GLYCOSADE (60 G POWDER PACKET, POWDER PACKET) | 3 | PA |
| GLYTACTIN 20PE BETTERMILK LITE | 3 | PA |
| GLYTACTIN RESTORE 10 PE | 3 | PA |
| GLYTACTIN RESTORE 10 PE LITE | 3 | PA |
| GLYTACTIN RESTORE 5 PE | 3 | PA |
| GLYTACTIN RTD 10 PE | 3 | PA |
| GLYTACTIN RTD 15 PE | 3 | PA |
| GLYTACTIN RTD LITE 15 | 3 | PA |
| GLYTACTIN SWIRL 15 PE | 3 | PA |
| GLYTROL | 3 | PA |
| HCU ANAMIX EARLY YEARS | 3 | PA |
| HCU ANAMIX NEXT | 3 | PA |
| HCU COOLER | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| HCU EASY | 3 | PA |
| HCU EXPRESS POWDER | 3 | PA |
| HCU EXPRESS20 | 3 | PA |
| HCU GEL | 3 | PA |
| HCU LOPHLEX | 3 | PA |
| HCU MAXAMUM | 3 | PA |
| HCY 1 | 3 | PA |
| HEPAMENT | 3 | PA |
| HI-CAL LIQUID | 3 | PA |
| HIGH-PROTEIN NUTRITIONAL SHAKE | 3 | PA |
| HOMINEX-1 | 3 | PA |
| I-VALEX-1 | 3 | PA |
| I-VALEX-2 | 3 | PA |
| ICAR-C PLUS | 3 | |
| IMMULIFE | 3 | PA |
| IMPACT 1 CAL | 3 | PA |
| IMPACT ADVANCED RECOVERY | 3 | PA |
| IMPACT PEPTIDE 1.5 CAL | 3 | PA |
| INFANT FORMULA WITH IRON | 3 | PA |
| ISOLEUCINE SUPPLEMENT IN CARBOHYDRATE BASE (IN 1 G/4 G POWD PACK, IN 50 MG/4 G POWD PACK) | 3 | PA |
| ISOMIL | 3 | PA |
| ISOMIL ADVANCE | 3 | PA |
| ISOMIL DF | 3 | PA |
| ISOSOURCE 1.5 CAL | 3 | PA |
| ISOSOURCE 1.5 CAL TUBE FEED | 3 | PA |
| ISOSOURCE HN | 3 | PA |
| IVA ANAMIX EARLY YEARS | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| IVA ANAMIX NEXT | 3 | PA |
| IVA MAXAMUM | 3 | PA |
| JEVITY 1 CAL | 3 | PA |
| JEVITY 1.2 CAL | 3 | PA |
| JEVITY 1.5 CAL | 3 | PA |
| K-PAX | 3 | PA |
| K-PAX IMMUNE BOOSTER | 3 | PA |
| KETOCAL 2.5:1 | 3 | PA |
| KETOCAL 3:1 | 3 | PA |
| KETOCAL 4:1 (LIQUID, MULTI FIBER LIQUID, POWDER) | 3 | PA |
| KETONEX-1 | 3 | PA |
| KETONEX-2 | 3 | PA |
| KETOVIE 3:1 | 3 | PA |
| KETOVOLVE | 3 | PA |
| *klor-con sprinkle er 10 meq cp* | 1 | |
| *klor-con-ef* | 1 | |
| KOSHER PRENATAL PLUS IRON | 3 | |
| LANAFLEX | 3 | PA |
| LEUCINE 0.1G-15/4G POWD PACK | 3 | PA |
| *levocarnitine (with sugar) 100 mg/ml solution* | 1 | |
| *levocarnitine 100 mg/ml solution* | 1 | |
| LEVOCARNITINE/PANTOTHENIC ACID/TAURINE | 3 | PA |
| LIPISTART | 3 | PA |
| LIQUACEL LIQUID PROTEIN | 3 | PA |
| LIQUID PROTEIN FORTIFIER | 3 | PA |
| LMD | 3 | PA |
| LOPHLEX | 3 | PA |
| LPS 15-30 | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| LPS CRITICAL CARE | 3 | PA |
| LPS NEUTRAL FLAVOR | 3 | PA |
| m-natal plus | 1 | |
| MARNATAL-F | 3 | |
| MCT PRO-CAL | 3 | PA |
| METHIONAID | 3 | PA |
| METHIONINE SUPPLEMENT IN CARBOHYDRATE BASE | 3 | PA |
| MMA-PA ANAMIX EARLY YEARS | 3 | PA |
| MMA-PA ANAMIX NEXT | 3 | PA |
| MMA-PA COOLER15 | 3 | PA |
| MMA-PA MAXAMUM | 3 | PA |
| MMA/PA GEL | 3 | PA |
| MONOGEN | 3 | PA |
| MSUD AID | 3 | PA |
| MSUD ANALOG | 3 | PA |
| MSUD ANAMIX EARLY YEARS | 3 | PA |
| MSUD COOLER | 3 | PA |
| MSUD EXPRESS COOLER | 3 | PA |
| MSUD EXPRESS15 | 3 | PA |
| MSUD EXPRESS20 | 3 | PA |
| MSUD GEL | 3 | PA |
| MSUD LOPHLEX | 3 | PA |
| MSUD MAXAMAID | 3 | PA |
| MSUD MAXAMUM | 3 | PA |
| *mynatal* | 1 | |
| *mynatal plus* | 1 | |
| *mynatal-z* | 1 | |
| NASCOBAL | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| NATACHEW | 3 | |
| NEOCATE JUNIOR | 3 | PA |
| NEOCATE JUNIOR WITH PREBIOTICS | 3 | PA |
| NEOCATE NUTRA | 3 | PA |
| NEOCATE SPLASH | 3 | PA |
| NEOCATE SYNEO INFANT | 3 | PA |
| NEOKE ALCAR | 3 | PA |
| NEONATAL-DHA | 3 | |
| NEPRO CARB STEADY | 3 | PA |
| NESTABS | 3 | |
| NESTABS ABC | 3 | |
| NESTABS DHA | 3 | |
| *newgen* | 1 | |
| NOVASOURCE RENAL 2 CAL | 3 | PA |
| NUTRA-PRO | 3 | PA |
| NUTRAFIT | 3 | PA |
| NUTRAFIT PLUS | 3 | PA |
| NUTRAMIGEN DHA-ARA | 3 | PA |
| NUTRAMIGEN ENFLORA-LGG | 3 | PA |
| NUTRAMIGEN TODDLER ENFLORA-LGG | 3 | PA |
| NUTRAMINE | 3 | PA |
| NUTRASENTIALS | 3 | PA |
| NUTREN 1.0 | 3 | PA |
| NUTREN 1.5 | 3 | PA |
| NUTREN 2.0 | 3 | PA |
| NUTREN FIBER 1 CAL | 3 | PA |
| NUTREN JUNIOR | 3 | PA |
| NUTREN JUNIOR FIBER | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| NUTREN PULMONARY | 3 | PA |
| NUTRI-DRINK | 3 | PA |
| NUTRIHEP | 3 | PA |
| NUTRITIONAL DRINK | 3 | PA |
| NUTRITIONAL DRINK MIX | 3 | PA |
| NUTRITIONAL DRINK PLUS | 3 | PA |
| NUTRITIONAL SHAKE | 3 | PA |
| NUTRITIONAL SHAKE PLUS | 3 | PA |
| OA 1 | 3 | PA |
| OA2 | 3 | PA |
| OB COMPLETE ONE | 3 | |
| OB COMPLETE PETITE | 3 | |
| OB COMPLETE PREMIER | 3 | |
| OB COMPLETE WITH DHA | 3 | |
| OPTISOURCE LIQUID | 3 | PA |
| OSMOLITE 1 CAL | 3 | PA |
| OSMOLITE 1.2 CAL | 3 | PA |
| OSMOLITE 1.5 CAL | 3 | PA |
| OVASITOL | 3 | PA |
| OXEPA | 3 | PA |
| PEDIASMART ORGANIC DAIRY | 3 | PA |
| PEDIASMART ORGANIC SOY | 3 | PA |
| PEDIASURE (LIQUID, SHAKE MIX POWDER) | 3 | PA |
| PEDIASURE 1.5 | 3 | PA |
| PEDIASURE 1.5 WITH FIBER | 3 | PA |
| PEDIASURE ENTERAL | 3 | PA |
| PEDIASURE ENTERAL WITH FIBER | 3 | PA |
| PEDIASURE GROW-GAIN LIQUID | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PEDIASURE PEPTIDE 1.0 CAL | 3 | PA |
| PEDIASURE PEPTIDE 1.5 CAL | 3 | PA |
| PEDIASURE SIDEKICKS (CLEAR LIQ, LIQUID) | 3 | PA |
| PEDIASURE WITH FIBER | 3 | PA |
| PEDIATRIC BALANCED NUTRITION | 3 | PA |
| PEDIATRIC DRINK WITH FIBER | 3 | PA |
| *pediatric multivit with a,c,d3 no.21/sodium fluoride* | 1 | C Covered in full age 16 and under |
| PEPTAMEN | 3 | PA |
| PEPTAMEN 1.5 | 3 | PA |
| PEPTAMEN 1.5 CAL WITH PREBIO1 | 3 | PA |
| PEPTAMEN AF | 3 | PA |
| PEPTAMEN INTENSE VHP | 3 | PA |
| PEPTAMEN JUNIOR | 3 | PA |
| PEPTAMEN JUNIOR 1.5 | 3 | PA |
| PEPTAMEN JUNIOR FIBER | 3 | PA |
| PEPTAMEN JUNIOR HP | 3 | PA |
| PEPTAMEN JUNIOR WITH PREBIO1 | 3 | PA |
| PEPTAMEN-PREBIO1 | 3 | PA |
| PERATIVE | 3 | PA |
| PERIFLEX ADVANCE | 3 | PA |
| PERIFLEX INFANT | 3 | PA |
| PERIFLEX JUNIOR | 3 | PA |
| PERIFLEX LQ PKU | 3 | PA |
| PFD 2 | 3 | PA |
| PFD TODDLER | 3 | PA |
| PHENEX-1 | 3 | PA |
| PHENEX-2 | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PHENYL-FREE 1 | 3 | PA |
| PHENYL-FREE 2 | 3 | PA |
| PHENYL-FREE 2HP | 3 | PA |
| PHENYLADE | 3 | PA |
| PHENYLADE ESSENTIAL (DRINK POWD, POWD PCKT) | 3 | PA |
| PHENYLADE GMP (POWDER, POWDER PKT) | 3 | PA |
| PHENYLADE GMP MIX-IN (POWDER, POWDR PKT) | 3 | PA |
| PHENYLADE GMP READY | 3 | PA |
| PHENYLADE MTE | 3 | PA |
| PHENYLADE PHEBLOC POWDER PKT | 3 | PA |
| PHENYLADE40 | 3 | PA |
| PHENYLADE60 (DRINK MIX POWDER, POWDER PACKET) | 3 | PA |
| PHENYLALANINE | 3 | PA |
| PHLEXY-10 DRINK MIX POWDER | 3 | PA |
| PIVOT 1.5 CAL | 3 | PA |
| PKU AIR20 | 3 | PA |
| PKU COOLER 10 | 3 | PA |
| PKU COOLER 15 | 3 | PA |
| PKU COOLER 20 | 3 | PA |
| PKU EXPRESS15 | 3 | PA |
| PKU EXPRESS20 | 3 | PA |
| PKU GEL | 3 | PA |
| PKU LOPHLEX | 3 | PA |
| PKU MAXAMUM | 3 | PA |
| PKU PERIFLEX EARLY YEARS | 3 | PA |
| PKU PERIFLEX JUNIOR PLUS | 3 | PA |
| PKU SPHERE20 POWDER PACKET | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PKU TRIO | 3 | PA |
| *pnv 29-1* | 1 | |
| PNV NO.72/FERROUS FUMARATE/FOLIC ACID/OMEGA-3/DHA | 3 | QL |
| *pnv-select* | 1 | |
| POLYCAL | 3 | PA |
| PORTAGEN | 3 | PA |
| POTABA | 3 | |
| *pr natal 400* | 1 | |
| *pr natal 400 ec* | 1 | |
| *pr natal 430* | 1 | |
| *pr natal 430 ec* | 1 | |
| PRE PROTEIN 20 | 3 | PA |
| PRE-PROTEIN | 3 | PA |
| PREGESTIMIL (LIQUID, POWDER) | 3 | PA |
| PREGNITUDE | 3 | PA |
| PREMIUM INFANT FORMULA | 3 | PA |
| *prena1 chew* | 1 | |
| PRENATA | 3 | |
| *prenatabs fa* | 1 | |
| *prenatabs rx* | 1 | |
| PRENATAL VITS WITH CALCIUM NO.115/IRON FUMARATE/FOLIC ACID | 3 | |
| *prenatal vits with calcium no.72/ferrous fumarate/folic acid* | 1 | |
| *prenatal vits with calcium no.72/iron,carbonyl/folic acid* | 1 | |
| PRENATE ELITE | 3 | |
| PRENATE PIXIE | 3 | |
| PRENATE STAR | 3 | |
| PREOP | 3 | PA |
| *preplus* | 1 | |
| *pretab* | 1 | |
| PRO-PHREE | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PRO-STAT AWC | 3 | PA |
| PRO-STAT MAX LIQUID | 3 | PA |
| PRO-STAT RENAL CARE | 3 | PA |
| PRO-STAT SUGAR FREE | 3 | PA |
| PROCEL (PROTEIN POWDER, SINGLES 5 G POWDER PACK) | 3 | PA |
| PRODUCT 3232A | 3 | PA |
| PROMOD | 3 | PA |
| PROMOTE | 3 | PA |
| PROMOTE WITH FIBER | 3 | PA |
| PROPIMEX-1 | 3 | PA |
| PROPIMEX-2 | 3 | PA |
| PROSOURCE (LIQUID, POWDER, POWDER PACK) | 3 | PA |
| PROSOURCE NO CARB | 3 | PA |
| PROSOURCE PLUS | 3 | PA |
| PROSOURCE TF | 3 | PA |
| PROSYNMINIC | 3 | PA |
| PROTEIN SUPPLEMENT  POWDER | 3 | PA |
| PROTEINEX | 3 | PA |
| PROTEINEX-18 | 3 | PA |
| PROVIDA OB | 3 | |
| PROVIDE GOLD REGULAR | 3 | PA |
| PROVIDE GOLD SUGAR FREE | 3 | PA |
| PULMOCARE | 3 | PA |
| PURAMINO DHA-ARA | 3 | PA |
| PURAMINO TODDLER | 3 | PA |
| PURE BLISS NON-GMO | 3 | PA |
| Q-UP | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| QH | 3 | PA |
| R-NATAL OB | 3 | |
| RADIOGARDASE | 3 | |
| RCF SOY FORMULA | 3 | PA |
| RE-GEN | 3 | PA |
| RE:IIMMUNE | 3 | PA |
| RENA START | 3 | PA |
| RENALCAL | 3 | PA |
| RENAMENT POWDER | 3 | PA |
| RENASTART | 3 | PA |
| REPLETE | 3 | PA |
| REPLETE WITH FIBER | 3 | PA |
| RESOURCE 2.0 | 3 | PA |
| RESURGEX SELECT | 3 | PA |
| S.O.S. 20 | 3 | PA |
| S.O.S. 25 | 3 | PA |
| *se-natal 19* | 1 | |
| SELECT-OB | 3 | |
| SELECT-OB + DHA | 3 | |
| SIMILAC | 3 | PA |
| SIMILAC ADVANCE (LIQ CONC, LIQUID, POWDER PKT, WITH IRON POWD) | 3 | PA |
| SIMILAC ADVANCE NON-GMO | 3 | PA |
| SIMILAC ADVANCE ORGANIC (LIQUID, POWDER) | 3 | PA |
| SIMILAC ALIMENTUM | 3 | PA |
| SIMILAC EXPERT CARE 24CAL IRON | 3 | PA |
| SIMILAC EXPERT CARE ALIMENTUM | 3 | PA |
| SIMILAC EXPERT CARE DIARRHEA | 3 | PA |
| SIMILAC FOR SPIT-UP (LIQUID, POWDER) | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SIMILAC GO-GROW | 3 | PA |
| SIMILAC GO-GROW NON-GMO | 3 | PA |
| SIMILAC GO-GROW SENSITIVE | 3 | PA |
| SIMILAC GO-GROW SENSTV NON-GMO | 3 | PA |
| SIMILAC GO-GROW SOY | 3 | PA |
| SIMILAC HUMAN MILK FORTIFIER (LIQ PK, PWD PK) | 3 | PA |
| SIMILAC NEOSURE (LIQUID, POWDER) | 3 | PA |
| SIMILAC PM 60-40 | 3 | PA |
| SIMILAC PRO-ADVANCE NON-GMO (LIQ, PWD) | 3 | PA |
| SIMILAC PRO-SENSITIVE NON-GMO (LIQ, PWD) | 3 | PA |
| SIMILAC PRO-TOTAL CMFT NON-GMO | 3 | PA |
| SIMILAC SENSITIVE | 3 | PA |
| SIMILAC SENSITIVE FUSS & GAS (CON, LIQ, PWD) | 3 | PA |
| SIMILAC SENSITIVE ISOMIL SOY | 3 | PA |
| SIMILAC SOY ISOMIL (LIQUID, POWDER) | 3 | PA |
| SIMILAC SPECIAL CARE 24 | 3 | PA |
| SIMILAC SPECIAL CARE 30 | 3 | PA |
| SIMILAC SUPPLEMENTATION (LIQUID, POWDER) | 3 | PA |
| SIMILAC TOTAL COMFORT | 3 | PA |
| SIMILAC TOTAL COMFORT NON-GMO | 3 | PA |
| SIMILAC WITH IRON | 3 | PA |
| SOD ANAMIX EARLY YEARS | 3 | PA |
| SOL CARB | 3 | PA |
| SUPLENA CARB STEADY | 3 | PA |
| *taron-c dha* | 1 | |
| THERAMINE PLUS | 3 | PA |
| THRIVITE RX | 3 | |
| TOLEREX | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *tri-vite with fluoride* | 1 | C Covered in full age 16 and under |
| TRICARE | 3 | |
| *trinatal rx 1* | 1 | |
| *trinate* | 1 | |
| TWOCAL HN | 3 | PA |
| TYLACTIN RESTORE 10 PE | 3 | PA |
| TYLACTIN RESTORE 5 PE | 3 | PA |
| TYLACTIN RTD 15 PE | 3 | PA |
| TYR ANAMIX EARLY YEARS | 3 | PA |
| TYR ANAMIX NEXT | 3 | PA |
| TYR COOLER | 3 | PA |
| TYR EASY | 3 | PA |
| TYR EXPRESS | 3 | PA |
| TYR EXPRESS20 | 3 | PA |
| TYR GEL | 3 | PA |
| TYR LOPHLEX | 3 | PA |
| TYR LOPHLEX GMP MIX-IN | 3 | PA |
| TYREX-1 | 3 | PA |
| TYREX-2 | 3 | PA |
| TYROS 1 | 3 | PA |
| TYROS 2 | 3 | PA |
| TYROSINE 1 G-15/4 G PACKET | 3 | PA |
| UCD ANAMIX JUNIOR | 3 | PA |
| UCD TRIO | 3 | PA |
| ULTRAMINO | 3 | PA |
| ULTRIENT 1.5 WITH ENFIT | 3 | PA |
| UNJURY POWDER | 3 | PA |
| VALINE 1000 | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| VALINE PACKET | 3 | PA |
| VILACTIN AA PLUS 20 PE | 3 | PA |
| *virt-c dha* | 1 | |
| *virt-nate dha* | 1 | |
| VITAFOL FE PLUS | 3 | |
| VITAFOL GUMMIES | 3 | |
| VITAFOL NANO | 3 | |
| VITAFOL ULTRA | 3 | |
| *vitafol-ob* | 1 | |
| VITAFOL-OB+DHA | 3 | |
| VITAFOL-ONE | 3 | |
| VITAL 1.0 CAL | 3 | PA |
| VITAL 1.5 CAL | 3 | PA |
| VITAL AF 1.2 CAL | 3 | PA |
| VITAL HIGH PROTEIN | 3 | PA |
| VITAL PEPTIDE 1.5 CAL | 3 | PA |
| VITAMEDMD ONE RX | 3 | |
| VITAMEDMD REDICHEW RX | 3 | |
| VIVONEX | 3 | PA |
| VIVONEX PLUS | 3 | PA |
| VIVONEX RTF | 3 | PA |
| VIVONEX T.E.N | 3 | PA |
| VP-PNV-DHA | 3 | |
| *westgel dha* | 1 | |
| WHEY PROTEIN CONCENTRATE | 3 | PA |
| XLEU ANALOG | 3 | PA |
| XLEU MAXAMAID | 3 | PA |
| XLYS, XTRP ANALOG | 3 | PA |
| XLYS, XTRP MAXAMAID | 3 | PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| XLYS, XTRP MAXAMUM | 3 | PA |
| XMET ANALOG | 3 | PA |
| XMET MAXAMAID | 3 | PA |
| XMTVI ANALOG | 3 | PA |
| XMTVI MAXAMAID | 3 | PA |
| XPHE MAXAMAID | 3 | PA |
| XPHE MAXAMUM | 3 | PA |
| XPHE, XTYR ANALOG | 3 | PA |
| XPHE, XTYR MAXAMAID | 3 | PA |
| XPTM ANALOG | 3 | PA |
| XTRACAL PLUS | 3 | PA |
| *zingiber* | 1 | |
| GASTROINTESTINAL AGENTS | | |
| ANTI-CONSTIPATION AGENTS | | |
| AMITIZA | 3 | QL ST |
| *bisacodyl 5 mg tablet dr* | 1 | |
| *citroma* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *clearlax (eq powder, eql powder, ft powder, gnp powder, hm powder, powder, sm powder, sw powder)* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| CLENPIQ 160 ML SOLUTION | 2 | C Covered in full age 45-75 (limit 2 Rx per year) |
| CLENPIQ 175 ML SOLUTION | 2 | C Covered in Full 45-75 (limit 2 Rx/year) |
| *constulose* | 1 | |
| *cvs purelax powder* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *enulose* | 1 | |
| *fleet bisacodyl ec 5 mg tab* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *ft laxative 5 mg tablet* | 1 | |
| *gavilax* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *generlac* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *gentle laxative (cvs ec 5 mg tb, ec 5 mg tablet, eq dr 5 mg tab, eql ec 5 mg tb, gnp ec 5 mg tb, kro ec 5 mg tb, sm ec 5 mg tab)* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *gentle laxative 5 mg tablet* | 1 | |
| *healthylax* | 1 | |
| KRISTALOSE | 3 | PA |
| *kro gentlelax 17 gram powder* | 1 | |
| *lactulose (10 g/15 ml solution, 20 g/30 ml solution)* | 1 | |
| *lactulose 10 g packet* | 1 | QL PA |
| *laxaclear* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *laxative (ec 5 mg tablet, ft ec 5 mg tablet, gnp ec 5 mg tablet, hm ec 5 mg tablet, pub ec 5 mg tablet, ra ec 5 mg tablet)* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| LINZESS | 2 | QL |
| *lubiprostone 8 mcg capsule* | 1 | QL |
| *magnesium citrate  solution* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *magnesium hydroxide (400 mg/5ml oral susp, 2400 mg/10 oral susp)* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *miralax powder packet* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| MOTEGRITY | 3 | QL ST |
| MOVANTIK | 2 | QL |
| *natura-lax* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *oral saline laxative* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| OSMOPREP | 3 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *phosphate laxative* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *polyethylene glycol 3350 (3350 17 g powd pack, 3350 17 g/dose powder)* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *powderlax* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| PREPOPIK | 2 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *qc women's laxative ec 5 mg tb* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL) | 3 | |
| RELISTOR 150 MG TABLET | 3 | ST |
| *smoothlax (powder, powder packet)* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SYMPROIC | 3 | QL ST |
| TRULANCE | 2 | QL |
| *women's gentle laxative* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *women's laxative (eq women's 5 mg tab, womans tablet)* | 1 | |
| ZELNORM | 3 | QL PA |
| ANTI-DIARRHEAL AGENTS | | |
| AEMCOLO | 3 | |
| *alosetron hcl* | 1 | QL |
| *diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)* | 1 | |
| LOMOTIL | 3 | |
| *loperamide hcl 2 mg capsule* | 1 | |
| LOTRONEX | 3 | QL |
| MYTESI | 3 | QL PA |
| VIBERZI | 3 | |
| XERMELO | 3 | QL PA S |
| XIFAXAN 200 MG TABLET | 2 | |
| XIFAXAN 550 MG TABLET | 2 | QL |
| ANTISPASMODICS, GASTROINTESTINAL | | |
| ANASPAZ | 3 | |
| BENTYL 10 MG CAPSULE | 3 | |
| *chlordiazepoxide/clidinium bromide* | 1 | |
| CUVPOSA | 3 | QL PA |
| DARTISLA | 3 | QL PA |
| *dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)* | 1 | |
| *ed-spaz* | 1 | |
| GLYCATE | 3 | QL PA |
| *glycopyrrolate (1 mg tablet, 2 mg tablet)* | 1 | |
| *glycopyrrolate (1 mg/5 ml solution, 1.5 mg tablet)* | 1 | QL PA |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *hyoscyamine sulfate (0.125 mg tab rapdis, 0.125 mg tab subl, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir)* | 1 | |
| *hyosyne* | 1 | |
| LEVBID | 3 | |
| LEVSIN 0.125 MG TABLET | 3 | |
| LEVSIN-SL | 3 | |
| LIBRAX | 3 | |
| *methscopolamine bromide* | 1 | |
| *nulev* | 1 | |
| *oscimin* | 1 | |
| *oscimin sl* | 1 | |
| ROBINUL | 3 | |
| ROBINUL FORTE | 3 | |
| *symax* | 1 | |
| SYMAX DUOTAB | 3 | |
| *symax-sl* | 1 | |
| *symax-sr* | 1 | |
| GASTROINTESTINAL AGENTS, OTHER | | |
| ACTIGALL | 3 | |
| *bismuth/metronid/tetracycline 125-125 mg capsule* | 1 | |
| CHENODAL | 3 | S |
| COLYTE WITH FLAVOR PACKETS | 3 | |
| ENTEREG | 3 | |
| GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT) | 3 | QL PA S MS |
| GATTEX 5 MG VIAL | 3 | QL PA |
| *gavilyte-c* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *gavilyte-g* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *gavilyte-n* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| GOLYTELY | 3 | C Covered in full age 50-75 (limit 2 rx per year) |
| HELIDAC | 3 | |
| IBSRELA | 3 | QL ST |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| IMCIVREE | 3 | QL PA |
| *lansoprazole/amoxicillin trihydrate/clarithromycin* | 1 | |
| MOTOFEN | 3 | |
| MOVIPREP | 3 | QL |
| MYALEPT | 3 | QL PA S MS |
| NULYTELY WITH FLAVOR PACKS | 3 | |
| OCALIVA | 3 | QL PA S MS |
| OMECLAMOX-PAK | 3 | |
| *opium tincture* | 1 | |
| ORLISTAT | 3 | QL PA |
| *peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c* | 1 | QL<br>C Covered in full age 45-75 (limit 2 Rx per year) |
| *peg-prep* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| PLENVU | 3 | C Covered in full age 45-75 (limit 2 Rx per year) |
| PYLERA | 3 | |
| RELTONE | 3 | QL PA |
| *sodium chloride/sodium bicarbonate/potassium chloride/peg* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| *sodium sulfate/potassium sulfate/magnesium sulfate* | 1 | C Covered in full age 50-75 (limit 2 Rx per year) |
| SUFLAVE | 3 | C Covered in Full 45-75 (limit 2 Rx/year) |
| SUPREP | 3 | |
| SUTAB | 3 | QL<br>C Covered in full age 45-75 (limit 2 Rx per year) |
| TALICIA | 3 | |
| *trilyte with flavor packets* | 1 | C Covered in full age 45-75 (limit 2 Rx per year) |
| URSO | 3 | |
| URSO FORTE | 3 | |
| *ursodiol (200 mg capsule, 400 mg capsule)* | 1 | QL PA |
| *ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| VOQUEZNA | 3 | QL PA |
| VOQUEZNA DUAL PAK | 3 | |
| VOQUEZNA TRIPLE PAK | 3 | |
| XENICAL | 3 | PA |
| XPHOZAH | 3 | QL PA |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS | | |
| *cimetidine* | 1 | |
| *cimetidine hcl 300 mg/5ml solution* | 1 | |
| *famotidine (20 mg tablet, 40 mg tablet, 40mg/5ml oral susp, 40mg/5ml susp recon)* | 1 | |
| *nizatidine (150 mg capsule, 150mg/10ml solution, 300 mg capsule)* | 1 | |
| PEPCID 40 MG TABLET | 3 | |
| PROTECTANTS | | |
| CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP) | 3 | |
| CYTOTEC | 3 | |
| *misoprostol* | 1 | |
| *sucralfate (1 g tablet, 1 g/10 ml oral susp)* | 1 | |
| PROTON PUMP INHIBITORS | | |
| ACIPHEX | 3 | QL |
| ACIPHEX SPRINKLE | 3 | QL PA |
| DEXILANT | 3 | QL |
| *dexlansoprazole (30 mg cap dr bp, 60 mg cap dr bp)* | 1 | QL |
| *esomeprazole magnesium 40 mg capsule dr* | 1 | QL |
| *esomeprazole strontium* | 1 | QL PA |
| KONVOMEP | 3 | QL |
| *lansoprazole* | 1 | QL |
| NEXIUM | 3 | QL |
| *omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)* | 1 | QL |
| *omeprazole/sodium bicarbonate (omeprazole/sodium 20-1680mg packet, omeprazole/sodium 40-1680mg packet)* | 1 | QL ST |
| *omeprazole/sodium bicarbonate (omeprazole/sodium 20mg-1.1g capsule, omeprazole/sodium 40mg-1.1g capsule)* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *pantoprazole sodium (20 mg tablet dr, 40 mg granpkt dr, 40 mg tablet dr)* | 1 | QL |
| PREVACID | 3 | QL |
| PRILOSEC | 3 | QL |
| PROTONIX | 3 | QL |
| *rabeprazole sodium 20 mg tablet dr* | 1 | QL |
| ZEGERID (20 MG PACKET, 40 MG PACKET) | 3 | QL ST |
| ZEGERID 40 MG CAPSULE | 3 | QL |
| null | | |
| *esomeprazole magnesium 20 mg capsule dr* | 1 | QL |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT | | |
| *betaine* | 1 | S MS |
| BUPHENYL (500 MG TABLET, POWDER) | 3 | |
| BYLVAY | 3 | QL PA S MS |
| CERDELGA | 3 | QL PA S MS |
| CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE) | 3 | QL PA S |
| CREON | 2 | |
| *cromolyn sodium 20 mg/ml oral conc* | 1 | |
| CYSTADANE | 3 | S |
| CYSTADROPS | 3 | QL PA S |
| CYSTAGON | 2 | S |
| CYSTARAN | 3 | QL PA S |
| DAYBUE | 3 | QL PA S |
| *dichlorphenamide* | 1 | QL PA |
| ENDARI | 3 | QL PA |
| FABRAZYME | 3 | PA S MS |
| GALAFOLD | 3 | QL PA S MS |
| GASTROCROM | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *javygtor (100 mg powder packet, 100 mg tablet, 500 mg powder packet)* | 1 | PA S MS |
| JOENJA | 3 | QL PA S |
| KEVEYIS | 3 | PA S |
| KUVAN | 3 | PA S MS |
| LIVMARLI | 3 | QL PA S |
| *miglustat* | 1 | QL PA S MS |
| *nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)* | 1 | PA S MS |
| NITYR | 3 | PA S |
| OLPRUVA (2 GRAM DOSE ENVELOPE, 2 GRAM DOSE KIT, 2 GRAM PACKET, 3 GRAM DOSE ENVELOPE, 3 GRAM DOSE KIT, 3 GRAM PACKET, 4 GRAM DOSE ENVELOPE, 4 GRAM DOSE KIT, 5 GRAM DOSE ENVELOPE, 5 GRAM DOSE KIT, 6 GRAM DOSE ENVELOPE, 6 GRAM DOSE KIT, 6.67 GM DOSE ENVELOPE, 6.67 GRAM DOSE KIT) | 3 | QL PA S |
| OPFOLDA | 3 | QL S MS |
| ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE) | 3 | PA S |
| PALYNZIQ | 3 | QL PA S MS |
| PANCREAZE | 3 | ST |
| PERTZYE | 3 | ST |
| PHEBURANE | 3 | S MS |
| PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT) | 3 | QL PA S MS |
| RAVICTI | 3 | QL PA S MS |
| REVCOVI | 3 | PA |
| RYPLAZIM | 3 | QL PA S |
| *sapropterin dihydrochloride* | 1 | PA S MS |
| SKYCLARYS | 3 | QL PA |
| *sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)* | 1 | |
| SOHONOS (1 MG CAPSULE, 1.5 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE) | 3 | QL PA |
| STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL) | 3 | QL PA S |
| SUCRAID | 3 | PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TEGSEDI | 3 | QL PA S MS |
| VIOKACE | 3 | |
| VOXZOGO | 3 | QL PA S MS |
| VYNDAQEL | 3 | QL PA S MS |
| XURIDEN | 3 | QL PA S |
| *yargesa* | 1 | QL PA |
| ZAVESCA | 3 | QL PA S MS |
| ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE, DR 40,000 CAPSULE) | 2 | |
| ZOKINVY | 3 | QL PA S |
| GENITOURINARY AGENTS | | |
| ANTISPASMODICS, URINARY | | |
| *darifenacin hydrobromide* | 1 | QL |
| DETROL | 3 | QL |
| DETROL LA | 3 | QL |
| DITROPAN XL | 3 | |
| ENABLEX | 3 | QL |
| *fesoterodine fumarate* | 1 | QL |
| *flavoxate hcl* | 1 | |
| GELNIQUE | 3 | QL ST |
| GEMTESA | 2 | QL |
| MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET) | 2 | QL |
| *oxybutynin chloride (5 mg tab er 24, 5 mg tablet, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24)* | 1 | |
| OXYBUTYNIN CHLORIDE 2.5 MG TABLET | 3 | |
| OXYTROL | 3 | ST |
| *solifenacin succinate* | 1 | QL |
| *tolterodine tartrate (1 mg tablet, 2 mg cap er 24h, 2 mg tablet, 4 mg cap er 24h)* | 1 | QL |
| TOVIAZ | 3 | QL |
| *trospium chloride (20 mg tablet, 60 mg cap er 24h)* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| VESICARE | 3 | QL |
| VESICARE LS | 3 | QL PA |
| BENIGN PROSTATIC HYPERTROPHY AGENTS | | |
| *alfuzosin hcl* | 1 | QL |
| AVODART | 3 | QL |
| CIALIS (2.5 MG TABLET, 5 MG TABLET) | 3 | QL |
| *dutasteride* | 1 | QL |
| *dutasteride/tamsulosin hcl* | 1 | QL |
| ENTADFI | 3 | QL |
| *finasteride 5 mg tablet* | 1 | |
| FLOMAX | 3 | QL |
| JALYN | 3 | QL |
| PROSCAR | 3 | |
| RAPAFLO | 3 | QL |
| *silodosin* | 1 | QL |
| *tadalafil (2.5 mg tablet, 5 mg tablet)* | 1 | QL |
| *tamsulosin hcl* | 1 | QL |
| UROXATRAL | 3 | QL |
| GENITOURINARY AGENTS, OTHER | | |
| ADDYI | 3 | PA |
| *alyq* | 1 | QL PA |
| *bethanechol chloride* | 1 | |
| CAVERJECT | 3 | QL |
| CIALIS (10 MG TABLET, 20 MG TABLET) | 3 | QL |
| *citric acid/sodium citrate* | 1 | |
| CUPRIMINE | 3 | QL PA |
| DEPEN | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| EDEX (10 MCG CARTRIDGE 2-PK KIT, 10 MCG CARTRIDGE 6-PK KIT, 20 MCG CARTRIDGE 2-PK KIT, 20 MCG CARTRIDGE 6-PK KIT, 40 MCG CARTRIDGE 2-PK KIT, 40 MCG CARTRIDGE 6-PK KIT) | 3 | QL |
| ELMIRON | 3 | |
| FEM PH | 3 | |
| FILSPARI (200 MG TABLET, 400 MG TABLET) | 3 | QL PA S MS |
| K-PHOS NEUTRAL | 3 | |
| K-PHOS NO.2 | 3 | |
| K-PHOS ORIGINAL | 3 | |
| LEVITRA | 3 | QL |
| LITHOSTAT | 3 | |
| MUSE | 3 | QL |
| ORACIT | 3 | |
| *penicillamine 250 mg capsule (generic for cuprimine)* | 1 | QL PA |
| *penicillamine 250 mg tablet (generic for depen)* | 1 | |
| *phenazopyridine hcl* | 1 | |
| PHEXXI | 3 | C Covered in full |
| *potassium citrate/citric acid* | 1 | |
| PYRIDIUM | 3 | |
| RELAGARD | 3 | |
| RIMSO-50 | 3 | |
| *sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)* | 1 | QL |
| *sodium/potassium/potassium citrate/sodium citrate/cit ac* | 1 | |
| STAXYN | 3 | QL |
| STENDRA | 3 | QL |
| *tadalafil (10 mg tablet, 20 mg tablet)* | 1 | QL |
| *tadalafil 20 mg tablet (generic version of adcirca)* | 1 | QL PA S MS |
| THIOLA | 3 | QL PA S |
| THIOLA EC (EC 100 MG TABLET, EC 300 MG TABLET) | 3 | QL PA S |
| *tiopronin 100 mg tablet* | 1 | QL PA S MS |
| *tricitrates* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| URECHOLINE | 3 | |
| UROQID-ACID NO.2 | 3 | |
| *vardenafil hcl* | 1 | QL |
| *vcf (film, gel)* | 0 | C Covered in full |
| VIAGRA | 3 | QL |
| VYLEESI | 3 | QL PA |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | |
| ACTHAR | 3 | QL PA S MS |
| ALA-SCALP | 3 | |
| *betamethasone dipropionate 0.05 % oint. (g)* | 1 | |
| *betamethasone/propylene glyc 0.05 % cream (g)* | 1 | |
| CORDRAN (0.025% CREAM, 0.05% CREAM, 0.05% LOTION, 0.05% OINTMENT) | 3 | ST |
| *cormax* | 1 | |
| *cortisone acetate* | 1 | |
| CORTROPHIN | 3 | QL PA S MS |
| *deflazacort (6 mg tablet, 18 mg tablet, 30 mg tablet, 36 mg tablet)* | 1 | QL PA S MS |
| *deltasone* | 1 | |
| DERMA-SMOOTHE-FS (BODY OIL, SCALP OIL) | 3 | |
| DERMACINRX SILAZONE | 3 | QL PA |
| *dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)* | 1 | |
| DEXAMETHASONE INTENSOL | 3 | |
| DIPROLENE (LOTION, OINTMENT) | 3 | |
| DIPROLENE AF | 3 | |
| EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET) | 3 | QL PA S MS |
| *fludrocortisone acetate* | 1 | |
| *fluocinonide 0.05 % cream (g)* | 1 | |
| HEMADY | 3 | PA |
| *hemmorex-hc* | 1 | |
| ISTURISA (1 MG TABLET, 5 MG TABLET, 10 MG TABLET) | 3 | QL PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| KORLYM | 3 | QL PA S |
| MEDROL | 3 | |
| *methylprednisolone* | 1 | |
| *methylprednisolone acetate (40 mg/ml vial, 80 mg/ml vial)* | 1 | |
| *mifepristone 200 mg tablet* | 1 | |
| *mifepristone 300 mg tablet* | 1 | QL PA S |
| MILLIPRED (5 MG TABLET, 10 MG/5 ML SOLUTION) | 3 | |
| MILLIPRED DP | 3 | |
| NUCORT | 3 | |
| ORAPRED ODT | 3 | |
| PEDIAPRED | 3 | |
| *prednisolone* | 1 | |
| *prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 10 mg/5 ml solution, 15 mg tab rapdis, 15 mg/5 ml solution, 20 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)* | 1 | |
| *prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab ds pk, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)* | 1 | |
| *prednisone intensol* | 1 | |
| PROCTOCORT (1% CREAM, 30 MG SUPPOSITORY) | 3 | |
| RAYOS | 3 | QL PA |
| RECORLEV | 3 | QL PA S |
| *scalacort* | 1 | |
| SERNIVO | 3 | QL ST |
| SILAZONE-II | 3 | QL PA |
| SYNALAR (0.01% SOLUTION, 0.025% OINTMENT) | 3 | |
| TEMOVATE | 3 | |
| VERDESO | 3 | ST |
| VERIPRED 20 | 3 | |
| WHYTEDERM TRILASIL PAK | 3 | QL PA |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) | | |
| CHORIONIC GONADOTROPIN, HUMAN 10000 UNIT VIAL | 3 | QL PA S MS |
| DDAVP (0.1 MG TABLET, 0.2 MG TABLET, 10 MCG/0.1 ML SOLUTION) | 3 | |
| DDAVP (4 MCG/ML AMPUL, 40 MCG/10 ML VIAL) | 3 | S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| DDAVP 0.01% NASAL SPRAY | 3 | |
| *desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 10/spray spray/pump)* | 1 | |
| *desmopressin acetate (4 mcg/ml ampul, 4 mcg/ml vial)* | 1 | S MS |
| *desmopressin acetate (non-refrigerated)* | 1 | |
| EGRIFTA | 3 | QL PA S MS |
| EGRIFTA SV | 3 | QL PA S MS |
| FOLLISTIM AQ | 3 | QL PA ST S MS |
| GENOTROPIN | 3 | PA ST S MS |
| GONAL-F | 2 | QL PA S MS |
| HUMATROPE | 3 | PA ST S MS |
| INCRELEX | 3 | PA S MS |
| MENOPUR | 3 | PA S MS |
| MYFEMBREE | 3 | QL PA |
| NGENLA | 3 | QL PA S MS |
| NOCDURNA | 3 | QL |
| NOCTIVA | 3 | QL S |
| NORDITROPIN FLEXPRO | 3 | PA ST S MS |
| NOVAREL 10,000 UNIT VIAL | 2 | QL PA S MS |
| NUTROPIN AQ | 3 | PA ST S MS |
| OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG) | 2 | PA S MS |
| ORIAHNN | 3 | QL PA |
| OVIDREL | 3 | PA S MS |
| PREGNYL | 2 | QL PA S MS |
| SEROSTIM | 3 | QL PA S MS |
| SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE) | 3 | QL PA S MS |
| SKYTROFA 5.2 MG CARTRIDGE | 3 | PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SOGROYA | 3 | QL PA S MS |
| ZOMACTON | 3 | QL PA S MS |
| ZORBTIVE | 3 | QL PA S MS |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | |
| ANABOLIC STEROIDS | | |
| OXANDRIN | 3 | |
| *oxandrolone* | 1 | |
| ANDROGENS | | |
| ANDRODERM | 3 | |
| ANDROGEL | 3 | |
| ANDROID | 3 | |
| AXIRON | 3 | |
| *danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)* | 1 | |
| DEPO-TESTOSTERONE | 3 | |
| FORTESTA | 3 | |
| JATENZO (158 MG CAPSULE, 198 MG CAPSULE, 237 MG CAPSULE) | 3 | QL |
| KYZATREX (100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE) | 3 | QL |
| *methitest* | 1 | |
| *methyltestosterone* | 1 | |
| NATESTO | 3 | QL |
| TESTIM | 3 | |
| *testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 30mg/1.5ml sol md pmp)* | 1 | |
| *testosterone (10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 50 mg (1%) gel (gram)* | 1 | |
| *testosterone (50 mg (1%) gel packet and 12.5/1.25g pump). some manufacturers are t3 and others t1* | 1 | |
| *testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)* | 1 | |
| *testosterone enanthate 200 mg/ml vial* | 1 | |
| TESTRED | 3 | |
| TLANDO | 3 | QL |
| VOGELXO | 3 | |
| XYOSTED | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ESTROGENS | | |
| ACTIVELLA 0.5-0.1 MG TABLET | 3 | |
| *afirmelle* | 0 | C Covered in full |
| ALORA | 3 | |
| *altavera* | 0 | C Covered in full |
| *alyacen* | 0 | C Covered in full |
| *amethia* | 0 | C Covered in full |
| *amethia lo* | 0 | C Covered in full |
| *amethyst* | 0 | C Covered in full |
| ANGELIQ | 3 | |
| ANNOVERA | 0 | C Covered in full |
| *apri* | 0 | C Covered in full |
| *aranelle* | 0 | C Covered in full |
| *ashlyna* | 0 | C Covered in full |
| *aubra* | 0 | C Covered in full |
| *aubra eq* | 0 | C Covered in full |
| *aurovela* | 0 | C Covered in full |
| *aurovela 24 fe* | 0 | C Covered in full |
| *aurovela fe* | 0 | C Covered in full |
| *aviane* | 0 | C Covered in full |
| *ayuna* | 0 | C Covered in full |
| *azurette* | 0 | C Covered in full |
| *balcoltra* | 0 | C Covered in full |
| *balziva* | 0 | C Covered in full |
| *bekyree* | 0 | C Covered in full |
| *beyaz* | 0 | C Covered in full |
| *blisovi 24 fe* | 0 | C Covered in full |
| *blisovi fe* | 0 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *briellyn* | 0 | C Covered in full |
| *camrese* | 0 | C Covered in full |
| *camrese lo* | 0 | C Covered in full |
| *caziant* | 0 | C Covered in full |
| *charlotte 24 fe* | 0 | C Covered in full |
| *chateal* | 0 | C Covered in full |
| *chateal eq* | 0 | C Covered in full |
| CLIMARA | 3 | QL |
| *covaryx* | 1 | |
| *covaryx h.s.* | 1 | |
| *cryselle* | 0 | C Covered in full |
| *cyclafem* | 0 | C Covered in full |
| *cyred* | 0 | C Covered in full |
| *cyred eq* | 0 | C Covered in full |
| *dasetta* | 0 | C Covered in full |
| *daysee* | 0 | C Covered in full |
| DELESTROGEN | 3 | |
| *delyla* | 0 | C Covered in full |
| DEPO-ESTRADIOL | 3 | |
| *desogestrel-ethinyl estradiol 0.15-0.03 tablet* | 0 | C Covered in full |
| *desogestrel-ethinyl estradiol/ethinyl estradiol* | 0 | C Covered in full |
| DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET) | 3 | QL |
| *dolishale* | 1 | C Covered in full |
| *dotti* | 1 | |
| *drospirenone/ethinyl estradiol/levomefolate calcium* | 0 | C Covered in full |
| *eemt* | 1 | |
| *eemt h.s.* | 1 | |
| ELESTRIN | 3 | |
| *elinest* | 0 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *eluryng* | 0 | C Covered in full |
| *emoquette* | 0 | C Covered in full |
| *enpresse* | 0 | C Covered in full |
| *enskyce* | 0 | C Covered in full |
| *estarylla* | 0 | C Covered in full |
| ESTRACE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET) | 3 | |
| ESTRACE 0.01% CREAM | 2 | |
| *estradiol (.025mg/24h patch tdwk, .0375mg/24 patch tdwk, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, 0.1mg/24hr patch tdwk, 0.5mg/0.5g gel packet, 0.75/0.75g gel packet, 1 mg/gram gel packet, 1.25/1.25g gel packet)* | 1 | QL |
| *estradiol (0.01 % cream/appl, .025mg/24h patch tdsw, .0375mg/24 patch tdsw, 0.05mg/24h patch tdsw, .075mg/24h patch tdsw, 0.1mg/24hr patch tdsw, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)* | 1 | |
| *estradiol 0.25/0.25g gel packet* | 1 | QL MS |
| *estradiol valerate* | 1 | |
| ESTRING 2 MG VAGINAL RING | 3 | ST |
| ESTRING 7.5 MCG/DAY (2MG) RING | 3 | ST |
| ESTROGEL | 3 | |
| *estrogens,esterified/methyltestosterone* | 1 | |
| *ethinyl estradiol/drospirenone* | 0 | C Covered in full |
| *ethynodiol diacetate-ethinyl estradiol* | 0 | C Covered in full |
| *etonogestrel/ethinyl estradiol .12-.015mg vag ring* | 0 | C Covered in full |
| EVAMIST | 3 | |
| *falmina* | 0 | C Covered in full |
| *fayosim* | 0 | C Covered in full |
| FEMHRT | 3 | |
| FEMRING | 3 | |
| *femynor* | 0 | C Covered in full |
| *finzala* | 1 | C Covered in full |
| *fyavolv* | 1 | |
| *gemmily* | 0 | C Covered in full |
| *generess fe* | 0 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *gianvi* | 0 | C Covered in full |
| *gildagia* | 0 | C Covered in full |
| *hailey* | 0 | C Covered in full |
| *hailey 24 fe* | 0 | C Covered in full |
| *hailey fe* | 0 | C Covered in full |
| *haloette* | 1 | C Covered in full |
| IMVEXXY | 3 | |
| *introvale* | 0 | C Covered in full |
| *isibloom* | 0 | C Covered in full |
| *jaimiess* | 0 | C Covered in full |
| *jasmiel* | 0 | C Covered in full |
| *jevantique lo* | 1 | |
| *jinteli* | 1 | |
| *jolessa* | 0 | C Covered in full |
| *joyeaux* | 1 | C Covered in full |
| *juleber* | 0 | C Covered in full |
| *junel* | 0 | C Covered in full |
| *junel fe* | 0 | C Covered in full |
| *junel fe 24* | 0 | C Covered in full |
| *kaitlib fe* | 0 | C Covered in full |
| *kalliga* | 0 | C Covered in full |
| *kariva* | 0 | C Covered in full |
| *kelnor 1-35* | 0 | C Covered in full |
| *kelnor 1-50* | 0 | C Covered in full |
| *kurvelo* | 0 | C Covered in full |
| *larin* | 0 | C Covered in full |
| *larin 24 fe* | 0 | C Covered in full |
| *larin fe* | 0 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *larissia* | 0 | C Covered in full |
| *layolis fe* | 0 | C Covered in full |
| *leena* | 0 | C Covered in full |
| *lessina* | 0 | C Covered in full |
| *levonest* | 0 | C Covered in full |
| *levonorgestrel/ethinyl estradiol* | 0 | C Covered in full |
| *levonorgestrel/ethinyl estradiol and ethinyl estradiol* | 0 | C Covered in full |
| *levonorgestrel/ethinyl estradiol/iron* | 1 | C Covered in full |
| *levora-28* | 0 | C Covered in full |
| *lillow* | 0 | C Covered in full |
| *lo loestrin fe* | 0 | C Covered in full |
| *lo-zumandimine* | 0 | C Covered in full |
| *loestrin* | 0 | C Covered in full |
| *loestrin fe* | 0 | C Covered in full |
| *lojaimiess* | 0 | C Covered in full |
| *lomedia 24 fe* | 0 | C Covered in full |
| *lopreeza 0.5 mg-0.1 mg tablet* | 1 | |
| *loryna* | 0 | C Covered in full |
| *loseasonique* | 0 | C Covered in full |
| *low-ogestrel* | 0 | C Covered in full |
| *lutera* | 0 | C Covered in full |
| *marlissa* | 0 | C Covered in full |
| *melodetta 24 fe* | 0 | C Covered in full |
| MENEST | 3 | |
| MENOSTAR | 3 | QL |
| *mibelas 24 fe* | 0 | C Covered in full |
| *microgestin* | 0 | C Covered in full |
| *microgestin 24 fe* | 0 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *microgestin fe* | 0 | C Covered in full |
| *mili* | 0 | C Covered in full |
| *minastrin 24 fe* | 0 | C Covered in full |
| MINIVELLE | 3 | |
| *mircette* | 0 | C Covered in full |
| *mono-linyah* | 0 | C Covered in full |
| *natazia* | 0 | C Covered in full |
| *necon* | 0 | C Covered in full |
| *nextstellis* | 0 | C Covered in full |
| *nikki* | 0 | C Covered in full |
| *norelgestromin/ethinyl estradiol* | 1 | C Covered in full |
| *norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)* | 1 | |
| *norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)* | 0 | C Covered in full |
| *norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) capsule, 1mg-20(24) tab chew, 1mg-20(24) tablet, 5-7-9-7 tablet)* | 0 | C Covered in full |
| *norethindrone-e.estradiol-iron 1.5-30(21) tablet* | 0 | C Covered in full |
| *norethindrone-ethinyl estradiol/ferrous fumarate* | 0 | C Covered in full |
| *norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)* | 0 | C Covered in full |
| *nortrel* | 0 | C Covered in full |
| *nuvaring* | 0 | C Covered in full |
| *nylia* | 0 | C Covered in full |
| *ocella* | 0 | C Covered in full |
| *orsythia* | 0 | C Covered in full |
| *ortho tri-cyclen* | 0 | C Covered in full |
| *ortho tri-cyclen lo* | 0 | C Covered in full |
| *ortho-novum* | 0 | C Covered in full |
| *philith* | 0 | C Covered in full |
| *pimtrea* | 0 | C Covered in full |
| *pirmella* | 0 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *portia* | 0 | C Covered in full |
| PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL) | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| *previfem* | 0 | C Covered in full |
| *quartette* | 0 | C Covered in full |
| *rajani* | 0 | C Covered in full |
| *reclipsen* | 0 | C Covered in full |
| *rivelsa* | 0 | C Covered in full |
| *safyral* | 0 | C Covered in full |
| *seasonique* | 0 | C Covered in full |
| *setlakin* | 0 | C Covered in full |
| *simliya* | 0 | C Covered in full |
| *simpesse* | 0 | C Covered in full |
| *sprintec* | 0 | C Covered in full |
| *sronyx* | 0 | C Covered in full |
| *syeda* | 0 | C Covered in full |
| *tarina 24 fe* | 0 | C Covered in full |
| *tarina fe* | 0 | C Covered in full |
| *tarina fe 1-20 eq* | 0 | C Covered in full |
| *taytulla* | 0 | C Covered in full |
| *tilia fe* | 0 | C Covered in full |
| *tri femynor* | 0 | C Covered in full |
| *tri-estarylla* | 0 | C Covered in full |
| *tri-legest fe* | 0 | C Covered in full |
| *tri-linyah* | 0 | C Covered in full |
| *tri-lo-estarylla* | 0 | C Covered in full |
| *tri-lo-marzia* | 0 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *tri-lo-mili* | 0 | C Covered in full |
| *tri-lo-sprintec* | 0 | C Covered in full |
| *tri-mili* | 0 | C Covered in full |
| *tri-previfem* | 0 | C Covered in full |
| *tri-sprintec* | 0 | C Covered in full |
| *tri-vylibra* | 0 | C Covered in full |
| *tri-vylibra lo* | 0 | C Covered in full |
| *trivora-28* | 0 | C Covered in full |
| *turqoz* | 1 | C Covered in full |
| *twirla* | 0 | C Covered in full |
| TYBLUME | 3 | C Covered in full |
| *tydemy* | 0 | C Covered in full |
| VAGIFEM | 3 | |
| *velivet* | 0 | C Covered in full |
| *vestura* | 0 | C Covered in full |
| *vienva* | 0 | C Covered in full |
| *viorele* | 0 | C Covered in full |
| VIVELLE-DOT | 3 | |
| *volnea* | 1 | C Covered in full |
| *vyfemla* | 0 | C Covered in full |
| *vylibra* | 0 | C Covered in full |
| *wera* | 0 | C Covered in full |
| *wymzya fe* | 0 | C Covered in full |
| *xulane* | 0 | C Covered in full |
| *yasmin 28* | 0 | C Covered in full |
| *yaz* | 0 | C Covered in full |
| *yuvafem* | 1 | |
| *zafemy* | 1 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *zarah* | 0 | C Covered in full |
| *zenchent* | 0 | C Covered in full |
| *zovia 1-35* | 0 | C Covered in full |
| *zovia 1-35e* | 0 | C Covered in full |
| *zumandimine* | 0 | C Covered in full |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER | | |
| ACTIVELLA 1 MG-0.5 MG TABLET | 3 | |
| *amabelz* | 1 | |
| BIJUVA | 3 | |
| CLIMARA PRO | 2 | |
| COMBIPATCH | 3 | |
| *estradiol/norethindrone acetate* | 1 | |
| *lopreeza 1 mg-0.5 mg tablet* | 1 | |
| *mimvey* | 1 | |
| *mimvey lo* | 1 | |
| PREFEST | 3 | |
| PROGESTINS | | |
| *after pill* | 1 | C Covered in full |
| *aftera* | 0 | C Covered in full |
| AYGESTIN | 3 | |
| *camila* | 0 | C Covered in full |
| CRINONE 4% GEL | 3 | |
| CRINONE 8% GEL | 3 | S |
| *curae* | 1 | C Covered in full |
| *deblitane* | 0 | C Covered in full |
| *depo-subq provera 104* | 0 | C Covered in full |
| *econtra ez* | 0 | C Covered in full |
| *econtra one-step* | 0 | C Covered in full |
| *ella* | 0 | C Covered in full |
| ENDOMETRIN | 2 | PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *errin* | 0 | C Covered in full |
| *heather* | 0 | C Covered in full |
| *her style* | 1 | C Covered in full |
| *incassia* | 0 | C Covered in full |
| *jencycla* | 0 | C Covered in full |
| *kyleena* | 0 | C Covered in full |
| *levonorgestrel* | 0 | C Covered in full |
| *liletta* | 0 | C Covered in full as medical benefit |
| *lyza* | 0 | C Covered in full |
| *medroxyprogesterone acetate (150 mg/ml syringe, 150 mg/ml vial)* | 0 | C Covered in full |
| *medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)* | 1 | |
| MEGACE ES | 3 | |
| *megestrol acetate (20 mg tablet, 40 mg tablet)* | 1 | |
| *megestrol acetate (400mg/10ml oral susp, 625mg/5ml oral susp)* | 1 | |
| *mirena* | 0 | C Covered in full |
| *my choice* | 0 | C Covered in full |
| *my way* | 0 | C Covered in full |
| *new day* | 0 | C Covered in full |
| *nexplanon* | 0 | C Covered in full as medical or pharmacy benefit |
| *nora-be* | 0 | C Covered in full |
| *norethindrone* | 0 | C Covered in full |
| *norethindrone acetate* | 1 | |
| *norlyda* | 0 | C Covered in full |
| *norlyroc* | 0 | C Covered in full |
| *opcicon one-step* | 0 | C Covered in full |
| *option 2* | 0 | C Covered in full |
| *ortho micronor* | 0 | C Covered in full |
| *plan b one-step* | 0 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *progesterone* | 1 | S MS |
| *progesterone, micronized* | 1 | |
| PROMETRIUM | 3 | |
| PROVERA | 3 | |
| *sharobel* | 0 | C Covered in full |
| *skyla* | 0 | C Covered in full as medical benefit |
| *slynd* | 0 | C Covered in full |
| *take action* | 0 | C Covered in full |
| *tulana* | 0 | C Covered in full |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS | | |
| *clomid* | 1 | |
| *clomiphene citrate* | 1 | |
| DUAVEE | 2 | |
| EVISTA | 3 | |
| OSPHENA | 3 | ST |
| *raloxifene hcl* | 1 | C Covered in full |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) | | |
| *adthyza (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)* | 1 | |
| ADTHYZA (16.25 MG TABLET, 32.5 MG TABLET, 65 MG TABLET, 97.5 MG TABLET, 130 MG TABLET) | 3 | |
| ARMOUR THYROID | 3 | |
| CYTOMEL | 3 | |
| ERMEZA | 3 | |
| *euthyrox* | 1 | |
| *levo-t* | 1 | |
| LEVOTHYROXINE SODIUM (13 MCG CAPSULE, 25 MCG CAPSULE, 50 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)* | 1 | |
| *levoxyl* | 1 | |
| *liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)* | 1 | |
| *np thyroid* | 1 | |
| SYNTHROID | 3 | |
| THYQUIDITY | 3 | |
| TIROSINT | 3 | |
| TIROSINT-SOL | 3 | |
| *unithroid* | 1 | |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL) | | |
| LYSODREN | 2 | |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY) | | |
| BYNFEZIA | 3 | S MS |
| *cabergoline* | 1 | |
| *cetrorelix acetate* | 1 | PA S MS |
| CETROTIDE | 3 | PA S MS |
| *fyremadel* | 1 | PA MS |
| GANIRELIX ACETATE | 3 | PA S MS |
| *ganirelix acetate (mfr: ferring labs)* | 1 | PA S MS |
| GANIRELIX ACETATE (MFR: ORGANON PHARMACEUTICALS) | 3 | PA S MS |
| LANREOTIDE ACETATE | 3 | QL PA S |
| *leuprolide acetate 1 mg/0.2ml kit* | 1 | PA S |
| LUPANETA PACK | 3 | S MS |
| MYCAPSSA | 3 | QL PA |
| *octreotide acetate (50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)* | 1 | S MS |
| ORGOVYX | 3 | QL PA S |
| ORILISSA (150 MG TABLET, 200 MG TABLET) | 3 | QL PA |
| SANDOSTATIN | 3 | S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SANDOSTATIN LAR DEPOT | 3 | QL PA S MS |
| SIGNIFOR | 3 | PA S |
| SOMATULINE DEPOT | 2 | QL S MS |
| SOMAVERT (15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL) | 3 | PA S MS |
| SOMAVERT 10 MG VIAL | 3 | QL PA S MS |
| SYNAREL | 3 | QL PA |
| HORMONAL AGENTS, SUPPRESSANT (THYROID) | | |
| ANTITHYROID AGENTS | | |
| *methimazole* | 1 | |
| *potassium iodide 1 g/ml solution* | 1 | |
| *propylthiouracil* | 1 | |
| SSKI | 3 | |
| TAPAZOLE | 3 | |
| IMMUNOLOGICAL AGENTS | | |
| ANGIOEDEMA AGENTS | | |
| BERINERT 500 UNIT KIT | 3 | QL PA S MS |
| CINRYZE | 3 | QL PA S MS |
| FIRAZYR | 3 | QL PA S MS |
| HAEGARDA | 2 | QL PA S MS |
| *icatibant acetate* | 1 | QL PA S MS |
| ORLADEYO | 3 | QL PA |
| RUCONEST | 3 | QL PA S MS |
| *sajazir* | 1 | QL PA S MS |
| TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL) | 2 | QL PA S MS |
| IMMUNE SUPPRESSANTS | | |
| REZUROCK | 3 | QL PA S MS |
| IMMUNOGLOBULINS | | |
| GAMMAGARD LIQUID | 3 | PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| GAMMAGARD S-D (5 G SOLN, 10 G SOL) | 3 | PA S MS |
| GAMUNEX-C | 3 | PA S MS |
| HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML SYRINGE, 10 GRAM/50 ML VIAL) | 3 | PA S MS |
| PRIVIGEN | 3 | PA S MS |
| IMMUNOLOGICAL AGENTS, OTHER | | |
| ACTEMRA 162 MG/0.9 ML SYRINGE | 2 | QL PA S MS |
| ACTEMRA ACTPEN | 2 | QL PA S MS |
| ARCALYST | 3 | QL PA S MS |
| BENLYSTA (120 MG VIAL, 400 MG VIAL) | 3 | S MS |
| BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE) | 3 | QL S MS |
| BIMZELX | 3 | QL PA S MS |
| BIMZELX AUTOINJECTOR | 3 | QL PA S MS |
| CIBINQO | 3 | QL PA S |
| COSENTYX | 2 | QL PA S MS |
| DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN) | 2 | QL PA S MS |
| DUPIXENT SYRINGE (100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE) | 2 | QL PA S MS |
| EMPAVELI | 3 | PA S |
| ENSPRYNG | 3 | QL PA S MS |
| ENTYVIO 108 MG/0.68 ML PEN | 3 | QL PA |
| KEVZARA | 3 | QL PA ST S MS |
| KINERET | 3 | QL PA ST S |
| OLUMIANT (1 MG TABLET, 2 MG TABLET) | 3 | QL PA ST S MS |
| OLUMIANT 4 MG TABLET | 3 | QL PA S MS |
| OMVOH PEN | 3 | QL PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ORENCIA | 3 | QL PA ST S MS |
| OTEZLA (28 DAY PACK, PACK) | 2 | QL PA S MS |
| PALFORZIA (3 MG (LEVEL 1), 6 MG (LEVEL 2), 12 MG (LEVEL 3), 20 MG (LEVEL 4), 40 MG (LEVEL 5), 80 MG (LEVEL 6), 120 MG (LEVEL 7), 160 MG (LEVEL 8), 200 MG (LEVEL 9), 240 MG (LEVEL 10), 300 MG (MAINTENANCE), INITIAL DOSE PACK) | 3 | QL PA S |
| PALFORZIA 300 MG (LEVEL 11) | 3 | QL PA |
| RIDAURA | 3 | |
| RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET) | 2 | QL PA S MS |
| SILIQ | 3 | QL PA ST S MS |
| SKYRIZI (2 SYRINGES) KIT | 2 | QL PA S MS |
| SKYRIZI ON-BODY (180 MG/1.2 ML, 360 MG/2.4 ML) | 2 | QL PA S MS |
| SOTYKTU | 3 | QL PA S MS |
| STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE) | 2 | QL PA S MS |
| TALTZ | 3 | QL PA ST S MS |
| TAVNEOS | 3 | QL PA S |
| TEZSPIRE 210 MG/1.91 ML PEN | 3 | QL PA S MS |
| TREMFYA | 2 | QL PA S MS |
| XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET) | 2 | QL PA S MS |
| XELJANZ XR (11 MG TABLET, 22 MG TABLET) | 2 | QL PA S MS |
| XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE) | 3 | QL PA S MS |
| IMMUNOSTIMULANTS | | |
| ACTIMMUNE | 3 | QL PA S MS |
| ALFERON N | 3 | |
| INTRON A | 3 | S MS |
| PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL) | 3 | QL PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PEGASYS PROCLICK | 3 | QL PA S MS |
| IMMUNOSUPPRESSANTS | | |
| ABRILADA(CF) | 3 | QL PA S MS |
| ABRILADA(CF) PEN | 3 | QL PA S MS |
| ADALIMUMAB-AACF | 3 | QL PA S MS |
| ADALIMUMAB-ADAZ (40MG/0.4ML PEN INJCTR, 40MG/0.4ML SYRINGE) | 3 | QL PA S MS |
| ADALIMUMAB-ADBM (10MG/0.2ML SYRINGEKIT, 20MG/0.4ML SYRINGEKIT, 40MG/0.8ML PEN IJ KIT, 40MG/0.8ML SYRINGEKIT) | 3 | QL PA S MS |
| ADALIMUMAB-FKJP (20MG/0.4ML SYRINGEKIT, 40MG/0.8ML PEN IJ KIT, 40MG/0.8ML SYRINGEKIT) | 3 | QL PA S |
| AMJEVITA(CF) | 3 | QL PA S MS |
| AMJEVITA(CF) AUTOINJECTOR (40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML) | 3 | QL PA S MS |
| ARAVA | 3 | |
| ASTAGRAF XL (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE) | 3 | QL PA S |
| AZASAN (75 MG TABLET, 100 MG TABLET) | 3 | QL PA S |
| AZATHIOPRINE (75 MG TABLET, 100 MG TABLET) | 3 | QL PA S |
| *azathioprine 50 mg tablet* | 1 | S |
| CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET) | 3 | S |
| CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT) | 3 | QL PA ST S MS |
| *cyclosporine (25 mg capsule, 100 mg capsule)* | 1 | S |
| *cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)* | 1 | S |
| CYLTEZO(CF) | 2 | QL PA S MS |
| CYLTEZO(CF) PEN | 2 | QL PA S MS |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | 2 | QL PA S MS |
| CYLTEZO(CF) PEN PSORIASIS-UV | 2 | QL PA S MS |
| ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE) | 2 | QL PA S MS |
| ENBREL MINI | 2 | QL PA S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ENBREL SURECLICK | 2 | QL PA S MS |
| ENVARSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET) | 3 | QL PA S |
| *everolimus (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)* | 1 | S |
| *gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)* | 1 | S |
| HADLIMA | 2 | QL PA S MS |
| HADLIMA PUSHTOUCH | 2 | QL PA S MS |
| HADLIMA(CF) | 2 | QL PA S MS |
| HADLIMA(CF) PUSHTOUCH | 2 | QL PA S MS |
| HULIO(CF) | 3 | QL PA S |
| HULIO(CF) PEN | 3 | QL PA S |
| HUMIRA (ABBVIE) | 2 | QL PA S MS |
| HYFTOR | 3 | QL PA |
| HYRIMOZ 40 MG/0.8 ML SYRINGE | 3 | QL PA S MS |
| HYRIMOZ PEN 40 MG/0.8 ML | 3 | QL PA S MS |
| HYRIMOZ(CF) (10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML) | 3 | QL PA S MS |
| HYRIMOZ(CF) PEDIATRIC CROHN'S (80 MG, 80-40MG) | 3 | QL PA S MS |
| HYRIMOZ(CF) PEN | 3 | QL PA S MS |
| HYRIMOZ(CF) PEN CROHN-UC START | 3 | QL PA S MS |
| HYRIMOZ(CF) PEN PSORIASIS | 3 | QL PA S MS |
| IDACIO(CF) | 3 | QL PA S MS |
| IDACIO(CF) PEN | 3 | QL PA S MS |
| IDACIO(CF) PEN CROHN'S-UC | 3 | QL PA S MS |
| IDACIO(CF) PEN PSORIASIS | 3 | QL PA S MS |
| IMURAN | 3 | S |
| JYLAMVO | 3 | QL PA |
| *leflunomide* | 1 | |
| LUPKYNIS | 3 | QL PA S |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)* | 1 | |
| *methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)* | 1 | |
| *mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)* | 1 | S |
| *mycophenolate sodium* | 1 | S |
| MYFORTIC | 3 | S |
| NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION) | 3 | S |
| OTREXUP | 3 | QL PA |
| PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE) | 3 | S |
| PROGRAF 0.2 MG GRANULE PACKET | 3 | ST |
| RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET) | 3 | S |
| RASUVO (7.5 MG/0.15 ML, 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML) | 3 | QL PA |
| REDITREX (7.5 MG/0.3 ML SYRINGE, 10 MG/0.4 ML SYRINGE, 12.5 MG/0.5 ML SYRING, 15 MG/0.6 ML SYRINGE, 17.5 MG/0.7 ML SYRING, 20 MG/0.8 ML SYRINGE, 22.5 MG/0.9 ML SYRING, 25 MG/ML SYRINGE) | 3 | QL PA |
| SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN) | 3 | S |
| SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE) | 3 | QL PA ST S MS |
| *sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)* | 1 | S |
| *tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)* | 1 | S |
| TREXALL | 3 | |
| XATMEP | 3 | PA |
| YUFLYMA(CF) 40 MG/0.4 ML SYRNG | 3 | QL PA S |
| YUFLYMA(CF) AI CROHN'S-UC-HS | 3 | QL PA S |
| YUFLYMA(CF) AUTOINJECTOR | 3 | QL PA S |
| YUSIMRY(CF) PEN | 3 | QL PA S |
| ZORTRESS | 3 | S |
| VACCINES | | |
| ABRYSVO | 3 | QL C Covered in full |
| ACTHIB | 3 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ADACEL TDAP | 3 | C Covered in full |
| AFLURIA QUAD 2023-2024 | 3 | QL C Covered in full |
| AFLURIA QUAD 2023-24 (3YR UP) | 3 | QL C Covered in full |
| AREXVY | 3 | QL C Covered in full |
| BEXSERO | 3 | C Covered in full |
| BOOSTRIX TDAP | 3 | C Covered in full |
| COMIRNATY | 3 | C Covered in full |
| DAPTACEL DTAP | 3 | C Covered in full |
| ENGERIX-B ADULT | 3 | C Covered in full |
| ENGERIX-B PEDIATRIC-ADOLESCENT | 3 | C Covered in full |
| FLUAD QUAD 2023-2024 | 3 | QL C Covered in full |
| FLUARIX QUAD 2023-2024 | 3 | QL C Covered in full |
| FLUBLOK QUAD 2023-2024 | 3 | QL C Covered in full |
| FLUCELVAX QUAD 2023-2024 (SYR, VIAL) | 3 | QL C Covered in full |
| FLULAVAL QUAD 2023-2024 | 3 | QL C Covered in full |
| FLUMIST QUAD 2023-2024 | 3 | QL C Covered in full |
| FLUZONE HIGH-DOSE QUAD 2023-24 | 3 | QL C Covered in full |
| FLUZONE QUAD 2022-2023 | 3 | QL C Covered in full |
| GARDASIL 9 | 3 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| HAVRIX | 3 | C Covered in full |
| HEPLISAV-B | 3 | C Covered in full |
| HIBERIX (VACCINE VIAL, VIAL WITH DILUENT VIAL) | 3 | C Covered in full |
| IMOVAX RABIES VACCINE | 3 | C Covered in full |
| INFANRIX DTAP | 3 | C Covered in full |
| IPOL | 3 | C Covered in full |
| JYNNEOS | 3 | C Covered in full |
| JYNNEOS (NATIONAL STOCKPILE) | 3 | C Covered in full |
| KINRIX | 3 | C Covered in full |
| M-M-R II VACCINE | 3 | C Covered in full |
| MENQUADFI | 3 | |
| MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS)) | 3 | C Covered in full |
| MODERNA COVID BIVAL(6MO UP)EUA | 3 | C Covered in full |
| MODERNA COVID BIVAL(6MO-5Y)EUA | 3 | C Covered in full |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | 3 | C Covered in full |
| PEDIARIX | 3 | C Covered in full |
| PEDVAXHIB | 3 | C Covered in full |
| PENBRAYA | 3 | C Covered in full |
| PENTACEL | 3 | C Covered in full |
| PENTACEL DTAP-IPV COMPONENT | 3 | C Covered in full |
| PFIZER COVID BIVAL (12Y UP)EUA | 3 | C Covered in full |
| PFIZER COVID BIVAL (5-11YR)EUA | 3 | C Covered in full |
| PFIZER COVID BIVAL (6MO-4Y)EUA | 3 | C Covered in full |
| PNEUMOVAX 23 | 3 | C Covered in full |
| PREHEVBRIO | 3 | C Covered in full |
| PREVNAR 20 | 3 | C Covered in full |
| PRIORIX | 3 | C Covered in full |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PROQUAD | 3 | C Covered in full |
| QUADRACEL DTAP-IPV | 3 | C Covered in full |
| RECOMBIVAX HB | 3 | C Covered in full |
| ROTARIX | 3 | C Covered in full |
| ROTATEQ | 3 | C Covered in full |
| SHINGRIX | 3 | C Covered in full age 50+ |
| SPIKEVAX COVID (18Y UP) VACC | 3 | C Covered in full |
| TENIVAC | 3 | C Covered in full |
| TETANUS AND DIPHTHERIA TOXOIDS, ADULT | 3 | C Covered in full |
| TETANUS,DIPHTHERIA TOXOID PED/PF | 3 | C Covered in full |
| TRUMENBA | 3 | C Covered in full |
| TWINRIX | 3 | C Covered in full |
| VAQTA | 3 | C Covered in full |
| VARIVAX VACCINE | 3 | C Covered in full |
| VAXELIS | 3 | C Covered in full |
| VAXNEUVANCE | 3 | C Covered in full |
| INFLAMMATORY BOWEL DISEASE AGENTS | | |
| AMINOSALICYLATES | | |
| APRISO | 3 | |
| ASACOL HD | 3 | |
| AZULFIDINE | 3 | |
| *balsalazide disodium* | 1 | |
| CANASA | 3 | |
| COLAZAL | 3 | |
| DELZICOL | 3 | |
| DIPENTUM | 3 | |
| LIALDA | 3 | |
| *mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 500 mg capsule er, 1000 mg supp.rect)* | 1 | |
| *mesalamine 800 mg tablet dr* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PENTASA | 3 | |
| SFROWASA | 3 | |
| *sulfasalazine (500 mg tablet, 500 mg tablet dr)* | 1 | |
| GLUCOCORTICOIDS | | |
| ALKINDI SPRINKLE (0.5 MG CAP, 1 MG CAPSULE, 2 MG CAPSULE, 5 MG CAPSULE) | 3 | QL PA |
| *budesonide 2 mg foam/appl* | 1 | QL PA |
| *budesonide 3 mg capdr - er* | 1 | |
| *budesonide 9 mg tabdr - er* | 1 | QL |
| *colocort* | 1 | |
| CORTEF | 3 | |
| CORTENEMA | 3 | |
| CORTIFOAM | 3 | |
| ENTOCORT EC | 3 | |
| *hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100mg/60ml enema)* | 1 | |
| ORTIKOS | 3 | QL PA |
| TARPEYO | 3 | QL PA S |
| UCERIS 2 MG RECTAL FOAM | 3 | QL PA |
| UCERIS 9 MG ER TABLET | 3 | QL |
| METABOLIC BONE DISEASE AGENTS | | |
| ACTONEL (5 MG TABLET, 30 MG TABLET, 35 MG TABLET, 150 MG TABLET) | 3 | QL |
| *alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)* | 1 | QL |
| *alendronate sodium 70 mg/75ml solution* | 1 | |
| ATELVIA | 3 | QL |
| BINOSTO 70 MG EFFERVESCENT TAB | 3 | QL |
| BINOSTO 70 MG TABLET EFF | 3 | QL |
| BONIVA 150 MG TABLET | 3 | QL |
| *calcitonin,salmon,synthetic* | 1 | |
| *calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)* | 1 | |
| *cinacalcet hcl* | 1 | |
| *doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| DRISDOL | 3 | |
| *ergocalciferol (vitamin d2) 1250 mcg capsule* | 1 | |
| *etidronate disodium* | 1 | |
| FORTEO | 3 | QL PA S MS |
| FOSAMAX | 3 | QL |
| FOSAMAX PLUS D | 3 | QL |
| *ibandronate sodium 150 mg tablet* | 1 | QL |
| MIACALCIN | 3 | QL PA |
| NATPARA | 3 | QL PA S MS |
| *paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)* | 1 | |
| PROLIA | 3 | QL S MS |
| RAYALDEE | 3 | PA |
| *risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet, 35 mg tablet dr, 150 mg tablet)* | 1 | QL |
| ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN) | 3 | |
| SENSIPAR | 3 | |
| *teriparatide* | 1 | QL PA S MS |
| TYMLOS | 2 | QL PA S MS |
| ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE) | 3 | |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| ADBRY | 3 | QL PA S MS |
| *alcohol antiseptic pads  med. pad* | 1 | |
| BLADE LANCET, SAFETY (0.8 MMX2MM EACH, 1.2 MM EACH, 1.5 MMX2MM EACH) | 3 | |
| BLOOD GLUCOSE AND KETONE CONTROL, NORMAL | 3 | |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, HIGH | 3 | |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, HIGH AND NORMAL | 3 | |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, LOW | 3 | |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, NORMAL | 3 | |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTIONS HIGH,NORMAL,LOW | 3 | |
| BLOOD GLUCOSE METER/INSULIN DATA TRANSF ACCESSORY, BLUETOOTH | 3 | QL ST |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| BLOOD KETONE GLUCOSE MONITOR EACH | 3 | ST |
| BLOOD KETONE GLUCOSE MONITOR KIT | 2 | |
| BLOOD-GLUCOSE CALIB. CONTROL | 3 | |
| BLUNT NEEDLE, DISPOSABLE | 3 | |
| BRONCHITOL | 3 | QL PA S MS |
| *cervical cap* | 0 | C Covered in full |
| *condoms, female* | 0 | C Covered in full |
| DATA TRANSFER ACCESSORY (INSULIN PEN), BLUETOOTH | 3 | QL |
| DEXCOM RECEIVER KIT | 2 | QL PA |
| DEXCOM SENSOR KIT | 2 | QL PA |
| DEXCOM TRANSMITTER KIT | 2 | QL PA |
| *diaphragms, contoured* | 0 | C Covered in full |
| *diaphragms, wide seal* | 0 | C Covered in full |
| EVRYSDI | 3 | QL PA S MS |
| FLASH GLUCOSE SENSOR/BLOOD GLUCOSE TEST STRIPS/PEN NEEDLES | 3 | QL |
| *freestyle freedom lite meter* | 2 | |
| *freestyle insulinx glucose sys* | 2 | |
| *freestyle insulinx test strips* | 2 | QL |
| FREESTYLE LIBRE, LIBRE 2 & LIBRE 3 READER | 2 | QL PA |
| FREESTYLE LIBRE, LIBRE 2 & LIBRE 3 SENSOR | 2 | QL PA |
| *freestyle lite meter* | 2 | |
| *freestyle prec neo test strips* | 2 | QL |
| *freestyle precision neo meter* | 2 | |
| *freestyle test strips* | 2 | QL |
| INHALER,ASSIST DEV,SMALL MASK SPACER | 3 | QL |
| INHALER,ASSIST DEVICE,LG MASK SPACER | 3 | QL |
| INHALER,ASSIST DEVICE,MED MASK SPACER | 3 | QL |
| INSULIN PUMP CARTRIDGE | 3 | |
| INSULIN PUMP SYRINGE, 1.8 ML | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| INSULIN PUMP SYRINGE, 3 ML | 3 | |
| INSULIN PUMP/INFUSION SET/BLOOD-GLUCOSE METER | 3 | ST |
| INSULIN SYRINGE-NEEDLE,SAFETY,DISPOSAL UNIT,0.5 ML | 3 | |
| INTRAROSA | 3 | QL |
| INTRAVENOUS ADMINISTRATION SET | 3 | |
| INTRAVENOUS INFUSION PUMP ACCESSORY (INFUS.SET, MISCELL) | 3 | |
| ISOLEUCINE | 3 | PA |
| *isopropyl alcohol (70 % solution, 70 % spray, 91 % solution, 99 % solution)* | 1 | |
| ISOPROPYL ALCOHOL (70 % TOWELETTE, 91 % SPRAY, SOLUTION) | 3 | |
| LAGEVRIO (EUA) | 2 | QL |
| LANCET WITH BLOOD GLUCOSE TEST STRIPS AND PEN NEEDLES | 3 | QL ST |
| LANCETS (17 GAUGE EACH, 18 GAUGE EACH, 21 GAUGE EACH, 23 GAUGE EACH, 25 GAUGE EACH, 26 GAUGE EACH, 28 GAUGE EACH, 30 GAUGE EACH, 31 GAUGE EACH, 32 GAUGE EACH, 33 GAUGE EACH, EACH) | 3 | |
| LANCING DEVICE  EACH | 3 | |
| LANCING DEVICE, VACUUM/LANCETS | 3 | |
| LANCING DEVICE/LANCETS | 3 | |
| LEUCINE  POWDER | 3 | PA |
| *methylergonovine maleate 0.2 mg tablet* | 1 | QL |
| NEBULIZER ACCESSORIES | 3 | |
| NEEDLE CLIP AND STORAGE DEVICE  EACH | 3 | |
| NEEDLES, BLOOD COLLECTION (BLOOD 20GX1 1/2" DIS NEEDLE, BLOOD 20GX1" DIS NEEDLE, BLOOD 21 G X 1" DIS NEEDLE, BLOOD 22GX1" DIS NEEDLE) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| NEEDLES, DISPOSABLE (14GX1" DIS NEEDLE, 14GX1.5" DIS NEEDLE, 14GX2" DIS NEEDLE, 15GX1.5" DIS NEEDLE, 16 G X 1" DIS NEEDLE, 16GX0.625" DIS NEEDLE, 16GX1.5" DIS NEEDLE, 16GX3/4" DIS NEEDLE, 18GX1 1/2" DIS NEEDLE, 18GX1 1/4" DIS NEEDLE, 18GX1" DIS NEEDLE, 19GX1 1/2" DIS NEEDLE, 19GX1" DIS NEEDLE, 20GX1 1/2" DIS NEEDLE, 20GX1" DIS NEEDLE, 20GX3/4" DIS NEEDLE, 21 G X 1" DIS NEEDLE, 21G X1.25" DIS NEEDLE, 21GX1 1/2" DIS NEEDLE, 21GX2" DIS NEEDLE, 22GX1 1/2" DIS NEEDLE, 22GX1" DIS NEEDLE, 22GX3/4" DIS NEEDLE, 23GX1 1/2" DIS NEEDLE, 23GX1" DIS NEEDLE, 23GX1.25" DIS NEEDLE, 23GX3/4" DIS NEEDLE, 24 GX1.25" DIS NEEDLE, 24GX1" DIS NEEDLE, 25GX0.875" DIS NEEDLE, 25GX1 1/2" DIS NEEDLE, 25GX1" DIS NEEDLE, 25GX1.25" DIS NEEDLE, 25GX2" DIS NEEDLE, 25GX3/4" DIS NEEDLE, 25GX5/8" DIS NEEDLE, 26 G X5/8" DIS NEEDLE, 26GX1.5" DIS NEEDLE, 26GX1/2" DIS NEEDLE, 26GX3/8" DIS NEEDLE, 27GX1.25" DIS NEEDLE, 27GX1.5" DIS NEEDLE, 27GX1/2" DIS NEEDLE, 30GX1" DIS NEEDLE, 30GX1/2" DIS NEEDLE, 30GX3/4" DIS NEEDLE, 31 GX5/16" DIS NEEDLE, 32 GX5/16" DIS NEEDLE, DIS NEEDLE) | 3 | |
| NEEDLES, FILTER (18GX1 1/2" DIS NEEDLE, 18GX3" DIS NEEDLE, 19GX1 1/2" DIS NEEDLE, 19GX1" DIS NEEDLE, 20GX1 1/2" DIS NEEDLE) | 3 | |
| NEEDLES, HUBER DISPOSABLE | 3 | |
| NEEDLES, REUSABLE | 3 | |
| NEEDLES, SAFETY (18GX1 1/2" DIS NEEDLE, 18GX1" DIS NEEDLE, 19GX1 1/2" DIS NEEDLE, 19GX1" DIS NEEDLE, 20GX1 1/2" DIS NEEDLE, 20GX1" DIS NEEDLE, 21 G X 1" DIS NEEDLE, 21GX1 1/2" DIS NEEDLE, 22GX1 1/2" DIS NEEDLE, 22GX1" DIS NEEDLE, 22GX3/4" DIS NEEDLE, 23GX1 1/2" DIS NEEDLE, 23GX1" DIS NEEDLE, 23GX5/8" DIS NEEDLE, 25GX1 1/2" DIS NEEDLE, 25GX1" DIS NEEDLE, 25GX5/8" DIS NEEDLE, 26GX1" DIS NEEDLE, 26GX1/2" DIS NEEDLE, 27GX1" DIS NEEDLE, 27GX1/2" DIS NEEDLE, 27GX5/8" DIS NEEDLE, 28GX1/2" DIS NEEDLE, 29 G X1/2" DIS NEEDLE, 30 GX5/16" DIS NEEDLE, 30GX1 1/2" DIS NEEDLE, 30GX1/2" DIS NEEDLE, 31 GX5/16" DIS NEEDLE) | 3 | |
| *needles, safety huber, disposable* | 1 | |
| ODACTRA | 3 | QL |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) | 3 | QL ST |
| OMNIPOD 5 G6 PODS (GEN 5) 5PK | 3 | QL ST |
| OMNIPOD CLASSIC PODS(GEN3) 5PK | 3 | QL ST |
| OMNIPOD DASH INTRO KIT (GEN 4) | 3 | QL ST |
| OMNIPOD DASH PODS (GEN 4) 5PK | 3 | QL ST |
| OMNIPOD GO PODS | 3 | QL ST |
| *onetouch ultra blue strips* | 2 | QL |
| *onetouch ultra test strip* | 2 | QL |
| *onetouch ultra2 glucose syst* | 2 | |
| *onetouch verio flex system kit* | 2 | |
| *onetouch verio test strip* | 2 | QL |
| *paragard t 380-a* | 0 | C Covered in full as medical benefit |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| PAXLOVID (150-100 MG PACK, 300-100 MG PACK) | 2 | QL |
| PEAK FLOW METER | 3 | |
| *precision xtra monitor* | 2 | |
| *precision xtra test strips* | 2 | QL |
| RUZURGI | 3 | QL PA S |
| SAFETY SYRINGE WITH NEEDLE, DISPOSABLE KIT-TRAY, 1 ML (1 ML 25GX1" TRAY, 1 ML 26GX3/8" TRAY, 1 ML 27GX1/2" TRAY) | 3 | |
| SAXENDA | 3 | QL PA |
| SPIROMETERS AND ACCESSORIES | 3 | QL |
| SUB-Q INFUSION PUMP ACCESSORY EACH | 3 | |
| SUBCUTANEOUS ADMINISTRATION SET (SET 6 MM X50CM INFUS.SET, SET 6 MM X70CM INFUS.SET, SET 6 MMX100CM INFUS.SET, SET 6MMX110CM INFUS.SET, SET 8 MM X50CM INFUS.SET, SET 8 MM X60CM INFUS.SET, SET 8 MM X70CM INFUS.SET, SET 8 MM X80CM INFUS.SET, SET 8 MMX100CM INFUS.SET, SET 8 MMX110CM INFUS.SET, SET 10 MMX50CM INFUS.SET, SET 10 MMX60CM INFUS.SET, SET 10 MMX70CM INFUS.SET, SET 10 MMX80CM INFUS.SET, SET 10MMX100CM INFUS.SET, SET 10MMX110CM INFUS.SET, SET 10MMX20CM EACH, SET 13 MMX60CM INFUS.SET, SET 13 MMX80CM INFUS.SET, SET 13MMX110CM INFUS.SET, SET 17 MMX60CM INFUS.SET, SET 17 MMX80CM INFUS.SET, SET 17MMX110CM INFUS.SET, SET 25GX18MM EACH, SET 70CM EACH) | 3 | |
| SUBCUTANEOUS BOLUS INSULIN PATCH PUMP, 200 UNIT, DISPOSABLE | 3 | QL |
| SYRING W-NEEDL 0.5 ML,KIT-TRAY (SYRING 0.5 27GX1/2" TRAY, SYRING 0.5 28GX1/2" TRAY) | 3 | |
| SYRINGE 3 ML WITH SAFETY NEEDLE,SELF-CONTAINED DISPOSAL UNIT | 3 | |
| SYRINGE DISPOSABLE IRRIG,60 ML | 3 | |
| SYRINGE DISPOSABLE IRRIGATION DISP SYRIN | 3 | |
| SYRINGE REUSABLE, 3 ML | 3 | |
| SYRINGE W-NEEDLE 0.3 ML,INSULIN,SAFETY W-SELF-CONT.DIS.UNIT | 3 | |
| SYRINGE WITH CANNULA, DISPOSABLE, 1 ML | 3 | |
| SYRINGE WITH CANNULA, DISPOSABLE, 3 ML (SYRINGE 3 ML SYRINGE, SYRINGE 3 ML 17 GAUGE DISP SYRIN, SYRINGE 3 ML 18GX1" DISP SYRIN) | 3 | |
| SYRINGE WITH CANNULA, DISPOSABLE, 6 ML | 3 | |
| SYRINGE WITH CANNULA,DISPOSABLE 12 ML | 3 | |
| SYRINGE WITH NEEDLE 1 ML, DISPOSABLE KIT-TRAY (SYRINGE 1 27GX1/2" TRAY, SYRINGE 1 28GX1/2" TRAY) | 3 | |
| SYRINGE WITH NEEDLE 1 ML,INSULIN,SAFETY W-SELF-CON.DISP.UNIT | 3 | |
| SYRINGE WITH NEEDLE AND CANNULA, DISPOSABLE, 10 ML | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SYRINGE WITH NEEDLE, INSULIN, SAFETY, 0.3 ML (29 G X1/2" DISP SYRIN, 30 GX5/16" DISP SYRIN, 31 GX5/16" DISP SYRIN, 31GX15/64" DISP SYRIN) | 3 | |
| SYRINGE WITH NEEDLE, INSULIN, SAFETY, 0.5 ML (29 G X1/2" DISP SYRIN, 30 GX5/16" DISP SYRIN, 31GX15/64" DISP SYRIN) | 3 | |
| SYRINGE WITH NEEDLE, INSULIN, SAFETY, 1 ML (29 G X1/2" DISP SYRIN, 30 GX5/16" DISP SYRIN, 30GX1/2" DISP SYRIN, 31 GX5/16" DISP SYRIN, 31GX15/64" DISP SYRIN) | 3 | |
| SYRINGE WITH NEEDLE,DISPOSABLE | 3 | |
| SYRINGE WITH NEEDLE,DISPOSABLE, 0.5 ML (SYRINGE 0.5 ML 27GX0.375" DISP SYRIN, SYRINGE 0.5 ML 27GX1/2" DISP SYRIN, SYRINGE 0.5 ML 28GX1/2" DISP SYRIN) | 3 | |
| SYRINGE WITH NEEDLE,DISPOSABLE, 1 ML (SYRINGE 1 ML 20GX1" DISP SYRIN, SYRINGE 1 ML 21 G X 1" DISP SYRIN, SYRINGE 1 ML 25GX1" DISP SYRIN, SYRINGE 1 ML 25GX5/8" DISP SYRIN, SYRINGE 1 ML 26 G X5/8" DISP SYRIN, SYRINGE 1 ML 26GX1/2" DISP SYRIN, SYRINGE 1 ML 26GX3/8" DISP SYRIN, SYRINGE 1 ML 27GX0.375" DISP SYRIN, SYRINGE 1 ML 27GX1/2" DISP SYRIN, SYRINGE 1 ML 28GX1/2" DISP SYRIN) | 3 | |
| SYRINGE WITH NEEDLE,DISPOSABLE, 10 ML (SYRINGE 10 ML 20GX1 1/2" DISP SYRIN, SYRINGE 10 ML 20GX1" DISP SYRIN, SYRINGE 10 ML 21 G X 1" DISP SYRIN, SYRINGE 10 ML 21GX1 1/2" DISP SYRIN, SYRINGE 10 ML 22GX1 1/2" DISP SYRIN, SYRINGE 10 ML 22GX1" DISP SYRIN, SYRINGE 10 ML 23GX1.25" DISP SYRIN) | 3 | |
| SYRINGE WITH NEEDLE,DISPOSABLE, 12 ML | 3 | |
| SYRINGE WITH NEEDLE,DISPOSABLE, 3 ML (SYRINGE ML 18GX1 1/2" DISP SYRIN, SYRINGE ML 20GX1 1/2" DISP SYRIN, SYRINGE ML 20GX1" DISP SYRIN, SYRINGE ML 20GX3/4" DISP SYRIN, SYRINGE ML 21 G X 1" DISP SYRIN, SYRINGE ML 21GX1 1/2" DISP SYRIN, SYRINGE ML 22GX1 1/2" DISP SYRIN, SYRINGE ML 22GX1" DISP SYRIN, SYRINGE ML 22GX3/4" DISP SYRIN, SYRINGE ML 23GX1 1/2" DISP SYRIN, SYRINGE ML 23GX1" DISP SYRIN, SYRINGE ML 25GX1 1/2" DISP SYRIN, SYRINGE ML 25GX1" DISP SYRIN, SYRINGE ML 25GX1.25" DISP SYRIN, SYRINGE ML 25GX5/8" DISP SYRIN, SYRINGE ML 26 G X5/8" DISP SYRIN, SYRINGE ML 27GX1.25" DISP SYRIN) | 3 | |
| SYRINGE WITH NEEDLE,DISPOSABLE, 5 ML | 3 | |
| SYRINGE WITH NEEDLE,DISPOSABLE, 6 ML (SYRINGE 6 ML DISP SYRIN, SYRINGE 6 ML 20GX1 1/2" DISP SYRIN, SYRINGE 6 ML 21 G X 1" DISP SYRIN, SYRINGE 6 ML 21GX1 1/2" DISP SYRIN, SYRINGE 6 ML 22GX1 1/2" DISP SYRIN) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SYRINGE WITH NEEDLE,DISPOSABLE,INSULIN 1 ML (SYRINGE DISP SYRIN, SYRINGE 25GX5/8" DISP SYRIN, SYRINGE 27GX1/2" DISP SYRIN, SYRINGE 27GX5/8" DISP SYRIN, SYRINGE 28 GX5/16" DISP SYRIN, SYRINGE 28GX1/2" DISP SYRIN, SYRINGE 29 G X1/2" DISP SYRIN, SYRINGE 29 GAUGE DISP SYRIN, SYRINGE 29GX 5/16" DISP SYRIN, SYRINGE 29GX7/16" DISP SYRIN, SYRINGE 30 GAUGE DISP SYRIN, SYRINGE 30 GX5/16" DISP SYRIN, SYRINGE 30GX1/2" DISP SYRIN, SYRINGE 30GX15/64" DISP SYRIN, SYRINGE 31 G X1/4" DISP SYRIN, SYRINGE 31 GX5/16" DISP SYRIN, SYRINGE 31GX15/64" DISP SYRIN, SYRINGE 31GX3/8" DISP SYRIN) | 3 | |
| *syringe with needle,disposable,insulin 1 ml (syringe 28 gauge disp syrin, syringe 30 g x3/8" disp syrin)* | 1 | |
| SYRINGE WITH NEEDLE,INSULIN 0.3 ML (HALF UNIT MARK) (0.3 ML 29 G X1/2" DISP SYRIN, 0.3 ML 30 GX5/16" DISP SYRIN, 0.3 ML 31 G X1/4" DISP SYRIN, 0.3 ML 31 GX5/16" DISP SYRIN, 0.3 ML 31GX15/64" DISP SYRIN) | 3 | |
| SYRINGE WITH NEEDLE,INSULIN 0.5 ML (HALF UNIT MARK) | 3 | |
| SYRINGE WITH NEEDLE,INSULIN DISPOSABLE | 3 | |
| SYRINGE WITH NEEDLE,INSULIN,0.3 ML (ML 29 G X1/2" DISP SYRIN, ML 29 GAUGE DISP SYRIN, ML 30 G X3/8" DISP SYRIN, ML 30 GAUGE DISP SYRIN, ML 30 GX5/16" DISP SYRIN, ML 30GX1/2" DISP SYRIN, ML 30GX15/64" DISP SYRIN, ML 31 G X1/4" DISP SYRIN, ML 31 GX5/16" DISP SYRIN, ML 31GX15/64" DISP SYRIN, ML 31GX3/8" DISP SYRIN) | 3 | |
| SYRINGE WITH NEEDLE,INSULIN,0.5 ML (ML 27GX1/2" DISP SYRIN, ML 28 GAUGE DISP SYRIN, ML 28GX1/2" DISP SYRIN, ML 29 G X1/2" DISP SYRIN, ML 29 GAUGE DISP SYRIN, ML 30 G X3/8" DISP SYRIN, ML 30 GAUGE DISP SYRIN, ML 30 GX5/16" DISP SYRIN, ML 30GX1/2" DISP SYRIN, ML 31 G X1/4" DISP SYRIN, ML 31 GX5/16" DISP SYRIN, ML 31GX15/64" DISP SYRIN, ML 31GX3/8" DISP SYRIN) | 3 | |
| SYRINGE WITHOUT NEEDLE,INSULIN DISPOSIBLE, 1 ML | 3 | |
| SYRINGE, DISPOSABLE | 3 | |
| SYRINGE, DISPOSABLE, 1 ML | 3 | |
| SYRINGE, DISPOSABLE, 10 ML DISP SYRIN | 3 | |
| SYRINGE, DISPOSABLE, 12 ML | 3 | |
| SYRINGE, DISPOSABLE, 20 ML | 3 | |
| SYRINGE, DISPOSABLE, 3 ML DISP SYRIN | 3 | |
| SYRINGE, DISPOSABLE, 30 ML | 3 | |
| SYRINGE, DISPOSABLE, 35 ML | 3 | |
| SYRINGE, DISPOSABLE, 5 ML | 3 | |
| SYRINGE, DISPOSABLE, 50 ML | 3 | |
| SYRINGE, DISPOSABLE, 6 ML DISP SYRIN | 3 | |
| SYRINGE, DISPOSABLE, 60 ML DISP SYRIN | 3 | |
| SYRINGE, INSULIN U-500 WITH NEEDLE, DISPOSABLE, 0.5 ML | 3 | |
| SYRINGE, SAFETY 10 ML, SELF-CONTAINED DISPOSAL UNIT | 3 | |
| SYRINGE, SAFETY 3 ML | 3 | |
| SYRINGE, SAFETY 3 ML, SELF-CONTAINED DISPOSAL UNIT | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SYRINGE, SAFETY 5 ML, SELF-CONTAINED DISPOSAL UNIT | 3 | |
| SYRINGE, SAFETY NEEDLE 5 ML AND SELF-CONTAINED DISPOSAL UNIT | 3 | |
| SYRINGE,NEEDLE,SAFETY 1 ML,SELF-CONTAINED DISPOSAL UNIT (1 25GX5/8" DISP SYRIN, 1 27GX1/2" DISP SYRIN) | 3 | |
| SYRINGE,SAFETY NEEDLE 10 ML AND SELF-CONTAINED DISPOSAL UNIT | 3 | |
| SYRINGE,SAFETY WITH NEEDLE,1 ML (23GX1" DISP SYRIN, 25GX1" SYRINGE, 25GX5/8" DISP SYRIN, 26 G X5/8" DISP SYRIN, 26GX3/8" DISP SYRIN, 27GX1/2" DISP SYRIN, 27GX5/8" DISP SYRIN, 28GX1/2" DISP SYRIN) | 3 | |
| SYRINGE,SAFETY WITH NEEDLE,10 ML (ML 18GX1 1/2" DISP SYRIN, ML 18GX1" DISP SYRIN, ML 20GX1 1/2" DISP SYRIN, ML 20GX1" DISP SYRIN, ML 21 G X 1" DISP SYRIN, ML 21GX1 1/2" DISP SYRIN, ML 22GX1 1/2" DISP SYRIN, ML 25GX1" DISP SYRIN) | 3 | |
| SYRINGE,SAFETY WITH NEEDLE,12 ML | 3 | |
| SYRINGE,SAFETY WITH NEEDLE,3 ML (18GX1 1/2" DISP SYRIN, 18GX1" DISP SYRIN, 19GX1 1/2" DISP SYRIN, 19GX1" DISP SYRIN, 20GX1 1/2" DISP SYRIN, 20GX1" DISP SYRIN, 21 G X 1" DISP SYRIN, 21GX1 1/2" DISP SYRIN, 22GX1 1/2" DISP SYRIN, 22GX1" DISP SYRIN, 23GX1 1/2" DISP SYRIN, 23GX1" DISP SYRIN, 25GX1" DISP SYRIN, 25GX5/8" DISP SYRIN) | 3 | |
| SYRINGE,SAFETY WITH NEEDLE,5 ML (18GX1" DISP SYRIN, 20GX1 1/2" DISP SYRIN, 20GX1" DISP SYRIN, 21 G X 1" DISP SYRIN, 21GX1 1/2" DISP SYRIN, 22GX1 1/2" DISP SYRIN, 25GX1" DISP SYRIN, 25GX5/8" DISP SYRIN) | 3 | |
| TRANSFER DEVICE, CLOSED SYSTEM (13MM EACH, 20MM EACH, 28MM EACH) | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TRANSPARENT DRESSING (1.75X1.75" BANDAGE, 2"X2.75" BANDAGE, 2"X3" BANDAGE, 2"X396" BANDAGE, 2.125X2.5" BANDAGE, 2.36X2.75" BANDAGE, 2.37X2.75" BANDAGE, 2.375"X4" BANDAGE, 2.5"X2.75" BANDAGE, 3" X 5YARD BANDAGE, 3.25"X14" BANDAGE, 3.5"X10" BANDAGE, 3.5"X4" BANDAGE, 3.5"X4.25" BANDAGE, 3.5"X6" BANDAGE, 3.5"X8" BANDAGE, 3.5X13.75" BANDAGE, 4 3/8"X5" BANDAGE, 4" X 4" SHEET, 4" X 5" BANDAGE, 4"X10" BANDAGE, 4"X12" SHEET, 4"X396" BANDAGE, 4"X4 3/4" BANDAGE, 4"X4.5" BANDAGE, 4"X5.5" BANDAGE, 4.5"X4.75" BANDAGE, 4.75"X10" BANDAGE, 5.5"X7" BANDAGE, 5.6"X6.25" BANDAGE, 6" X 8" BANDAGE, 6"X11" BANDAGE, 6"X72" BANDAGE, 8"X12" BANDAGE, 11"X11.75" BANDAGE, 11"X17.75" BANDAGE, 12"X12" SHEET, 12"X24" SHEET, 17.75"X22" BANDAGE, 24"X36" SHEET) | 3 | |
| TRIENTINE HCL 500 MG CAPSULE | 3 | QL PA |
| TYROSINE POWDER | 3 | PA |
| URINE ACETONE TEST STRIPS | 3 | |
| URINE ACETONE TEST,STRIPS | 3 | |
| URINE GLUCOSE TEST STRIP | 3 | |
| URINE GLUCOSE-ACET TEST STRIP | 3 | |
| URINE MULTIPLE TEST STRIPS | 3 | |
| VALINE POWDER | 3 | PA |
| VEOZAH | 3 | QL PA |
| VOWST | 3 | QL PA |
| XMET XCYS MAXAMAID | 3 | PA |
| MODIFIED SOLID FOODS | | |
| ***All modified solid foods are covered as brands with Prior Authorization*** | | |
| OPHTHALMIC AGENTS | | |
| OPHTHALMIC AGENTS, OTHER | | |
| AKTEN | 3 | |
| ALCAINE | 3 | |
| *atropine sulfate (1 % drops, 1 % oint. (g))* | 1 | |
| ATROPINE SULFATE/PF | 3 | QL ST |
| *bacitracin/polymyxin b sulfate* | 1 | |
| BLEPHAMIDE | 3 | |
| BLEPHAMIDE S.O.P. | 3 | |
| *brimonidine tartrate/timolol maleate* | 1 | QL |
| CEQUA | 3 | QL |
| COMBIGAN | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| CORTISPORIN | 3 | |
| COSOPT | 3 | |
| COSOPT PF | 3 | QL |
| *cyclopentolate hcl (0.5 % drops, 1 % drops, 2 % drops)* | 1 | |
| *cyclosporine 0.05 % droperette* | 1 | QL |
| *dorzolamide hcl/timolol maleate* | 1 | |
| *dorzolamide/timolol/pf 2 %-0.5 % droperette* | 1 | QL |
| ISOPTO ATROPINE | 3 | |
| LACRISERT | 3 | |
| MAXITROL (DROPS, OINTMENT) | 3 | |
| MIEBO | 3 | QL PA |
| MITOSOL | 3 | |
| *neo-polycin* | 1 | |
| *neo-polycin hc* | 1 | |
| *neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone* | 1 | |
| *neomycin sulfate/bacitracin/polymyxin b* | 1 | |
| *neomycin sulfate/polymyxin b sulfate/gramicidin d* | 1 | |
| *neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))* | 1 | |
| *neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp* | 1 | |
| OXERVATE | 3 | QL PA S MS |
| PAREMYD | 3 | |
| *phenylephrine hcl (2.5 % drops, 10 % drops)* | 1 | |
| *polycin* | 1 | |
| PRED-G (1% DROPS, S.O.P. OINTMENT) | 3 | |
| *proparacaine hcl* | 1 | |
| RESTASIS | 3 | QL ST |
| RESTASIS MULTIDOSE | 3 | QL ST |
| ROCKLATAN | 2 | QL ST |
| *sulfacetamide sodium/prednisolone sodium phosphate* | 1 | |
| *tetracaine hcl* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TOBRADEX (DROPS, OINTMENT) | 3 | |
| TOBRADEX ST | 3 | |
| *tobramycin/dexamethasone* | 1 | |
| *tropicamide (0.5 % drops, 1 % drops)* | 1 | |
| TYRVAYA | 3 | QL |
| UPNEEQ | 3 | QL |
| VERKAZIA | 3 | QL PA |
| VEVYE | 3 | QL PA |
| XDEMVY | 3 | QL PA |
| XIIDRA | 2 | QL |
| ZYLET | 3 | |
| OPHTHALMIC ANTI-ALLERGY AGENTS | | |
| ALOCRIL | 3 | |
| ALOMIDE | 3 | |
| *azelastine hcl 0.05 % drops* | 1 | |
| *bepotastine besilate* | 1 | |
| BEPREVE | 3 | |
| *cromolyn sodium 4 % drops* | 1 | |
| ELESTAT | 3 | |
| *epinastine hcl* | 1 | |
| LASTACAFT | 3 | |
| *olopatadine hcl (0.1 % drops, 0.2 % drops)* | 1 | |
| ZERVIATE | 3 | ST |
| OPHTHALMIC ANTI-INFECTIVES | | |
| AZASITE | 3 | |
| BESIVANCE | 3 | |
| BLEPH-10 | 3 | |
| CILOXAN (EYE DROPS, OINTMENT) | 3 | |
| *erythromycin base 5 mg/gram oint. (g)* | 1 | |
| *gatifloxacin* | 1 | |
| *gentak* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *levofloxacin (0.5 % drops, 1.5 % drops)* | 1 | |
| MOXEZA | 3 | QL |
| *moxifloxacin hcl 0.5 % drops* | 1 | QL |
| *moxifloxacin hcl 0.5 % drops visc* | 1 | |
| NATACYN | 3 | |
| OCUFLOX | 3 | |
| *polymyxin b sulfate/trimethoprim* | 1 | |
| POLYTRIM | 3 | |
| *sulfacetamide sodium (10 % drops, 10 % oint. (g))* | 1 | |
| *tobramycin 0.3 % drops* | 1 | |
| TOBREX (DROP, OINTMENT) | 3 | |
| *trifluridine* | 1 | |
| VIGAMOX | 3 | QL |
| ZIRGAN | 3 | |
| ZYMAXID | 3 | |
| OPHTHALMIC ANTI-INFLAMMATORIES | | |
| ACULAR | 3 | |
| ACULAR LS | 3 | |
| ACUVAIL | 3 | |
| ALREX | 3 | |
| *bromfenac sodium (0.07 % drops, 0.075 % drops)* | 1 | QL |
| *bromfenac sodium 0.09 % drops* | 1 | |
| BROMSITE | 3 | QL |
| *dexamethasone sodium phosphate 0.1 % drops* | 1 | |
| *diclofenac sodium 0.1 % drops* | 1 | |
| *difluprednate* | 1 | |
| DUREZOL | 3 | |
| EYSUVIS | 3 | QL |
| FLAREX | 3 | |
| *fluorometholone 0.1 % drops susp* | 1 | |
| *flurbiprofen sodium* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| FML | 3 | |
| FML FORTE | 3 | |
| FML S.O.P. | 3 | |
| ILEVRO | 3 | |
| INVELTYS | 3 | |
| *ketorolac tromethamine (0.4 % drops, 0.5 % drops)* | 1 | |
| LOTEMAX (EYE DROPS, OPHTHALMIC GEL) | 3 | |
| LOTEMAX 0.5% EYE OINTMENT | 2 | |
| LOTEMAX SM | 2 | |
| *loteprednol etabonate (0.2 % drops susp, 0.5 % drops gel, 0.5 % drops susp)* | 1 | |
| MAXIDEX | 3 | |
| NEVANAC | 3 | |
| OCUFEN | 3 | |
| PRED FORTE | 3 | |
| PRED MILD | 3 | |
| *prednisolone acetate* | 1 | |
| *prednisolone sodium phosphate 1 % drops* | 1 | |
| PROLENSA | 3 | QL |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS | | |
| BETAGAN | 3 | |
| *betaxolol hcl 0.5 % drops* | 1 | |
| BETIMOL | 3 | |
| BETOPTIC S 0.25% EYE DROP | 3 | |
| BETOPTIC S 0.25% EYE DROPS | 3 | |
| *carteolol hcl* | 1 | |
| ISTALOL | 3 | |
| *levobunolol hcl* | 1 | |
| *timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % drop daily, 0.5 % drops, 0.5 % sol-gel)* | 1 | |
| *timolol maleate/pf* | 1 | |
| TIMOPTIC (0.25% DROP, 0.5% DROP) | 3 | |
| TIMOPTIC (0.25% DROPS, 0.5% DROPS) | 3 | |
| TIMOPTIC OCUDOSE | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TIMOPTIC-XE (0.25% EYE GEL-SOLN, 0.5% GEL-SOLUTION) | 3 | |
| TIMOPTIC-XE (0.25% SOLN, 0.5% SOLN) | 3 | |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER | | |
| ALPHAGAN P 0.1% DROPS | 2 | |
| ALPHAGAN P 0.15% EYE DROPS | 3 | |
| *apraclonidine hcl* | 1 | |
| AZOPT | 3 | |
| *brimonidine tartrate (0.1 % drops, 0.15 % drops, 0.2 % drops)* | 1 | |
| *brinzolamide* | 1 | |
| *dorzolamide hcl* | 1 | |
| IOPIDINE | 3 | |
| ISOPTO CARPINE | 3 | |
| *methazolamide* | 1 | |
| PHOSPHOLINE IODIDE 0.125% | 3 | |
| PHOSPHOLINE IODIDE 0.125% DROP | 3 | |
| *pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)* | 1 | |
| RHOPRESSA | 2 | QL ST |
| SIMBRINZA 1%-0.2% EYE DROP | 3 | QL |
| SIMBRINZA 1%-0.2% EYE DROPS | 3 | QL |
| TRUSOPT | 3 | |
| VUITY | 3 | QL |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS | | |
| *bimatoprost 0.03 % drops (into the eye for glaucoma)* | 1 | |
| IYUZEH | 3 | QL ST |
| *latanoprost* | 1 | QL |
| LUMIGAN | 2 | |
| *tafluprost/pf* | 1 | QL ST |
| TRAVATAN Z | 3 | |
| TRAVOPROST 0.004% | 1 | |
| VYZULTA | 3 | ST |
| XALATAN | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| XELPROS | 3 | QL ST |
| ZIOPTAN | 3 | QL ST |
| OTIC AGENTS | | |
| *acetic acid 2 % solution* | 1 | |
| CETRAXAL | 3 | QL |
| CIPRO HC | 3 | |
| CIPRODEX | 3 | |
| *ciprofloxacin hcl 0.2 % droperette* | 1 | QL |
| *ciprofloxacin hcl/dexamethasone* | 1 | |
| CIPROFLOXACIN HCL/FLUOCINOLONE ACETONIDE | 3 | QL |
| COLY-MYCIN S | 3 | |
| CORTISPORIN-TC | 3 | |
| DERMOTIC | 3 | |
| *fluocinolone acetonide oil* | 1 | |
| *hydrocortisone/acetic acid 1 %-2 % drops* | 1 | |
| *neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort drops susp, neomycin/polymyxin b/hydrocort solution)* | 1 | |
| OTOVEL | 3 | QL |
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS | | |
| ALVESCO (80 MCG INHALER, 160 MCG INHALER) | 3 | QL ST |
| ARMONAIR DIGIHALER | 3 | QL ST |
| ARNUITY ELLIPTA | 2 | QL |
| ASMANEX | 2 | QL |
| ASMANEX HFA (HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER) | 2 | QL |
| BECONASE AQ | 3 | QL |
| *budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)* | 1 | QL |
| FLOVENT DISKUS | 2 | QL |
| FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER, HFA 220 MCG INHALER) | 2 | QL |
| *flunisolide* | 1 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| FLUTICASONE PROPIONATE (44 MCG AER W/ADAP, 110 MCG AER W/ADAP, 220 MCG AER W/ADAP) | 2 | QL |
| FLUTICASONE PROPIONATE (50 MCG BLST W/DEV, 100 MCG BLST W/DEV, 250 MCG BLST W/DEV) | 2 | QL |
| *fluticasone propionate 50 mcg spray susp* | 1 | |
| *mometasone furoate 50 mcg spray/pump* | 1 | |
| NASONEX | 3 | |
| OMNARIS | 3 | QL |
| PULMICORT (0.25 MG/2 ML RESPUL, 0.5 MG/2 ML RESPULE, 1 MG/2 ML RESPULE) | 3 | QL |
| PULMICORT FLEXHALER (90 MCG, 180 MCG) | 3 | QL ST |
| QNASL | 2 | QL |
| QNASL CHILDREN | 2 | QL |
| QVAR REDIHALER | 2 | QL |
| RYALTRIS | 3 | QL PA |
| *triamcinolone acetonide 55 mcg spray* | 1 | |
| XHANCE | 3 | QL |
| ZETONNA | 3 | QL |
| ANTIHISTAMINES | | |
| ASTEPRO | 3 | QL |
| *azelastine hcl 137 mcg spray/pump* | 1 | |
| *azelastine hcl 205.5 mcg spray/pump* | 1 | QL |
| *azelastine hcl/fluticasone propionate* | 1 | QL PA |
| *carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)* | 1 | |
| *carbinoxamine maleate 6 mg tablet* | 1 | QL PA |
| *cetirizine hcl 1 mg/ml solution* | 1 | |
| CLARINEX | 3 | |
| *clemastine fumarate (0.5 mg/5ml syrup, 0.67mg/5ml syrup)* | 1 | QL PA |
| *clemastine fumarate 2.68 mg tablet* | 1 | |
| *cyproheptadine hcl* | 1 | QL PA |
| *desloratadine* | 1 | |
| *diphenhydramine hcl 12.5mg/5ml elixir* | 1 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| DYMISTA | 3 | QL PA |
| *hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet, 50 mg/25ml solution)* | 1 | |
| *hydroxyzine pamoate* | 1 | |
| KARBINAL ER | 3 | QL |
| *levocetirizine dihydrochloride 2.5 mg/5ml solution* | 1 | QL |
| *levocetirizine dihydrochloride 5 mg tablet* | 1 | |
| *olopatadine hcl 0.6 % spray/pump* | 1 | QL |
| PATANASE | 3 | QL |
| *promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)* | 1 | |
| RYCLORA | 3 | QL |
| RYVENT | 3 | QL PA |
| VISTARIL | 3 | |
| XYZAL 2.5 MG/5 ML SOLUTION | 3 | |
| ANTILEUKOTRIENES | | |
| ACCOLATE | 3 | |
| *montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)* | 1 | QL |
| SINGULAIR (4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET) | 3 | QL |
| *zafirlukast* | 1 | |
| *zileuton* | 1 | QL |
| ZYFLO | 3 | QL |
| ZYFLO CR | 3 | QL |
| BRONCHODILATORS, ANTICHOLINERGIC | | |
| ATROVENT HFA | 2 | |
| INCRUSE ELLIPTA | 2 | QL |
| *ipratropium bromide* | 1 | |
| LONHALA MAGNAIR REFILL | 3 | QL ST |
| LONHALA MAGNAIR STARTER | 3 | QL ST |
| SEEBRI NEOHALER | 3 | |
| SPIRIVA HANDIHALER | 2 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SPIRIVA RESPIMAT | 2 | |
| *tiotropium bromide* | 1 | |
| TUDORZA PRESSAIR | 3 | QL ST |
| YUPELRI | 3 | QL ST |
| BRONCHODILATORS, SYMPATHOMIMETIC | | |
| ADRENACLICK | 3 | QL |
| *albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg tablet, 2 mg/5 ml syrup, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 4 mg tab er 12h, 4 mg tablet, 5 mg/ml solution, 8 mg tab er 12h)* | 1 | |
| *albuterol sulfate 90 mcg hfa aer ad* | 1 | QL |
| ALBUTEROL SULFATE 90 MCG HFA AER AD (ALTERNATIVE TO VENTOLIN HFA) | 3 | QL |
| *arformoterol tartrate* | 1 | QL |
| AUVI-Q | 3 | QL |
| BROVANA | 3 | QL |
| *epinephrine (0.1 mg/ml syringe, 1 mg/ml vial, 1 mg/ml(1) ampul, 1 mg/ml(1) vial)* | 1 | |
| *epinephrine (0.15/0.15 auto injct, 0.15mg/0.3 auto injct, 0.3mg/0.3 auto injct)* | 1 | QL |
| EPIPEN | 3 | QL |
| EPIPEN 2-PAK | 3 | QL |
| EPIPEN JR 2-PAK | 3 | QL |
| *formoterol fumarate* | 1 | QL |
| *levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)* | 1 | |
| LEVALBUTEROL TARTRATE | 2 | |
| PERFOROMIST | 3 | QL |
| PROAIR DIGIHALER | 3 | QL |
| PROAIR HFA | 3 | QL |
| PROAIR RESPICLICK | 3 | QL |
| PROVENTIL HFA | 3 | QL |
| SEREVENT DISKUS | 2 | |
| STRIVERDI RESPIMAT | 2 | QL |
| SYMJEPI | 2 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *terbutaline sulfate (2.5 mg tablet, 5 mg tablet)* | 1 | |
| VENTOLIN HFA | 3 | QL |
| XOPENEX | 3 | |
| XOPENEX CONCENTRATE | 3 | |
| XOPENEX HFA | 3 | |
| CYSTIC FIBROSIS AGENTS | | |
| BETHKIS | 3 | QL S MS |
| CAYSTON | 3 | S MS |
| KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET) | 3 | QL PA S MS |
| KITABIS PAK | 3 | S MS |
| ORKAMBI (75-94 MG GRANULE PKT, 100 MG-125 MG TABLET, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET) | 3 | QL PA S MS |
| PULMOZYME | 3 | S MS |
| SYMDEKO | 3 | QL PA S MS |
| TOBI | 3 | S MS |
| TOBI PODHALER | 3 | QL S MS |
| *tobramycin 300 mg/4ml ampul-neb* | 1 | QL S MS |
| *tobramycin in 0.225 % sodium chloride* | 1 | S |
| TOBRAMYCIN/NEBULIZER | 3 | S MS |
| TRIKAFTA (50-25-37.5 MG/75 MG, 80-40-60MG/59.5MG PKT, 100-50-75 MG/150 MG, 100-50-75 MG/75MG PKT) | 3 | QL PA S MS |
| MAST CELL STABILIZERS | | |
| *cromolyn sodium 20 mg/2 ml ampul-neb* | 1 | |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | | |
| *caffeine citrate 60 mg/3 ml solution* | 1 | |
| DALIRESP (250 MCG TABLET, 500 MCG TABLET) | 3 | QL |
| ELIXOPHYLLIN | 3 | |
| *roflumilast* | 1 | QL |
| THEO-24 | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| *theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)* | 1 | |
| ZORYVE 0.3% CREAM | 3 | QL PA |
| PULMONARY ANTIHYPERTENSIVES | | |
| ADCIRCA | 3 | QL PA S MS |
| ADEMPAS | 3 | QL PA S MS |
| *ambrisentan* | 1 | QL PA S MS |
| *bosentan* | 1 | QL PA S MS |
| LETAIRIS | 3 | QL PA S MS |
| LIQREV | 3 | QL PA S MS |
| OPSUMIT | 3 | QL PA S MS |
| ORENITRAM ER | 3 | PA S MS |
| ORENITRAM MONTH 1 TITRATION KT | 3 | PA S MS |
| ORENITRAM MONTH 2 TITRATION KT | 3 | PA S MS |
| ORENITRAM MONTH 3 TITRATION KT | 3 | PA S MS |
| REVATIO (10 MG/ML ORAL SUSP, 20 MG TABLET) | 3 | QL PA S MS |
| *sildenafil citrate (10 mg/ml susp recon, 20 mg tablet)* | 1 | QL PA S MS |
| TADLIQ | 3 | QL PA S MS |
| TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET) | 3 | QL PA S MS |
| TYVASO | 3 | QL PA S MS |
| UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET) | 3 | QL PA S MS |
| PULMONARY FIBROSIS AGENTS | | |
| ESBRIET (267 MG CAPSULE, 267 MG TABLET, 801 MG TABLET) | 3 | QL PA S MS |
| OFEV | 2 | QL PA S MS |
| *pirfenidone (267 mg capsule, 267 mg tablet, 534 mg tablet, 801 mg tablet)* | 1 | QL PA S MS |
| RESPIRATORY TRACT AGENTS, OTHER | | |
| *acetylcysteine (100 mg/ml vial, 200 mg/ml vial)* | 1 | |
| ADVAIR DISKUS | 3 | QL |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| ADVAIR HFA | 2 | QL |
| AIRDUO DIGIHALER | 3 | QL ST |
| AIRDUO RESPICLICK | 3 | QL ST |
| AIRSUPRA | 3 | QL PA |
| ANORO ELLIPTA | 2 | QL |
| *benzonatate (100 mg capsule, 150 mg capsule, 200 mg capsule)* | 1 | |
| BEVESPI AEROSPHERE | 2 | QL |
| BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR) | 2 | QL |
| BREO ELLIPTA 200-25 MCG INHALR | 2 | |
| *breyna* | 1 | QL |
| BREZTRI AEROSPHERE | 2 | QL |
| *bromfed dm* | 1 | |
| *brompheniramine maleate/pseudoephedrine hcl/dextromethorphan* | 1 | |
| BUDESONIDE/FORMOTEROL FUMARATE | 3 | QL |
| CLARINEX-D 12 HOUR | 3 | |
| *codeine phosphate/guaifenesin 10-100mg/5 liquid* | 1 | |
| CODEINE PHOSPHATE/GUAIFENESIN 20-200/10 LIQUID | 3 | |
| COMBIVENT RESPIMAT | 2 | QL |
| CUROSURF | 3 | |
| DUAKLIR PRESSAIR | 3 | QL ST |
| DULERA (50 MCG INHALER, 100 MCG INHALER, 200 MCG INHALER) | 2 | QL |
| FASENRA PEN | 2 | QL PA S MS |
| FLUTICASONE FUROATE/VILANTEROL TRIFENATATE | 3 | QL ST |
| *fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)* | 1 | QL |
| FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE (PROPION/SALMETEROL 45-21 MCG HFA AER AD, PROPION/SALMETEROL 115-21MCG HFA AER AD, PROPION/SALMETEROL 230-21MCG HFA AER AD) | 3 | QL ST |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE (PROPION/SALMETEROL 55-14 MCG AER POW BA, PROPION/SALMETEROL 113-14 MCG AER POW BA, PROPION/SALMETEROL 232-14 MCG AER POW BA) | 2 | QL |
| g tussin ac | 1 | |
| GRASTEK | 3 | QL |
| *guaiatussin ac* | 1 | |
| *guaifenesin ac* | 1 | |
| HYCODAN (5 MG TABLET, 5 MG/5 ML CUP) | 3 | |
| *hydrocodone bitartrate/homatropine methylbromide* | 1 | |
| *hydrocodone polistirex/chlorpheniramine polistirex* | 1 | QL |
| *hydromet* | 1 | |
| *ipratropium bromide/albuterol sulfate* | 1 | |
| m-clear wc | 1 | |
| MAR-COF CG | 3 | |
| *nebusal 3% vial* | 1 | |
| NINJACOF-XG | 3 | |
| NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE) | 2 | QL PA S MS |
| OBREDON | 3 | QL |
| ORALAIR | 3 | QL S |
| *phenylephrine hcl/promethazine hcl* | 1 | |
| *promethazine hcl/codeine 6.25-10/5 syrup* | 1 | |
| *promethazine hcl/dextromethorphan hbr* | 1 | |
| *promethazine/phenylephrine hcl/codeine* | 1 | |
| RAGWITEK | 3 | QL |
| *ribavirin 6 g vial-neb* | 1 | S MS |
| *sodium chloride for inhalation* | 1 | |
| STIOLTO RESPIMAT | 2 | QL |
| SYMBICORT | 2 | QL |
| TRELEGY ELLIPTA | 2 | QL |
| TUSSICAPS | 3 | |
| TUXARIN ER | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| TUZISTRA XR | 3 | |
| VIRAZOLE | 3 | |
| *virtussin ac* | 1 | |
| *wixela inhub* | 1 | QL |
| SKELETAL MUSCLE RELAXANTS | | |
| AMRIX | 3 | QL PA |
| *carisoprodol 250 mg tablet* | 1 | QL PA |
| *carisoprodol 350 mg tablet* | 1 | |
| *carisoprodol/aspirin* | 1 | |
| *carisoprodol/aspirin/codeine phosphate* | 1 | PA |
| *chlorzoxazone (250 mg tablet, 375 mg tablet, 750 mg tablet)* | 1 | QL PA |
| *chlorzoxazone 500 mg tablet* | 1 | QL |
| *cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)* | 1 | |
| *cyclobenzaprine hcl (7.5 mg tablet, 15 mg cap er 24h, 30 mg cap er 24h)* | 1 | QL PA |
| FEXMID | 3 | QL PA |
| LORZONE | 3 | QL PA |
| *metaxall* | 1 | QL |
| *metaxalone 400 mg tablet* | 1 | |
| *metaxalone 800 mg tablet* | 1 | QL |
| *methocarbamol (500 mg tablet, 750 mg tablet)* | 1 | |
| METHOCARBAMOL 1000 MG TABLET | 3 | QL PA |
| NORGESIC FORTE | 3 | QL ST |
| *orphenadrine citrate 100 mg tablet er* | 1 | |
| *orphenadrine/aspirin/caffeine 25-385-30 tablet* | 1 | QL ST |
| *orphenadrine/aspirin/caffeine 50-770-60 tablet* | 1 | ST |
| *orphengesic forte* | 1 | QL ST |
| SKELAXIN | 3 | QL |
| SOMA 250 MG TABLET | 3 | QL PA |
| SOMA 350 MG TABLET | 3 | |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| SLEEP DISORDER AGENTS | | |
| SLEEP PROMOTING AGENTS | | |
| AMBIEN (5 MG TABLET, 10 MG TABLET) | 3 | QL |
| AMBIEN CR | 3 | QL |
| BELSOMRA | 3 | QL ST |
| DAYVIGO | 3 | QL ST |
| DORAL | 3 | |
| *doxepin hcl (3 mg tablet, 6 mg tablet)* | 1 | QL |
| EDLUAR | 3 | QL ST |
| *estazolam* | 1 | |
| *eszopiclone* | 1 | QL |
| *flurazepam hcl* | 1 | |
| HALCION | 3 | |
| HETLIOZ | 3 | QL PA S MS |
| HETLIOZ LQ | 3 | QL PA S MS |
| LUNESTA | 3 | QL |
| QUVIVIQ | 3 | QL ST |
| *ramelteon* | 1 | QL |
| RESTORIL | 3 | |
| ROZEREM | 3 | QL |
| SILENOR | 3 | QL |
| *tasimelteon* | 1 | QL PA S MS |
| *temazepam* | 1 | |
| *triazolam* | 1 | |
| *zaleplon (5 mg capsule, 10 mg capsule)* | 1 | QL |
| *zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl, 5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)* | 1 | QL |
| ZOLPIDEM TARTRATE 7.5 MG CAPSULE | 3 | QL PA |
| ZOLPIMIST | 3 | QL ST |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| WAKEFULNESS PROMOTING AGENTS | | |
| *armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)* | 1 | QL |
| LUMRYZ | 3 | QL PA S MS |
| *modafinil* | 1 | QL |
| NUVIGIL (50 MG TABLET, 150 MG TABLET, 200 MG TABLET, 250 MG TABLET) | 3 | QL |
| PROVIGIL | 3 | QL |
| SODIUM OXYBATE | 3 | QL PA S |
| SUNOSI | 3 | QL PA |
| WAKIX | 3 | QL PA S MS |
| XYREM | 3 | QL PA S |
| XYWAV | 3 | QL PA S |
| Uncategorized | | |
| Unclassified | | |
| AGAMREE | 3 | QL PA S |
| ALVAIZ | 3 | QL PA S |
| BOSULIF (50 MG CAPSULE, 100 MG CAPSULE) | 3 | QL PA S MS |
| FABHALTA | 3 | QL PA S |
| FILSUVEZ | 3 | QL PA S |
| HEMLIBRA 300 MG/2 ML VIAL | 3 | PA S MS |
| INSTA-GLUCOSE | 3 | |
| INSULIN PUMP CART,AUTOMATED DOSING,BT,G6/G7 WITH CONTROLLER | 3 | QL ST |
| INSULIN PUMP CARTRIDGE,SUBCUT AUTOMATED DOSING,BT,G6/G7 | 3 | QL ST |
| IWILFIN | 3 | QL PA S |
| RIVFLOZA (128 MG/0.8 ML SYRINGE, 160 MG/ML SYRINGE) | 3 | QL PA S |
| *tetracycline hcl (250 mg tablet, 500 mg tablet)* | 1 | QL PA |
| TRAMADOL HCL 25 MG TABLET | 3 | QL |
| UDENYCA ONBODY | 2 | S MS |

| PRODUCT DESCRIPTION | TIER | LIMITS/RESTRICTIONS/NOTES |
|---|---|---|
| WAINUA | 3 | QL PA S |
| XOLAIR (75 MG/0.5 ML AUTOINJECT, 150 MG/ML AUTOINJECTOR, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE) | 3 | QL PA S MS |
| ZENPEP DR 60,000 UNIT CAPSULE | 2 | |
| ZILBRYSQ (16.6 MG/0.416 ML SYRN, 23 MG/0.574 ML SYRING, 32.4 MG/0.81 ML SYRNG) | 3 | QL PA S |
| ZITUVIO | 3 | QL PA |
| ZORYVE 0.3% FOAM | 3 | QL PA |

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