



Health Choice Utah Medicaid

# **PREFERRED DRUG LIST**

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**LISTA DE MEDICAMENTOS PREFERIDOS**

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## How to use the Preferred Drug List

The Preferred Drug List (PDL) (also known as a Formulary) is a list of prescription drugs covered under your plan. This contains the covered drugs, doses, and dosage forms. This list is not a complete list and additional prescription drugs may be covered. *Please note that the PDL is subject to change as new prescription drugs become available, drug categories are reviewed, and as we strive to provide the most effective and valuable therapies available for our members.*

Medications covered under the Pharmacy Benefit are listed as Tier 1 or Carve-Out as defined below. Drugs that are considered Non-Formulary (NF) require use of Tier 1 options before they may be considered for Prior Authorization review. The coverage indicator is identified in the second column on the Preferred Drug List below.

Tier 1:	Preferred
NF (Non-Formulary):	Non-formulary (ALL require Prior Authorization)
CO (Carve-Out):	Medications covered under Utah State Medicaid Fee For Service

Please note that prescription drugs covered under the Preventive Drug List\* have no cost to members and are defined below under PRESCRIPTION DRUGS WITH ENHANCED BENEFITS.

If you have any questions about the PDL or your pharmacy benefits, please contact Pharmacy Customer Service. Pharmacy Customer Service is available at 855-864-1404, 24 hours/7 days a week/365 days a year. You can also view additional information by logging into the pharmacy member portal. If you need assistance in registering for the portal, please contact Pharmacy Customer Service. The pharmacy member portal provides information such as how to find a pharmacy; look up prescription drug information like benefit tier, limits, and drug interactions; check the status of a prescription; and print your prescription drug fill history.

### HOW PRESCRIPTION DRUGS ARE CHOSEN FOR THE PDL

Prescription drugs approved by the United States (U.S.) Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmacy & Therapeutics (P&T) Committee utilizing the following criteria:

- a) The prescription drug is effective and medically necessary for the treatment, maintenance, and/or prevention of a specific medical condition
- b) The PDL does not have other alternatives or similar prescription drugs that could be used in its place
- c) The prescription drug shows a positive therapeutic outcome
- d) The prescription drug shows safety for medical use

As the FDA approves new prescription drugs, they are reviewed within 180 days against similar drugs available on the PDL before being considered for inclusion. New prescription drugs with an FDA designation of 1P (FDA priority review – potential therapeutic gain) will automatically be reviewed for consideration for the Preferred Drug List. New prescription drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) may not be reviewed for consideration until a provider/member requests or the next therapeutic class review is done.

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes the most effective and valuable prescription drugs.

Members will receive notices related to drug formulary changes at the point of sale when filling a prescription that is impacted by modifications to the PDL. Network pharmacies are required to inform the member of these messages regarding updates or changes to the program which may impact a member. In addition, members whose prescription drugs have been removed from the PDL or have a negative change such as increased tier or new limits will receive written communication of change.

## PRESCRIPTION DRUGS WITH ENHANCED BENEFITS

### \*PREVENTIVE DRUG (PREV)

Certain prescription drugs are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent by the Plan (no patient responsibility); although limits may apply. Drugs available under this benefit are listed as PREV under Limits & Restrictions. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at 855-864-1404.

Preventive Drug Benefits
Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
Birth control as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV
Immunizations — doses, recommended ages, and recommended populations vary
Folic acid supplements for women who may become pregnant
Bowel prep for colorectal cancer screening
Smoking cessation medications
Statin preventive medication for adults 40 to 75 at high risk
Breast cancer risk reduction medications
Fluoride supplements for children without fluoride in their water source

## PRESCRIPTION DRUG LIMITS & REQUIREMENTS

### AGE

Some prescription drugs have a minimum or maximum age limit requirement under the Plan. Only members within those limits are able to fill those prescription drugs.

### PRIOR AUTHORIZATION (PA)

To ensure appropriate utilization, some generic and brand prescription drugs and all specialty drugs require Prior Authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee establishes the PA criteria. In order for a member to receive coverage for a prescription drug requiring PA, the member or member's provider should contact Pharmacy Customer Service. Your provider will be required to complete a PA form and provide clinical documentation to show why this prescription drug is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include your diagnosis and previous therapies that have failed in the letter. If a PA is not received or if the prescription drug is filled prior to approval, the cost of the prescription drug will be full member responsibility. In addition, PAs cannot be backdated.

### QUANTITY LIMIT (QL)

Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some prescription drugs have the potential to be abused, misused, shared, or have a manufacturer's limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing, current medical practices, evidence-based clinical guidelines, and peer-reviewed medical literature related to a particular prescription drug. Prior Authorization is required for any quantities that exceed Plan limits.

### STEP THERAPY (ST)

Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around effectiveness, safety, and value. In ST, the covered prescription drugs are arranged in a series of "steps". The program typically starts with generic prescription drugs as the "first step." These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with prescription drug that is more affordable. More expensive brand-name prescription drugs are usually considered in the "second step". Step Therapy is developed under the guidance and direction of the P&T Committee. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires ST. This means if you don't want to pay full price for your prescription drug, your doctor needs to write a new prescription for a "first-step" drug. With ST, if

you've already tried and failed the "first-step" drug, can't take the "first-step" drug (because of an allergy, etc.), and/or your provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

## **ADDITIONAL POLICIES AND PROCESSES**

### **MANDATORY GENERIC**

The Plan mandates generic prescription drugs wherever available. If a brand-name prescription drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, PA will be required, even if not indicated on the PDL below.

### **NON-PREFERRED OR EXCEPTION REQUESTS FOR PRESCRIPTION DRUGS**

For prescription drugs that are not covered by the Plan, you or your provider may submit an exception request. Your provider will be required to complete a formulary exception form and provide clinical documentation to show why this prescription drug is needed/required for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include your diagnosis and previous therapies that have been tried and failed in the letter. If an exception request approval is not received or the prescription drug is filled prior to approval, the cost of the prescription drug will be full member responsibility. Contact Pharmacy Customer Service for more information.

### **OFF-LABEL USE OF PRESCRIPTION DRUGS**

The FDA requires that prescription drugs used in the U.S. be safe and effective. The label information of a prescription drug outlines use for "approved" doses and specific conditions or disease states. The use of a prescription drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the prescription drug. Off-label use of a prescription drug is not covered unless it meets the Plan's off-label use policy. A Prior Authorization is required when a prescription drug is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug. Therapies deemed investigational or experimental are not a covered benefit.

### **PRESCRIPTION DRUGS NOT COVERED BY STATE MEDICAID**

Drugs that are not covered by State Medicaid are also not covered by the Plan.

### **SPECIALTY PHARMACY**

The Plan requires that all prescription drugs noted as *Specialty* must be filled through the Plan's designated Specialty Pharmacies. These drugs are listed as Specialty under Limits & Restrictions of the PDL. In cases where prescription drugs are available only through a limited distribution source from the manufacturer, these prescription drugs will be directed by the Plan to another designated specialty pharmacy.

### **THERAPEUTIC INTERCHANGE (TI)**

Therapeutic interchange is the practice of replacing, with your physician's approval, a prescription drug originally prescribed with a chemically different but therapeutically equivalent prescription drug. Prescription drugs used in therapeutic interchange programs are expected to produce similar levels of effectiveness and results. Therapeutic interchange programs are based on scientific evidence. These programs are developed under the guidance of the P&T Committee. The program is designed to work along with other tools that medical professionals use to promote safe and effective drug therapy. If therapeutic interchange is required on a prescription drug, your pharmacist will receive a message to request a therapeutic interchange from your provider. If you or your provider feel the interchange is not right for you and you do not want to pay full price for your prescription, your provider can submit a request for Prior Authorization review.

## LEGEND

TIER	DESCRIPTION	
1	Preferred	
8	Carved Out	
TYPE	DESCRIPTION	
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
GL	Gender Limit	This prescription drug may only be covered for a single gender.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
MFL	Max Fill Limit	There is a limit on the number of times this drug can be refilled.
MDS1	Max Days Supply	There is a limit on the amount of this drug that is covered.
S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
PREV	Preventative	Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
<i>clonidine hcl tab er 12hr 0.1 mg</i>	8	QL
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	8	QL
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	8	QL
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	8	QL
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	8	QL
<i>INTUNIV 1 MG TAB ER 24H</i>	8	
<i>INTUNIV 2 MG TAB ER 24H</i>	8	
<i>INTUNIV 3 MG TAB ER 24H</i>	8	
<i>INTUNIV 4 MG TAB ER 24H</i>	8	
<i>KAPVAY 0.1 MG TAB ER 12H</i>	8	
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	8	QL
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	8	QL
<i>QELBREE 100 MG CAP ER 24H</i>	8	
<i>QELBREE 150 MG CAP ER 24H</i>	8	
<i>QELBREE 200 MG CAP ER 24H</i>	8	
<i>STRATTERA 10 MG CAP</i>	8	
<i>STRATTERA 100 MG CAP</i>	8	
<i>STRATTERA 18 MG CAP</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STRATTERA 25 MG CAP	8	
STRATTERA 40 MG CAP	8	
STRATTERA 60 MG CAP	8	
STRATTERA 80 MG CAP	8	
AMPHETAMINE MIXTURES		
ADDERALL 10 MG TAB	8	
ADDERALL 12.5 MG TAB	8	
ADDERALL 15 MG TAB	8	
ADDERALL 20 MG TAB	8	
ADDERALL 30 MG TAB	8	
ADDERALL 5 MG TAB	8	
ADDERALL 7.5 MG TAB	8	
ADDERALL XR 10 MG CAP ER 24H	8	
ADDERALL XR 15 MG CAP ER 24H	8	
ADDERALL XR 20 MG CAP ER 24H	8	
ADDERALL XR 25 MG CAP ER 24H	8	
ADDERALL XR 30 MG CAP ER 24H	8	
ADDERALL XR 5 MG CAP ER 24H	8	
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	8	
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	8	
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	8	
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	8	
amphetamine-dextroamphetamine cap er 24hr 10 mg	8	QL
amphetamine-dextroamphetamine cap er 24hr 15 mg	8	QL
amphetamine-dextroamphetamine cap er 24hr 20 mg	8	QL
amphetamine-dextroamphetamine cap er 24hr 25 mg	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	8	QL
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i>	8	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	8	QL
<i>MYDAYIS 12.5 MG CAP ER 24H</i>	8	
<i>MYDAYIS 25 MG CAP ER 24H</i>	8	
<i>MYDAYIS 37.5 MG CAP ER 24H</i>	8	
<i>MYDAYIS 50 MG CAP ER 24H</i>	8	
AMPHETAMINES		
<i>ADZENYS ER 1.25 MG/ML SUSP</i>	8	PA
<i>ADZENYS XR-ODT 12.5 MG TAB ER DISP</i>	8	QL PA AL1 Up to 6 yrs old
<i>ADZENYS XR-ODT 15.7 MG TAB ER DISP</i>	8	QL PA AL1 Up to 6 yrs old
<i>ADZENYS XR-ODT 18.8 MG TAB ER DISP</i>	8	QL PA AL1 Up to 6 yrs old
<i>ADZENYS XR-ODT 3.1 MG TAB ER DISP</i>	8	QL PA AL1 Up to 6 yrs old
<i>ADZENYS XR-ODT 6.3 MG TAB ER DISP</i>	8	QL PA AL1 Up to 6 yrs old



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADZENYS XR-ODT 9.4 MG TAB ER DISP	8	QL PA AL1 Up to 6 yrs old
AMPHETAMINE ER 1.25 MG/ML SUSP	8	PA
amphetamine sulfate tab 10 mg	8	QL
amphetamine sulfate tab 5 mg	8	QL
DESOXYN 5 MG TAB	8	
DEXEDRINE 10 MG CAP ER 24H	8	QL
DEXEDRINE 15 MG CAP ER 24H	8	QL
DEXEDRINE 5 MG CAP ER 24H	8	
dextroamphetamine sulfate cap er 24hr 10 mg	8	QL
dextroamphetamine sulfate cap er 24hr 15 mg	8	QL
dextroamphetamine sulfate cap er 24hr 5 mg	8	QL
dextroamphetamine sulfate oral solution 5 mg/5ml	8	
dextroamphetamine sulfate oral solution 5 mg/5ml	8	
dextroamphetamine sulfate tab 10 mg	8	QL
dextroamphetamine sulfate tab 10 mg	8	QL
dextroamphetamine sulfate tab 15 mg	8	
dextroamphetamine sulfate tab 15 mg	8	
dextroamphetamine sulfate tab 2.5 mg	8	
dextroamphetamine sulfate tab 2.5 mg	8	
dextroamphetamine sulfate tab 20 mg	8	
dextroamphetamine sulfate tab 20 mg	8	
dextroamphetamine sulfate tab 30 mg	8	
dextroamphetamine sulfate tab 30 mg	8	
dextroamphetamine sulfate tab 5 mg	8	QL
dextroamphetamine sulfate tab 5 mg	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate tab 7.5 mg</i>	8	
<i>dextroamphetamine sulfate tab 7.5 mg</i>	8	
<i>DYANAVEL XR 10 MG TAB ER</i>	8	
<i>DYANAVEL XR 15 MG TAB ER</i>	8	
<i>DYANAVEL XR 2.5 MG/ML SUSP</i>	8	
<i>DYANAVEL XR 20 MG TAB ER</i>	8	
<i>DYANAVEL XR 5 MG TAB ER</i>	8	
<i>EVEKEO 10 MG TAB</i>	8	
<i>EVEKEO 5 MG TAB</i>	8	
<i>EVEKEO ODT 10 MG TAB DISP</i>	8	
<i>EVEKEO ODT 15 MG TAB DISP</i>	8	
<i>EVEKEO ODT 20 MG TAB DISP</i>	8	
<i>EVEKEO ODT 5 MG TAB DISP</i>	8	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	8	QL
<i>lisdexamfetamine dimesylate cap 20 mg</i>	8	QL
<i>lisdexamfetamine dimesylate cap 30 mg</i>	8	QL
<i>lisdexamfetamine dimesylate cap 40 mg</i>	8	QL
<i>lisdexamfetamine dimesylate cap 50 mg</i>	8	QL
<i>lisdexamfetamine dimesylate cap 60 mg</i>	8	QL
<i>lisdexamfetamine dimesylate cap 70 mg</i>	8	QL
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	8	QL
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	8	QL
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	8	QL
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	8	QL
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	8	QL
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	8	QL
<i>METHAMPHETAMINE HCL 5 MG TAB</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methamphetamine hcl tab 5 mg</i>	8	
VYVANSE 10 MG CAP	8	
VYVANSE 10 MG CHEW TAB	8	
VYVANSE 20 MG CAP	8	
VYVANSE 20 MG CHEW TAB	8	
VYVANSE 30 MG CAP	8	
VYVANSE 30 MG CHEW TAB	8	
VYVANSE 40 MG CAP	8	
VYVANSE 40 MG CHEW TAB	8	
VYVANSE 50 MG CAP	8	
VYVANSE 50 MG CHEW TAB	8	
VYVANSE 60 MG CAP	8	
VYVANSE 60 MG CHEW TAB	8	
VYVANSE 70 MG CAP	8	
XELSTRYM 13.5 MG/9HR PATCH	8	
XELSTRYM 18 MG/9HR PATCH	8	
XELSTRYM 4.5 MG/9HR PATCH	8	
XELSTRYM 9 MG/9HR PATCH	8	
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI 150 MG TAB	1	PA
SUNOSI 75 MG TAB	1	PA
STIMULANT COMBINATIONS		
AZSTARYS 26.1-5.2 MG CAP	8	
AZSTARYS 39.2-7.8 MG CAP	8	
AZSTARYS 52.3-10.4 MG CAP	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STIMULANTS - MISC.		
ADHANSIA XR 25 MG CAP ER 24H	8	
ADHANSIA XR 35 MG CAP ER 24H	8	
ADHANSIA XR 45 MG CAP ER 24H	8	
ADHANSIA XR 55 MG CAP ER 24H	8	
ADHANSIA XR 70 MG CAP ER 24H	8	
ADHANSIA XR 85 MG CAP ER 24H	8	
APTENSIO XR 10 MG CAP ER 24H	8	
APTENSIO XR 15 MG CAP ER 24H	8	
APTENSIO XR 20 MG CAP ER 24H	8	
APTENSIO XR 30 MG CAP ER 24H	8	
APTENSIO XR 40 MG CAP ER 24H	8	
APTENSIO XR 50 MG CAP ER 24H	8	
APTENSIO XR 60 MG CAP ER 24H	8	
armodafinil tab 150 mg	1	QL
armodafinil tab 200 mg	1	QL
armodafinil tab 250 mg	1	QL
armodafinil tab 50 mg	1	QL
CONCERTA 18 MG TAB ER	8	
CONCERTA 27 MG TAB ER	8	
CONCERTA 36 MG TAB ER	8	
CONCERTA 54 MG TAB ER	8	
COTEMPLA XR-ODT 17.3 MG TAB ER DISP	8	
COTEMPLA XR-ODT 25.9 MG TAB ER DISP	8	
COTEMPLA XR-ODT 8.6 MG TAB ER DISP	8	
DAYTRANA 10 MG/9HR PATCH	8	QL
DAYTRANA 15 MG/9HR PATCH	8	QL
DAYTRANA 20 MG/9HR PATCH	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>DAYTRANA 30 MG/9HR PATCH</i>	8	QL
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	8	QL
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	8	QL
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	8	QL
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	8	QL
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	8	QL
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	8	QL
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	8	QL
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	8	QL
<i>dexmethylphenidate hcl tab 10 mg</i>	8	QL
<i>dexmethylphenidate hcl tab 2.5 mg</i>	8	QL
<i>dexmethylphenidate hcl tab 5 mg</i>	8	QL
<i>FOCALIN 10 MG TAB</i>	8	
<i>FOCALIN 2.5 MG TAB</i>	8	
<i>FOCALIN 5 MG TAB</i>	8	
<i>FOCALIN XR 10 MG CAP ER 24H</i>	8	
<i>FOCALIN XR 15 MG CAP ER 24H</i>	8	
<i>FOCALIN XR 20 MG CAP ER 24H</i>	8	
<i>FOCALIN XR 25 MG CAP ER 24H</i>	8	
<i>FOCALIN XR 30 MG CAP ER 24H</i>	8	
<i>FOCALIN XR 35 MG CAP ER 24H</i>	8	
<i>FOCALIN XR 40 MG CAP ER 24H</i>	8	
<i>FOCALIN XR 5 MG CAP ER 24H</i>	8	
<i>JORNAY PM 100 MG CAP ER 24H</i>	8	
<i>JORNAY PM 20 MG CAP ER 24H</i>	8	
<i>JORNAY PM 40 MG CAP ER 24H</i>	8	
<i>JORNAY PM 60 MG CAP ER 24H</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JORNAY PM 80 MG CAP ER 24H	8	
METADATE CD 10 MG CAP ER	8	
METADATE CD 20 MG CAP ER	8	
METADATE CD 30 MG CAP ER	8	
METADATE CD 40 MG CAP ER	8	
METADATE CD 50 MG CAP ER	8	
METADATE CD 60 MG CAP ER	8	
METHYLIN 10 MG/5ML SOLUTION	8	
METHYLIN 5 MG/5ML SOLUTION	8	
methylphenidate hcl cap er 10 mg (cd)	8	QL
methylphenidate hcl cap er 20 mg (cd)	8	QL
methylphenidate hcl cap er 24hr 10 mg (la)	8	QL
methylphenidate hcl cap er 24hr 10 mg (xr)	8	
methylphenidate hcl cap er 24hr 15 mg (xr)	8	
methylphenidate hcl cap er 24hr 20 mg (la)	8	QL
methylphenidate hcl cap er 24hr 20 mg (xr)	8	
methylphenidate hcl cap er 24hr 30 mg (la)	8	QL
methylphenidate hcl cap er 24hr 30 mg (xr)	8	
methylphenidate hcl cap er 24hr 40 mg (la)	8	QL
methylphenidate hcl cap er 24hr 40 mg (xr)	8	
methylphenidate hcl cap er 24hr 50 mg (xr)	8	
methylphenidate hcl cap er 24hr 60 mg (la)	8	QL
methylphenidate hcl cap er 24hr 60 mg (xr)	8	
methylphenidate hcl cap er 30 mg (cd)	8	QL
methylphenidate hcl cap er 40 mg (cd)	8	QL
methylphenidate hcl cap er 50 mg (cd)	8	QL
methylphenidate hcl cap er 60 mg (cd)	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl chew tab 10 mg</i>	8	QL
<i>methylphenidate hcl chew tab 2.5 mg</i>	8	QL
<i>methylphenidate hcl chew tab 5 mg</i>	8	QL
<i>METHYLPHENIDATE HCL ER (OSM) 45 MG TAB ER</i>	8	
<i>METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER</i>	8	
<i>METHYLPHENIDATE HCL ER 18 MG TAB ER 24H</i>	8	QL
<i>METHYLPHENIDATE HCL ER 27 MG TAB ER 24H</i>	8	QL
<i>METHYLPHENIDATE HCL ER 36 MG TAB ER 24H</i>	8	QL
<i>METHYLPHENIDATE HCL ER 54 MG TAB ER 24H</i>	8	QL
<i>methylphenidate hcl soln 10 mg/5ml</i>	8	QL
<i>methylphenidate hcl soln 5 mg/5ml</i>	8	QL
<i>methylphenidate hcl tab 10 mg</i>	8	QL
<i>methylphenidate hcl tab 20 mg</i>	8	QL
<i>methylphenidate hcl tab 5 mg</i>	8	QL
<i>methylphenidate hcl tab er 10 mg</i>	8	QL
<i>methylphenidate hcl tab er 20 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	8	QL
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	8	QL
<i>methylphenidate td patch 10 mg/9hr</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate td patch 15 mg/9hr</i>	8	QL
<i>methylphenidate td patch 20 mg/9hr</i>	8	QL
<i>methylphenidate td patch 30 mg/9hr</i>	8	QL
<i>modafinil tab 100 mg</i>	1	QL
<i>modafinil tab 200 mg</i>	1	QL
QUILLICHEW ER 20 MG CHER	8	QL PA
QUILLICHEW ER 30 MG CHER	8	QL PA
QUILLICHEW ER 40 MG CHER	8	QL PA
QUILLIVANT XR 25 MG/5ML SRER	8	QL PA AL1 0 to 8 yrs old
RELEXXII 18 MG TAB ER	8	
RELEXXII 27 MG TAB ER	8	
RELEXXII 36 MG TAB ER	8	
RELEXXII 45 MG TAB ER	8	
RELEXXII 54 MG TAB ER	8	
RELEXXII 63 MG TAB ER	8	
RELEXXII 72 MG TAB ER	8	QL
RITALIN 10 MG TAB	8	
RITALIN 20 MG TAB	8	
RITALIN 5 MG TAB	8	
RITALIN LA 10 MG CAP ER 24H	8	
RITALIN LA 20 MG CAP ER 24H	8	
RITALIN LA 30 MG CAP ER 24H	8	
RITALIN LA 40 MG CAP ER 24H	8	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
<i>GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION</i>	1	
<i>GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION</i>	1	
<i>GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION</i>	1	
<i>GENTAMICIN IN SALINE 2-0.9 MG/ML-% SOLUTION</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin sulfate inj 10 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>STREPTOMYCIN SULFATE 1 GM RECON SOLN</i>	1	
<i>TOBI 300 MG/5ML NEBU SOLN</i>	1	QL PA S Specialty Drug
<i>TOBRAMYCIN 300 MG/5ML NEBU SOLN</i>	1	QL PA S Specialty Drug
<i>tobramycin nebu soln 300 mg/5ml</i>	1	QL PA S Specialty Drug
<i>TOBRAMYCIN SULFATE 10 MG/ML SOLUTION</i>	1	S Specialty Drug
<i>TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION</i>	1	S Specialty Drug
<i>tobramycin sulfate for inj 1.2 gm</i>	1	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	1	S Specialty Drug
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	1	S Specialty Drug
<i>ZEMDRI 500 MG/10ML SOLUTION</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
<i>HADLIMA 40 MG/0.4ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>HADLIMA 40 MG/0.8ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT</i>	1	PA S Specialty Drug
<i>SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT</i>	1	PA S Specialty Drug
<i>SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT</i>	1	PA S Specialty Drug
<i>SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT</i>	1	PA S Specialty Drug
<i>SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT</i>	1	PA S Specialty Drug
<i>SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT</i>	1	PA S Specialty Drug
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
<i>OLUMIANT 1 MG TAB</i>	1	PA S Specialty Drug
<i>OLUMIANT 2 MG TAB</i>	1	QL PA S Specialty Drug
<i>XELJANZ 1 MG/ML SOLUTION</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>XELJANZ 10 MG TAB</i>	1	PA S Specialty Drug
<i>XELJANZ 5 MG TAB</i>	1	PA S Specialty Drug
<i>XELJANZ XR 11 MG TAB ER 24H</i>	1	PA S Specialty Drug
<i>XELJANZ XR 22 MG TAB ER 24H</i>	1	PA S Specialty Drug
ANTIRHEUMATIC ANTIMETABOLITES		
<i>RASUVO 10 MG/0.2ML SOLN A-INJ</i>	1	PA
<i>RASUVO 12.5 MG/0.25ML SOLN A-INJ</i>	1	PA
<i>RASUVO 15 MG/0.3ML SOLN A-INJ</i>	1	PA
<i>RASUVO 17.5 MG/0.35ML SOLN A-INJ</i>	1	PA
<i>RASUVO 20 MG/0.4ML SOLN A-INJ</i>	1	PA
<i>RASUVO 22.5 MG/0.45ML SOLN A-INJ</i>	1	PA
<i>RASUVO 25 MG/0.5ML SOLN A-INJ</i>	1	PA
<i>RASUVO 30 MG/0.6ML SOLN A-INJ</i>	1	PA
<i>RASUVO 7.5 MG/0.15ML SOLN A-INJ</i>	1	PA
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	QL
<i>celecoxib cap 400 mg</i>	1	QL
<i>celecoxib cap 50 mg</i>	1	
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
<i>KINERET 100 MG/0.67ML SOLN PRSYR</i>	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
<i>KEVZARA 150 MG/1.14ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>KEVZARA 150 MG/1.14ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>KEVZARA 200 MG/1.14ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>KEVZARA 200 MG/1.14ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>TOFIDENCE 200 MG/10ML SOLUTION</i>	1	PA S Specialty Drug
<i>TOFIDENCE 400 MG/20ML SOLUTION</i>	1	PA S Specialty Drug
<i>TOFIDENCE 80 MG/4ML SOLUTION</i>	1	PA S Specialty Drug
<i>TYENNE 162 MG/0.9ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>TYENNE 162 MG/0.9ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>TYENNE 200 MG/10ML SOLUTION</i>	1	PA S Specialty Drug
<i>TYENNE 400 MG/20ML SOLUTION</i>	1	PA S Specialty Drug
<i>TYENNE 80 MG/4ML SOLUTION</i>	1	PA S Specialty Drug
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</b>		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<b>FENOPROFEN CALCIUM 600 MG TAB</b>	1	
<i>fenoprofen calcium cap 400 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<b>KETOPROFEN ER 200 MG CAP ER 24H</b>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	QL
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL MFL 1 / 30 day(s) MDS1 5 / 1 day(s)
<b>MECLOFENAMATE SODIUM 50 MG CAP</b>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<b>TOLMETIN SODIUM 400 MG CAP</b>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>OTEZLA 10 &amp; 20 &amp; 30 MG TAB THPK</i>	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>OTEZLA 20 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #a08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>OTEZLA 30 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #a08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>OTEZLA 4 X 10 &amp; 51 X20 MG TAB THPK</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #a08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide tab 10 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div>
<i>leflunomide tab 20 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div>
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
<i>ORENCIA 125 MG/ML SOLN PRSYR</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>ORENCIA 250 MG RECON SOLN</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>ORENCIA 50 MG/0.4ML SOLN PRSYR</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>ORENCIA 87.5 MG/0.7ML SOLN PRSYR</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #a08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESICS OTHER</b>		
<i>CLONIDINE HCL (ANALGESIA) 500 MCG/ML SOLUTION</i>	1	
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANALGESICS-SEDATIVES</b>		
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<b>BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB</b>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
<b>SALICYLATES</b>		
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
<b>ANALGESICS - OPIOID</b>		
<b>CODEINE COMBINATIONS</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL
<b>ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION</b>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<b>ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION</b>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL
<b>DIHYDROCODEINE COMBINATIONS</b>		
<i>APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP</i>	1	QL
<i>APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB</i>	1	
<b>HYDROCODONE COMBINATIONS</b>		
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 day(s)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>HYDROCODONE-IBUPROFEN 10-200 MG TAB</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>HYDROCODONE-IBUPROFEN 5-200 MG TAB</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>LORTAB 10-300 MG/15ML ELIXIR</i>	1	<p>QL</p> <p>AL1 Up to 8 yrs old</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<b>OPIOID AGONISTS</b>		
<i>CODEINE SULFATE 15 MG TAB</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>CODEINE SULFATE 60 MG TAB</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>codeine sulfate tab 30 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>FENTANYL CITRATE 100 MCG TAB</i>	1	<p>QL</p> <p>PA</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>
<i>FENTANYL CITRATE 1200 MCG LOZ HANDLE</i>	1	<p>QL</p> <p>PA</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FENTANYL CITRATE 1600 MCG LOZ HANDLE</i>	1	QL PA MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>FENTANYL CITRATE 200 MCG LOZ HANDLE</i>	1	QL PA MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>FENTANYL CITRATE 200 MCG TAB</i>	1	QL PA MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>FENTANYL CITRATE 400 MCG LOZ HANDLE</i>	1	QL PA MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>FENTANYL CITRATE 400 MCG TAB</i>	1	QL PA MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>FENTANYL CITRATE 600 MCG LOZ HANDLE</i>	1	QL PA MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>FENTANYL CITRATE 600 MCG TAB</i>	1	QL PA MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>FENTANYL CITRATE 800 MCG LOZ HANDLE</i>	1	QL PA MFL 1 / 60 day(s) MDS1 7 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FENTANYL CITRATE 800 MCG TAB</i>	1	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MDS1 7 / 1 DAY</li> </ul>
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MDS1 7 / 1 DAY</li> </ul>
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MDS1 7 / 1 DAY</li> </ul>
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MDS1 7 / 1 DAY</li> </ul>
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MDS1 7 / 1 DAY</li> </ul>
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> <li>MFL 1 / 60 DAYS</li> <li>MDS1 7 / 1 DAY</li> </ul>
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	<ul style="list-style-type: none"> <li>QL</li> <li>PA</li> </ul>
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	<ul style="list-style-type: none"> <li>PA</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	QL PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	QL PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	QL PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	QL PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	QL PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	QL PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	QL PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	QL PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	QL PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	QL PA
<b>HYDROMORPHONE HCL 3 MG SUPPOS</b>	1	MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl tab 2 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>hydromorphone hcl tab 4 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>hydromorphone hcl tab 8 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	QL PA
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	QL PA
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	QL PA
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	QL PA
<i>INFUMORPH 200 200 MG/20ML (10 MG/ML) SOLUTION</i>	1	
<i>INFUMORPH 500 500 MG/20ML (25 MG/ML) SOLUTION</i>	1	
<i>MEPERIDINE HCL 50 MG/5ML SOLUTION</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	1	QL PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL PA
<i>methadone hcl soln 10 mg/5ml</i>	1	QL PA
<i>methadone hcl soln 5 mg/5ml</i>	1	QL PA
<i>methadone hcl tab 10 mg</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methadone hcl tab 5 mg</i>	1	QL PA
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL PA
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL PA
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
MORPHINE SULFATE 10 MG SUPPOS	1	MFL 1 / 60 DAYS MDS1 7 / 1 DAY
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
MORPHINE SULFATE 20 MG SUPPOS	1	MFL 1 / 60 DAYS MDS1 7 / 1 DAY
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL AL1 Up to 8 yrs old MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
MORPHINE SULFATE 30 MG SUPPOS	1	MFL 1 / 60 DAYS MDS1 7 / 1 DAY
MORPHINE SULFATE 5 MG SUPPOS	1	MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>morphine sulfate cap er 24hr 10 mg</i>	1	QL PA
<i>morphine sulfate cap er 24hr 100 mg</i>	1	QL PA
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL PA
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL PA
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL PA
<i>morphine sulfate cap er 24hr 80 mg</i>	1	QL PA
<i>MORPHINE SULFATE ER 10 MG CAP ER 24H</i>	1	QL PA
<i>MORPHINE SULFATE ER 100 MG CAP ER 24H</i>	1	QL PA
<i>MORPHINE SULFATE ER 20 MG CAP ER 24H</i>	1	QL PA
<i>MORPHINE SULFATE ER 30 MG CAP ER 24H</i>	1	QL PA
<i>MORPHINE SULFATE ER 50 MG CAP ER 24H</i>	1	QL PA
<i>MORPHINE SULFATE ER 60 MG CAP ER 24H</i>	1	QL PA
<i>MORPHINE SULFATE ER 80 MG CAP ER 24H</i>	1	QL PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate tab 15 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>morphine sulfate tab 30 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>morphine sulfate tab er 100 mg</i>	1	<p>QL</p> <p>PA</p>
<i>morphine sulfate tab er 15 mg</i>	1	<p>QL</p> <p>PA</p>
<i>morphine sulfate tab er 200 mg</i>	1	<p>QL</p> <p>PA</p>
<i>morphine sulfate tab er 30 mg</i>	1	<p>QL</p> <p>PA</p>
<i>morphine sulfate tab er 60 mg</i>	1	<p>QL</p> <p>PA</p>
<i>oxycodone hcl cap 5 mg</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	<p>QL</p> <p>MFL 1 / 60 DAYS</p> <p>MDS1 7 / 1 DAY</p>
<i>OXYCODONE HCL ER 10 MG TB12 DETER</i>	1	<p>QL</p> <p>PA</p>
<i>OXYCODONE HCL ER 15 MG TB12 DETER</i>	1	<p>QL</p> <p>PA</p>
<i>OXYCODONE HCL ER 20 MG TB12 DETER</i>	1	<p>QL</p> <p>PA</p>
<i>OXYCODONE HCL ER 30 MG TB12 DETER</i>	1	<p>QL</p> <p>PA</p>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>OXYCODONE HCL ER 40 MG TB12 DETER</i>	1	QL PA
<i>OXYCODONE HCL ER 60 MG TB12 DETER</i>	1	QL PA
<i>OXYCODONE HCL ER 80 MG TB12 DETER</i>	1	QL PA
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone hcl tab 10 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxycodone hcl tab 15 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone hcl tab 20 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxycodone hcl tab 30 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone hcl tab 5 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>OXYCONTIN 10 MG TB12 DETER</i>	1	QL PA
<i>OXYCONTIN 15 MG TB12 DETER</i>	1	QL PA
<i>OXYCONTIN 20 MG TB12 DETER</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>OXYCONTIN 30 MG TB12 DETER</i>	1	QL PA
<i>OXYCONTIN 40 MG TB12 DETER</i>	1	QL PA
<i>OXYCONTIN 60 MG TB12 DETER</i>	1	QL PA
<i>OXYCONTIN 80 MG TB12 DETER</i>	1	QL PA
<i>OXYMORPHONE HCL ER 10 MG TAB ER 12H</i>	1	QL PA
<i>OXYMORPHONE HCL ER 15 MG TAB ER 12H</i>	1	QL PA
<i>OXYMORPHONE HCL ER 20 MG TAB ER 12H</i>	1	QL PA
<i>OXYMORPHONE HCL ER 30 MG TAB ER 12H</i>	1	QL PA
<i>OXYMORPHONE HCL ER 40 MG TAB ER 12H</i>	1	QL PA
<i>OXYMORPHONE HCL ER 5 MG TAB ER 12H</i>	1	QL PA
<i>OXYMORPHONE HCL ER 7.5 MG TAB ER 12H</i>	1	QL PA
<i>oxymorphone hcl tab 10 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>oxymorphone hcl tab 5 mg</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H</i>	1	QL PA
<i>TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H</i>	1	QL PA
<i>tramadol hcl tab 50 mg</i>	1	QL
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL PA
<i>tramadol hcl tab er 24hr 200 mg</i>	1	QL PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	QL PA
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	QL PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	QL PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	QL PA
<b>OPIOID COMBINATIONS</b>		
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<i>OXYCODONE-ASPIRIN 4.8355-325 MG TAB</i>	1	QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY
<b>OPIOID PARTIAL AGONISTS</b>		
<i>BELBUCA 150 MCG FILM</i>	1	QL ST
<i>BELBUCA 300 MCG FILM</i>	1	QL ST
<i>BELBUCA 450 MCG FILM</i>	1	QL ST
<i>BELBUCA 600 MCG FILM</i>	1	QL ST
<i>BELBUCA 75 MCG FILM</i>	1	QL ST
<i>BELBUCA 750 MCG FILM</i>	1	QL ST
<i>BELBUCA 900 MCG FILM</i>	1	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR</i>	8	S Specialty Drug
<i>BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR</i>	8	S Specialty Drug
<i>BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR</i>	8	S Specialty Drug
<i>BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR</i>	8	S Specialty Drug
<i>BRIXADI 128 MG/0.36ML SOLN PRSYR</i>	8	S Specialty Drug
<i>BRIXADI 64 MG/0.18ML SOLN PRSYR</i>	8	S Specialty Drug
<i>BRIXADI 96 MG/0.27ML SOLN PRSYR</i>	8	S Specialty Drug
<i>BUNAVAIL 4.2-0.7 MG FILM</i>	8	
<i>BUNAVAIL 6.3-1 MG FILM</i>	8	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	8	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	8	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	8	QL
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	QL
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	QL
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	QL
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	QL
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	QL
		QL
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	MFL 1 / 60 DAYS MDS1 7 / 1 DAY

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	1	QL
<i>SUBLOCADE 100 MG/0.5ML SOLN PRSYR</i>	8	S Specialty Drug
<i>SUBLOCADE 300 MG/1.5ML SOLN PRSYR</i>	8	S Specialty Drug
<i>SUBOXONE 12-3 MG FILM</i>	8	
<i>SUBOXONE 2-0.5 MG FILM</i>	8	
<i>SUBOXONE 4-1 MG FILM</i>	8	
<i>SUBOXONE 8-2 MG FILM</i>	8	
<i>ZUBSOLV 0.7-0.18 MG SL TAB</i>	8	
<i>ZUBSOLV 1.4-0.36 MG SL TAB</i>	8	
<i>ZUBSOLV 11.4-2.9 MG SL TAB</i>	8	
<i>ZUBSOLV 2.9-0.71 MG SL TAB</i>	8	
<i>ZUBSOLV 5.7-1.4 MG SL TAB</i>	8	
<i>ZUBSOLV 8.6-2.1 MG SL TAB</i>	8	
TRAMADOL COMBINATIONS		
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
<i>OXANDROLONE 2.5 MG TAB</i>	1	
<i>oxandrolone tab 2.5 mg</i>	1	
ANDROGENS		
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>danazol cap 50 mg</i>	1	
<i>METHITEST 10 MG TAB</i>	1	
<i>TESTOSTERONE 10 MG/ACT (2%) GEL</i>	1	
<i>TESTOSTERONE 12.5 MG/ACT (1%) GEL</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	QL
<i>testosterone td soln 30 mg/act</i>	1	
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide rectal foam 2 mg/act</i>	1	QL
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<b>RECTAL ANESTHETIC/STEROIDS</b>		
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	
<i>PROCTOFOAM HC 1-1 % FOAM</i>	1	
<b>RECTAL STEROIDS</b>		
<i>HYDROCORTISONE (PERIANAL) 1 % CREAM</i>	1	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>PROCTOCORT 1 % CREAM</i>	1	
<b>ANTHELMINTICS</b>		
<i>albendazole tab 200 mg</i>	1	QL
<i>EMVERM 100 MG CHEW TAB</i>	1	QL PA
<i>ivermectin tab 3 mg</i>	1	QL MFL 1 / 365 day(s) MDS1 2 / 1 day(s)



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>BACITRACIN 50000 UNIT RECON SOLN</i>	1	
<i>bacitracin intramuscular for soln 50000 unit</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<b>TRIMETHOPRIM 100 MG TAB</b>	1	
<i>trimethoprim tab 100 mg</i>	1	
<b>XIFAXAN 200 MG TAB</b>	1	QL PA
<b>XIFAXAN 550 MG TAB</b>	1	QL PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<b>ALINIA 100 MG/5ML RECON SUSP</b>	1	PA
<i>atovaquone susp 750 mg/5ml</i>	1	
<b>LAMPIT 120 MG TAB</b>	1	
<b>LAMPIT 30 MG TAB</b>	1	
<i>nitazoxanide tab 500 mg</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>CARBAPENEM COMBINATIONS</b>		
<i>IMIPENEM-CILASTATIN 250 MG RECON SOLN</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	1	
<i>meropenem iv for soln 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
<i>MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN</i>	1	
<i>MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN</i>	1	
<b>CHLORAMPHENICALS</b>		
<i>CHLORAMPHENICOL SOD SUCCINATE 1 GM RECON SOLN</i>	1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>DAPTOMYCIN 350 MG RECON SOLN</i>	1	
<i>DAPTOMYCIN 500 MG RECON SOLN</i>	1	
<i>daptomycin for iv soln 350 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	1	
<b>GLYCOPEPTIDES</b>		
<i>FIRVANQ 25 MG/ML RECON SOLN</i>	1	AL1 0 to 8 yrs old
<i>FIRVANQ 50 MG/ML RECON SOLN</i>	1	AL1 0 to 8 yrs old
<i>VANCOMYCIN HCL 1 GM RECON SOLN</i>	1	
<i>VANCOMYCIN HCL 1.25 GM RECON SOLN</i>	1	
<i>VANCOMYCIN HCL 1.5 GM RECON SOLN</i>	1	
<i>VANCOMYCIN HCL 10 GM RECON SOLN</i>	1	
<i>VANCOMYCIN HCL 1000 MG/200ML SOLUTION</i>	1	
<i>VANCOMYCIN HCL 1250 MG/250ML SOLUTION</i>	1	
<i>VANCOMYCIN HCL 1500 MG/300ML SOLUTION</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VANCOMYCIN HCL 1750 MG/350ML SOLUTION	1	
VANCOMYCIN HCL 2000 MG/400ML SOLUTION	1	
VANCOMYCIN HCL 5 GM RECON SOLN	1	
VANCOMYCIN HCL 500 MG RECON SOLN	1	
VANCOMYCIN HCL 500 MG/100ML SOLUTION	1	
VANCOMYCIN HCL 750 MG RECON SOLN	1	
VANCOMYCIN HCL 750 MG/150ML SOLUTION	1	
vancomycin hcl cap 125 mg (base equivalent)	1	QL
vancomycin hcl cap 250 mg (base equivalent)	1	QL
vancomycin hcl for iv soln 1 gm (base equivalent)	1	
vancomycin hcl for iv soln 10 gm (base equivalent)	1	
vancomycin hcl for iv soln 5 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	
vancomycin hcl for iv soln 750 mg (base equivalent)	1	
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	AL1 0 to 8 yrs old
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	AL1 0 to 8 yrs old
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% SOLUTION	1	
VANCOMYCIN HCL IN DEXTROSE 500-5 MG/100ML-% SOLUTION	1	
VANCOMYCIN HCL IN DEXTROSE 750-5 MG/150ML-% SOLUTION	1	
VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION	1	
VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION	1	
VANCOMYCIN HCL IN NAACL 750-0.9 MG/150ML-% SOLUTION	1	
LEPROSTATICS		
dapsone tab 100 mg	1	
dapsone tab 25 mg	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
<i>lincomycin hcl inj 300 mg/ml</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
<i>CAYSTON 75 MG RECON SOLN</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <span>Specialty Drug</span> </div>
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	1	AL1 0 to 8 yrs old
<i>LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION</i>	1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	1	
<i>linezolid tab 600 mg</i>	1	QL
<i>ZYVOX 200 MG/100ML SOLUTION</i>	1	
<b>POLYMYXINS</b>		
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	1	
<i>polymyxin b sulfate for inj 500000 unit</i>	1	
<b>STREPTOGRAMIN COMBINATIONS</b>		
<i>SYNERCID 150-350 MG RECON SOLN</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	AL1 Up to 8 yrs old
<b>URINARY ANTISEPTIC-ANTISPASMODIC &amp;/OR ANALGESICS</b>		
<i>*methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg***</i>	1	
<i>*methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg***</i>	1	
<i>*methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg***</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 1000 mg</i>	1	QL
<i>ranolazine tab er 12hr 500 mg</i>	1	QL
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>ISOSORBIDE MONONITRATE 10 MG TAB</i>	1	
<i>ISOSORBIDE MONONITRATE 20 MG TAB</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<b>NITRO-BID 2 % OINTMENT</b>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
<b>NITROLINGUAL 0.4 MG/SPRAY SOLUTION</b>	1	PA
<b>ANTIANXIETY AGENTS</b>		
<b>ANTIANXIETY AGENTS - MISC.</b>		
<i>bupirone hcl tab 10 mg</i>	8	
<i>bupirone hcl tab 15 mg</i>	8	
<i>bupirone hcl tab 30 mg</i>	8	
<i>bupirone hcl tab 5 mg</i>	8	
<i>bupirone hcl tab 7.5 mg</i>	8	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>HYDROXYZINE PAMOATE 100 MG CAP</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>meprobamate tab 200 mg</i>	8	
<i>meprobamate tab 400 mg</i>	8	
<b>BENZODIAZEPINES</b>		
<i>ALPRAZOLAM INTENSOL 1 MG/ML CONC</i>	8	AL1 0 to 8 yrs old
<i>alprazolam orally disintegrating tab 0.25 mg</i>	8	QL
<i>alprazolam orally disintegrating tab 0.5 mg</i>	8	QL
<i>alprazolam orally disintegrating tab 1 mg</i>	8	QL
<i>alprazolam orally disintegrating tab 2 mg</i>	8	QL
<i>alprazolam tab 0.25 mg</i>	8	QL
<i>alprazolam tab 0.5 mg</i>	8	QL
<i>alprazolam tab 1 mg</i>	8	QL
<i>alprazolam tab 2 mg</i>	8	QL
<i>alprazolam tab er 24hr 0.5 mg</i>	8	QL
<i>alprazolam tab er 24hr 0.5 mg</i>	8	QL
<i>alprazolam tab er 24hr 1 mg</i>	8	QL
<i>alprazolam tab er 24hr 1 mg</i>	8	QL
<i>alprazolam tab er 24hr 2 mg</i>	8	QL
<i>alprazolam tab er 24hr 2 mg</i>	8	QL
<i>alprazolam tab er 24hr 3 mg</i>	8	QL
<i>alprazolam tab er 24hr 3 mg</i>	8	QL
<i>ATIVAN 0.5 MG TAB</i>	8	
<i>ATIVAN 1 MG TAB</i>	8	
<i>ATIVAN 2 MG TAB</i>	8	
<i>ATIVAN 2 MG/ML SOLUTION</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ATIVAN 4 MG/ML SOLUTION	8	
chlordiazepoxide hcl cap 10 mg	8	
chlordiazepoxide hcl cap 25 mg	8	
chlordiazepoxide hcl cap 5 mg	8	
clorazepate dipotassium tab 15 mg	8	
clorazepate dipotassium tab 3.75 mg	8	
clorazepate dipotassium tab 7.5 mg	8	
DIAZEPAM 10 MG/2ML SOLN A-INJ	8	
DIAZEPAM 5 MG/ML SOLUTION	8	
diazepam conc 5 mg/ml	8	QL AL1 0 to 8 yrs old
diazepam conc 5 mg/ml	8	QL AL1 0 to 8 yrs old
diazepam inj 5 mg/ml	8	
diazepam oral soln 1 mg/ml	8	QL AL1 0 to 8 yrs old
diazepam tab 10 mg	8	QL
diazepam tab 2 mg	8	QL
diazepam tab 5 mg	8	QL
lorazepam conc 2 mg/ml	8	
lorazepam conc 2 mg/ml	8	
lorazepam inj 2 mg/ml	8	
lorazepam inj 4 mg/ml	8	
lorazepam tab 0.5 mg	8	QL
lorazepam tab 1 mg	8	QL
lorazepam tab 2 mg	8	QL
LOREEV XR 1 MG CP24 SPRNK	8	
LOREEV XR 1.5 MG CP24 SPRNK	8	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>LOREEV XR 2 MG CP24 SPRNK</i>	8	
<i>LOREEV XR 3 MG CP24 SPRNK</i>	8	
<i>oxazepam cap 10 mg</i>	8	QL
<i>oxazepam cap 15 mg</i>	8	QL
<i>oxazepam cap 30 mg</i>	8	QL
<i>TRANXENE-T 7.5 MG TAB</i>	8	
<i>VALIUM 10 MG TAB</i>	8	QL
<i>VALIUM 2 MG TAB</i>	8	QL
<i>VALIUM 5 MG TAB</i>	8	QL
<i>XANAX 0.25 MG TAB</i>	8	
<i>XANAX 0.5 MG TAB</i>	8	
<i>XANAX 1 MG TAB</i>	8	
<i>XANAX 2 MG TAB</i>	8	
<i>XANAX XR 0.5 MG TAB ER 24H</i>	8	
<i>XANAX XR 1 MG TAB ER 24H</i>	8	
<i>XANAX XR 2 MG TAB ER 24H</i>	8	
<i>XANAX XR 3 MG TAB ER 24H</i>	8	
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>QUINIDINE SULFATE 200 MG TAB</i>	1	
<i>QUINIDINE SULFATE 300 MG TAB</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTIARRHYTHMICS TYPE I-B</b>		
LIDOCAINE HCL (CARDIAC) 50 MG/5ML SOLN PRSYR	1	
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	1	
LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML SOLN PRSYR	1	
LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML SOLUTION	1	
LIDOCAINE HCL (CARDIAC) PF 50 MG/5ML SOLN PRSYR	1	
lidocaine iv infusion in d5w inj 4 mg/ml	1	
lidocaine iv infusion in d5w inj 8 mg/ml	1	
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
flecainide acetate tab 50 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	
<i>NEXTERONE 150-4.21 MG/100ML-% SOLUTION</i>	1	
<i>NEXTERONE 360-4.14 MG/200ML-% SOLUTION</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ADRENERGIC COMBINATIONS</b>		
<i>ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA</i>	1	QL
<i>BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL</i>	1	QL
<i>BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL</i>	1	PA
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL
<i>COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN</i>	1	QL
<i>DULERA 100-5 MCG/ACT AEROSOL</i>	1	QL
<i>DULERA 200-5 MCG/ACT AEROSOL</i>	1	QL
<i>DULERA 50-5 MCG/ACT AEROSOL</i>	1	QL
<i>FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA</i>	1	QL
<i>FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA</i>	1	QL
<i>FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	1	QL
SYMBICORT 160-4.5 MCG/ACT AEROSOL	1	QL
SYMBICORT 80-4.5 MCG/ACT AEROSOL	1	QL
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	1	QL
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	1	QL
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR 150 MG/ML SOLN A-INJ	1	PA S Specialty Drug
XOLAIR 150 MG/ML SOLN PRSYR	1	PA S Specialty Drug
XOLAIR 300 MG/2ML SOLN A-INJ	1	PA S Specialty Drug
XOLAIR 300 MG/2ML SOLN PRSYR	1	PA S Specialty Drug
XOLAIR 75 MG/0.5ML SOLN A-INJ	1	PA S Specialty Drug
XOLAIR 75 MG/0.5ML SOLN PRSYR	1	PA S Specialty Drug
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>BETA ADRENERGICS</b>		
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN	1	
ALBUTEROL SULFATE ER 4 MG TAB ER 12H	1	
ALBUTEROL SULFATE ER 8 MG TAB ER 12H	1	
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN	1	QL
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	PA
BROVANA 15 MCG/2ML NEBU SOLN	1	PA
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	PA
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	QL PA
SEREVENT DISKUS 50 MCG/ACT AER POW BA	1	QL
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA 17 MCG/ACT AERO SOLN	1	QL
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	1	QL
ipratropium bromide inhal soln 0.02%	1	
LONHALA MAGNAIR REFILL KIT 25 MCG/ML SOLUTION	1	QL PA
LONHALA MAGNAIR STARTER KIT 25 MCG/ML SOLUTION	1	QL PA
SPIRIVA HANDIHALER 18 MCG CAP	1	QL
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	1	QL
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	1	QL
TUDORZA PRESSAIR 400 MCG/ACT AER POW BA	1	QL
YUPELRI 175 MCG/3ML SOLUTION	1	QL PA
<b>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</b>		
FASENRA 10 MG/0.5ML SOLN PRSYR	1	QL PA S Specialty Drug
FASENRA 30 MG/ML SOLN PRSYR	1	QL PA S Specialty Drug
FASENRA PEN 30 MG/ML SOLN A-INJ	1	QL PA S Specialty Drug
NUCALA 100 MG RECON SOLN	1	PA S Specialty Drug
NUCALA 100 MG/ML SOLN A-INJ	1	PA S Specialty Drug
NUCALA 100 MG/ML SOLN PRSYR	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUCALA 40 MG/0.4ML SOLN PRSYR	1	PA S Specialty Drug
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium chew tab 4 mg (base equiv)	1	QL
montelukast sodium chew tab 5 mg (base equiv)	1	QL
montelukast sodium tab 10 mg (base equiv)	1	QL
zafirlukast tab 10 mg	1	QL
zafirlukast tab 20 mg	1	QL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	1	QL
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	1	QL
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	1	QL
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	1	QL
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	1	QL
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA	1	QL
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA	1	QL
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	1	QL
ASMANEX (7 METERED DOSES) 110 MCG/ACT AER POW BA	1	QL
ASMANEX HFA 100 MCG/ACT AEROSOL	1	QL
ASMANEX HFA 200 MCG/ACT AEROSOL	1	QL
ASMANEX HFA 50 MCG/ACT AEROSOL	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL
<i>FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA</i>	1	QL
<i>FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA</i>	1	QL
<i>FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA</i>	1	QL
<i>FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL</i>	1	QL
<i>FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL</i>	1	QL
<i>FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL</i>	1	QL
<i>QVAR REDIHALER 40 MCG/ACT AERO BA</i>	1	
<i>QVAR REDIHALER 80 MCG/ACT AERO BA</i>	1	
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
<i>TEZSPIRE 210 MG/1.91ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>TEZSPIRE 210 MG/1.91ML SOLN PRSYR</i>	1	PA S Specialty Drug
XANTHINES		
<i>theophylline elixir 80 mg/15ml</i>	1	AL1 Up to 8 yrs old
<i>theophylline elixir 80 mg/15ml</i>	1	AL1 Up to 8 yrs old
<i>theophylline soln 80 mg/15ml</i>	1	AL1 Up to 8 yrs old
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
<i>ELIQUIS 2.5 MG TAB</i>	1	QL
<i>ELIQUIS 5 MG TAB</i>	1	QL
<i>ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK</i>	1	QL
<i>SAVAYSA 15 MG TAB</i>	1	QL
<i>SAVAYSA 30 MG TAB</i>	1	QL
<i>SAVAYSA 60 MG TAB</i>	1	QL
<i>XARELTO 1 MG/ML RECON SUSP</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XARELTO 10 MG TAB	1	QL
XARELTO 15 MG TAB	1	QL
XARELTO 2.5 MG TAB	1	QL
XARELTO 20 MG TAB	1	QL
XARELTO STARTER PACK 15 & 20 MG TAB THPK	1	QL
HEPARINS AND HEPARINOID-LIKE AGENTS		
HEPARIN (PORCINE) IN NACL 12500-0.45 UT/250ML-% SOLUTION	1	
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION	1	
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/500ML-% SOLUTION	1	
HEPARIN SOD (PORCINE) IN D5W 25000-5 UT/500ML-% SOLUTION	1	
heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%	1	
heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%	1	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) pf inj 1000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
LOW MOLECULAR WEIGHT HEPARINS		
enoxaparin sodium inj 300 mg/3ml	1	QL
enoxaparin sodium inj soln pref syr 100 mg/ml	1	QL
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	QL
enoxaparin sodium inj soln pref syr 150 mg/ml	1	QL PA
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	QL
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	QL
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	QL
SYNTHETIC HEPARINOID-LIKE AGENTS		
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	QL
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	QL
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	QL
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	QL
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	QL
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	QL
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	QL
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
<i>FYCOMPA 0.5 MG/ML SUSPENSION</i>	8	QL ST
<i>FYCOMPA 10 MG TAB</i>	8	QL ST
<i>FYCOMPA 12 MG TAB</i>	8	QL ST
<i>FYCOMPA 2 MG TAB</i>	8	QL ST
<i>FYCOMPA 4 MG TAB</i>	8	QL ST
<i>FYCOMPA 6 MG TAB</i>	8	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FYCOMPA 8 MG TAB	8	QL ST
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	8	
clobazam tab 10 mg	8	
clobazam tab 20 mg	8	
clonazepam orally disintegrating tab 0.125 mg	8	QL
clonazepam orally disintegrating tab 0.25 mg	8	QL
clonazepam orally disintegrating tab 0.5 mg	8	QL
clonazepam orally disintegrating tab 1 mg	8	QL
clonazepam orally disintegrating tab 2 mg	8	QL
clonazepam tab 0.5 mg	8	QL
clonazepam tab 1 mg	8	QL
clonazepam tab 2 mg	8	QL
DIASTAT ACUDIAL 10 MG GEL	8	
DIASTAT ACUDIAL 20 MG GEL	8	
DIASTAT PEDIATRIC 2.5 MG GEL	8	
DIAZEPAM 2.5 MG GEL	8	QL ST
diazepam rectal gel delivery system 10 mg	8	QL ST
diazepam rectal gel delivery system 20 mg	8	QL ST
KLONOPIN 0.5 MG TAB	8	
KLONOPIN 1 MG TAB	8	
KLONOPIN 2 MG TAB	8	
LIBERVANT 10 MG FILM	8	
LIBERVANT 12.5 MG FILM	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>LIBERVANT 15 MG FILM</i>	8	
<i>LIBERVANT 5 MG FILM</i>	8	
<i>LIBERVANT 7.5 MG FILM</i>	8	
<i>NAYZILAM 5 MG/0.1ML SOLUTION</i>	8	QL ST
<i>ONFI 10 MG TAB</i>	8	
<i>ONFI 2.5 MG/ML SUSPENSION</i>	8	
<i>ONFI 20 MG TAB</i>	8	
<i>SYMPAZAN 10 MG FILM</i>	8	S Specialty Drug
<i>SYMPAZAN 20 MG FILM</i>	8	S Specialty Drug
<i>SYMPAZAN 5 MG FILM</i>	8	S Specialty Drug
<i>VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID</i>	8	QL ST
<i>VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK</i>	8	QL ST
<i>VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK</i>	8	QL ST
<i>VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID</i>	8	QL ST
<b>ANTICONVULSANTS - MISC.</b>		
<i>APTIOM 200 MG TAB</i>	8	
<i>APTIOM 400 MG TAB</i>	8	
<i>APTIOM 600 MG TAB</i>	8	
<i>APTIOM 800 MG TAB</i>	8	
<i>BANZEL 200 MG TAB</i>	8	
<i>BANZEL 40 MG/ML SUSPENSION</i>	8	
<i>BANZEL 400 MG TAB</i>	8	
<i>BRIVIACT 10 MG TAB</i>	8	ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BRIVIACT 10 MG/ML SOLUTION	8	ST
BRIVIACT 100 MG TAB	8	ST
BRIVIACT 25 MG TAB	8	ST
BRIVIACT 50 MG TAB	8	ST
BRIVIACT 50 MG/5ML SOLUTION	8	ST
BRIVIACT 75 MG TAB	8	ST
CARBAMAZEPINE 200 MG CHEW TAB	8	
carbamazepine cap er 12hr 100 mg	8	
carbamazepine cap er 12hr 200 mg	8	
carbamazepine cap er 12hr 300 mg	8	
carbamazepine chew tab 100 mg	8	
carbamazepine susp 100 mg/5ml	8	
carbamazepine tab 200 mg	8	
carbamazepine tab 200 mg	8	
carbamazepine tab er 12hr 100 mg	8	
carbamazepine tab er 12hr 200 mg	8	
carbamazepine tab er 12hr 400 mg	8	
CARBATROL 100 MG CAP ER 12H	8	
CARBATROL 200 MG CAP ER 12H	8	
CARBATROL 300 MG CAP ER 12H	8	
DIACOMIT 250 MG CAP	8	S Specialty Drug
DIACOMIT 250 MG PACKET	8	S Specialty Drug
DIACOMIT 500 MG CAP	8	S Specialty Drug
DIACOMIT 500 MG PACKET	8	S Specialty Drug
ELEPSIA XR 1000 MG TAB ER 24H	8	
ELEPSIA XR 1500 MG TAB ER 24H	8	
EPIDIOLEX 100 MG/ML SOLUTION	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>EPRONTIA 25 MG/ML SOLUTION</i>	8	QL AL1 Up to 8 yrs old
<i>FINTEPLA 2.2 MG/ML SOLUTION</i>	8	S Specialty Drug
<i>GABAPENTIN 25 MG TAB</i>	8	
<i>GABAPENTIN 50 MG TAB</i>	8	
<i>gabapentin cap 100 mg</i>	8	QL
<i>gabapentin cap 300 mg</i>	8	QL
<i>gabapentin cap 400 mg</i>	8	QL
<i>gabapentin oral soln 250 mg/5ml</i>	8	QL
<i>gabapentin tab 600 mg</i>	8	QL
<i>gabapentin tab 800 mg</i>	8	QL
<i>GABARONE 100 MG TAB</i>	8	
<i>GABARONE 400 MG TAB</i>	8	
<i>KEPPRA 100 MG/ML SOLUTION</i>	8	
<i>KEPPRA 1000 MG TAB</i>	8	
<i>KEPPRA 250 MG TAB</i>	8	
<i>KEPPRA 500 MG TAB</i>	8	
<i>KEPPRA 500 MG/5ML SOLUTION</i>	8	
<i>KEPPRA 750 MG TAB</i>	8	
<i>KEPPRA XR 500 MG TAB ER 24H</i>	8	
<i>KEPPRA XR 750 MG TAB ER 24H</i>	8	
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	8	
<i>lacosamide oral solution 10 mg/ml</i>	8	QL ST AL1 0 to 8 yrs old
<i>lacosamide tab 100 mg</i>	8	QL
<i>lacosamide tab 150 mg</i>	8	QL
<i>lacosamide tab 200 mg</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lacosamide tab 50 mg</i>	8	QL
LAMICTAL 100 MG TAB	8	
LAMICTAL 150 MG TAB	8	
LAMICTAL 200 MG TAB	8	
LAMICTAL 25 MG CHEW TAB	8	
LAMICTAL 25 MG TAB	8	
LAMICTAL 5 MG CHEW TAB	8	
LAMICTAL ODT 100 MG TAB DISP	8	
LAMICTAL ODT 200 MG TAB DISP	8	
LAMICTAL ODT 21 X 25 MG & 7 X 50 MG KIT	8	
LAMICTAL ODT 25 & 50 & 100 MG KIT	8	
LAMICTAL ODT 25 MG TAB DISP	8	
LAMICTAL ODT 42 X 50 MG & 14X100 MG KIT	8	
LAMICTAL ODT 50 MG TAB DISP	8	
LAMICTAL STARTER 35 X 25 MG KIT	8	
LAMICTAL STARTER 42 X 25 MG & 7 X 100 MG KIT	8	
LAMICTAL STARTER 84 X 25 MG & 14X100 MG KIT	8	
LAMICTAL XR 100 MG TAB ER 24H	8	
LAMICTAL XR 200 MG TAB ER 24H	8	
LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT	8	
LAMICTAL XR 25 & 50 & 100 MG KIT	8	
LAMICTAL XR 25 MG TAB ER 24H	8	
LAMICTAL XR 250 MG TAB ER 24H	8	
LAMICTAL XR 300 MG TAB ER 24H	8	
LAMICTAL XR 50 & 100 & 200 MG KIT	8	
LAMICTAL XR 50 MG TAB ER 24H	8	
<i>lamotrigine orally disintegrating tab 100 mg</i>	8	
<i>lamotrigine orally disintegrating tab 200 mg</i>	8	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine orally disintegrating tab 25 mg</i>	8	
<i>lamotrigine orally disintegrating tab 50 mg</i>	8	
<i>lamotrigine tab 100 mg</i>	8	
<i>lamotrigine tab 100 mg</i>	8	
<i>lamotrigine tab 150 mg</i>	8	
<i>lamotrigine tab 150 mg</i>	8	
<i>lamotrigine tab 200 mg</i>	8	
<i>lamotrigine tab 200 mg</i>	8	
<i>lamotrigine tab 25 mg</i>	8	
<i>lamotrigine tab 25 mg</i>	8	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	8	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	8	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	8	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	8	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	8	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	8	
<i>lamotrigine tab chewable dispersible 25 mg</i>	8	
<i>lamotrigine tab chewable dispersible 5 mg</i>	8	
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i>	8	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	8	
<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i>	8	
<i>lamotrigine tab er 24hr 100 mg</i>	8	QL
<i>lamotrigine tab er 24hr 200 mg</i>	8	QL
<i>lamotrigine tab er 24hr 25 mg</i>	8	QL
<i>lamotrigine tab er 24hr 250 mg</i>	8	QL
<i>lamotrigine tab er 24hr 300 mg</i>	8	QL
<i>lamotrigine tab er 24hr 50 mg</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVETIRACETAM 250 MG TAB	8	
LEVETIRACETAM IN NAACL 1000 MG/100ML SOLUTION	8	
LEVETIRACETAM IN NAACL 1500 MG/100ML SOLUTION	8	
LEVETIRACETAM IN NAACL 250 MG/50ML SOLUTION	8	
LEVETIRACETAM IN NAACL 500 MG/100ML SOLUTION	8	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	8	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	8	
levetiracetam in sodium chloride iv soln 500 mg/100ml	8	
levetiracetam inj 500 mg/5ml (100 mg/ml)	8	
levetiracetam oral soln 100 mg/ml	8	
levetiracetam tab 1000 mg	8	
levetiracetam tab 250 mg	8	
levetiracetam tab 500 mg	8	
levetiracetam tab 500 mg	8	
levetiracetam tab 750 mg	8	
levetiracetam tab er 24hr 500 mg	8	QL
levetiracetam tab er 24hr 750 mg	8	QL
LYRICA 100 MG CAP	8	
LYRICA 150 MG CAP	8	
LYRICA 20 MG/ML SOLUTION	8	QL PA
LYRICA 200 MG CAP	8	
LYRICA 225 MG CAP	8	
LYRICA 25 MG CAP	8	
LYRICA 300 MG CAP	8	
LYRICA 50 MG CAP	8	
LYRICA 75 MG CAP	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>MYSOLINE 250 MG TAB</i>	8	
<i>MYSOLINE 50 MG TAB</i>	8	
<i>NEURONTIN 100 MG CAP</i>	8	
<i>NEURONTIN 250 MG/5ML SOLUTION</i>	8	
<i>NEURONTIN 300 MG CAP</i>	8	
<i>NEURONTIN 400 MG CAP</i>	8	
<i>NEURONTIN 600 MG TAB</i>	8	
<i>NEURONTIN 800 MG TAB</i>	8	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	8	
<i>oxcarbazepine tab 150 mg</i>	8	
<i>oxcarbazepine tab 300 mg</i>	8	
<i>oxcarbazepine tab 600 mg</i>	8	
<i>oxcarbazepine tab er 24hr 150 mg</i>	8	
<i>oxcarbazepine tab er 24hr 300 mg</i>	8	
<i>oxcarbazepine tab er 24hr 600 mg</i>	8	
<i>OXTELLAR XR 150 MG TAB ER 24H</i>	8	
<i>OXTELLAR XR 300 MG TAB ER 24H</i>	8	
<i>OXTELLAR XR 600 MG TAB ER 24H</i>	8	
<i>pregabalin cap 100 mg</i>	8	QL
<i>pregabalin cap 150 mg</i>	8	QL
<i>pregabalin cap 200 mg</i>	8	QL
<i>pregabalin cap 225 mg</i>	8	QL
<i>pregabalin cap 25 mg</i>	8	QL
<i>pregabalin cap 300 mg</i>	8	QL
<i>pregabalin cap 50 mg</i>	8	QL
<i>pregabalin cap 75 mg</i>	8	QL
<i>pregabalin soln 20 mg/ml</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRIMIDONE 125 MG TAB	8	
primidone tab 250 mg	8	
primidone tab 50 mg	8	
QUDEXY XR 100 MG CP24 SPRNK	8	QL
QUDEXY XR 150 MG CP24 SPRNK	8	QL
QUDEXY XR 200 MG CP24 SPRNK	8	QL
QUDEXY XR 25 MG CP24 SPRNK	8	QL
QUDEXY XR 50 MG CP24 SPRNK	8	QL
rufinamide susp 40 mg/ml	8	PA
rufinamide tab 200 mg	8	QL PA
rufinamide tab 400 mg	8	QL PA
SPRITAM 1000 MG TAB	8	
SPRITAM 250 MG TAB	8	
SPRITAM 500 MG TAB	8	
SPRITAM 750 MG TAB	8	
TEGRETOL 100 MG/5ML SUSPENSION	8	PA
TEGRETOL 200 MG TAB	8	PA
TEGRETOL-XR 100 MG TAB ER 12H	8	PA
TEGRETOL-XR 200 MG TAB ER 12H	8	PA
TEGRETOL-XR 400 MG TAB ER 12H	8	PA
TOPAMAX 100 MG TAB	8	
TOPAMAX 200 MG TAB	8	
TOPAMAX 25 MG TAB	8	
TOPAMAX 50 MG TAB	8	
TOPAMAX SPRINKLE 15 MG CAP SPRINK	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOPAMAX SPRINKLE 25 MG CAP SPRINK	8	
TOPIRAMATE 50 MG CAP SPRINK	8	
topiramate cap er 24hr 100 mg	8	
topiramate cap er 24hr 200 mg	8	
topiramate cap er 24hr 25 mg	8	
topiramate cap er 24hr 50 mg	8	
topiramate cap er 24hr sprinkle 100 mg	8	QL PA
topiramate cap er 24hr sprinkle 150 mg	8	QL PA
topiramate cap er 24hr sprinkle 200 mg	8	QL PA
topiramate cap er 24hr sprinkle 25 mg	8	QL PA
topiramate cap er 24hr sprinkle 50 mg	8	QL PA
topiramate sprinkle cap 15 mg	8	QL
topiramate sprinkle cap 25 mg	8	QL
topiramate tab 100 mg	8	QL
topiramate tab 200 mg	8	QL
topiramate tab 25 mg	8	QL
topiramate tab 50 mg	8	QL
TRILEPTAL 150 MG TAB	8	
TRILEPTAL 300 MG TAB	8	
TRILEPTAL 300 MG/5ML SUSPENSION	8	
TRILEPTAL 600 MG TAB	8	
TROKENDI XR 100 MG CAP ER 24H	8	
TROKENDI XR 200 MG CAP ER 24H	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TROKENDI XR 25 MG CAP ER 24H	8	
TROKENDI XR 50 MG CAP ER 24H	8	
VIMPAT 10 MG/ML SOLUTION	8	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">AL1</div> <span>0 to 8 yrs old</span> </div>
VIMPAT 100 MG TAB	8	
VIMPAT 150 MG TAB	8	
VIMPAT 200 MG TAB	8	
VIMPAT 200 MG/20ML SOLUTION	8	
VIMPAT 50 MG TAB	8	
ZONEGRAN 100 MG CAP	8	
ZONEGRAN 25 MG CAP	8	
ZONISADE 100 MG/5ML SUSPENSION	8	
zonisamide cap 100 mg	8	
zonisamide cap 25 mg	8	
zonisamide cap 50 mg	8	
ZTALMY 50 MG/ML SUSPENSION	8	<div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <span>Specialty Drug</span> </div>
<b>CARBAMATES</b>		
felbamate susp 600 mg/5ml	8	
felbamate tab 400 mg	8	
felbamate tab 600 mg	8	
FELBATOL 400 MG TAB	8	
FELBATOL 600 MG TAB	8	
FELBATOL 600 MG/5ML SUSPENSION	8	
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	8	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">QL</div> <div style="background-color: #8bc34a; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div>
XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK	8	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">QL</div> <div style="background-color: #8bc34a; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div>
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	8	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 5px;">QL</div> <div style="background-color: #8bc34a; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>XCOPRI 100 MG TAB</i>	8	QL ST
<i>XCOPRI 14 X 12.5 MG &amp; 14 X 25 MG TAB THPK</i>	8	QL ST
<i>XCOPRI 14 X 150 MG &amp; 14 X200 MG TAB THPK</i>	8	QL ST
<i>XCOPRI 14 X 50 MG &amp; 14 X100 MG TAB THPK</i>	8	QL ST
<i>XCOPRI 150 MG TAB</i>	8	QL ST
<i>XCOPRI 200 MG TAB</i>	8	QL ST
<i>XCOPRI 25 MG TAB</i>	8	QL ST
<i>XCOPRI 50 MG TAB</i>	8	QL ST
<b>GABA MODULATORS</b>		
<i>GABITRIL 12 MG TAB</i>	8	
<i>GABITRIL 16 MG TAB</i>	8	
<i>GABITRIL 2 MG TAB</i>	8	
<i>GABITRIL 4 MG TAB</i>	8	
<i>SABRIL 500 MG PACKET</i>	8	S Specialty Drug
<i>SABRIL 500 MG TAB</i>	8	S Specialty Drug
<i>tiagabine hcl tab 12 mg</i>	8	
<i>tiagabine hcl tab 16 mg</i>	8	
<i>tiagabine hcl tab 2 mg</i>	8	
<i>tiagabine hcl tab 4 mg</i>	8	
<i>vigabatrin powd pack 500 mg</i>	8	S Specialty Drug
<i>vigabatrin powd pack 500 mg</i>	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vigabatrin powd pack 500 mg</i>	8	S Specialty Drug
<i>vigabatrin tab 500 mg</i>	8	QL PA S Specialty Drug
<i>vigabatrin tab 500 mg</i>	8	QL PA S Specialty Drug
VIGAFYDE 100 MG/ML SOLUTION	8	S Specialty Drug
HYDANTOINS		
<i>CEREBYX 100 MG PE/2ML SOLUTION</i>	8	
<i>CEREBYX 500 MG PE/10ML SOLUTION</i>	8	
<i>DILANTIN 100 MG CAP</i>	8	
<i>DILANTIN 125 MG/5ML SUSPENSION</i>	8	
<i>DILANTIN 30 MG CAP</i>	8	
<i>DILANTIN INFATABS 50 MG CHEW TAB</i>	8	
<i>DILANTIN-125 125 MG/5ML SUSPENSION</i>	8	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	8	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	8	
<i>phenytoin chew tab 50 mg</i>	8	
<i>phenytoin chew tab 50 mg</i>	8	
<i>phenytoin sodium extended cap 100 mg</i>	8	
<i>phenytoin sodium extended cap 200 mg</i>	8	
<i>phenytoin sodium extended cap 200 mg</i>	8	
<i>phenytoin sodium extended cap 300 mg</i>	8	
<i>phenytoin sodium extended cap 300 mg</i>	8	
<i>phenytoin sodium inj 50 mg/ml</i>	8	
<i>phenytoin susp 125 mg/5ml</i>	8	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>SUCCINIMIDES</b>		
<i>CELONTIN 300 MG CAP</i>	8	
<i>ethosuximide cap 250 mg</i>	8	
<i>ethosuximide soln 250 mg/5ml</i>	8	
<i>methsuximide cap 300 mg</i>	8	
<i>ZARONTIN 250 MG CAP</i>	8	
<i>ZARONTIN 250 MG/5ML SOLUTION</i>	8	
<b>VALPROIC ACID</b>		
<i>DEPAKOTE 125 MG TAB DR</i>	8	
<i>DEPAKOTE 250 MG TAB DR</i>	8	
<i>DEPAKOTE 500 MG TAB DR</i>	8	
<i>DEPAKOTE ER 250 MG TAB ER 24H</i>	8	
<i>DEPAKOTE ER 500 MG TAB ER 24H</i>	8	
<i>DEPAKOTE SPRINKLES 125 MG CAP DR</i>	8	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	8	
<i>divalproex sodium tab delayed release 125 mg</i>	8	
<i>divalproex sodium tab delayed release 250 mg</i>	8	
<i>divalproex sodium tab delayed release 500 mg</i>	8	
<i>divalproex sodium tab er 24 hr 250 mg</i>	8	
<i>divalproex sodium tab er 24 hr 500 mg</i>	8	
<i>valproate sodium inj 100 mg/ml</i>	8	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	8	
<i>valproic acid cap 250 mg</i>	8	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine orally disintegrating tab 15 mg</i>	8	QL
<i>mirtazapine orally disintegrating tab 30 mg</i>	8	QL
<i>mirtazapine orally disintegrating tab 45 mg</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mirtazapine tab 15 mg</i>	8	QL
<i>mirtazapine tab 30 mg</i>	8	QL
<i>mirtazapine tab 45 mg</i>	8	QL
<i>mirtazapine tab 7.5 mg</i>	8	QL
REMERON 15 MG TAB	8	
REMERON 30 MG TAB	8	
REMERON SOLTAB 15 MG TAB DISP	8	
REMERON SOLTAB 30 MG TAB DISP	8	
REMERON SOLTAB 45 MG TAB DISP	8	
ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS		
AUVELITY 45-105 MG TAB ER	8	
ANTIDEPRESSANTS - MISC.		
APLENZIN 174 MG TAB ER 24H	8	
APLENZIN 348 MG TAB ER 24H	8	
APLENZIN 522 MG TAB ER 24H	8	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	8	
<i>bupropion hcl tab 100 mg</i>	8	QL
<i>bupropion hcl tab 75 mg</i>	8	QL
<i>bupropion hcl tab er 12hr 100 mg</i>	8	QL
<i>bupropion hcl tab er 12hr 150 mg</i>	8	QL
<i>bupropion hcl tab er 12hr 200 mg</i>	8	QL
<i>bupropion hcl tab er 24hr 150 mg</i>	8	QL
<i>bupropion hcl tab er 24hr 300 mg</i>	8	QL
FORFIVO XL 450 MG TAB ER 24H	8	
MAPROTILINE HCL 25 MG TAB	8	QL
MAPROTILINE HCL 50 MG TAB	8	QL
MAPROTILINE HCL 75 MG TAB	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WELLBUTRIN SR 100 MG TAB ER 12H	8	
WELLBUTRIN SR 150 MG TAB ER 12H	8	
WELLBUTRIN SR 200 MG TAB ER 12H	8	
WELLBUTRIN XL 150 MG TAB ER 24H	8	
WELLBUTRIN XL 300 MG TAB ER 24H	8	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO 100 MG/20ML SOLUTION	8	S Specialty Drug
ZURZUVAE 20 MG CAP	8	PA S Specialty Drug
ZURZUVAE 25 MG CAP	8	PA S Specialty Drug
ZURZUVAE 30 MG CAP	8	PA S Specialty Drug
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM 12 MG/24HR PATCH 24HR	8	QL ST
EMSAM 6 MG/24HR PATCH 24HR	8	QL ST
EMSAM 9 MG/24HR PATCH 24HR	8	QL ST
MARPLAN 10 MG TAB	8	
NARDIL 15 MG TAB	8	
PARNATE 10 MG TAB	8	
PHENELZINE SULFATE 15 MG TAB	8	
phenelzine sulfate tab 15 mg	8	
tranylcypromine sulfate tab 10 mg	8	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	8	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	8	QL PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA 10 MG TAB	8	
CELEXA 20 MG TAB	8	
CELEXA 40 MG TAB	8	
CITALOPRAM HYDROBROMIDE 30 MG CAP	8	
citalopram hydrobromide oral soln 10 mg/5ml	8	QL
citalopram hydrobromide tab 10 mg (base equiv)	8	QL
citalopram hydrobromide tab 20 mg (base equiv)	8	QL
citalopram hydrobromide tab 40 mg (base equiv)	8	QL
escitalopram oxalate soln 5 mg/5ml (base equiv)	8	QL
escitalopram oxalate tab 10 mg (base equiv)	8	QL
escitalopram oxalate tab 20 mg (base equiv)	8	QL
escitalopram oxalate tab 5 mg (base equiv)	8	QL
FLUOXETINE HCL 60 MG TAB	8	
FLUOXETINE HCL 90 MG CAP DR	8	QL
fluoxetine hcl cap 10 mg	8	QL
fluoxetine hcl cap 20 mg	8	QL
fluoxetine hcl cap 40 mg	8	QL
fluoxetine hcl solution 20 mg/5ml	8	QL
fluoxetine hcl tab 10 mg	8	QL
fluoxetine hcl tab 20 mg	8	QL
fluoxetine hcl tab 60 mg	8	QL
fluvoxamine maleate cap er 24hr 100 mg	8	
fluvoxamine maleate cap er 24hr 150 mg	8	
fluvoxamine maleate tab 100 mg	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluvoxamine maleate tab 25 mg</i>	8	QL
<i>fluvoxamine maleate tab 50 mg</i>	8	QL
<i>LEXAPRO 10 MG TAB</i>	8	
<i>LEXAPRO 20 MG TAB</i>	8	
<i>LEXAPRO 5 MG TAB</i>	8	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	8	QL AL1 0 to 8 yrs old
<i>paroxetine hcl tab 10 mg</i>	8	QL
<i>paroxetine hcl tab 20 mg</i>	8	QL
<i>paroxetine hcl tab 30 mg</i>	8	QL
<i>paroxetine hcl tab 40 mg</i>	8	QL
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	8	QL
<i>paroxetine hcl tab er 24hr 25 mg</i>	8	QL
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	8	QL
<i>PAXIL 10 MG TAB</i>	8	
<i>PAXIL 10 MG/5ML SUSPENSION</i>	8	
<i>PAXIL 20 MG TAB</i>	8	
<i>PAXIL 30 MG TAB</i>	8	
<i>PAXIL 40 MG TAB</i>	8	
<i>PAXIL CR 12.5 MG TAB ER 24H</i>	8	
<i>PAXIL CR 25 MG TAB ER 24H</i>	8	
<i>PAXIL CR 37.5 MG TAB ER 24H</i>	8	
<i>PEXEVA 10 MG TAB</i>	8	
<i>PEXEVA 20 MG TAB</i>	8	
<i>PEXEVA 30 MG TAB</i>	8	
<i>PEXEVA 40 MG TAB</i>	8	
<i>PROZAC 10 MG CAP</i>	8	
<i>PROZAC 20 MG CAP</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROZAC 40 MG CAP	8	
SERTRALINE HCL 150 MG CAP	8	
SERTRALINE HCL 200 MG CAP	8	
sertraline hcl oral concentrate for solution 20 mg/ml	8	QL
sertraline hcl tab 100 mg	8	QL
sertraline hcl tab 25 mg	8	QL
sertraline hcl tab 50 mg	8	QL
ZOLOFT 100 MG TAB	8	
ZOLOFT 20 MG/ML CONC	8	
ZOLOFT 25 MG TAB	8	
ZOLOFT 50 MG TAB	8	
SEROTONIN MODULATORS		
NEFAZODONE HCL 100 MG TAB	8	QL
NEFAZODONE HCL 150 MG TAB	8	QL
NEFAZODONE HCL 200 MG TAB	8	QL
NEFAZODONE HCL 250 MG TAB	8	QL
NEFAZODONE HCL 50 MG TAB	8	QL
RALDESY 10 MG/ML SOLUTION	8	
trazodone hcl tab 100 mg	8	
trazodone hcl tab 150 mg	8	
trazodone hcl tab 300 mg	8	
trazodone hcl tab 50 mg	8	
TRINTELLIX 10 MG TAB	8	QL ST
TRINTELLIX 20 MG TAB	8	QL ST
TRINTELLIX 5 MG TAB	8	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>VIIBRYD 10 MG TAB</i>	8	
<i>VIIBRYD 20 MG TAB</i>	8	
<i>VIIBRYD 40 MG TAB</i>	8	
<i>VIIBRYD STARTER PACK 10 &amp; 20 MG KIT</i>	8	
<i>vilazodone hcl tab 10 mg</i>	8	QL ST
<i>vilazodone hcl tab 20 mg</i>	8	QL ST
<i>vilazodone hcl tab 40 mg</i>	8	QL ST
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>CYMBALTA 20 MG CP DR PART</i>	8	
<i>CYMBALTA 30 MG CP DR PART</i>	8	
<i>CYMBALTA 60 MG CP DR PART</i>	8	
<i>DESVENLAFAXINE ER 100 MG TAB ER 24H</i>	8	QL
<i>DESVENLAFAXINE ER 50 MG TAB ER 24H</i>	8	QL
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	8	QL
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	8	QL
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	8	QL
<i>DRIZALMA SPRINKLE 20 MG CAP DR</i>	8	
<i>DRIZALMA SPRINKLE 30 MG CAP DR</i>	8	
<i>DRIZALMA SPRINKLE 40 MG CAP DR</i>	8	
<i>DRIZALMA SPRINKLE 60 MG CAP DR</i>	8	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	8	QL
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	8	QL
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	8	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>EFFEXOR XR 150 MG CAP ER 24H</i>	8	
<i>EFFEXOR XR 37.5 MG CAP ER 24H</i>	8	
<i>EFFEXOR XR 75 MG CAP ER 24H</i>	8	
<i>FETZIMA 120 MG CAP ER 24H</i>	8	QL ST
<i>FETZIMA 20 MG CAP ER 24H</i>	8	QL ST
<i>FETZIMA 40 MG CAP ER 24H</i>	8	QL ST
<i>FETZIMA 80 MG CAP ER 24H</i>	8	QL ST
<i>FETZIMA TITRATION 20 &amp; 40 MG CP24 THPK</i>	8	QL ST
<i>PRISTIQ 100 MG TAB ER 24H</i>	8	
<i>PRISTIQ 25 MG TAB ER 24H</i>	8	
<i>PRISTIQ 50 MG TAB ER 24H</i>	8	
<i>VENLAFAXINE BESYLATE ER 112.5 MG TAB ER 24H</i>	8	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	8	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	8	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	8	QL
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	8	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	8	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	8	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	8	
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	8	
<i>amitriptyline hcl tab 100 mg</i>	8	
<i>amitriptyline hcl tab 150 mg</i>	8	
<i>amitriptyline hcl tab 25 mg</i>	8	
<i>amitriptyline hcl tab 50 mg</i>	8	
<i>amitriptyline hcl tab 75 mg</i>	8	
<i>amoxapine tab 100 mg</i>	8	
<i>amoxapine tab 150 mg</i>	8	
<i>amoxapine tab 25 mg</i>	8	
<i>amoxapine tab 50 mg</i>	8	
<i>ANAFRANIL 25 MG CAP</i>	8	
<i>ANAFRANIL 50 MG CAP</i>	8	
<i>ANAFRANIL 75 MG CAP</i>	8	
<i>clomipramine hcl cap 25 mg</i>	8	
<i>clomipramine hcl cap 50 mg</i>	8	
<i>clomipramine hcl cap 75 mg</i>	8	
<i>desipramine hcl tab 10 mg</i>	8	
<i>desipramine hcl tab 100 mg</i>	8	
<i>desipramine hcl tab 150 mg</i>	8	
<i>desipramine hcl tab 25 mg</i>	8	
<i>desipramine hcl tab 50 mg</i>	8	
<i>desipramine hcl tab 75 mg</i>	8	
<i>doxepin hcl cap 10 mg</i>	8	
<i>doxepin hcl cap 100 mg</i>	8	
<i>doxepin hcl cap 150 mg</i>	8	
<i>doxepin hcl cap 25 mg</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl cap 50 mg</i>	8	
<i>doxepin hcl cap 75 mg</i>	8	
<i>doxepin hcl conc 10 mg/ml</i>	8	AL1 0 to 8 yrs old
<i>imipramine hcl tab 10 mg</i>	8	
<i>imipramine hcl tab 25 mg</i>	8	
<i>imipramine hcl tab 50 mg</i>	8	
<i>imipramine pamoate cap 100 mg</i>	8	
<i>imipramine pamoate cap 125 mg</i>	8	
<i>imipramine pamoate cap 150 mg</i>	8	
<i>imipramine pamoate cap 75 mg</i>	8	
NORPRAMIN 10 MG TAB	8	
NORPRAMIN 25 MG TAB	8	
<i>nortriptyline hcl cap 10 mg</i>	8	
<i>nortriptyline hcl cap 25 mg</i>	8	
<i>nortriptyline hcl cap 50 mg</i>	8	
<i>nortriptyline hcl cap 75 mg</i>	8	
<i>nortriptyline hcl soln 10 mg/5ml</i>	8	
PAMELOR 10 MG CAP	8	
PAMELOR 25 MG CAP	8	
PAMELOR 50 MG CAP	8	
PAMELOR 75 MG CAP	8	
<i>protriptyline hcl tab 10 mg</i>	8	
<i>protriptyline hcl tab 5 mg</i>	8	
<i>trimipramine maleate cap 100 mg</i>	8	
<i>trimipramine maleate cap 25 mg</i>	8	
<i>trimipramine maleate cap 50 mg</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tab 100 mg</i>	1	
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>MIGLITOL 100 MG TAB</i>	1	
<i>MIGLITOL 25 MG TAB</i>	1	
<i>MIGLITOL 50 MG TAB</i>	1	
<i>miglitol tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
<i>SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN</i>	1	PA
<b>BIGUANIDES</b>		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	AL1 0 to 8 yrs old
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<b>DIABETIC OTHER</b>		
<i>BAQSIMI ONE PACK 3 MG/DOSE POWDER</i>	1	QL
<i>BAQSIMI TWO PACK 3 MG/DOSE POWDER</i>	1	QL
<i>GLUCAGEN HYPOKIT 1 MG RECON SOLN</i>	1	QL
<i>glucagon (rdna) for inj kit 1 mg</i>	1	QL
<i>GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ</i>	1	QL
<i>GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ</i>	1	QL
<i>GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ</i>	1	QL
<i>GVOKE KIT 1 MG/0.2ML SOLUTION</i>	1	QL
<i>GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR</i>	1	QL
<i>GVOKE PFS 1 MG/0.2ML SOLN PRSYR</i>	1	QL
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>ALOGLIPTIN BENZOATE 12.5 MG TAB</i>	1	QL ST
<i>ALOGLIPTIN BENZOATE 25 MG TAB</i>	1	QL ST
<i>ALOGLIPTIN BENZOATE 6.25 MG TAB</i>	1	QL ST
<i>JANUVIA 100 MG TAB</i>	1	QL ST
<i>JANUVIA 25 MG TAB</i>	1	QL ST
<i>JANUVIA 50 MG TAB</i>	1	QL ST
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	ST
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	ST
<b>DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS</b>		
<i>ALOGLIPTIN-METFORMIN HCL 12.5-1000 MG TAB</i>	1	QL ST
<i>ALOGLIPTIN-METFORMIN HCL 12.5-500 MG TAB</i>	1	ST
<i>JANUMET 50-1000 MG TAB</i>	1	QL ST
<i>JANUMET 50-500 MG TAB</i>	1	QL ST
<i>JANUMET XR 100-1000 MG TAB ER 24H</i>	1	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JANUMET XR 50-1000 MG TAB ER 24H	1	QL ST
JANUMET XR 50-500 MG TAB ER 24H	1	QL ST
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	ST
HUMAN INSULIN		
ADMELOG 100 UNIT/ML SOLUTION	1	QL
ADMELOG SOLOSTAR 100 UNIT/ML SOLN PEN	1	QL
HUMALOG 100 UNIT/ML SOLN CART	1	QL
HUMALOG 100 UNIT/ML SOLUTION	1	QL
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	1	QL
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	1	QL
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	1	QL
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	1	QL
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	1	QL
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	1	QL
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	1	QL
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	1	QL
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	1	QL
HUMULIN N 100 UNIT/ML SUSPENSION	1	QL
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	1	QL
HUMULIN R 100 UNIT/ML SOLUTION	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	1	QL
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	1	QL
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	QL
INSULIN ASPART 100 UNIT/ML SOLUTION	1	QL
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	1	QL
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	1	QL
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	1	QL
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	1	QL PA
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	1	QL PA
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	1	QL PA
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	1	QL
INSULIN LISPRO 100 UNIT/ML SOLUTION	1	QL
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	1	QL
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	1	QL
REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN	1	QL
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO 10 MG/0.5ML SOLN A-INJ	1	QL PA
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	1	QL PA
MOUNJARO 15 MG/0.5ML SOLN A-INJ	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>MOUNJARO 2.5 MG/0.5ML SOLN A-INJ</i>	1	QL PA
<i>MOUNJARO 5 MG/0.5ML SOLN A-INJ</i>	1	QL PA
<i>MOUNJARO 7.5 MG/0.5ML SOLN A-INJ</i>	1	QL PA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
<i>BYDUREON BCISE 2 MG/0.85ML A-INJ</i>	1	QL PA
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	QL PA
<i>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN</i>	1	QL PA
<i>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN</i>	1	QL PA
<i>OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN</i>	1	QL PA
<i>OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN</i>	1	QL PA
<i>OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN</i>	1	QL PA
<i>RYBELSUS 1.5 MG TAB</i>	1	QL PA
<i>RYBELSUS 14 MG TAB</i>	1	QL PA
<i>RYBELSUS 3 MG TAB</i>	1	QL PA
<i>RYBELSUS 4 MG TAB</i>	1	QL PA
<i>RYBELSUS 7 MG TAB</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>RYBELSUS 9 MG TAB</i>	1	QL PA
<i>TRULICITY 0.75 MG/0.5ML SOLN A-INJ</i>	1	QL PA
<i>TRULICITY 1.5 MG/0.5ML SOLN A-INJ</i>	1	QL PA
<i>TRULICITY 3 MG/0.5ML SOLN A-INJ</i>	1	QL PA
<i>TRULICITY 4.5 MG/0.5ML SOLN A-INJ</i>	1	QL PA
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 120 mg</i>	1	QL
<i>nateglinide tab 60 mg</i>	1	QL
<i>repaglinide tab 0.5 mg</i>	1	QL
<i>repaglinide tab 1 mg</i>	1	QL
<i>repaglinide tab 2 mg</i>	1	QL
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
<i>FARXIGA 10 MG TAB</i>	1	QL ST
<i>FARXIGA 5 MG TAB</i>	1	QL ST
<i>JARDIANCE 10 MG TAB</i>	1	QL ST
<i>JARDIANCE 25 MG TAB</i>	1	QL ST
<i>STEGLATRO 15 MG TAB</i>	1	QL ST
<i>STEGLATRO 5 MG TAB</i>	1	QL ST



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB</b>		
<i>SEGLUROMET 2.5-1000 MG TAB</i>	1	ST
<i>SEGLUROMET 2.5-500 MG TAB</i>	1	ST
<i>SEGLUROMET 7.5-1000 MG TAB</i>	1	ST
<i>SEGLUROMET 7.5-500 MG TAB</i>	1	ST
<i>SYNJARDY 12.5-1000 MG TAB</i>	1	QL ST
<i>SYNJARDY 12.5-500 MG TAB</i>	1	QL ST
<i>SYNJARDY 5-1000 MG TAB</i>	1	QL ST
<i>SYNJARDY 5-500 MG TAB</i>	1	QL ST
<i>SYNJARDY XR 10-1000 MG TAB ER 24H</i>	1	QL ST
<i>SYNJARDY XR 12.5-1000 MG TAB ER 24H</i>	1	QL ST
<i>SYNJARDY XR 25-1000 MG TAB ER 24H</i>	1	QL ST
<i>SYNJARDY XR 5-1000 MG TAB ER 24H</i>	1	QL ST
<i>XIGDUO XR 10-1000 MG TAB ER 24H</i>	1	ST
<i>XIGDUO XR 10-500 MG TAB ER 24H</i>	1	ST
<i>XIGDUO XR 2.5-1000 MG TAB ER 24H</i>	1	ST
<i>XIGDUO XR 5-1000 MG TAB ER 24H</i>	1	ST
<i>XIGDUO XR 5-500 MG TAB ER 24H</i>	1	ST
<b>SULFONYLUREA-BIGUANIDE COMBINATIONS</b>		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
<b>SULFONYLUREAS</b>		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<b>GLYBURIDE MICRONIZED 1.5 MG TAB</b>	1	
<b>GLYBURIDE MICRONIZED 3 MG TAB</b>	1	
<b>GLYBURIDE MICRONIZED 6 MG TAB</b>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
<b>TOLBUTAMIDE 500 MG TAB</b>	1	
<b>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</b>		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THIAZOLIDINEDIONES		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	1	MDS1 7 / 1 day(s)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	
<i>deferasirox tab 360 mg</i>	1	
<i>deferasirox tab 90 mg</i>	1	
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 1000 mg</i>	1	PA S Specialty Drug
<i>deferiprone tab 500 mg</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FERRIPROX 100 MG/ML SOLUTION</i>	1	PA S Specialty Drug
<i>BAL IN OIL 100 MG/ML SOLUTION</i>	1	
<i>PROTOPAM CHLORIDE 1 GM RECON SOLN</i>	1	
OPIOID ANTAGONISTS		
<i>KLOXXADO 8 MG/0.1ML LIQUID</i>	8	QL
<i>NALMEFENE HCL 1 MG/ML SOLUTION</i>	8	
<i>NALOXONE HCL 0.4 MG/ML SOLN CART</i>	8	QL
<i>NALOXONE HCL 0.4 MG/ML SOLN PRSYR</i>	8	QL
<i>naloxone hcl inj 0.4 mg/ml</i>	8	QL
<i>naloxone hcl inj 4 mg/10ml</i>	8	QL
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	8	QL
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	8	QL
<i>naltrexone hcl tab 50 mg</i>	8	QL
<i>NARCAN 4 MG/0.1ML LIQUID</i>	8	
<i>OPVEE 2.7 MG/0.1ML SOLUTION</i>	8	QL
<i>REXTOVY 4 MG/0.25ML LIQUID</i>	8	QL
<i>VIVITROL 380 MG RECON SUSP</i>	8	QL MFL 1 / 28 day(s) S Specialty Drug
<i>ZIMHI 5 MG/0.5ML SOLN PRSYR</i>	8	QL
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl inj 1 mg/ml</i>	1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	
<i>granisetron hcl tab 1 mg</i>	1	QL
<i>ONDANSETRON HCL 4 MG/2ML SOLN PRSYR</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL
<i>ondansetron hcl tab 4 mg</i>	1	QL
<i>ondansetron hcl tab 8 mg</i>	1	QL
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL
<b>SANCUSO 3.1 MG/24HR PATCH</b>	1	QL PA
<b>SUSTOL 10 MG/0.4ML PRSYR</b>	1	PA S Specialty Drug
<b>ZUPLENZ 4 MG FILM</b>	1	PA
<b>ZUPLENZ 8 MG FILM</b>	1	PA
<b>ANTIEMETIC COMBINATIONS</b>		
<b>AKYNZEO 300-0.5 MG CAP</b>	1	QL PA
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>dronabinol cap 10 mg</i>	1	QL
<i>dronabinol cap 2.5 mg</i>	1	QL
<i>dronabinol cap 5 mg</i>	1	QL
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 125 mg</i>	1	QL
<i>aprepitant capsule 80 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	QL
<i>VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK</i>	1	PA
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)		
<i>BREXAFEMME 150 MG TAB</i>	1	QL ST GL Female AL1 At least 12 yrs old
<i>AMPHOTERICIN B 50 MG RECON SOLN</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	QL
IMIDAZOLES		
<i>ketoconazole tab 200 mg</i>	1	
TRIAZOLES		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	PA S Specialty Drug
<i>posaconazole tab delayed release 100 mg</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>voriconazole for susp 40 mg/ml</i>	1	AL1 Up to 8 yrs old
<i>voriconazole tab 200 mg</i>	1	
<i>voriconazole tab 50 mg</i>	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
<i>CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>CLEMASTINE FUMARATE 2.68 MG TAB</i>	1	
<i>DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>DES Loratadine 2.5 MG TAB DISP</i>	1	QL
<i>DES Loratadine 5 MG TAB DISP</i>	1	QL
<i>desloratadine tab 5 mg</i>	1	QL
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	QL
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	QL
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>promethazine hcl suppos 25 mg</i>	1	QL
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERSLIPIDEMICS		
ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB		
<i>NEXLIZET 180-10 MG TAB</i>	1	PA
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
<i>NEXLETOL 180 MG TAB</i>	1	PA
ANTIHYPERSLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	1	QL PA
<i>icosapent ethyl cap 1 gm</i>	1	QL PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	QL AL1 Up to 8 yrs old
<i>colesevelam hcl tab 625 mg</i>	1	QL



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	QL
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	QL
<i>fenofibrate micronized cap 130 mg</i>	1	QL
<i>fenofibrate micronized cap 134 mg</i>	1	QL
<i>fenofibrate micronized cap 134 mg</i>	1	QL
<i>fenofibrate micronized cap 200 mg</i>	1	QL
<i>fenofibrate micronized cap 200 mg</i>	1	QL
<i>fenofibrate micronized cap 43 mg</i>	1	QL
<i>fenofibrate micronized cap 67 mg</i>	1	QL
<i>fenofibrate micronized cap 67 mg</i>	1	QL
<i>fenofibrate tab 145 mg</i>	1	QL
<i>fenofibrate tab 160 mg</i>	1	QL
<i>fenofibrate tab 48 mg</i>	1	QL
<i>fenofibrate tab 54 mg</i>	1	QL
<i>gemfibrozil tab 600 mg</i>	1	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL PREV
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	QL PREV
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	QL PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	QL PREV
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	QL PREV
<i>lovastatin tab 10 mg</i>	1	QL PREV
<i>lovastatin tab 20 mg</i>	1	QL PREV
<i>lovastatin tab 40 mg</i>	1	QL PREV
<i>pitavastatin calcium tab 1 mg</i>	1	QL
<i>pitavastatin calcium tab 2 mg</i>	1	QL
<i>pitavastatin calcium tab 4 mg</i>	1	QL
<i>pravastatin sodium tab 10 mg</i>	1	QL PREV
<i>pravastatin sodium tab 20 mg</i>	1	QL PREV
<i>pravastatin sodium tab 40 mg</i>	1	QL PREV
<i>pravastatin sodium tab 80 mg</i>	1	QL PREV
<i>rosuvastatin calcium tab 10 mg</i>	1	QL PREV
<i>rosuvastatin calcium tab 20 mg</i>	1	QL
<i>rosuvastatin calcium tab 40 mg</i>	1	QL
<i>rosuvastatin calcium tab 5 mg</i>	1	QL PREV
<i>simvastatin tab 10 mg</i>	1	QL PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>simvastatin tab 20 mg</i>	1	QL PREV
<i>simvastatin tab 40 mg</i>	1	QL PREV
<i>simvastatin tab 5 mg</i>	1	QL PREV
<i>simvastatin tab 80 mg</i>	1	QL
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
<i>EZETIMIBE-ROSUVASTATIN 10-10 MG TAB</i>	1	QL
<i>EZETIMIBE-ROSUVASTATIN 10-20 MG TAB</i>	1	QL
<i>EZETIMIBE-ROSUVASTATIN 10-40 MG TAB</i>	1	QL
<i>EZETIMIBE-ROSUVASTATIN 10-5 MG TAB</i>	1	QL
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	QL
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
PCSK9 INHIBITORS		
<i>REPATHA 140 MG/ML SOLN PRSYR</i>	1	ST
<i>REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART</i>	1	ST
<i>REPATHA SURECLICK 140 MG/ML SOLN A-INJ</i>	1	ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS		
LEQVIO 284 MG/1.5ML SOLN PRSYR	1	PA S Specialty Drug
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER	1	QL
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER	1	QL
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER	1	QL
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER	1	QL
ACE INHIBITORS		
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
benazepril hcl tab 5 mg	1	
captopril tab 100 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
enalapril maleate oral soln 1 mg/ml	1	AL1 Up to 8 yrs old
enalapril maleate tab 10 mg	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<b>PERINDOPRIL ERBUMINE 2 MG TAB</b>	1	
<b>PERINDOPRIL ERBUMINE 8 MG TAB</b>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB</i>	1	
<i>CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB</i>	1	
<i>CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB</i>	1	
<i>CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB		
<i>METHYLDOPA-HYDROCHLOROTHIAZIDE 250-15 MG TAB</i>	1	
<i>METHYLDOPA-HYDROCHLOROTHIAZIDE 250-25 MG TAB</i>	1	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL
<b>ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>TELMISARTAN-AMLODIPINE 40-10 MG TAB</i>	1	QL
<i>TELMISARTAN-AMLODIPINE 40-5 MG TAB</i>	1	QL
<i>TELMISARTAN-AMLODIPINE 80-10 MG TAB</i>	1	QL
<i>TELMISARTAN-AMLODIPINE 80-5 MG TAB</i>	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 16 mg</i>	1	QL
<i>candesartan cilexetil tab 32 mg</i>	1	QL



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>candesartan cilexetil tab 4 mg</i>	1	QL
<i>candesartan cilexetil tab 8 mg</i>	1	QL
<i>irbesartan tab 150 mg</i>	1	QL
<i>irbesartan tab 300 mg</i>	1	QL
<i>irbesartan tab 75 mg</i>	1	QL
<i>losartan potassium tab 100 mg</i>	1	QL
<i>losartan potassium tab 25 mg</i>	1	QL
<i>losartan potassium tab 50 mg</i>	1	QL
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<b>ANTIADRENERGICS - CENTRALLY ACTING</b>		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<b>METHYLDOPA 250 MG TAB</b>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METHYLDOPA 500 MG TAB	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
ANTIADRENERGICS - PERIPHERALLY ACTING		
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVES - MISC.		
VECAMYL 2.5 MG TAB	1	
BETA BLOCKER & DIURETIC COMBINATIONS		
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
PROPRANOLOL-HCTZ 40-25 MG TAB	1	
PROPRANOLOL-HCTZ 80-25 MG TAB	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
<b>DIRECT RENIN INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE COMB</b>		
<i>TEKTURNA HCT 150-12.5 MG TAB</i>	1	QL
<i>TEKTURNA HCT 150-25 MG TAB</i>	1	QL
<i>TEKTURNA HCT 300-12.5 MG TAB</i>	1	QL
<i>TEKTURNA HCT 300-25 MG TAB</i>	1	QL
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tab 25 mg</i>	1	QL
<i>eplerenone tab 50 mg</i>	1	QL
<b>VASODILATORS</b>		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 100 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>hydroxychloroquine sulfate tab 300 mg</i>	1	
<i>hydroxychloroquine sulfate tab 400 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
<b>RUZURGI 10 MG TAB</b>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">S</div> Specialty Drug </div>
ANTIMYCOBACTERIAL AGENTS		
<b>CAPASTAT SULFATE 1 GM RECON SOLN</b>	1	
<b>CYCLOSERINE 250 MG CAP</b>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<b>ISONIAZID 100 MG/ML SOLUTION</b>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<b>PASER 4 GM PACKET</b>	1	AL1 Up to 8 yrs old
<b>PRETOMANID 200 MG TAB</b>	1	PA
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<b>MYLERAN 2 MG TAB</b>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">S</div> Specialty Drug </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANDROGEN BIOSYNTHESIS INHIBITORS</b>		
<i>abiraterone acetate tab 250 mg</i>	1	QL
<i>abiraterone acetate tab 250 mg</i>	1	QL
<b>ANTIANDROGENS</b>		
<i>bicalutamide tab 50 mg</i>	1	QL
<i>ERLEADA 240 MG TAB</i>	1	PA S Specialty Drug
<i>ERLEADA 60 MG TAB</i>	1	QL PA S Specialty Drug
<i>nilutamide tab 150 mg</i>	1	QL PA
<i>XTANDI 40 MG CAP</i>	1	PA S Specialty Drug
<i>XTANDI 40 MG TAB</i>	1	PA S Specialty Drug
<i>XTANDI 80 MG TAB</i>	1	PA S Specialty Drug
<b>ANTIESTROGENS</b>		
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	PREV
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	PREV
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	QL
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 150 mg</i>	1	
<i>capecitabine tab 500 mg</i>	1	
<i>mercaptopurine tab 50 mg</i>	1	
<i>METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION</i>	1	
<i>METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
PURIXAN 2000 MG/100ML SUSPENSION	1	PA S Specialty Drug
TABLOID 40 MG TAB	1	PA S Specialty Drug
TREXALL 10 MG TAB	1	PA S Specialty Drug
TREXALL 15 MG TAB	1	PA S Specialty Drug
TREXALL 5 MG TAB	1	PA S Specialty Drug
TREXALL 7.5 MG TAB	1	PA S Specialty Drug
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA 150 MG CAP	1	PA S Specialty Drug
XALKORI 150 MG CAP SPRINK	1	PA S Specialty Drug
XALKORI 20 MG CAP SPRINK	1	PA S Specialty Drug
XALKORI 200 MG CAP	1	PA S Specialty Drug
XALKORI 250 MG CAP	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>XALKORI 50 MG CAP SPRINK</i>	1	PA S Specialty Drug
<i>ZYKADIA 150 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
<i>TUKYSA 150 MG TAB</i>	1	PA S Specialty Drug
<i>TUKYSA 50 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - BCL-2 INHIBITORS		
<i>VENCLEXTA 10 MG TAB</i>	1	PA S Specialty Drug
<i>VENCLEXTA 100 MG TAB</i>	1	PA S Specialty Drug
<i>VENCLEXTA 50 MG TAB</i>	1	PA S Specialty Drug
<i>VENCLEXTA STARTING PACK 10 &amp; 50 &amp; 100 MG TAB THPK</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
<i>BOSULIF 100 MG CAP</i>	1	PA S Specialty Drug
<i>BOSULIF 100 MG TAB</i>	1	PA S Specialty Drug
<i>BOSULIF 400 MG TAB</i>	1	PA S Specialty Drug
<i>BOSULIF 50 MG CAP</i>	1	QL PA S Specialty Drug
<i>BOSULIF 500 MG TAB</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dasatinib tab 100 mg</i>	1	QL PA S Specialty Drug
<i>dasatinib tab 140 mg</i>	1	QL PA S Specialty Drug
<i>dasatinib tab 20 mg</i>	1	QL PA S Specialty Drug
<i>dasatinib tab 50 mg</i>	1	QL PA S Specialty Drug
<i>dasatinib tab 70 mg</i>	1	QL PA S Specialty Drug
<i>dasatinib tab 80 mg</i>	1	QL PA S Specialty Drug
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	QL
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	QL
<i>SCEMBLIX 100 MG TAB</i>	1	PA S Specialty Drug
<i>SCEMBLIX 20 MG TAB</i>	1	PA S Specialty Drug
<i>SCEMBLIX 40 MG TAB</i>	1	PA S Specialty Drug
<i>TASIGNA 150 MG CAP</i>	1	PA S Specialty Drug
<i>TASIGNA 200 MG CAP</i>	1	PA S Specialty Drug



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>TASIGNA 50 MG CAP</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
<i>BRAFTOVI 75 MG CAP</i>	1	PA S Specialty Drug
<i>TAFINLAR 10 MG TAB SOL</i>	1	PA S Specialty Drug
<i>TAFINLAR 50 MG CAP</i>	1	PA S Specialty Drug
<i>TAFINLAR 75 MG CAP</i>	1	PA S Specialty Drug
<i>ZELBORAF 240 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - BTK INHIBITORS		
<i>IMBRUVICA 140 MG CAP</i>	1	QL PA S Specialty Drug
<i>IMBRUVICA 420 MG TAB</i>	1	QL PA S Specialty Drug
<i>IMBRUVICA 560 MG TAB</i>	1	QL PA S Specialty Drug
<i>IMBRUVICA 70 MG CAP</i>	1	QL PA S Specialty Drug
<i>IMBRUVICA 70 MG/ML SUSPENSION</i>	1	PA S Specialty Drug
<i>JAYPIRCA 100 MG TAB</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JAYPIRCA 50 MG TAB	1	PA S Specialty Drug
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 100 mg (base equivalent)	1	QL PA
erlotinib hcl tab 150 mg (base equivalent)	1	QL PA
erlotinib hcl tab 25 mg (base equivalent)	1	QL PA
EXKIVITY 40 MG CAP	1	PA S Specialty Drug
gefitinib tab 250 mg	1	PA S Specialty Drug
GILOTRIF 20 MG TAB	1	PA S Specialty Drug
GILOTRIF 30 MG TAB	1	PA S Specialty Drug
GILOTRIF 40 MG TAB	1	PA S Specialty Drug
TAGRISSO 40 MG TAB	1	PA S Specialty Drug
TAGRISSO 80 MG TAB	1	PA S Specialty Drug
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA 3 MG TAB	1	PA S Specialty Drug
BALVERSA 4 MG TAB	1	PA S Specialty Drug
BALVERSA 5 MG TAB	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK</i>	1	PA S Specialty Drug
<i>LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK</i>	1	PA S Specialty Drug
<i>LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK</i>	1	PA S Specialty Drug
<i>PEMAZYRE 13.5 MG TAB</i>	1	PA S Specialty Drug
<i>PEMAZYRE 4.5 MG TAB</i>	1	PA S Specialty Drug
<i>PEMAZYRE 9 MG TAB</i>	1	PA S Specialty Drug
<i>TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK</i>	1	PA S Specialty Drug
<i>TRUSELTIQ (125MG DAILY DOSE) 100 &amp; 25 MG CAP THPK</i>	1	PA S Specialty Drug
<i>TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK</i>	1	PA S Specialty Drug
<i>TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
<i>ERIVEDGE 150 MG CAP</i>	1	QL PA S Specialty Drug
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
<i>WELIREG 40 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS		
<i>AKEEGA 100-500 MG TAB</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>AKEEGA 50-500 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>POMALYST 1 MG CAP</i>	1	QL PA S Specialty Drug
<i>POMALYST 2 MG CAP</i>	1	QL PA S Specialty Drug
<i>POMALYST 3 MG CAP</i>	1	QL PA S Specialty Drug
<i>POMALYST 4 MG CAP</i>	1	QL PA S Specialty Drug
ANTINEOPLASTIC - KRAS INHIBITORS		
<i>KRAZATI 200 MG TAB</i>	1	PA S Specialty Drug
<i>LUMAKRAS 120 MG TAB</i>	1	PA S Specialty Drug
<i>LUMAKRAS 240 MG TAB</i>	1	PA S Specialty Drug
<i>LUMAKRAS 320 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - MEK INHIBITORS		
<i>COTELLIC 20 MG TAB</i>	1	PA S Specialty Drug
<i>KOSELUGO 10 MG CAP</i>	1	PA S Specialty Drug
<i>KOSELUGO 25 MG CAP</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>MEKINIST 0.05 MG/ML RECON SOLN</i>	1	PA S Specialty Drug
<i>MEKINIST 0.5 MG TAB</i>	1	PA S Specialty Drug
<i>MEKINIST 2 MG TAB</i>	1	PA S Specialty Drug
<i>MEKTOVI 15 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - MET INHIBITORS		
<i>TABRECTA 150 MG TAB</i>	1	PA S Specialty Drug
<i>TABRECTA 200 MG TAB</i>	1	PA S Specialty Drug
<i>TEPMETKO 225 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
<i>everolimus tab 10 mg</i>	1	PA S Specialty Drug
<i>everolimus tab 2.5 mg</i>	1	PA S Specialty Drug
<i>everolimus tab 5 mg</i>	1	PA S Specialty Drug
<i>everolimus tab 7.5 mg</i>	1	PA S Specialty Drug
<i>everolimus tab for oral susp 2 mg</i>	1	PA S Specialty Drug
<i>everolimus tab for oral susp 3 mg</i>	1	PA S Specialty Drug
<i>everolimus tab for oral susp 5 mg</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX 20 MG TAB	1	PA S Specialty Drug
CABOMETYX 40 MG TAB	1	PA S Specialty Drug
CABOMETYX 60 MG TAB	1	PA S Specialty Drug
CAPRELSA 100 MG TAB	1	PA S Specialty Drug
CAPRELSA 300 MG TAB	1	PA S Specialty Drug
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	1	PA S Specialty Drug
NERLYNX 40 MG TAB	1	PA S Specialty Drug
<i>pazopanib hcl tab 200 mg (base equiv)</i>	1	PA S Specialty Drug
QINLOCK 50 MG TAB	1	PA S Specialty Drug
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1	PA S Specialty Drug
STIVARGA 40 MG TAB	1	PA S Specialty Drug
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1	PA S Specialty Drug
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1	PA S Specialty Drug
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1	PA S Specialty Drug
<i>sunitinib malate cap 50 mg (base equivalent)</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>TURALIO 125 MG CAP</i>	1	PA S Specialty Drug
<i>TURALIO 200 MG CAP</i>	1	PA S Specialty Drug
<i>UKONIQ 200 MG TAB</i>	1	PA S Specialty Drug
<i>VOTRIENT 200 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
<i>AYVAKIT 100 MG TAB</i>	1	PA S Specialty Drug
<i>AYVAKIT 200 MG TAB</i>	1	PA S Specialty Drug
<i>AYVAKIT 25 MG TAB</i>	1	PA S Specialty Drug
<i>AYVAKIT 300 MG TAB</i>	1	PA S Specialty Drug
<i>AYVAKIT 50 MG TAB</i>	1	PA S Specialty Drug
ANTINEOPLASTIC - RET INHIBITORS		
<i>GAVRETO 100 MG CAP</i>	1	PA S Specialty Drug
<i>RETEVMO 120 MG TAB</i>	1	PA S Specialty Drug
<i>RETEVMO 160 MG TAB</i>	1	PA S Specialty Drug
<i>RETEVMO 40 MG CAP</i>	1	PA S Specialty Drug
<i>RETEVMO 40 MG TAB</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RETEVMO 80 MG CAP	1	PA S Specialty Drug
RETEVMO 80 MG TAB	1	PA S Specialty Drug
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
ROZLYTREK 100 MG CAP	1	PA S Specialty Drug
ROZLYTREK 200 MG CAP	1	PA S Specialty Drug
ROZLYTREK 50 MG PACKET	1	PA S Specialty Drug
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	1	PA S Specialty Drug
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1	PA S Specialty Drug
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	1	PA S Specialty Drug
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	1	PA S Specialty Drug
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	PA S Specialty Drug
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	1	PA S Specialty Drug
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1	PA S Specialty Drug
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	1	PA S Specialty Drug
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1	PA S Specialty Drug



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK</i>	1	PA S Specialty Drug
<i>XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK</i>	1	PA S Specialty Drug
<i>XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK</i>	1	PA S Specialty Drug
<i>XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK</i>	1	PA S Specialty Drug
<b>ANTINEOPLASTIC COMBINATIONS</b>		
<i>KISQALI FEMARA (200 MG DOSE) 200 &amp; 2.5 MG TAB THPK</i>	1	PA S Specialty Drug
<i>KISQALI FEMARA (400 MG DOSE) 200 &amp; 2.5 MG TAB THPK</i>	1	PA S Specialty Drug
<i>KISQALI FEMARA (600 MG DOSE) 200 &amp; 2.5 MG TAB THPK</i>	1	PA S Specialty Drug
<i>LONSURF 15-6.14 MG TAB</i>	1	PA S Specialty Drug
<i>LONSURF 20-8.19 MG TAB</i>	1	PA S Specialty Drug
<b>ANTINEOPLASTICS MISC.</b>		
<i>ACTIMMUNE 100 MCG/0.5ML SOLUTION</i>	1	PA S Specialty Drug
<i>hydroxyurea cap 500 mg</i>	1	
<i>INTRON A 10000000 UNIT RECON SOLN</i>	1	PA S Specialty Drug
<i>INTRON A 10000000 UNIT/ML SOLUTION</i>	1	PA S Specialty Drug
<i>INTRON A 18000000 UNIT RECON SOLN</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>INTRON A 50000000 UNIT RECON SOLN</i>	1	PA S Specialty Drug
<i>INTRON A 6000000 UNIT/ML SOLUTION</i>	1	PA S Specialty Drug
AROMATASE INHIBITORS		
<i>anastrozole tab 1 mg</i>	1	QL GL Female PREV
<i>exemestane tab 25 mg</i>	1	QL GL Female
<i>letrozole tab 2.5 mg</i>	1	GL Female
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS		
<i>ELITEK 1.5 MG RECON SOLN</i>	1	
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
<i>KISQALI (200 MG DOSE) 200 MG TAB THPK</i>	1	PA S Specialty Drug
<i>KISQALI (400 MG DOSE) 200 MG TAB THPK</i>	1	PA S Specialty Drug
<i>KISQALI (600 MG DOSE) 200 MG TAB THPK</i>	1	PA S Specialty Drug
<i>VERZENIO 100 MG TAB</i>	1	PA S Specialty Drug
<i>VERZENIO 150 MG TAB</i>	1	PA S Specialty Drug
<i>VERZENIO 200 MG TAB</i>	1	PA S Specialty Drug
<i>VERZENIO 50 MG TAB</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>FOLIC ACID ANTAGONISTS RESCUE AGENTS</b>		
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	
<b>IMIDAZOTETRAZINES</b>		
<i>temozolomide cap 100 mg</i>	1	QL
<i>temozolomide cap 140 mg</i>	1	QL
<i>temozolomide cap 180 mg</i>	1	QL
<i>temozolomide cap 20 mg</i>	1	QL
<i>temozolomide cap 250 mg</i>	1	QL
<i>temozolomide cap 5 mg</i>	1	QL
<b>JANUS ASSOCIATED KINASE (JAK) INHIBITORS</b>		
<i>JAKAFI 10 MG TAB</i>	1	QL PA S Specialty Drug
<i>JAKAFI 15 MG TAB</i>	1	QL PA S Specialty Drug
<i>JAKAFI 20 MG TAB</i>	1	QL PA S Specialty Drug
<i>JAKAFI 25 MG TAB</i>	1	QL PA S Specialty Drug
<i>JAKAFI 5 MG TAB</i>	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>LHRH ANALOGS</b>		
<i>ELIGARD 22.5 MG KIT</i>	1	PA S Specialty Drug
<i>ELIGARD 30 MG KIT</i>	1	PA S Specialty Drug
<i>ELIGARD 45 MG KIT</i>	1	PA S Specialty Drug
<i>ELIGARD 7.5 MG KIT</i>	1	PA S Specialty Drug
<i>LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (1-MONTH) 3.75 MG KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (1-MONTH) 7.5 MG KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (3-MONTH) 11.25 MG KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (3-MONTH) 22.5 MG KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (4-MONTH) 30 MG KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT (6-MONTH) 45 MG KIT</i>	1	PA S Specialty Drug
<i>VANTAS 50 MG KIT</i>	1	PA S Specialty Drug
<i>ZOLADEX 10.8 MG IMPLANT</i>	1	PA
<i>ZOLADEX 3.6 MG IMPLANT</i>	1	PA
<b>MITOTIC INHIBITORS</b>		
<i>ETOPOSIDE 50 MG CAP</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NITROGEN MUSTARDS AND RELATED ANALOGUES		
CYCLOPHOSPHAMIDE 25 MG CAP	1	
CYCLOPHOSPHAMIDE 50 MG CAP	1	
cyclophosphamide cap 25 mg	1	
cyclophosphamide cap 50 mg	1	
MELPHALAN 2 MG TAB	1	
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA 15 MG CAP	1	PA S Specialty Drug
COPIKTRA 25 MG CAP	1	PA S Specialty Drug
ITOVEBI 3 MG TAB	1	PA S Specialty Drug
ITOVEBI 9 MG TAB	1	PA S Specialty Drug
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	1	PA S Specialty Drug
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	1	PA S Specialty Drug
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	1	PA S Specialty Drug
ZYDELIG 100 MG TAB	1	PA S Specialty Drug
ZYDELIG 150 MG TAB	1	PA S Specialty Drug
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA 100 MG TAB	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>LYNPARZA 150 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>RUBRACA 200 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>RUBRACA 250 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>RUBRACA 300 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>TALZENNA 0.1 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>TALZENNA 0.25 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>TALZENNA 0.35 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>TALZENNA 0.5 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>TALZENNA 0.75 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>TALZENNA 1 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>ZEJULA 100 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>ZEJULA 100 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>ZEJULA 200 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ZEJULA 300 MG TAB</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S</div> </div> Specialty Drug
PROGESTINS-ANTINEOPLASTIC		
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
RETINOIDS		
<i>tretinoin cap 10 mg</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> </div>
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
<i>ORSERDU 345 MG TAB</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S</div> </div> Specialty Drug
<i>ORSERDU 86 MG TAB</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S</div> </div> Specialty Drug
SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene cap 75 mg</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> </div>
TOPOISOMERASE I INHIBITORS		
<i>HYCAMTIN 0.25 MG CAP</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S</div> </div> Specialty Drug
<i>HYCAMTIN 1 MG CAP</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S</div> </div> Specialty Drug
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
<i>INLYTA 1 MG TAB</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S</div> </div> Specialty Drug
<i>INLYTA 5 MG TAB</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S</div> </div> Specialty Drug
<i>LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">S</div> </div> Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK</i>	1	PA S Specialty Drug
<i>LENVIMA (14 MG DAILY DOSE) 10 &amp; 4 MG CAP THPK</i>	1	PA S Specialty Drug
<i>LENVIMA (18 MG DAILY DOSE) 10 MG &amp; 2 X 4 MG CAP THPK</i>	1	PA S Specialty Drug
<i>LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK</i>	1	PA S Specialty Drug
<i>LENVIMA (24 MG DAILY DOSE) 2 X 10 MG &amp; 4 MG CAP THPK</i>	1	PA S Specialty Drug
<i>LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK</i>	1	PA S Specialty Drug
<i>LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK</i>	1	PA S Specialty Drug
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	AL1 Up to 8 yrs old
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	QL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	QL
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<b>CENTRAL/PERIPHERAL COMT INHIBITORS</b>		
<i>tolcapone tab 100 mg</i>	1	PA
<b>DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa tab 25 mg</i>	1	
<b>LEVODOPA COMBINATIONS</b>		
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>CARBIDOPA-LEVODOPA 10-100 MG TAB DISP</i>	1	
<i>CARBIDOPA-LEVODOPA 25-100 MG TAB DISP</i>	1	
<i>CARBIDOPA-LEVODOPA 25-250 MG TAB DISP</i>	1	
<i>CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB</i>	1	
<i>CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB</i>	1	
<i>CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<b>NONERGOLINE DOPAMINE RECEPTOR AGONISTS</b>		
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 1 mg</i>	1	QL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	QL
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	QL
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	QL
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	QL
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	QL
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	QL
PERIPHERAL COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	1	
ONGENTYS 25 MG CAP	1	PA
ONGENTYS 50 MG CAP	1	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM CARBONATE 150 MG CAP	8	
LITHIUM CARBONATE 300 MG CAP	8	
LITHIUM CARBONATE 600 MG CAP	8	
<i>lithium carbonate cap 150 mg</i>	8	
<i>lithium carbonate cap 300 mg</i>	8	
<i>lithium carbonate cap 600 mg</i>	8	
<i>lithium carbonate tab 300 mg</i>	8	
<i>lithium carbonate tab er 300 mg</i>	8	
<i>lithium carbonate tab er 450 mg</i>	8	
<i>lithium oral solution 8 meq/5ml</i>	8	AL1 0 to 8 yrs old
LITHOBID 300 MG TAB ER	8	
ANTIPSYCHOTICS - MISC.		
CAPLYTA 10.5 MG CAP	8	QL ST
CAPLYTA 21 MG CAP	8	QL ST
CAPLYTA 42 MG CAP	8	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>EQUETRO 100 MG CAP ER 12H</i>	8	QL
<i>EQUETRO 200 MG CAP ER 12H</i>	8	QL
<i>EQUETRO 300 MG CAP ER 12H</i>	8	QL
<i>GEODON 20 MG CAP</i>	8	
<i>GEODON 20 MG RECON SOLN</i>	8	
<i>GEODON 40 MG CAP</i>	8	
<i>GEODON 60 MG CAP</i>	8	
<i>GEODON 80 MG CAP</i>	8	
<i>LATUDA 120 MG TAB</i>	8	
<i>LATUDA 20 MG TAB</i>	8	
<i>LATUDA 40 MG TAB</i>	8	
<i>LATUDA 60 MG TAB</i>	8	
<i>LATUDA 80 MG TAB</i>	8	
<i>lurasidone hcl tab 120 mg</i>	8	QL
<i>lurasidone hcl tab 20 mg</i>	8	QL
<i>lurasidone hcl tab 40 mg</i>	8	QL
<i>lurasidone hcl tab 60 mg</i>	8	QL
<i>lurasidone hcl tab 80 mg</i>	8	QL
<i>NUPLAZID 10 MG TAB</i>	8	
<i>NUPLAZID 34 MG CAP</i>	8	
<i>VRAYLAR 1.5 &amp; 3 MG CAP THPK</i>	8	QL ST
<i>VRAYLAR 1.5 MG CAP</i>	8	QL ST
<i>VRAYLAR 3 MG CAP</i>	8	QL ST
<i>VRAYLAR 4.5 MG CAP</i>	8	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>VRAYLAR 6 MG CAP</i>	8	QL ST
<i>ziprasidone hcl cap 20 mg</i>	8	QL
<i>ziprasidone hcl cap 40 mg</i>	8	QL
<i>ziprasidone hcl cap 60 mg</i>	8	QL
<i>ziprasidone hcl cap 80 mg</i>	8	QL
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	8	
<b>BENZISOXAZOLES</b>		
<i>ERZOFRI 117 MG/0.75ML SUSP PRSYR</i>	8	
<i>ERZOFRI 156 MG/ML SUSP PRSYR</i>	8	
<i>ERZOFRI 234 MG/1.5ML SUSP PRSYR</i>	8	
<i>ERZOFRI 351 MG/2.25ML SUSP PRSYR</i>	8	
<i>ERZOFRI 39 MG/0.25ML SUSP PRSYR</i>	8	
<i>ERZOFRI 78 MG/0.5ML SUSP PRSYR</i>	8	
<i>FANAPT 1 MG TAB</i>	8	QL ST
<i>FANAPT 10 MG TAB</i>	8	QL ST
<i>FANAPT 12 MG TAB</i>	8	QL ST
<i>FANAPT 2 MG TAB</i>	8	QL ST
<i>FANAPT 4 MG TAB</i>	8	QL ST
<i>FANAPT 6 MG TAB</i>	8	QL ST
<i>FANAPT 8 MG TAB</i>	8	QL ST
<i>FANAPT TITRATION PACK 1 &amp; 2 &amp; 4 &amp; 6 MG TAB</i>	8	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>INVEGA 1.5 MG TAB ER 24H</i>	8	
<i>INVEGA 3 MG TAB ER 24H</i>	8	
<i>INVEGA 6 MG TAB ER 24H</i>	8	
<i>INVEGA 9 MG TAB ER 24H</i>	8	
<i>INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR</i>	8	ST
<i>INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR</i>	8	ST
<i>INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR</i>	8	ST
<i>INVEGA SUSTENNA 156 MG/ML SUSP PRSYR</i>	8	ST
<i>INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR</i>	8	ST
<i>INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR</i>	8	ST
<i>INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR</i>	8	ST
<i>INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR</i>	8	ST
<i>INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR</i>	8	ST
<i>INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR</i>	8	ST
<i>INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR</i>	8	ST
<i>paliperidone tab er 24hr 1.5 mg</i>	8	QL
<i>paliperidone tab er 24hr 3 mg</i>	8	QL
<i>paliperidone tab er 24hr 6 mg</i>	8	QL
<i>paliperidone tab er 24hr 9 mg</i>	8	QL
<i>PERSERIS 120 MG PRSYR</i>	8	
<i>PERSERIS 90 MG PRSYR</i>	8	
<i>RISPERDAL 0.5 MG TAB</i>	8	
<i>RISPERDAL 1 MG TAB</i>	8	
<i>RISPERDAL 1 MG/ML SOLUTION</i>	8	
<i>RISPERDAL 2 MG TAB</i>	8	
<i>RISPERDAL 3 MG TAB</i>	8	
<i>RISPERDAL 4 MG TAB</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL CONSTA 12.5 MG SRER	8	
RISPERDAL CONSTA 25 MG SRER	8	
RISPERDAL CONSTA 37.5 MG SRER	8	
RISPERDAL CONSTA 50 MG SRER	8	
RISPERIDONE 0.25 MG TAB DISP	8	QL
risperidone microspheres for im extended rel susp 12.5 mg	8	ST
risperidone microspheres for im extended rel susp 25 mg	8	ST
risperidone microspheres for im extended rel susp 37.5 mg	8	ST
risperidone microspheres for im extended rel susp 50 mg	8	ST
risperidone orally disintegrating tab 0.5 mg	8	QL
risperidone orally disintegrating tab 1 mg	8	QL
risperidone orally disintegrating tab 2 mg	8	QL
risperidone orally disintegrating tab 3 mg	8	QL
risperidone orally disintegrating tab 4 mg	8	QL
risperidone soln 1 mg/ml	8	AL1 0 to 8 yrs old
risperidone tab 0.25 mg	8	QL
risperidone tab 0.5 mg	8	QL
risperidone tab 1 mg	8	QL
risperidone tab 2 mg	8	QL
risperidone tab 3 mg	8	QL
risperidone tab 4 mg	8	QL
RYKINDO 25 MG SRER	8	
RYKINDO 37.5 MG SRER	8	
RYKINDO 50 MG SRER	8	
UZEDY 100 MG/0.28ML SUSP PRSYR	8	
UZEDY 125 MG/0.35ML SUSP PRSYR	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UZEDY 150 MG/0.42ML SUSP PRSYR	8	
UZEDY 200 MG/0.56ML SUSP PRSYR	8	
UZEDY 250 MG/0.7ML SUSP PRSYR	8	
UZEDY 50 MG/0.14ML SUSP PRSYR	8	
UZEDY 75 MG/0.21ML SUSP PRSYR	8	
BUTYROPHENONES		
HALDOL 5 MG/ML SOLUTION	8	
HALDOL DECANOATE 100 MG/ML SOLUTION	8	
HALDOL DECANOATE 50 MG/ML SOLUTION	8	
haloperidol decanoate im soln 100 mg/ml	8	
haloperidol decanoate im soln 50 mg/ml	8	
haloperidol lactate inj 5 mg/ml	8	
haloperidol lactate oral conc 2 mg/ml	8	
haloperidol tab 0.5 mg	8	
haloperidol tab 1 mg	8	
haloperidol tab 10 mg	8	
haloperidol tab 2 mg	8	
haloperidol tab 20 mg	8	
haloperidol tab 5 mg	8	
DIBENZO-OXEPINO PYRROLES		
asenapine maleate sl tab 10 mg (base equiv)	8	ST
asenapine maleate sl tab 2.5 mg (base equiv)	8	ST
asenapine maleate sl tab 5 mg (base equiv)	8	ST
SAPHRIS 10 MG SL TAB	8	
SAPHRIS 2.5 MG SL TAB	8	
SAPHRIS 5 MG SL TAB	8	
SECUADO 3.8 MG/24HR PATCH 24HR	8	
SECUADO 5.7 MG/24HR PATCH 24HR	8	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SECUADO 7.6 MG/24HR PATCH 24HR	8	
DIBENZODIAZEPINES		
CLOZAPINE 12.5 MG TAB DISP	8	QL
CLOZAPINE 150 MG TAB DISP	8	QL
clozapine orally disintegrating tab 100 mg	8	
clozapine orally disintegrating tab 150 mg	8	QL
clozapine orally disintegrating tab 200 mg	8	QL
clozapine orally disintegrating tab 25 mg	8	QL
clozapine tab 100 mg	8	QL
clozapine tab 200 mg	8	QL
clozapine tab 25 mg	8	QL
clozapine tab 50 mg	8	QL
CLOZARIL 100 MG TAB	8	
CLOZARIL 200 MG TAB	8	
CLOZARIL 25 MG TAB	8	
CLOZARIL 50 MG TAB	8	
VERSACLOZ 50 MG/ML SUSPENSION	8	
DIBENZOTHIAZEPINES		
QUETIAPINE FUMARATE 150 MG TAB	8	
quetiapine fumarate tab 100 mg	8	QL
quetiapine fumarate tab 200 mg	8	QL
quetiapine fumarate tab 25 mg	8	QL
quetiapine fumarate tab 300 mg	8	QL
quetiapine fumarate tab 400 mg	8	QL
quetiapine fumarate tab 50 mg	8	QL
quetiapine fumarate tab er 24hr 150 mg	8	QL
quetiapine fumarate tab er 24hr 200 mg	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate tab er 24hr 300 mg</i>	8	QL
<i>quetiapine fumarate tab er 24hr 400 mg</i>	8	QL
<i>quetiapine fumarate tab er 24hr 50 mg</i>	8	QL
SEROQUEL 100 MG TAB	8	
SEROQUEL 200 MG TAB	8	
SEROQUEL 25 MG TAB	8	
SEROQUEL 300 MG TAB	8	
SEROQUEL 400 MG TAB	8	
SEROQUEL 50 MG TAB	8	
SEROQUEL XR 150 MG TAB ER 24H	8	
SEROQUEL XR 200 MG TAB ER 24H	8	
SEROQUEL XR 300 MG TAB ER 24H	8	
SEROQUEL XR 400 MG TAB ER 24H	8	
SEROQUEL XR 50 MG TAB ER 24H	8	
DIBENZOXAZEPINES		
ADASUVE 10 MG AER POW BA	8	
<i>loxapine succinate cap 10 mg</i>	8	
<i>loxapine succinate cap 25 mg</i>	8	
<i>loxapine succinate cap 5 mg</i>	8	
<i>loxapine succinate cap 50 mg</i>	8	
DIHYDROINDOLONES		
MOLINDONE HCL 10 MG TAB	8	
MOLINDONE HCL 25 MG TAB	8	
MOLINDONE HCL 5 MG TAB	8	
MUSCARINIC AGENT - COMBINATIONS		
COBENFY 100-20 MG CAP	8	ST AL1 At least 18 yrs old
COBENFY 125-30 MG CAP	8	ST AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COBENFY 50-20 MG CAP	8	ST AL1 At least 18 yrs old
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	8	ST AL1 At least 18 yrs old
PHENOTHIAZINES		
CHLORPROMAZINE HCL 100 MG/ML CONC	8	
CHLORPROMAZINE HCL 30 MG/ML CONC	8	
chlorpromazine hcl inj 25 mg/ml	8	
chlorpromazine hcl inj 50 mg/2ml	8	
chlorpromazine hcl tab 10 mg	8	
chlorpromazine hcl tab 100 mg	8	
chlorpromazine hcl tab 200 mg	8	
chlorpromazine hcl tab 25 mg	8	
chlorpromazine hcl tab 50 mg	8	
fluphenazine decanoate inj 25 mg/ml	8	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	8	AL1 0 to 8 yrs old
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	8	
FLUPHENAZINE HCL 5 MG/ML CONC	8	AL1 0 to 8 yrs old
fluphenazine hcl tab 1 mg	8	
fluphenazine hcl tab 10 mg	8	
fluphenazine hcl tab 2.5 mg	8	
fluphenazine hcl tab 5 mg	8	
perphenazine tab 16 mg	8	
perphenazine tab 2 mg	8	
perphenazine tab 4 mg	8	
perphenazine tab 8 mg	8	
PROCHLORPERAZINE EDISYLATE 50 MG/10ML SOLUTION	8	
prochlorperazine edisylate inj 10 mg/2ml	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	8	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	8	
<i>prochlorperazine suppos 25 mg</i>	1	QL
<i>prochlorperazine suppos 25 mg</i>	1	QL
<i>thioridazine hcl tab 10 mg</i>	8	
<i>thioridazine hcl tab 100 mg</i>	8	
<i>thioridazine hcl tab 25 mg</i>	8	
<i>thioridazine hcl tab 50 mg</i>	8	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	8	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	8	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	8	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	8	
QUINOLINONE DERIVATIVES		
ABILIFY 10 MG TAB	8	
ABILIFY 15 MG TAB	8	
ABILIFY 2 MG TAB	8	
ABILIFY 20 MG TAB	8	
ABILIFY 30 MG TAB	8	
ABILIFY 5 MG TAB	8	
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	8	ST
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	8	ST
ABILIFY MAINTENA 300 MG PRSYR	8	ST
ABILIFY MAINTENA 300 MG SRER	8	ST
ABILIFY MAINTENA 400 MG PRSYR	8	ST
ABILIFY MAINTENA 400 MG SRER	8	ST
ABILIFY MYCITE 10 MG TAB	8	S Specialty Drug
ABILIFY MYCITE 15 MG TAB	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ABILIFY MYCITE 2 MG TAB</i>	8	S Specialty Drug
<i>ABILIFY MYCITE 20 MG TAB</i>	8	S Specialty Drug
<i>ABILIFY MYCITE 30 MG TAB</i>	8	S Specialty Drug
<i>ABILIFY MYCITE 5 MG TAB</i>	8	S Specialty Drug
<i>ABILIFY MYCITE MAINTENANCE KIT 10 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE MAINTENANCE KIT 15 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE MAINTENANCE KIT 2 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE MAINTENANCE KIT 20 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE MAINTENANCE KIT 30 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE MAINTENANCE KIT 5 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE STARTER KIT 10 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE STARTER KIT 15 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE STARTER KIT 2 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE STARTER KIT 20 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE STARTER KIT 30 MG TAB THPK</i>	8	S Specialty Drug
<i>ABILIFY MYCITE STARTER KIT 5 MG TAB THPK</i>	8	S Specialty Drug
<i>aripiprazole oral solution 1 mg/ml</i>	8	
<i>aripiprazole orally disintegrating tab 10 mg</i>	8	
<i>aripiprazole orally disintegrating tab 15 mg</i>	8	
<i>aripiprazole tab 10 mg</i>	8	QL
<i>aripiprazole tab 15 mg</i>	8	QL
<i>aripiprazole tab 2 mg</i>	8	QL
<i>aripiprazole tab 20 mg</i>	8	QL
<i>aripiprazole tab 30 mg</i>	8	QL
<i>aripiprazole tab 5 mg</i>	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARISTADA 1064 MG/3.9ML PRSYR	8	ST
ARISTADA 441 MG/1.6ML PRSYR	8	ST
ARISTADA 662 MG/2.4ML PRSYR	8	ST
ARISTADA 882 MG/3.2ML PRSYR	8	ST
ARISTADA INITIO 675 MG/2.4ML PRSYR	8	ST
OPIPZA 10 MG FILM	8	
OPIPZA 2 MG FILM	8	
OPIPZA 5 MG FILM	8	
REXULTI 0.25 MG TAB	8	QL ST
REXULTI 0.5 MG TAB	8	QL ST
REXULTI 1 MG TAB	8	QL ST
REXULTI 2 MG TAB	8	QL ST
REXULTI 3 MG TAB	8	QL ST
REXULTI 4 MG TAB	8	QL ST
THIENBENZODIAZEPINES		
olanzapine for im inj 10 mg	8	
olanzapine orally disintegrating tab 10 mg	8	QL
olanzapine orally disintegrating tab 15 mg	8	QL
olanzapine orally disintegrating tab 20 mg	8	QL
olanzapine orally disintegrating tab 5 mg	8	QL
olanzapine tab 10 mg	8	QL
olanzapine tab 15 mg	8	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>olanzapine tab 2.5 mg</i>	8	QL
<i>olanzapine tab 20 mg</i>	8	QL
<i>olanzapine tab 5 mg</i>	8	QL
<i>olanzapine tab 7.5 mg</i>	8	QL
ZYPREXA 10 MG RECON SOLN	8	
ZYPREXA 10 MG TAB	8	
ZYPREXA 15 MG TAB	8	
ZYPREXA 2.5 MG TAB	8	
ZYPREXA 20 MG TAB	8	QL
ZYPREXA 5 MG TAB	8	
ZYPREXA 7.5 MG TAB	8	
ZYPREXA RELPREVV 210 MG RECON SUSP	8	ST
ZYPREXA RELPREVV 300 MG RECON SUSP	8	ST
ZYPREXA RELPREVV 405 MG RECON SUSP	8	ST
ZYPREXA ZYDIS 10 MG TAB DISP	8	
ZYPREXA ZYDIS 15 MG TAB DISP	8	
ZYPREXA ZYDIS 20 MG TAB DISP	8	
ZYPREXA ZYDIS 5 MG TAB DISP	8	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	8	
<i>thiothixene cap 10 mg</i>	8	
<i>thiothixene cap 2 mg</i>	8	
<i>thiothixene cap 5 mg</i>	8	
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>BIKTARVY 30-120-15 MG TAB</i>	1	QL S Specialty Drug
<i>BIKTARVY 50-200-25 MG TAB</i>	1	QL S Specialty Drug
<i>CABENUVA 400 &amp; 600 MG/2ML SUSP</i>	1	PA
<i>CABENUVA 600 &amp; 900 MG/3ML SUSP</i>	1	PA
<i>COMPLERA 200-25-300 MG TAB</i>	1	QL S Specialty Drug
<i>DESCOVY 120-15 MG TAB</i>	1	QL PA S Specialty Drug
<i>DESCOVY 200-25 MG TAB</i>	1	QL PA S Specialty Drug
<i>DOVATO 50-300 MG TAB</i>	1	QL PA S Specialty Drug
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL PREV
<i>EVOTAZ 300-150 MG TAB</i>	1	S Specialty Drug
<i>GENVOYA 150-150-200-10 MG TAB</i>	1	QL S Specialty Drug



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	AL1 Up to 8 yrs old
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	S Specialty Drug
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	S Specialty Drug
<i>ODEFSEY 200-25-25 MG TAB</i>	1	QL S Specialty Drug
<i>PREZCOBIX 800-150 MG TAB</i>	1	QL S Specialty Drug
<i>STRIBILD 150-150-200-300 MG TAB</i>	1	QL S Specialty Drug
<i>SYMTUZA 800-150-200-10 MG TAB</i>	1	QL S Specialty Drug
<i>TRIUMEQ 600-50-300 MG TAB</i>	1	QL S Specialty Drug
<i>TRIUMEQ PD 60-5-30 MG TAB SOL</i>	1	QL S Specialty Drug
<b>ANTIRETROVIRALS - CAPSID INHIBITORS</b>		
<i>SUNLENCA 4 X 300 MG TAB THPK</i>	1	PA S Specialty Drug
<i>SUNLENCA 463.5 MG/1.5ML SOLUTION</i>	1	PA S Specialty Drug
<i>SUNLENCA 5 X 300 MG TAB THPK</i>	1	PA S Specialty Drug
<b>ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)</b>		
<i>maraviroc tab 150 mg</i>	1	PA S Specialty Drug
<i>maraviroc tab 300 mg</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>SELZENTRY 25 MG TAB</i>	1	PA S Specialty Drug
<i>SELZENTRY 75 MG TAB</i>	1	PA S Specialty Drug
ANTIRETROVIRALS - FUSION INHIBITORS		
<i>FUZEON 90 MG RECON SOLN</i>	1	PA S Specialty Drug
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
<i>ISENTRESS 100 MG CHEW TAB</i>	1	QL AL1 Up to 8 yrs old S Specialty Drug
<i>ISENTRESS 100 MG PACKET</i>	1	S Specialty Drug
<i>ISENTRESS 25 MG CHEW TAB</i>	1	QL AL1 Up to 8 yrs old S Specialty Drug
<i>ISENTRESS 400 MG TAB</i>	1	QL S Specialty Drug
<i>ISENTRESS HD 600 MG TAB</i>	1	QL S Specialty Drug
<i>TIVICAY 10 MG TAB</i>	1	QL S Specialty Drug
<i>TIVICAY 25 MG TAB</i>	1	QL S Specialty Drug
<i>TIVICAY 50 MG TAB</i>	1	QL S Specialty Drug
<i>TIVICAY PD 5 MG TAB SOL</i>	1	PA S Specialty Drug
ANTIRETROVIRALS - PROTEASE INHIBITORS		
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	
<i>darunavir tab 600 mg</i>	1	QL S Specialty Drug
<i>darunavir tab 800 mg</i>	1	QL S Specialty Drug
<i>NORVIR 80 MG/ML SOLUTION</i>	1	PA AL1 Up to 8 yrs old S Specialty Drug
<i>PREZISTA 150 MG TAB</i>	1	QL S Specialty Drug
<i>PREZISTA 75 MG TAB</i>	1	QL S Specialty Drug
<i>ritonavir tab 100 mg</i>	1	
<b>ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES</b>		
<i>EDURANT 25 MG TAB</i>	1	QL S Specialty Drug
<i>EFAVIRENZ 200 MG CAP</i>	1	
<i>EFAVIRENZ 50 MG CAP</i>	1	
<i>efavirenz tab 600 mg</i>	1	
<i>etravirine tab 100 mg</i>	1	QL S Specialty Drug
<i>etravirine tab 200 mg</i>	1	QL S Specialty Drug
<i>INTELENCE 25 MG TAB</i>	1	QL S Specialty Drug
<i>NEVIRAPINE 50 MG/5ML SUSPENSION</i>	1	QL AL1 Up to 8 yrs old
<i>NEVIRAPINE ER 100 MG TAB ER 24H</i>	1	QL S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	1	QL
<b>PIFELTRO 100 MG TAB</b>	1	S Specialty Drug
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	AL1 Up to 8 yrs old
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES</b>		
<i>emtricitabine caps 200 mg</i>	1	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	QL
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES</b>		
<b>STAVUDINE 15 MG CAP</b>	1	S Specialty Drug
<b>STAVUDINE 20 MG CAP</b>	1	S Specialty Drug
<b>STAVUDINE 30 MG CAP</b>	1	S Specialty Drug
<b>STAVUDINE 40 MG CAP</b>	1	S Specialty Drug
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	AL1 Up to 8 yrs old
<i>zidovudine tab 300 mg</i>	1	
<b>ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES</b>		
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL
<b>ANTIVIRAL COMBINATIONS</b>		
<b>PAXLOVID (150/100) 10 X 150 MG &amp; 10 X 100MG TAB THPK</b>	1	QL
<b>PAXLOVID (300/100) 20 X 150 MG &amp; 10 X 100MG TAB THPK</b>	1	QL
<b>CMV AGENTS</b>		
<b>LIVTENCITY 200 MG TAB</b>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PREVYMIS 120 MG PACKET</i>	1	PA S Specialty Drug
<i>PREVYMIS 20 MG PACKET</i>	1	PA S Specialty Drug
<i>PREVYMIS 240 MG TAB</i>	1	PA S Specialty Drug
<i>PREVYMIS 480 MG TAB</i>	1	PA S Specialty Drug
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	AL1 Up to 8 yrs old
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
<b>HEPATITIS B AGENTS</b>		
<i>adefovir dipivoxil tab 10 mg</i>	1	QL PA
<i>BARACLUDE 0.05 MG/ML SOLUTION</i>	1	PA S Specialty Drug
<i>entecavir tab 0.5 mg</i>	1	QL
<i>entecavir tab 1 mg</i>	1	QL
<i>lamivudine tab 100 mg (hbv)</i>	1	QL
<b>HEPATITIS C AGENT - COMBINATIONS</b>		
<i>LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB</i>	1	PA S Specialty Drug
<i>MAVYRET 100-40 MG TAB</i>	1	PA S Specialty Drug
<i>MAVYRET 50-20 MG PACKET</i>	1	PA S Specialty Drug
<i>SOFOSBUVIR-VELPATASVIR 400-100 MG TAB</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>HEPATITIS C AGENTS</b>		
<i>PEGASYS 180 MCG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>PEGASYS 180 MCG/ML SOLUTION</i>	1	PA S Specialty Drug
<i>RIBAVIRIN 200 MG CAP</i>	1	
<i>RIBAVIRIN 200 MG TAB</i>	1	
<i>ribavirin cap 200 mg</i>	1	
<i>ribavirin tab 200 mg</i>	1	
<b>HERPES AGENTS - PURINE ANALOGUES</b>		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<b>HERPES AGENTS - THYMIDINE ANALOGUES</b>		
<i>famciclovir tab 125 mg</i>	1	QL
<i>famciclovir tab 250 mg</i>	1	QL
<i>famciclovir tab 500 mg</i>	1	QL
<b>INFLUENZA AGENTS</b>		
<i>RIMANTADINE HCL 100 MG TAB</i>	1	
<b>MISC. ANTIVIRALS</b>		
<i>LAGEVRIO 200 MG CAP</i>	1	QL PA
<i>REMDESIVIR 100 MG RECON SOLN</i>	8	
<i>REMDESIVIR 150 MG RECON SOLN</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VEKLURY 100 MG RECON SOLN	8	
VEKLURY 100 MG/20ML SOLUTION	8	
NEURAMINIDASE INHIBITORS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL MFL 1 / 180 day(s)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL MFL 1 / 180 day(s)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL MFL 1 / 180 day(s)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL MFL 1 / 180 DAYS
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	QL
carvedilol phosphate cap er 24hr 20 mg	1	QL
carvedilol phosphate cap er 24hr 40 mg	1	QL
carvedilol phosphate cap er 24hr 80 mg	1	QL
carvedilol tab 12.5 mg	1	QL
carvedilol tab 25 mg	1	QL
carvedilol tab 3.125 mg	1	QL
carvedilol tab 6.25 mg	1	QL
labetalol hcl iv soln 5 mg/ml	1	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>atenolol tab 100 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	QL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	QL
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	QL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	QL
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	QL
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	QL
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	QL
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	QL
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>PROPRANOLOL HCL 20 MG/5ML SOLUTION</i>	1	AL1 Up to 8 yrs old



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PROPRANOLOL HCL 40 MG/5ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>SOTYLIZE 5 MG/ML SOLUTION</i>	1	QL PA
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab er 24hr 120 mg</i>	1	
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>isradipine cap 5 mg</i>	1	
<i>KATERZIA 1 MG/ML SUSPENSION</i>	1	AL1 Up to 8 yrs old
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>NISOLDIPINE ER 20 MG TAB ER 24H</i>	1	
<i>NISOLDIPINE ER 25.5 MG TAB ER 24H</i>	1	
<i>NISOLDIPINE ER 30 MG TAB ER 24H</i>	1	
<i>NISOLDIPINE ER 40 MG TAB ER 24H</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>NORLIQVA 1 MG/ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB		
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	QL
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	QL
CARDIOPLEGIC SOLUTIONS		
<i>*cardioplegic soln**</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO 15-16 MG CAP SPRINK	1	QL
ENTRESTO 24-26 MG TAB	1	QL
ENTRESTO 49-51 MG TAB	1	QL
ENTRESTO 6-6 MG CAP SPRINK	1	QL
ENTRESTO 97-103 MG TAB	1	QL
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium for inj 0.5 mg	1	PA S Specialty Drug
epoprostenol sodium for inj 1.5 mg	1	PA S Specialty Drug
ORENITRAM 0.125 MG TAB ER	1	PA S Specialty Drug
ORENITRAM 0.25 MG TAB ER	1	PA S Specialty Drug
ORENITRAM 1 MG TAB ER	1	PA S Specialty Drug
ORENITRAM 2.5 MG TAB ER	1	PA S Specialty Drug
ORENITRAM 5 MG TAB ER	1	PA S Specialty Drug
ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK	1	PA S Specialty Drug
ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK	1	PA S Specialty Drug
ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK	1	PA S Specialty Drug
REMODULIN 100 MG/20ML SOLUTION	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>REMODULIN 20 MG/20ML SOLUTION</i>	1	PA S Specialty Drug
<i>REMODULIN 200 MG/20ML SOLUTION</i>	1	PA S Specialty Drug
<i>REMODULIN 50 MG/20ML SOLUTION</i>	1	PA S Specialty Drug
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	1	PA S Specialty Drug
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	1	PA S Specialty Drug
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	1	PA S Specialty Drug
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	1	PA S Specialty Drug
<i>VENTAVIS 10 MCG/ML SOLUTION</i>	1	PA S Specialty Drug
<i>VENTAVIS 20 MCG/ML SOLUTION</i>	1	PA S Specialty Drug
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
<i>ADEMPAS 0.5 MG TAB</i>	1	PA S Specialty Drug
<i>ADEMPAS 1 MG TAB</i>	1	PA S Specialty Drug
<i>ADEMPAS 1.5 MG TAB</i>	1	PA S Specialty Drug
<i>ADEMPAS 2 MG TAB</i>	1	PA S Specialty Drug
<i>ADEMPAS 2.5 MG TAB</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 10 mg</i>	1	QL PA S Specialty Drug
<i>ambrisentan tab 5 mg</i>	1	QL PA S Specialty Drug
<i>bosentan tab 125 mg</i>	1	QL PA S Specialty Drug
<i>bosentan tab 62.5 mg</i>	1	QL PA S Specialty Drug
<i>OPSUMIT 10 MG TAB</i>	1	QL PA S Specialty Drug
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA
<i>sildenafil citrate tab 20 mg</i>	1	QL PA
<i>tadalafil tab 20 mg (pah)</i>	1	QL PA
<i>tadalafil tab 20 mg (pah)</i>	1	QL PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
<i>UPTRAVI 1000 MCG TAB</i>	1	QL PA S Specialty Drug
<i>UPTRAVI 1200 MCG TAB</i>	1	QL PA S Specialty Drug



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>UPTRAVI 1400 MCG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>UPTRAVI 1600 MCG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>UPTRAVI 200 &amp; 800 MCG TAB THPK</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>UPTRAVI 200 MCG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>UPTRAVI 400 MCG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>UPTRAVI 600 MCG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<i>UPTRAVI 800 MCG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> </div> Specialty Drug
<b>SINUS NODE INHIBITORS</b>		
<i>CORLANOR 5 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div>
<i>CORLANOR 7.5 MG TAB</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div>
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div>
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div>
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>CEFADROXIL 1 GM TAB</i>	1	
<i>cefadroxil cap 500 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
CEFAZOLIN SODIUM 1 GM RECON SOLN	1	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN	1	
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION	1	
CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN	1	
CEFAZOLIN SODIUM-DEXTROSE 2-4 GM/100ML-% SOLUTION	1	
CEFAZOLIN SODIUM-DEXTROSE 3-2 GM-%(50ML) RECON SOLN	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 125 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
CEFACLOR 250 MG CAP	1	QL
CEFACLOR 250 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
CEFACLOR 375 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
CEFACLOR 500 MG CAP	1	QL
CEFACLOR ER 500 MG TAB ER 12H	1	QL
<i>cefotetan disodium for inj 1 gm</i>	1	
<i>cefotetan disodium for inj 2 gm</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CEFOTETAN DISODIUM-DEXTROSE 1-3.58 GM-%(50ML) RECON SOLN	1	
CEFOTETAN DISODIUM-DEXTROSE 2-2.08 GM-%(50ML) RECON SOLN	1	
cefoxitin sodium for iv soln 1 gm	1	
cefoxitin sodium for iv soln 10 gm	1	
cefoxitin sodium for iv soln 2 gm	1	
CEFOXITIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN	1	
CEFOXITIN SODIUM-DEXTROSE 2-2.2 GM-%(50ML) RECON SOLN	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
cefuroxime sodium for inj 750 mg	1	
cefuroxime sodium for iv soln 1.5 gm	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	QL
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	AL1 Up to 8 yrs old
CEFOTAXIME SODIUM 2 GM RECON SOLN	1	
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	1	AL1 Up to 8 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
CEFTAZIDIME 6 GM RECON SOLN	1	
CEFTAZIDIME AND DEXTROSE 1-5 GM-%(50ML) RECON SOLN	1	
CEFTAZIDIME AND DEXTROSE 2-5 GM-%(50ML) RECON SOLN	1	
<i>ceftazidime for inj 1 gm</i>	1	
<i>ceftazidime for inj 1 gm</i>	1	
<i>ceftazidime for iv soln 2 gm</i>	1	
<i>ceftazidime for iv soln 2 gm</i>	1	
<i>ceftriaxone sodium for inj 1 gm</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
CEFTRIAOXONE SODIUM IN DEXTROSE 20 MG/ML SOLUTION	1	
CEFTRIAOXONE SODIUM IN DEXTROSE 40 MG/ML SOLUTION	1	
CEFTRIAOXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) RECON SOLN	1	
CEFTRIAOXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) RECON SOLN	1	
FORTAZ 500 MG RECON SOLN	1	
SUPRAX 100 MG CHEW TAB	1	
SUPRAX 200 MG CHEW TAB	1	
TAZICEF 1 GM RECON SOLN	1	
TAZICEF 6 GM RECON SOLN	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
CEFEPIME HCL 1 GM/50ML SOLUTION	1	
CEFEPIME HCL 2 GM/100ML SOLUTION	1	
cefepime hcl for inj 1 gm	1	
cefepime hcl for iv soln 2 gm	1	
CEFEPIME-DEXTROSE 1-5 GM-%(50ML) RECON SOLN	1	
CEFEPIME-DEXTROSE 2-5 GM-%(50ML) RECON SOLN	1	
<b>CONTRACEPTIVES</b>		
<b>BIPHASIC CONTRACEPTIVES - ORAL</b>		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	PREV
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	PREV
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	PREV
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	PREV
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	PREV
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	PREV
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	PREV
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	1	QL
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	PREV
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	PREV
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	PREV
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	PREV
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>DROSPIREN-ETH ESTRAD-LEVOMEFOL 3-0.03-0.451 MG TAB</i>	1	QL PREV
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	QL PREV
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	QL PREV
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PREV
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	PREV
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	PREV
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	PREV
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PREV



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	PREV
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	PREV
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PREV
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PREV
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PREV
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PREV
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PREV
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PREV
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PREV
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	PREV
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PREV
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PREV
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PREV
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	PREV
<i>TYBLUME 0.1-20 MG-MCG CHEW TAB</i>	1	PREV
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	QL PREV
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	QL PREV
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	QL PREV
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>ANNOVERA 0.013-0.15 MG/24HR RING</i>	1	QL PREV
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL PREV
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL PREV
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL PREV
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL PREV
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL PREV
CONTINUOUS CONTRACEPTIVES - ORAL		
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	PREV
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	PREV
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	PREV
EMERGENCY CONTRACEPTIVES		
<i>ELLA 30 MG TAB</i>	1	PREV
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	PREV
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	PREV
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	PREV
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	QL PREV
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL PREV
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL PREV
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL PREV
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL PREV
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL PREV
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR</i>	1	PREV
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	PREV
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	PREV
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<i>norethindrone tab 0.35 mg</i>	1	PREV
<b>TRIPHASIC CONTRACEPTIVES - ORAL</b>		
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	1	PREV
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PREV
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PREV
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PREV
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	PREV
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	PREV
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	PREV
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	PREV
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	PREV
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PREV
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PREV
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PREV
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PREV
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	PREV
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	PREV
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PREV
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	PREV
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	PREV
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE 0.5 MG CAP SPRINK	1	QL AL1 Up to 8 yrs old
ALKINDI SPRINKLE 1 MG CAP SPRINK	1	QL AL1 Up to 8 yrs old
ALKINDI SPRINKLE 2 MG CAP SPRINK	1	QL AL1 Up to 8 yrs old
ALKINDI SPRINKLE 5 MG CAP SPRINK	1	QL AL1 Up to 8 yrs old
<i>budesonide delayed release particles cap 3 mg</i>	1	QL
<i>budesonide tab er 24hr 9 mg</i>	1	QL
CORTISONE ACETATE 25 MG TAB	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	1	AL1 Up to 8 yrs old
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	1	QL
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<b>KENALOG-10 10 MG/ML SUSPENSION</b>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	AL1 Up to 8 yrs old
<b>PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION</b>	1	AL1 Up to 8 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	AL1 Up to 8 yrs old
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>PREDNISONE 5 MG/5ML SOLUTION</i>	1	
<i>PREDNISONE INTENSOL 5 MG/ML CONC</i>	1	AL1 Up to 8 yrs old
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>SOLU-CORTEF 100 MG RECON SOLN</i>	1	QL
<i>SOLU-CORTEF 1000 MG RECON SOLN</i>	1	QL
<i>SOLU-CORTEF 250 MG RECON SOLN</i>	1	QL
<i>SOLU-CORTEF 500 MG RECON SOLN</i>	1	QL
<i>SOLU-MEDROL 2 GM RECON SOLN</i>	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC		
<i>BENZONATATE 150 MG CAP</i>	1	
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTITUSSIVE - OPIOID</b>		
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
<b>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</b>		
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<b>NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE</b>		
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<b>OPIOID ANTITUSSIVE-ANTIHISTAMINE</b>		
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL MFL 3 / 180 DAYS
<b>DERMATOLOGICALS</b>		
<b>ACNE ANTIBIOTICS</b>		
<i>clindamycin phosphate foam 1%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	PA
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
ACNE COMBINATIONS		
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	QL
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	1	
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	QL
<i>isotretinoin cap 10 mg</i>	1	QL
<i>isotretinoin cap 10 mg</i>	1	QL
<i>isotretinoin cap 10 mg</i>	1	QL
<i>isotretinoin cap 10 mg</i>	1	QL
<i>isotretinoin cap 10 mg</i>	1	QL
<i>isotretinoin cap 10 mg</i>	1	QL
<i>isotretinoin cap 20 mg</i>	1	QL
<i>isotretinoin cap 20 mg</i>	1	QL
<i>isotretinoin cap 20 mg</i>	1	QL
<i>isotretinoin cap 20 mg</i>	1	QL
<i>isotretinoin cap 20 mg</i>	1	QL
<i>isotretinoin cap 20 mg</i>	1	QL
<i>isotretinoin cap 20 mg</i>	1	QL
<i>isotretinoin cap 20 mg</i>	1	QL
<i>isotretinoin cap 30 mg</i>	1	QL
<i>isotretinoin cap 30 mg</i>	1	QL
<i>isotretinoin cap 30 mg</i>	1	QL
<i>isotretinoin cap 30 mg</i>	1	QL
<i>isotretinoin cap 30 mg</i>	1	QL
<i>isotretinoin cap 40 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	QL
<i>isotretinoin cap 40 mg</i>	1	QL
<i>isotretinoin cap 40 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>isotretinoin cap 40 mg</i>	1	QL
<i>isotretinoin cap 40 mg</i>	1	QL
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin cream 0.05%</i>	1	
<i>tretinoin cream 0.1%</i>	1	
<i>tretinoin gel 0.01%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
<i>tretinoin gel 0.05%</i>	1	
<i>tretinoin microsphere gel 0.04%</i>	1	
<i>tretinoin microsphere gel 0.04%</i>	1	
<i>tretinoin microsphere gel 0.1%</i>	1	
<i>tretinoin microsphere gel 0.1%</i>	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>DICLOFENAC EPOLAMINE 1.3 % PATCH</i>	1	QL PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	QL
<i>diclofenac sodium soln 1.5%</i>	1	QL
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ciclopirox solution 8%</i>	1	
<i>ciclopirox solution 8%</i>	1	
<b>CICLOPIROX TREATMENT 8 % KIT</b>	1	
<b>LOPROX 0.77 % KIT</b>	1	
<b>NAFTIFINE HCL 1 % CREAM</b>	1	
<i>naftifine hcl cream 2%</i>	1	PA
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<b>ANTIFUNGALS - TOPICAL COMBINATIONS</b>		
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<b>CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION</b>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<b>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</b>		
<b>FLUOROURACIL 0.5 % CREAM</b>	1	
<i>fluorouracil cream 5%</i>	1	QL
<b>ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S</b>		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	QL
<b>ANTIPSORIATICS</b>		
<b>CALCIPOTRIENE 0.005 % SOLUTION</b>	1	
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>CALCITRIOL 3 MCG/GM OINTMENT</i>	1	PA
<i>tazarotene cream 0.1%</i>	1	
<i>ZORYVE 0.3 % CREAM</i>	1	QL PA
<b>ANTIPSORIATICS - SYSTEMIC</b>		
<i>acitretin cap 10 mg</i>	1	QL
<i>acitretin cap 17.5 mg</i>	1	QL
<i>acitretin cap 25 mg</i>	1	QL
<i>METHOXSALLEN RAPID 10 MG CAP</i>	1	PA
<i>methoxsalen rapid cap 10 mg</i>	1	PA
<i>TALTZ 20 MG/0.25ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>TALTZ 40 MG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>TALTZ 80 MG/ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>TALTZ 80 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>WEZLANA 45 MG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>WEZLANA 45 MG/0.5ML SOLUTION</i>	1	PA S Specialty Drug
<i>WEZLANA 90 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 2.5%</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	QL
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
<i>OPZELURA 1.5 % CREAM</i>	1	QL PA
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
<i>ADBRY 150 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>ADBRY 300 MG/2ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>DUPIXENT 100 MG/0.67ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>DUPIXENT 200 MG/1.14ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>DUPIXENT 200 MG/1.14ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>DUPIXENT 300 MG/2ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>DUPIXENT 300 MG/2ML SOLN PRSYR</i>	1	PA S Specialty Drug
BURN PRODUCTS		
<i>MAFENIDE ACETATE 5 % PACKET</i>	1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
AMCINONIDE 0.1 % CREAM	1	
AMCINONIDE 0.1 % LOTION	1	
APEXICON E 0.05 % CREAM	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clobetasol propionate spray 0.05%</i>	1	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<b>DIFLORASONE DIACETATE 0.05 % CREAM</b>	1	
<i>diflorasone diacetate oint 0.05%</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<b>FLUTICASONE PROPIONATE 0.05 % LOTION</b>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>halobetasol propionate oint 0.05%</i>	1	
<b>HYDROCORTISONE 2.5 % LOTION</b>	1	
<b>HYDROCORTISONE BUTYRATE 0.1 % CREAM</b>	1	
<b>HYDROCORTISONE BUTYRATE 0.1 % OINTMENT</b>	1	
<b>HYDROCORTISONE BUTYRATE 0.1 % SOLUTION</b>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate lotion 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<b>PREDNICARBATE 0.1 % CREAM</b>	1	
<b>PREDNICARBATE 0.1 % OINTMENT</b>	1	
<b>TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN</b>	1	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cream 40%</i>	1	
<i>urea cream 40%</i>	1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
<i>imiquimod cream 5%</i>	1	
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
<i>PODOFILOX 0.5 % SOLUTION</i>	1	
<i>podofilox soln 0.5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine hcl cream 3%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl cream 3%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<b>LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL</b>	1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine patch 5%</i>	1	QL
<i>lidocaine patch 5%</i>	1	QL
<i>lidocaine patch 5%</i>	1	QL
<i>lidocaine patch 5%</i>	1	QL
<b>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</b>		
<i>pimecrolimus cream 1%</i>	1	QL
<i>tacrolimus oint 0.03%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
<b>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</b>		
<i>tavaborole soln 5%</i>	1	QL ST
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
<b>EUCRISA 2 % OINTMENT</b>	1	PA
<b>ZORYVE 0.15 % CREAM</b>	1	QL PA
<b>ROSACEA AGENTS</b>		
<i>azelaic acid gel 15%</i>	1	QL
<i>ivermectin cream 1%</i>	1	QL
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
SCABICIDES & PEDICULICIDES		
<i>LINDANE 1 % SHAMPOO</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
STEROID-LOCAL ANESTHETIC COMBINATIONS		
<i>EPIFOAM 1-1 % FOAM</i>	1	
TOPICAL ANESTHETIC COMBINATIONS		
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene gel 1%</i>	1	PA S Specialty Drug
TOPICAL STEROID COMBINATIONS		
<i>CLODAN 0.05 % KIT</i>	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
<i>FREESTYLE INSULINX TEST STRIP</i>	1	QL
<i>FREESTYLE LITE TEST STRIP</i>	1	QL
<i>FREESTYLE TEST STRIP</i>	1	QL
INFECTION TESTS		
<i>ACCUA SARS-COV-2 KIT</i>	1	QL PREV
<i>ADVIN COVID-19 ANTIGEN TEST KIT</i>	1	QL PA
<i>BD VERITOR HOME COVID-19 TEST KIT</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>BD VERITOR SYSTEM SARS-COV-2 KIT</i>	1	QL PREV
<i>BINAXNOW COVID-19 AG CARD KIT</i>	1	QL PREV
<i>BINAXNOW COVID-19 AG HOME TEST KIT</i>	1	QL PA
<i>CARESTART COVID-19 HOME TEST KIT</i>	1	QL PA
<i>CLEARDETECT COVID-19 AG HOME KIT</i>	1	QL PA
<i>CLINITEST RAPID COVID-19 TEST KIT</i>	1	QL PA
<i>COBAS LIAT SARS-COV-2 ASSAY KIT</i>	1	QL PREV
<i>COVID-19 AT HOME ANTIGEN TEST KIT</i>	1	QL PA
<i>COVID-19 AT-HOME TEST KIT</i>	1	QL PA
<i>COVID-19 OTC ANTIGEN 1-PACK KIT</i>	1	QL PA
<i>COVID-19 OTC ANTIGEN 2-PACK KIT</i>	1	QL PA
<i>CVS COVID-19 AT HOME TEST KIT KIT</i>	1	QL PA
<i>DIATRUST COVID-19 HOME TEST KIT</i>	1	QL PA
<i>DXTERITY COVID-19 HOME TEST KIT</i>	1	QL PA
<i>ELLUME COVID-19 HOME TEST KIT</i>	1	QL PA



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>EVERLYWELL COVID-19 HOME TEST KIT</i>	1	QL PA
<i>FASTEP COVID-19 ANTIGEN TEST KIT</i>	1	QL PA
<i>FLOWFLEX COVID-19 AG HOME TEST KIT</i>	1	QL PA
<i>GENABIO COVID-19 RAPID TEST KIT</i>	1	QL PA
<i>GOTOKNOW COVID-19 ANTIGEN RAPI KIT</i>	1	QL PA
<i>ID NOW COVID-19 KIT</i>	1	QL PREV
<i>ID NOW COVID-19 2.0 TEST KIT</i>	1	QL PREV
<i>IHEALTH COVID-19 RAPID TEST KIT</i>	1	QL PA
<i>INDICAID COVID-19 RAPID TEST KIT</i>	1	QL PA
<i>INTELISWAB COVID-19 RAPID TEST KIT</i>	1	QL PA
<i>LUCIRA COVID-19 ALL-IN-ONE KIT</i>	1	QL PREV
<i>LYRA DIRECT SARS-COV-2 ASSAY KIT</i>	1	QL PREV
<i>LYRA SARS-COV-2 ASSAY KIT</i>	1	QL PREV
<i>MYLAB BOX COVID-19 TESTING KIT</i>	1	QL PA
<i>OHC COVID-19 ANTIGEN SELF TEST KIT</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ON/GO COVID-19 ANTIGEN TEST KIT</i>	1	QL PA
<i>ON/GO ONE COVID-19 HOME TEST KIT</i>	1	QL PA
<i>PILOT COVID-19 AT-HOME TEST KIT</i>	1	QL PA
<i>PIXEL COVID-19 PCR HOME TEST KIT</i>	1	QL PA
<i>QUICKVUE AT-HOME COVID-19 TEST KIT</i>	1	QL PA
<i>QUICKVUE SARS ANTIGEN TEST KIT</i>	1	QL PREV
<i>SIMPLICITY COVID-19 AT-HOME KIT</i>	1	QL PA
<i>SOFIA SARS ANTIGEN FIA KIT</i>	1	QL PREV
<i>SOFIA2 SARS ANTIGEN FIA KIT</i>	1	QL PREV
<i>SPEEDY SWAB COVID-19 ANTIGEN KIT</i>	1	QL PA
<i>XPERT XPRESS SARS-COV-2 KIT</i>	1	QL PREV
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
<i>CREON 12000-38000 UNIT CP DR PART</i>	1	PA
<i>CREON 24000-76000 UNIT CP DR PART</i>	1	PA
<i>CREON 3000-9500 UNIT CP DR PART</i>	1	PA
<i>CREON 36000-114000 UNIT CP DR PART</i>	1	PA
<i>CREON 6000-19000 UNIT CP DR PART</i>	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZENPEP 10000-32000 UNIT CP DR PART	1	PA
ZENPEP 15000-47000 UNIT CP DR PART	1	PA
ZENPEP 20000-63000 UNIT CP DR PART	1	PA
ZENPEP 25000-79000 UNIT CP DR PART	1	PA
ZENPEP 3000-10000 UNIT CP DR PART	1	PA
ZENPEP 40000-126000 UNIT CP DR PART	1	PA
ZENPEP 5000-24000 UNIT CP DR PART	1	PA
ZENPEP 60000-189600 UNIT CP DR PART	1	PA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
methazolamide tab 25 mg	1	QL
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ethacrynic acid tab 25 mg</i>	1	
<b>FUROSEMIDE 8 MG/ML SOLUTION</b>	1	AL1 Up to 8 yrs old
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>torseamide tab 10 mg</i>	1	
<i>torseamide tab 100 mg</i>	1	
<i>torseamide tab 20 mg</i>	1	
<i>torseamide tab 5 mg</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone susp 25 mg/5ml</i>	1	AL1 0 to 8 yrs old
<i>spironolactone tab 100 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<b>DIURIL 250 MG/5ML SUSPENSION</b>	1	AL1 Up to 8 yrs old
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	QL AL1 0 to 8 yrs old
<i>alendronate sodium tab 10 mg</i>	1	QL
<i>alendronate sodium tab 35 mg</i>	1	QL
<i>alendronate sodium tab 70 mg</i>	1	QL
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	QL
<i>risedronate sodium tab 150 mg</i>	1	QL
<i>risedronate sodium tab 30 mg</i>	1	QL
<i>risedronate sodium tab 35 mg</i>	1	QL
<i>risedronate sodium tab 5 mg</i>	1	QL
<i>risedronate sodium tab delayed release 35 mg</i>	1	QL
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	QL
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	QL
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	QL
CALCITONINS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>DOPAMINE RECEPTOR AGONISTS</b>		
<i>cabergoline tab 0.5 mg</i>	1	
<b>GAA DEFICIENCY TREATMENT - AGENTS</b>		
<i>LUMIZYME 50 MG RECON SOLN</i>	1	
<b>GROWTH HORMONES</b>		
<i>NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN</i>	1	PA S Specialty Drug
<i>NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN</i>	1	PA S Specialty Drug
<i>NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN</i>	1	PA S Specialty Drug
<i>NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN</i>	1	PA S Specialty Drug
<b>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS</b>		
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	AL1 Up to 8 yrs old
<i>DOXERCALCIFEROL 0.5 MCG CAP</i>	1	
<i>DOXERCALCIFEROL 1 MCG CAP</i>	1	
<i>DOXERCALCIFEROL 2.5 MCG CAP</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>HECTOROL 2 MCG/ML SOLUTION</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
<i>LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT-PED (1-MONTH) 15 MG KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT-PED (3-MONTH) 30 MG KIT</i>	1	PA S Specialty Drug
<i>LUPRON DEPOT-PED (6-MONTH) 45 MG KIT</i>	1	PA S Specialty Drug
<b>OVULATION STIMULANTS-GONADOTROPINS</b>		
<i>CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN</i>	1	PA
<i>FOLLISTIM AQ 300 UNT/0.36ML SOLUTION</i>	1	PA S Specialty Drug
<i>FOLLISTIM AQ 600 UNT/0.72ML SOLUTION</i>	1	PA S Specialty Drug
<i>FOLLISTIM AQ 900 UNT/1.08ML SOLUTION</i>	1	PA S Specialty Drug
<i>GONAL-F 1050 UNIT RECON SOLN</i>	1	PA S Specialty Drug
<i>GONAL-F 450 UNIT RECON SOLN</i>	1	PA S Specialty Drug
<i>GONAL-F RFF 75 UNIT RECON SOLN</i>	1	PA S Specialty Drug
<i>GONAL-F RFF REDIJECT 300 UNIT/0.5ML SOLN PEN</i>	1	S Specialty Drug
<i>GONAL-F RFF REDIJECT 450 UNIT/0.75ML SOLN PEN</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>GONAL-F RFF REDIJECT 900 UNIT/1.5ML SOLN PEN</i>	1	PA S Specialty Drug
<i>MENOPUR 75 UNIT RECON SOLN</i>	1	PA S Specialty Drug
<i>NOVAREL 10000 UNIT RECON SOLN</i>	1	PA
<i>NOVAREL 5000 UNIT RECON SOLN</i>	1	PA S Specialty Drug
<i>PREGNYL 10000 UNIT RECON SOLN</i>	1	PA
PARATHYROID HORMONE AND DERIVATIVES		
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	1	PA S Specialty Drug
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	1	PA S Specialty Drug
<i>TYMLOS 3120 MCG/1.56ML SOLN PEN</i>	1	QL PA S Specialty Drug
PHENYLKETONURIA TREATMENT - AGENTS		
<i>PALYNZIQ 10 MG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>PALYNZIQ 20 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA S Specialty Drug
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA S Specialty Drug
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA S Specialty Drug



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>SCLEROSTIN INHIBITORS</b>		
<i>EVENITY 105 MG/1.17ML SOLN PRSYR</i>	1	QL PA MFL 12 / 9999 DAYS S Specialty Drug
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
<i>raloxifene hcl tab 60 mg</i>	1	QL PREV
<b>SOMATOSTATIC AGENTS</b>		
<i>OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR</i>	1	
<i>OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR</i>	1	
<i>OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR</i>	1	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	
<i>SIGNIFOR 0.3 MG/ML SOLUTION</i>	1	PA S Specialty Drug
<i>SIGNIFOR 0.6 MG/ML SOLUTION</i>	1	PA S Specialty Drug
<i>SIGNIFOR 0.9 MG/ML SOLUTION</i>	1	PA S Specialty Drug
<i>SIGNIFOR LAR 10 MG SRER</i>	1	PA S Specialty Drug
<i>SIGNIFOR LAR 20 MG SRER</i>	1	PA S Specialty Drug
<i>SIGNIFOR LAR 30 MG SRER</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>SIGNIFOR LAR 40 MG SRER</i>	1	PA S Specialty Drug
<i>SIGNIFOR LAR 60 MG SRER</i>	1	PA S Specialty Drug
UREA CYCLE DISORDER - AGENTS		
<i>PHEBURANE 483 MG/GM PELLETT</i>	1	PA S Specialty Drug
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	AL1 Up to 8 yrs old S Specialty Drug
VASOPRESSIN		
<i>DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION</i>	8	QL
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
<i>STIMATE 1.5 MG/ML SOLUTION</i>	8	QL
ESTROGENS		
ESTROGEN & PROGESTIN		
<i>CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK</i>	1	QL
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>PREMPRO 0.3-1.5 MG TAB</i>	1	
<i>PREMPRO 0.45-1.5 MG TAB</i>	1	
<i>PREMPRO 0.625-2.5 MG TAB</i>	1	
<i>PREMPRO 0.625-5 MG TAB</i>	1	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	QL
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	QL
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	QL
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	QL
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	QL
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<b>MENEST 0.3 MG TAB</b>	1	
<b>MENEST 0.625 MG TAB</b>	1	
<b>MENEST 1.25 MG TAB</b>	1	
<b>PREMARIN 0.3 MG TAB</b>	1	
<b>PREMARIN 0.45 MG TAB</b>	1	
<b>PREMARIN 0.625 MG TAB</b>	1	
<b>PREMARIN 0.9 MG TAB</b>	1	
<b>PREMARIN 1.25 MG TAB</b>	1	
<b>PREMARIN 25 MG RECON SOLN</b>	1	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	AL1 Up to 8 yrs old
<b>CIPROFLOXACIN HCL 100 MG TAB</b>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<b>CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION</b>	1	
<b>CIPROFLOXACIN IN D5W 400 MG/200ML SOLUTION</b>	1	
<b>LEVOFLOXACIN 25 MG/ML SOLUTION</b>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	AL1 0 to 8 yrs old
<i>levofloxacin tab 250 mg</i>	1	QL
<i>levofloxacin tab 500 mg</i>	1	QL
<i>levofloxacin tab 750 mg</i>	1	QL
<b>MOXIFLOXACIN HCL 400 MG/250ML SOLUTION</b>	1	
<b>MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION</b>	1	PA
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<b>OFLOXACIN 300 MG TAB</b>	1	
<i>ofloxacin tab 400 mg</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
<i>MOTTEGRITY 1 MG TAB</i>	1	QL PA
<i>MOTTEGRITY 2 MG TAB</i>	1	QL PA
<b>CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
<i>TRULANCE 3 MG TAB</i>	1	PA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>CHENODAL 250 MG TAB</i>	1	PA S Specialty Drug
<i>CTEXLI 250 MG TAB</i>	1	PA S Specialty Drug
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 24 mcg</i>	1	QL
<i>lubiprostone cap 8 mcg</i>	1	QL
GASTROINTESTINAL STIMULANTS		
<i>METOCLOPRAMIDE HCL 10 MG TAB DISP</i>	1	QL
<i>METOCLOPRAMIDE HCL 5 MG TAB DISP</i>	1	QL
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
<i>LINZESS 145 MCG CAP</i>	1	QL PA
<i>LINZESS 290 MCG CAP</i>	1	QL PA
<i>LINZESS 72 MCG CAP</i>	1	QL PA
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	QL PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	QL PA
INFLAMMATORY BOWEL AGENTS		
<i>*mesalamine rectal enema 4 gm &amp; cleanser wipe kit**</i>	1	
<i>balsalazide disodium cap 750 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mesalamine cap er 24hr 0.375 gm</i>	1	QL
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	QL
<i>mesalamine tab delayed release 1.2 gm</i>	1	QL
<i>mesalamine tab delayed release 800 mg</i>	1	QL
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>MOVANTIK 12.5 MG TAB</i>	1	QL PA
<i>MOVANTIK 25 MG TAB</i>	1	PA
<i>SYMPROIC 0.2 MG TAB</i>	1	QL PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	
<i>sevelamer carbonate packet 0.8 gm</i>	1	AL1 Up to 8 yrs old
<i>sevelamer carbonate packet 2.4 gm</i>	1	AL1 Up to 8 yrs old
<i>sevelamer carbonate tab 800 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>		
<i>CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT</i>	1	PA S Specialty Drug
<i>CIMZIA 2 X 200 MG KIT</i>	1	PA S Specialty Drug
<i>CIMZIA-STARTER 200 MG/ML PREF SY KT</i>	1	PA S Specialty Drug
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>5-ALPHA REDUCTASE INHIBITORS</b>		
<i>dutasteride cap 0.5 mg</i>	1	QL
<i>finasteride tab 5 mg</i>	1	QL GL Male
<b>ALPHA 1-ADRENOCEPTOR ANTAGONISTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL
<i>silodosin cap 4 mg</i>	1	QL
<i>silodosin cap 8 mg</i>	1	QL
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL
<b>ANTI-INFECTIVE GENITOURINARY IRRIGANTS</b>		
<i>NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION</i>	1	
<b>CITRATES</b>		
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	1	
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	1	
<i>glycine irrigation soln 1.5%</i>	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glycine irrigation soln 1.5%</i>	1	
<i>glycine irrigation soln 1.5%</i>	1	
<b>SODIUM CHLORIDE 0.9 % SOLUTION</b>	1	
<i>sodium chloride irrigation soln 0.9%</i>	1	
<i>sodium chloride irrigation soln 0.9%</i>	1	
<i>sodium chloride irrigation soln 0.9%</i>	1	
<b>PHOSPHATES</b>		
<b>K-PHOS NO 2 305-700 MG TAB</b>	1	
<b>PROSTATIC HYPERTROPHY AGENT COMBINATIONS</b>		
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL
<i>febuxostat tab 40 mg</i>	1	QL
<i>febuxostat tab 80 mg</i>	1	QL
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
<b>ADVATE 1000 UNIT RECON SOLN</b>	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ADVATE 1500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADVATE 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADVATE 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADVATE 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADVATE 4000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADVATE 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADYNOVATE 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADYNOVATE 1500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADYNOVATE 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADYNOVATE 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADYNOVATE 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADYNOVATE 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ADYNOVATE 750 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>AFSTYLA 1000 UNIT KIT</i>	8	PA S Specialty Drug
<i>AFSTYLA 1500 UNIT KIT</i>	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>AFSTYLA 2000 UNIT KIT</i>	8	PA S Specialty Drug
<i>AFSTYLA 250 UNIT KIT</i>	8	PA S Specialty Drug
<i>AFSTYLA 2500 UNIT KIT</i>	8	PA S Specialty Drug
<i>AFSTYLA 3000 UNIT KIT</i>	8	PA S Specialty Drug
<i>AFSTYLA 500 UNIT KIT</i>	8	PA S Specialty Drug
<i>ALPHANATE 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ALPHANATE 1500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ALPHANATE 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ALPHANATE 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ALPHANATE 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ALPHANINE SD 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ALPHANINE SD 1500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ALPHANINE SD 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ALPROLIX 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ALPROLIX 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALPROLIX 250 UNIT RECON SOLN	8	PA S Specialty Drug
ALPROLIX 3000 UNIT RECON SOLN	8	PA S Specialty Drug
ALPROLIX 4000 UNIT RECON SOLN	8	PA S Specialty Drug
ALPROLIX 500 UNIT RECON SOLN	8	PA S Specialty Drug
ALTUVIIIIO 1000 UNIT RECON SOLN	8	S Specialty Drug
ALTUVIIIIO 2000 UNIT RECON SOLN	8	S Specialty Drug
ALTUVIIIIO 250 UNIT RECON SOLN	8	S Specialty Drug
ALTUVIIIIO 3000 UNIT RECON SOLN	8	S Specialty Drug
ALTUVIIIIO 4000 UNIT RECON SOLN	8	S Specialty Drug
ALTUVIIIIO 500 UNIT RECON SOLN	8	S Specialty Drug
BALFAXAR 1000 UNIT RECON SOLN	8	
BALFAXAR 500 UNIT RECON SOLN	8	
BENEFIX 1000 UNIT KIT	8	PA S Specialty Drug
BENEFIX 2000 UNIT KIT	8	PA S Specialty Drug
BENEFIX 250 UNIT KIT	8	PA S Specialty Drug
BENEFIX 3000 UNIT KIT	8	PA S Specialty Drug
BENEFIX 500 UNIT KIT	8	PA S Specialty Drug
COAGADEX 250 UNIT RECON SOLN	8	S Specialty Drug
COAGADEX 500 UNIT RECON SOLN	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>CORIFACT 1000-1600 UNIT KIT</i>	8	S Specialty Drug
<i>ELOCTATE 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ELOCTATE 1500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ELOCTATE 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ELOCTATE 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ELOCTATE 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ELOCTATE 4000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ELOCTATE 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ELOCTATE 5000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ELOCTATE 6000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ELOCTATE 750 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ESPEROCT 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ESPEROCT 1500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ESPEROCT 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ESPEROCT 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ESPEROCT 4000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>ESPEROCT 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>FEIBA 1000 UNIT RECON SOLN</i>	8	S Specialty Drug
<i>FEIBA 2500 UNIT RECON SOLN</i>	8	S Specialty Drug
<i>FEIBA 500 UNIT RECON SOLN</i>	8	S Specialty Drug
<i>FIBRYGA RECON SOLN</i>	8	S Specialty Drug
<i>HEMOFIL M 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>HEMOFIL M 1700 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>HEMOFIL M 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>HEMOFIL M 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>HUMATE-P 1000-2400 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>HUMATE-P 250-600 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>HUMATE-P 500-1200 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IDELVION 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IDELVION 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IDELVION 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IDELVION 3500 UNIT RECON SOLN</i>	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>IDELVION 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IXINITY 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IXINITY 1500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IXINITY 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IXINITY 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IXINITY 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>IXINITY 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>JIVI 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>JIVI 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>JIVI 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>JIVI 4000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>JIVI 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>KCENTRA 1000 UNIT KIT</i>	8	
<i>KCENTRA 500 UNIT KIT</i>	8	
<i>KOATE 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>KOATE 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>KOATE 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>KOATE-DVI 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>KOATE-DVI 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>KOGENATE FS 1000 UNIT KIT</i>	8	PA S Specialty Drug
<i>KOGENATE FS 2000 UNIT KIT</i>	8	PA S Specialty Drug
<i>KOGENATE FS 250 UNIT KIT</i>	8	PA S Specialty Drug
<i>KOGENATE FS 3000 UNIT KIT</i>	8	PA S Specialty Drug
<i>KOGENATE FS 500 UNIT KIT</i>	8	PA S Specialty Drug
<i>KOVALTRY 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>KOVALTRY 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>KOVALTRY 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>KOVALTRY 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>KOVALTRY 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>MONONINE 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NOVOEIGHT 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>NOVOEIGHT 1500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NOVOEIGHT 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NOVOEIGHT 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NOVOEIGHT 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NOVOEIGHT 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NOVOSEVEN RT 1 MG RECON SOLN</i>	8	S Specialty Drug
<i>NOVOSEVEN RT 2 MG RECON SOLN</i>	8	S Specialty Drug
<i>NOVOSEVEN RT 5 MG RECON SOLN</i>	8	S Specialty Drug
<i>NOVOSEVEN RT 8 MG RECON SOLN</i>	8	S Specialty Drug
<i>NUWIQ 1000 UNIT KIT</i>	8	PA S Specialty Drug
<i>NUWIQ 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NUWIQ 1500 UNIT KIT</i>	8	PA S Specialty Drug
<i>NUWIQ 1500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NUWIQ 2000 UNIT KIT</i>	8	PA S Specialty Drug
<i>NUWIQ 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NUWIQ 250 UNIT KIT</i>	8	PA S Specialty Drug
<i>NUWIQ 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>NUWIQ 2500 UNIT KIT</i>	8	PA S Specialty Drug
<i>NUWIQ 2500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NUWIQ 3000 UNIT KIT</i>	8	PA S Specialty Drug
<i>NUWIQ 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NUWIQ 4000 UNIT KIT</i>	8	PA S Specialty Drug
<i>NUWIQ 4000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>NUWIQ 500 UNIT KIT</i>	8	PA S Specialty Drug
<i>NUWIQ 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>OBIZUR 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>PROFILNINE 1000 UNIT RECON SOLN</i>	8	S Specialty Drug
<i>PROFILNINE 1500 UNIT RECON SOLN</i>	8	S Specialty Drug
<i>PROFILNINE 500 UNIT RECON SOLN</i>	8	S Specialty Drug
<i>REBINYN 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>REBINYN 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>REBINYN 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>REBINYN 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>RECOMBINATE 1241-1800 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>RECOMBINATE 1801-2400 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>RECOMBINATE 220-400 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>RECOMBINATE 401-800 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>RECOMBINATE 801-1240 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>RIASTAP RECON SOLN</i>	8	S Specialty Drug
<i>RIXUBIS 1000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>RIXUBIS 2000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>RIXUBIS 250 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>RIXUBIS 3000 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>RIXUBIS 500 UNIT RECON SOLN</i>	8	PA S Specialty Drug
<i>SEVENFACT 1 MG RECON SOLN</i>	8	S Specialty Drug
<i>SEVENFACT 2 MG RECON SOLN</i>	8	S Specialty Drug
<i>SEVENFACT 5 MG RECON SOLN</i>	8	S Specialty Drug
<i>TRETTEN 2500 UNIT RECON SOLN</i>	8	S Specialty Drug
<i>VONVENDI 1300 UNIT RECON SOLN</i>	8	S Specialty Drug
<i>VONVENDI 650 UNIT RECON SOLN</i>	8	S Specialty Drug
<i>WILATE 1000-1000 UNIT KIT</i>	8	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>WILATE 500-500 UNIT KIT</i>	8	PA S Specialty Drug
<i>XYNTHA 1000 UNIT KIT</i>	8	PA S Specialty Drug
<i>XYNTHA 2000 UNIT KIT</i>	8	PA S Specialty Drug
<i>XYNTHA 250 UNIT KIT</i>	8	PA S Specialty Drug
<i>XYNTHA 500 UNIT KIT</i>	8	PA S Specialty Drug
<i>XYNTHA SOLOFUSE 1000 UNIT KIT</i>	8	PA S Specialty Drug
<i>XYNTHA SOLOFUSE 2000 UNIT KIT</i>	8	PA S Specialty Drug
<i>XYNTHA SOLOFUSE 250 UNIT KIT</i>	8	PA S Specialty Drug
<i>XYNTHA SOLOFUSE 3000 UNIT KIT</i>	8	PA S Specialty Drug
<i>XYNTHA SOLOFUSE 500 UNIT KIT</i>	8	PA S Specialty Drug
<b>ANTIHEMOPHILIC PRODUCTS - GENE THERAPY AGENTS</b>		
<i>HEMGENIX 10 X 10 ML SUSP THPK</i>	8	S Specialty Drug
<i>HEMGENIX 11 X 10 ML SUSP THPK</i>	8	S Specialty Drug
<i>HEMGENIX 12 X 10 ML SUSP THPK</i>	8	S Specialty Drug
<i>HEMGENIX 13 X 10 ML SUSP THPK</i>	8	S Specialty Drug
<i>HEMGENIX 14 X 10 ML SUSP THPK</i>	8	S Specialty Drug
<i>HEMGENIX 15 X 10 ML SUSP THPK</i>	8	S Specialty Drug
<i>HEMGENIX 16 X 10 ML SUSP THPK</i>	8	S Specialty Drug
<i>HEMGENIX 17 X 10 ML SUSP THPK</i>	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEMGENIX 18 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 19 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 20 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 21 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 22 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 23 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 24 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 25 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 26 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 27 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 28 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 29 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 30 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 31 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 32 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 33 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 34 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 35 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 36 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 37 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 38 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 39 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 40 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 41 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 42 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 43 X 10 ML SUSP THPK	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEMGENIX 44 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 45 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 46 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 47 X 10 ML SUSP THPK	8	S Specialty Drug
HEMGENIX 48 X 10 ML SUSP THPK	8	S Specialty Drug
ROCTAVIAN 2000000000000000 VG/ML SUSPENSION	8	S Specialty Drug
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
ALHEMO 150 MG/1.5ML SOLN PEN	8	S Specialty Drug
ALHEMO 300 MG/3ML SOLN PEN	8	S Specialty Drug
ALHEMO 60 MG/1.5ML SOLN PEN	8	S Specialty Drug
HEMLIBRA 105 MG/0.7ML SOLUTION	8	PA S Specialty Drug
HEMLIBRA 12 MG/0.4ML SOLUTION	8	PA S Specialty Drug
HEMLIBRA 150 MG/ML SOLUTION	8	PA S Specialty Drug
HEMLIBRA 30 MG/ML SOLUTION	8	PA S Specialty Drug
HEMLIBRA 300 MG/2ML SOLUTION	8	PA S Specialty Drug
HEMLIBRA 60 MG/0.4ML SOLUTION	8	PA S Specialty Drug
HYMPAVZI 150 MG/ML SOLN A-INJ	8	S Specialty Drug
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	PA S Specialty Drug
C1 ESTERASE INHIBITORS		
BERINERT 500 UNIT KIT	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>HAEGARDA 2000 UNIT RECON SOLN</i>	1	PA S Specialty Drug
<i>HAEGARDA 3000 UNIT RECON SOLN</i>	1	PA S Specialty Drug
DIRECT-ACTING P2Y12 INHIBITORS		
<i>BRILINTA 60 MG TAB</i>	1	QL
<i>BRILINTA 90 MG TAB</i>	1	QL
GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS		
<i>AGGRASTAT 12.5-0.9 MG/250ML-% SOLUTION</i>	1	
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PHOSPHODIESTERASE III INHIBITORS		
<i>cilostazol tab 100 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
PLASMA EXPANDERS		
<i>HEXTEND 6 % SOLUTION</i>	1	
<i>LMD IN D5W 10-5 % SOLUTION</i>	1	
<i>LMD IN NAACL 10-0.9 % SOLUTION</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
QUINAZOLINE AGENTS		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
THIENOPYRIDINE DERIVATIVES		
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
TISSUE PLASMINOGEN ACTIVATORS		
ACTIVASE 100 MG RECON SOLN	1	
ACTIVASE 50 MG RECON SOLN	1	
CATHFLO ACTIVASE 2 MG RECON SOLN	1	QL
TNKASE 50 MG KIT	1	
HEMATOPOIETIC AGENTS		
AMINO ACIDS		
<i>glutamine (sickle cell) powd pack 5 gm</i>	1	PA
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
HYDROXOCOBALAMIN ACETATE 1000 MCG/ML SOLUTION	1	
CYTOTOXIC AGENTS		
DROXIA 200 MG CAP	1	
DROXIA 300 MG CAP	1	
DROXIA 400 MG CAP	1	
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)		
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	1	PA S Specialty Drug



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR	1	PA S Specialty Drug
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	1	PA S Specialty Drug
PROCRIT 10000 UNIT/ML SOLUTION	1	PA
PROCRIT 2000 UNIT/ML SOLUTION	1	PA
PROCRIT 20000 UNIT/ML SOLUTION	1	PA
PROCRIT 3000 UNIT/ML SOLUTION	1	PA
PROCRIT 4000 UNIT/ML SOLUTION	1	PA
PROCRIT 40000 UNIT/ML SOLUTION	1	PA
RETACRIT 10000 UNIT/ML SOLUTION	1	PA
RETACRIT 2000 UNIT/ML SOLUTION	1	PA
RETACRIT 20000 UNIT/ML SOLUTION	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RETACRIT 3000 UNIT/ML SOLUTION	1	PA
RETACRIT 4000 UNIT/ML SOLUTION	1	PA
FOLIC ACID/FOLATES		
folic acid tab 1 mg	1	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)		
FULPHILA 6 MG/0.6ML SOLN PRSYR	1	QL S Specialty Drug
FYLNETRA 6 MG/0.6ML SOLN PRSYR	1	QL S Specialty Drug
GRANIX 300 MCG/0.5ML SOLN PRSYR	1	QL S Specialty Drug
GRANIX 300 MCG/ML SOLUTION	1	QL S Specialty Drug
GRANIX 480 MCG/0.8ML SOLN PRSYR	1	QL S Specialty Drug
GRANIX 480 MCG/1.6ML SOLUTION	1	QL S Specialty Drug
NIVESTYM 300 MCG/0.5ML SOLN PRSYR	1	QL S Specialty Drug
NIVESTYM 300 MCG/ML SOLUTION	1	QL S Specialty Drug
NIVESTYM 480 MCG/0.8ML SOLN PRSYR	1	QL S Specialty Drug
NIVESTYM 480 MCG/1.6ML SOLUTION	1	QL S Specialty Drug
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	1	QL S Specialty Drug
RELEUKO 300 MCG/0.5ML SOLN PRSYR	1	QL S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>RELEUKO 300 MCG/ML SOLUTION</i>	1	QL S Specialty Drug
<i>RELEUKO 480 MCG/0.8ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>RELEUKO 480 MCG/1.6ML SOLUTION</i>	1	QL S Specialty Drug
<i>UDENYCA 6 MG/0.6ML SOLN A-INJ</i>	1	QL S Specialty Drug
<i>UDENYCA 6 MG/0.6ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>ZARXIO 300 MCG/0.5ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>ZARXIO 480 MCG/0.8ML SOLN PRSYR</i>	1	QL S Specialty Drug
<i>ZIEXTENZO 6 MG/0.6ML SOLN PRSYR</i>	1	QL S Specialty Drug
<b>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</b>		
<i>PROMACTA 12.5 MG PACKET</i>	1	PA S Specialty Drug
<i>PROMACTA 12.5 MG TAB</i>	1	PA S Specialty Drug
<i>PROMACTA 25 MG PACKET</i>	1	PA S Specialty Drug
<i>PROMACTA 25 MG TAB</i>	1	PA S Specialty Drug
<i>PROMACTA 50 MG TAB</i>	1	PA S Specialty Drug
<i>PROMACTA 75 MG TAB</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid inj 250 mg/ml</i>	1	S Specialty Drug
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	AL1 Up to 8 yrs old
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>NEMBUTAL 50 MG/ML SOLUTION</i>	8	
<i>pentobarbital sodium inj 50 mg/ml</i>	8	
<i>phenobarbital elixir 20 mg/5ml</i>	8	
<i>phenobarbital sodium inj 130 mg/ml</i>	8	
<i>phenobarbital sodium inj 65 mg/ml</i>	8	
<i>phenobarbital tab 100 mg</i>	8	
<i>phenobarbital tab 15 mg</i>	8	
<i>phenobarbital tab 16.2 mg</i>	8	
<i>phenobarbital tab 30 mg</i>	8	
<i>phenobarbital tab 32.4 mg</i>	8	
<i>phenobarbital tab 60 mg</i>	8	
<i>phenobarbital tab 64.8 mg</i>	8	
<i>phenobarbital tab 97.2 mg</i>	8	
<i>SEZABY 100 MG RECON SOLN</i>	8	
<b>BENZODIAZEPINE HYPNOTICS</b>		
<i>estazolam tab 1 mg</i>	1	QL
<i>estazolam tab 2 mg</i>	1	QL
<i>FLURAZEPAM HCL 15 MG CAP</i>	1	QL
<i>FLURAZEPAM HCL 30 MG CAP</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 5 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	AL1 Up to 8 yrs old
<i>temazepam cap 15 mg</i>	1	QL
<i>temazepam cap 22.5 mg</i>	1	QL
<i>temazepam cap 30 mg</i>	1	QL
<i>temazepam cap 7.5 mg</i>	1	QL
<i>triazolam tab 0.125 mg</i>	1	QL
<i>triazolam tab 0.25 mg</i>	1	QL
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
<i>eszopiclone tab 1 mg</i>	1	QL
<i>eszopiclone tab 2 mg</i>	1	QL
<i>eszopiclone tab 3 mg</i>	1	QL
<i>zaleplon cap 10 mg</i>	1	QL
<i>zaleplon cap 5 mg</i>	1	QL
ZOLPIDEM TARTRATE 1.75 MG SL TAB	1	QL
ZOLPIDEM TARTRATE 3.5 MG SL TAB	1	QL
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	QL
<i>zolpidem tartrate tab 10 mg</i>	1	QL
<i>zolpidem tartrate tab 5 mg</i>	1	QL
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
<i>BELSOMRA 10 MG TAB</i>	1	QL ST
<i>BELSOMRA 15 MG TAB</i>	1	QL ST
<i>BELSOMRA 20 MG TAB</i>	1	QL ST
<i>BELSOMRA 5 MG TAB</i>	1	QL ST
<i>DAYVIGO 10 MG TAB</i>	1	QL ST
<i>DAYVIGO 5 MG TAB</i>	1	QL ST
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon tab 8 mg</i>	1	QL
<b>LAXATIVES</b>		
<b>BOWEL EVACUANT COMBINATIONS</b>		
<i>GAVILYTE-C 240 GM RECON SOLN</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	PREV
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	PREV
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	PREV
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	PREV
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>lactulose solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETICS - AMIDES</b>		
<i>lidocaine hcl local inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<i>NESACAINE 1 % SOLUTION</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>AZITHROMYCIN 1 GM PACKET</i>	1	AL1 Up to 8 yrs old
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	QL
<i>azithromycin tab 600 mg</i>	1	QL
<b>CLARITHROMYCIN</b>		
<i>CLARITHROMYCIN 125 MG/5ML RECON SUSP</i>	1	
<i>CLARITHROMYCIN 250 MG/5ML RECON SUSP</i>	1	PA
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
<b>ERYTHROMYCINS</b>		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	PA
<i>erythromycin lactobionate for inj 500 mg</i>	1	
<i>erythromycin lactobionate for inj 500 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	PA
<i>erythromycin tab delayed release 500 mg</i>	1	PA
<i>erythromycin tab delayed release 500 mg</i>	1	PA
<b>FIDAXOMICIN</b>		
<i>DIFICID 200 MG TAB</i>	1	QL ST MDS1 10 / 1 day(s)
<i>DIFICID 40 MG/ML RECON SUSP</i>	1	QL ST MDS1 10 / 1 day(s)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>GLUCOSE MONITORING TEST SUPPLIES</b>		
<i>BD MICROTAINER LANCETS MISC</i>	1	
<i>DEXCOM G6 RECEIVER DEVICE</i>	1	QL PA
<i>DEXCOM G6 SENSOR MISC</i>	1	QL PA
<i>DEXCOM G6 TRANSMITTER MISC</i>	1	QL PA
<i>DEXCOM G7 RECEIVER DEVICE</i>	1	QL PA
<i>DEXCOM G7 SENSOR MISC</i>	1	QL PA
<i>EASY TOUCH LANCETS 30G/TWIST MISC</i>	1	
<i>EASY TOUCH LANCETS 33G/TWIST MISC</i>	1	
<i>FREESTYLE FREEDOM KIT</i>	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FREESTYLE FREEDOM LITE W/DEVICE KIT</i>	1	
<i>FREESTYLE INSULINX SYSTEM W/DEVICE KIT</i>	1	
<i>FREESTYLE LANCETS MISC</i>	1	
<i>FREESTYLE LIBRE 14 DAY READER DEVICE</i>	1	QL PA
<i>FREESTYLE LIBRE 14 DAY SENSOR MISC</i>	1	QL PA
<i>FREESTYLE LIBRE 2 PLUS SENSOR MISC</i>	1	QL PA
<i>FREESTYLE LIBRE 2 READER DEVICE</i>	1	QL PA
<i>FREESTYLE LIBRE 2 SENSOR MISC</i>	1	QL PA
<i>FREESTYLE LIBRE 3 PLUS SENSOR MISC</i>	1	QL PA
<i>FREESTYLE LIBRE 3 READER DEVICE</i>	1	QL PA
<i>FREESTYLE LIBRE 3 SENSOR MISC</i>	1	QL PA
<i>FREESTYLE LIBRE READER DEVICE</i>	1	QL PA
<i>FREESTYLE LITE DEVICE</i>	1	
<i>FREESTYLE LITE W/DEVICE KIT</i>	1	
<i>FREESTYLE UNISTICK II LANCETS MISC</i>	1	
<i>KROGER HEALTHPRO LANCET 26G MISC</i>	1	
<i>KROGER LANCETS MISC</i>	1	
<i>KROGER LANCETS 21G MISC</i>	1	
<i>KROGER LANCETS MICRO THIN 33G MISC</i>	1	
<i>KROGER LANCETS SUPER THIN MISC</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KROGER LANCETS THIN MISC	1	
KROGER LANCETS THIN 26G MISC	1	
KROGER LANCETS ULTRATHIN 30G MISC	1	
LANCETS 28G THIN MISC	1	
LANCETS ULTRA THIN 30G MISC	1	
MICROLET LANCETS MISC	1	
ONETOUCH CLUB LANCETS FINE PT MISC	1	
ONETOUCH DELICA LANCETS 30G MISC	1	
ONETOUCH DELICA LANCETS 33G MISC	1	
ONETOUCH DELICA PLUS LANCET30G MISC	1	
ONETOUCH DELICA PLUS LANCET33G MISC	1	
ONETOUCH FINEPOINT LANCETS MISC	1	
ONETOUCH ULTRASOFT LANCETS MISC	1	
PHARMACIST CHOICE LANCETS MISC	1	
TRUEPLUS LANCETS 26G MISC	1	
TRUEPLUS LANCETS 28G MISC	1	
TRUEPLUS LANCETS 30G MISC	1	
TRUEPLUS LANCETS 33G MISC	1	
TRUEPLUS SAFETY LANCETS 28G MISC	1	
<b>NEEDLES &amp; SYRINGES</b>		
AQ INSULIN SYRINGE 29G X 1/2" 1 ML MISC	1	
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
AQINJECT PEN NEEDLE 31G X 5 MM MISC	1	
AQINJECT PEN NEEDLE 32G X 4 MM MISC	1	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	1	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>BD ECLIPSE NEEDLE 23G X 1" MISC</i>	1	
<i>BD ECLIPSE NEEDLE 25G X 1" MISC</i>	1	
<i>BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC</i>	1	
<i>BD PEN NEEDLE NANO U/F 32G X 4 MM MISC</i>	1	
<i>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC</i>	1	
<i>BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 18G X 1" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 18G X 1-1/2" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 20G X 1" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 21G X 1" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 21G X 1-1/2" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 22G X 1" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 23G X 1" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 23G X 1-1/2" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 25G X 1" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 25G X 1-1/2" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 25G X 5/8" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 27G X 1/2" MISC</i>	1	
<i>CAREPOINT POLY HUB NEEDLE 30G X 1/2" MISC</i>	1	
<i>CAREPOINT SAFETY 1ST NEEDLE 23G X 1" MISC</i>	1	
<i>CAREPOINT SAFETY 1ST NEEDLE 23G X 1-1/2" MISC</i>	1	
<i>CAREPOINT SAFETY 1ST NEEDLE 25G X 1" MISC</i>	1	
<i>CAREPOINT SAFETY 1ST NEEDLE 25G X 1-1/2" MISC</i>	1	
<i>CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" MISC</i>	1	
<i>CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 ML MISC</i>	1	
<i>DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML MISC</i>	1	
<i>DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC</i>	1	
<i>DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC</i>	1	
<i>DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC</i>	1	
<i>DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC</i>	1	
<i>DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC</i>	1	
<i>EASYPOINT NEEDLE 23G X 1" MISC</i>	1	
<i>EASYPOINT NEEDLE 25G X 1" MISC</i>	1	
<i>EASYPOINT NEEDLE 25G X 5/8" MISC</i>	1	
<i>EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC</i>	1	
<i>EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML MISC</i>	1	
<i>EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC</i>	1	
<i>INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC</i>	1	
<i>INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML MISC</i>	1	
<i>INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML MISC</i>	1	
<i>INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML MISC</i>	1	
<i>INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC</i>	1	
<i>INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC</i>	1	
<i>INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC</i>	1	
<i>INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC	1	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC	1	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC	1	
MARATHON MEDICAL PENTIPS 29G X 12MM MISC	1	
MARATHON MEDICAL PENTIPS 31G X 5 MM MISC	1	
MARATHON MEDICAL PENTIPS 31G X 8 MM MISC	1	
MARATHON MEDICAL PENTIPS 32G X 4 MM MISC	1	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" MISC	1	
MONOJECT BLUNTIP CANNULA 21G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 14G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 14G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 14G X 2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 16G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 16G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 16G X 3/4" MISC	1	
MONOJECT HYPODERMIC NEEDLE 16G X 5/8" MISC	1	
MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT HYPODERMIC NEEDLE 19G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 20G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 20G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 21G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 21G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 21G X 2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 22G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 23G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 23G X 3/4" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 1" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/4" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 25G X 5/8" MISC	1	
MONOJECT HYPODERMIC NEEDLE 26G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 26G X 1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/4" MISC	1	
MONOJECT HYPODERMIC NEEDLE 27G X 1/2" MISC	1	
MONOJECT HYPODERMIC NEEDLE 30G X 3/4" MISC	1	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	1	
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC	1	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	1	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	1	
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	1	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	1	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	1	
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	1	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 19G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 19G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 20G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 20G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 21G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 21G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 22G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 22G X 1-1/2" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 23G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 25G X 1" MISC	1	
MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML MISC	1	
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML MISC	1	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	1	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML MISC	1	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML MISC	1	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC	1	
PEN NEEDLES 31G X 5 MM MISC	1	
PEN NEEDLES 31G X 8 MM MISC	1	
PEN NEEDLES 32G X 4 MM MISC	1	
PENTIPS 29G X 12MM MISC	1	
PENTIPS 31G X 5 MM MISC	1	
PENTIPS 31G X 8 MM MISC	1	
PENTIPS 32G X 4 MM MISC	1	
PRO COMFORT PEN NEEDLES 31G X 8 MM MISC	1	
PRO COMFORT PEN NEEDLES 32G X 4 MM MISC	1	
PRO COMFORT PEN NEEDLES 32G X 5 MM MISC	1	
SURE COMFORT PEN NEEDLES 31G X 6 MM MISC	1	
SURE COMFORT PEN NEEDLES 32G X 4 MM MISC	1	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	1	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	1	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	1	
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER DEVICE	1	
AEROCHAMBER MINI CHAMBER DEVICE	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER MV MISC	1	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	1	
AEROCHAMBER PLUS FLO-VU MISC	1	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	1	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	1	
AEROCHAMBER PLUS FLO-VU LARGE MISC	1	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	1	
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	1	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	1	
AEROCHAMBER PLUS FLO-VU SMALL MISC	1	
AEROCHAMBER PLUS FLO-VU W/MASK MISC	1	
AEROCHAMBER PLUS FLOW VU MISC	1	
AEROCHAMBER W/FLOWSIGNAL MISC	1	
AEROCHAMBER Z-STAT PLUS MISC	1	
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	1	
AEROCHAMBER Z-STAT PLUS/LARGE MISC	1	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	1	
AEROCHAMBER Z-STAT PLUS/SMALL MISC	1	
AEROVENT PLUS DEVICE	1	
BREATHE EASE LARGE DEVICE	1	
BREATHE EASE MEDIUM DEVICE	1	
BREATHE EASE SMALL DEVICE	1	
CLEVER CHOICE HOLDING CHAMBER DEVICE	1	
COMPACT SPACE CHAMBER DEVICE	1	
COMPACT SPACE CHAMBER/LG MASK DEVICE	1	
COMPACT SPACE CHAMBER/MED MASK DEVICE	1	
COMPACT SPACE CHAMBER/SM MASK DEVICE	1	
EASIVENT MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASIVENT MASK LARGE MISC	1	
EASIVENT MASK MEDIUM MISC	1	
EASIVENT MASK SMALL MISC	1	
EQ SPACE CHAMBER ANTI-STATIC DEVICE	1	
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	1	
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	1	
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	1	
FLEXICHAMBER DEVICE	1	
FLEXICHAMBER ADULT MASK/SMALL MISC	1	
FLEXICHAMBER CHILD MASK/LARGE MISC	1	
FLEXICHAMBER CHILD MASK/SMALL MISC	1	
INSPIRACHAMBER/LARGE DEVICE	1	
INSPIRACHAMBER/MEDIUM DEVICE	1	
INSPIRACHAMBER/MOUTHPIECE DEVICE	1	
INSPIRACHAMBER/SMALL DEVICE	1	
INSPIREASE MISC	1	
MICROCHAMBER DEVICE	1	
MICROCHAMBER MISC	1	
MICROSPACER MISC	1	
OPTICHAMBER DIAMOND DEVICE	1	
OPTICHAMBER DIAMOND MISC	1	
OPTICHAMBER DIAMOND-LG MASK DEVICE	1	
OPTICHAMBER DIAMOND-MD MASK MISC	1	
OPTICHAMBER DIAMOND-SM MASK MISC	1	
POCKET CHAMBER DEVICE	1	
POCKET SPACER DEVICE	1	
PROCHAMBER VHC DEVICE	1	
RITEFLO DEVICE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	1	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	1	
VORTEX VALVED HOLDING CHAMBER DEVICE	1	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC 75 MG TAB DISP	1	QL PA
QULIPTA 10 MG TAB	1	QL PA
QULIPTA 30 MG TAB	1	QL PA
QULIPTA 60 MG TAB	1	QL PA
UBRELVY 100 MG TAB	1	QL PA
UBRELVY 50 MG TAB	1	QL PA
CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES		
AIMOVIG 140 MG/ML SOLN A-INJ	1	QL PA
AIMOVIG 70 MG/ML SOLN A-INJ	1	QL PA
AJOVY 225 MG/1.5ML SOLN A-INJ	1	QL PA
AJOVY 225 MG/1.5ML SOLN PRSYR	1	QL PA
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	1	QL PA
EMGALITY 120 MG/ML SOLN A-INJ	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMGALITY 120 MG/ML SOLN PRSYR	1	QL PA
ERGOT COMBINATIONS		
MIGERGOT 2-100 MG SUPPOS	1	
ERGOMAR 2 MG SL TAB	1	QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
almotriptan malate tab 12.5 mg	1	QL
almotriptan malate tab 6.25 mg	1	QL
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL
naratriptan hcl tab 1 mg (base equiv)	1	QL
naratriptan hcl tab 2.5 mg (base equiv)	1	QL
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL
sumatriptan nasal spray 20 mg/act	1	QL
sumatriptan nasal spray 5 mg/act	1	QL
sumatriptan succinate inj 6 mg/0.5ml	1	QL
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL
sumatriptan succinate tab 100 mg	1	QL
sumatriptan succinate tab 25 mg	1	QL
sumatriptan succinate tab 50 mg	1	QL
ZOLMITRIPTAN 2.5 MG SOLUTION	1	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL ST
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL
<i>zolmitriptan tab 2.5 mg</i>	1	QL
<i>zolmitriptan tab 2.5 mg</i>	1	QL
<i>zolmitriptan tab 5 mg</i>	1	QL
<i>zolmitriptan tab 5 mg</i>	1	QL
<b>ZOMIG 2.5 MG SOLUTION</b>	1	QL ST
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>BICARBONATES</b>		
<b>SODIUM BICARBONATE 7.5 % SOLUTION</b>	1	
<i>sodium bicarbonate iv soln 4.2%</i>	1	
<i>sodium bicarbonate iv soln 8.4%</i>	1	
<b>ELECTROLYTES &amp; DEXTROSE</b>		
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<b>DEXTROSE-NACL 5-0.9 % SOLUTION</b>	1	
<b>DEXTROSE-SODIUM CHLORIDE 5-0.2 % SOLUTION</b>	1	
<b>DEXTROSE-SODIUM CHLORIDE 5-0.225 % SOLUTION</b>	1	
<b>DEXTROSE-SODIUM CHLORIDE 5-0.33 % SOLUTION</b>	1	
<b>DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION</b>	1	
<b>DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION</b>	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<b>KCL IN DEXTROSE-NACL 20-5-0.225 MEQ/L-%-% SOLUTION</b>	1	
<b>KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION</b>	1	
<b>KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION</b>	1	
<b>NORMOSOL-M IN D5W SOLUTION</b>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<b>ELECTROLYTES PARENTERAL</b>		
<b>HYPERLYTE-CR CONC</b>	1	
<b>ISOLYTE-S PH 7.4 SOLUTION</b>	1	
<b>KCL (0.149%) IN NAACL 20-0.45 MEQ/L-% SOLUTION</b>	1	
<b>KCL (0.149%) IN NAACL 20-0.9 MEQ/L-% SOLUTION</b>	1	
<b>KCL (0.298%) IN NAACL 40-0.9 MEQ/L-% SOLUTION</b>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>lactated ringer's solution</i>	1	
<b>LACTATED RINGERS SOLUTION</b>	1	
<b>PLASMA-LYTE A SOLUTION</b>	1	
<b>POTASSIUM CHLORIDE IN NAACL 20-0.45 MEQ/L-% SOLUTION</b>	1	
<b>POTASSIUM CHLORIDE IN NAACL 20-0.9 MEQ/L-% SOLUTION</b>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION	1	
<i>ringer's solution</i>	1	
TPN ELECTROLYTES CONC	1	
FLUORIDE		
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	PREV
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	PREV
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	PREV
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	PREV
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	PREV
PHOSPHATE		
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	1	
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	1	
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	1	
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	1	
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	1	
<i>potassium phosphate monobasic tab 500 mg</i>	1	
POTASSIUM		
<i>potassium bicarbonate effer tab 25 meq</i>	1	
<i>potassium bicarbonate effer tab 25 meq</i>	1	
<i>potassium bicarbonate effer tab 25 meq</i>	1	
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	1	
POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>potassium chloride inj 10 meq/100ml</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 20 meq/100ml</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	AL1 Up to 8 yrs old
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<b>SODIUM</b>		
<b>SODIUM CHLORIDE 0.9 % SOLUTION</b>	1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium chloride iv soln 0.45%</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	
<i>sodium chloride iv soln 3%</i>	1	
<i>sodium chloride iv soln 4 meq/ml (23.4%)</i>	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sodium chloride iv soln 5%</i>	1	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
<i>BENLYSTA 200 MG/ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>BENLYSTA 200 MG/ML SOLN PRSYR</i>	1	PA S Specialty Drug
CHELATING AGENTS		
<i>trientine hcl cap 250 mg</i>	1	PA S Specialty Drug
CYCLOSPORINE ANALOGS		
<i>cyclosporine cap 100 mg</i>	8	
<i>cyclosporine cap 25 mg</i>	8	QL
<i>cyclosporine iv soln 50 mg/ml</i>	8	S Specialty Drug
<i>cyclosporine modified cap 100 mg</i>	8	QL
<i>cyclosporine modified cap 100 mg</i>	8	QL
<i>cyclosporine modified cap 25 mg</i>	8	QL
<i>cyclosporine modified cap 25 mg</i>	8	QL
<i>cyclosporine modified cap 50 mg</i>	8	QL
<i>cyclosporine modified oral soln 100 mg/ml</i>	8	QL
<i>cyclosporine modified oral soln 100 mg/ml</i>	8	QL
<i>LUPKYNIS 7.9 MG CAP</i>	8	PA S Specialty Drug
<i>NEORAL 100 MG CAP</i>	8	
<i>NEORAL 100 MG/ML SOLUTION</i>	8	
<i>NEORAL 25 MG CAP</i>	8	
<i>SANDIMMUNE 100 MG CAP</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SANDIMMUNE 100 MG/ML SOLUTION	8	S Specialty Drug
SANDIMMUNE 25 MG CAP	8	
SANDIMMUNE 50 MG/ML SOLUTION	8	S Specialty Drug
IMMUNE GLOBULIN IMMUNOSUPPRESSANTS		
ATGAM 50 MG/ML SOLUTION	8	S Specialty Drug
THYMOGLOBULIN 25 MG RECON SOLN	8	S Specialty Drug
IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES		
<i>lenalidomide cap 10 mg</i>	1	QL PA S Specialty Drug
<i>lenalidomide cap 15 mg</i>	1	QL PA S Specialty Drug
<i>lenalidomide cap 20 mg</i>	1	PA S Specialty Drug
<i>lenalidomide cap 25 mg</i>	1	QL PA S Specialty Drug
<i>lenalidomide cap 5 mg</i>	1	QL PA S Specialty Drug
<i>lenalidomide caps 2.5 mg</i>	1	PA S Specialty Drug
REVLIMID 10 MG CAP	1	QL PA S Specialty Drug
REVLIMID 15 MG CAP	1	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>REVLIMID 20 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> Specialty Drug
<i>REVLIMID 25 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> Specialty Drug
<i>REVLIMID 5 MG CAP</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px;">QL</div> <div style="background-color: #c48e3a; color: white; padding: 2px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> Specialty Drug
<b>INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>		
<i>CELLCEPT 200 MG/ML RECON SUSP</i>	8	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px;">AL1</div> </div> Up to 8 yrs old
<i>CELLCEPT 250 MG CAP</i>	8	
<i>CELLCEPT 500 MG TAB</i>	8	
<i>CELLCEPT INTRAVENOUS 500 MG RECON SOLN</i>	8	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> Specialty Drug
<i>mycophenolate mofetil cap 250 mg</i>	8	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	8	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c48e3a; color: white; padding: 2px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px;">AL1</div> </div> Up to 8 yrs old
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	8	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> Specialty Drug
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	8	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> Specialty Drug
<i>mycophenolate mofetil tab 500 mg</i>	8	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	8	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	8	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	8	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	8	
<i>MYFORTIC 180 MG TAB DR</i>	8	
<i>MYFORTIC 360 MG TAB DR</i>	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYHIBBIN 200 MG/ML SUSPENSION	8	
IRRIGATION SOLUTIONS		
<i>lactated ringer's for irrigation</i>	1	
<i>ringer's solution for irrigation</i>	1	
<i>ringer's solution for irrigation</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MACROLIDE IMMUNOSUPPRESSANTS		
ASTAGRAF XL 0.5 MG CAP ER 24H	8	QL PA
ASTAGRAF XL 1 MG CAP ER 24H	8	QL PA
ASTAGRAF XL 5 MG CAP ER 24H	8	QL PA
ENVARUSUS XR 0.75 MG TAB ER 24H	8	PA
ENVARUSUS XR 1 MG TAB ER 24H	8	PA
ENVARUSUS XR 4 MG TAB ER 24H	8	PA
<i>everolimus tab 0.25 mg</i>	8	QL
<i>everolimus tab 0.5 mg</i>	8	QL
<i>everolimus tab 0.75 mg</i>	8	QL
<i>everolimus tab 1 mg</i>	8	QL
PROGRAF 0.2 MG PACKET	8	S Specialty Drug
PROGRAF 0.5 MG CAP	8	
PROGRAF 1 MG CAP	8	
PROGRAF 1 MG PACKET	8	S Specialty Drug
PROGRAF 5 MG CAP	8	
PROGRAF 5 MG/ML SOLUTION	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RAPAMUNE 0.5 MG TAB	8	QL
RAPAMUNE 1 MG TAB	8	QL
RAPAMUNE 1 MG/ML SOLUTION	8	S Specialty Drug
RAPAMUNE 2 MG TAB	8	
sirolimus oral soln 1 mg/ml	8	PA AL1 0 to 8 yrs old S Specialty Drug
sirolimus tab 0.5 mg	8	QL
sirolimus tab 1 mg	8	QL
sirolimus tab 2 mg	8	
tacrolimus cap 0.5 mg	8	
tacrolimus cap 1 mg	8	
tacrolimus cap 5 mg	8	
ZORTRESS 0.25 MG TAB	8	
ZORTRESS 0.5 MG TAB	8	
ZORTRESS 0.75 MG TAB	8	
ZORTRESS 1 MG TAB	8	
MONOCLONAL ANTIBODIES		
ENSPRYNG 120 MG/ML SOLN PRSYR	8	PA S Specialty Drug
GAMIFANT 10 MG/2ML SOLUTION	8	S Specialty Drug
GAMIFANT 100 MG/20ML SOLUTION	8	S Specialty Drug
GAMIFANT 50 MG/10ML SOLUTION	8	S Specialty Drug
SIMULECT 10 MG RECON SOLN	8	S Specialty Drug
SIMULECT 20 MG RECON SOLN	8	S Specialty Drug
UPLIZNA 100 MG/10ML SOLUTION	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>POTASSIUM REMOVING AGENTS</b>		
<i>*sodium polystyrene sulfonate powder**</i>	1	
LOKELMA 10 GM PACKET	1	PA
LOKELMA 5 GM PACKET	1	PA
sodium polystyrene sulfonate susp 15 gm/60ml	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	1	
VELTASSA 1 GM PACKET	1	QL PA
VELTASSA 16.8 GM PACKET	1	QL PA
VELTASSA 25.2 GM PACKET	1	QL PA
VELTASSA 8.4 GM PACKET	1	QL PA
<b>PURINE ANALOGS</b>		
AZATHIOPRINE SODIUM 100 MG RECON SOLN	8	
azathioprine tab 100 mg	8	
azathioprine tab 100 mg	8	
azathioprine tab 50 mg	8	
azathioprine tab 75 mg	8	
azathioprine tab 75 mg	8	
IMURAN 50 MG TAB	8	
<b>ROCK INHIBITORS</b>		
REZUROCK 200 MG TAB	1	PA S Specialty Drug
<b>SELECTIVE T-CELL COSTIMULATION BLOCKERS</b>		
NULOJIX 250 MG RECON SOLN	8	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>LIDOCAINE HCL 4 % SOLUTION</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	1	
<i>NYSTATIN 100000 UNIT/ML SUSPENSION</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<b>FLUORIDE DENTAL PRODUCTS</b>		
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<b>SALIVA STIMULANTS</b>		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>MULTIVITAMINS</b>		
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i>	1	
<i>FLORAFOL FE PEDIATRIC 0.25-7 MG/ML SOLUTION</i>	1	
<b>PED MV W/ FLUORIDE</b>		
<i>MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION</i>	1	
<i>MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<b>PED VITAMINS ACD W/ FLUORIDE</b>		
<i>TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<i>TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION</i>	1	AL1 Up to 8 yrs old
<b>PRENATAL MV &amp; MIN W/FE-FA</b>		
<i>CO-NATAL FA TAB</i>	1	PREV
<i>COMPLETENATE 29-1 MG CHEW TAB</i>	1	PA
<i>CONCEPT DHA 53.5-38-1 MG CAP</i>	1	
<i>M-NATAL PLUS 27-1 MG TAB</i>	1	
<i>NEONATAL COMPLETE 27-1 MG TAB</i>	1	
<i>NEONATAL COMPLETE 29-1 MG TAB</i>	1	PREV
<i>NEONATAL PLUS 27-1 MG TAB</i>	1	
<i>NIVA-PLUS 27-1 MG TAB</i>	1	
<i>ONE VITE WOMENS PLUS 27-1 MG TAB</i>	1	
<i>PRENATAL 19 CHEW TAB</i>	1	PA
<i>PRENATAL 19 29-1 MG CHEW TAB</i>	1	PA
<i>PRENATAL 19 29-1 MG TAB</i>	1	PA



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PRENATAL 27-1 MG TAB</i>	1	
<i>PRENATAL PLUS 27-1 MG TAB</i>	1	
<i>PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB</i>	1	
<i>PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB</i>	1	
<i>PRENATRIX 27-1 MG TAB</i>	1	
<i>PRENATRYL 27-1 MG TAB</i>	1	
<i>PREPLUS 27-1 MG TAB</i>	1	
<i>PRETAB 29-1 MG TAB</i>	1	PREV
<i>SE-NATAL 19 29-1 MG CHEW TAB</i>	1	PA
<i>SE-NATAL 19 29-1 MG TAB</i>	1	PA
<i>TARON-C DHA 35-1 MG CAP</i>	1	
<i>TRICARE TAB</i>	1	
<i>TRINATAL RX 1 60-1 MG TAB</i>	1	PA
<i>VINATE ONE 60-1 MG TAB</i>	1	PA
<i>VIRT-C DHA 53.5-38-1 MG CAP</i>	1	
<i>VITATHELY WITH GINGER 27-1 MG TAB</i>	1	
<i>WESCAP-C DHA 53.5-38-1 MG CAP</i>	1	
<i>WESTAB PLUS 27-1 MG TAB</i>	1	
<b>PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL</b>		
<i>COMPLETE NATAL DHA 29-1-200 &amp; 200 MG MISC</i>	1	
<i>WESNATAL DHA COMPLETE 29-1-200 &amp; 200 MG MISC</i>	1	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>BACLOFEN 50 MCG/ML SOLN PRSYR</i>	1	
<i>baclofen tab 10 mg</i>	1	QL
<i>baclofen tab 20 mg</i>	1	QL
<i>baclofen tab 5 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>chlorzoxazone tab 250 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
GABLOFEN 10000 MCG/20ML SOLUTION	1	
GABLOFEN 20000 MCG/20ML SOLUTION	1	
GABLOFEN 40000 MCG/20ML SOLUTION	1	
GABLOFEN 50 MCG/ML SOLN PRSYR	1	
<i>metaxalone tab 800 mg</i>	1	QL
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 100 mg</i>	1	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QL
NASAL ANTIHISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL
<i>XHANCE 93 MCG/ACT EXHU</i>	1	PA
NEUROMUSCULAR AGENTS		
ALS AGENTS - MISCELLANEOUS		
<i>RADICAVA ORS 105 MG/5ML SUSPENSION</i>	1	PA S Specialty Drug
<i>RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION</i>	1	PA S Specialty Drug
BENZATHIAZOLES		
<i>riluzole tab 50 mg</i>	1	
MUSCULAR DYSTROPHY - GENE THERAPY AGENTS		
<i>ELEVIDYS 10.0-10.4 KG 10 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 10.5-11.4 KG 11 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 11.5-12.4 KG 12 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 12.5-13.4 KG 13 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 13.5-14.4 KG 14 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 14.5-15.4 KG 15 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 15.5-16.4 KG 16 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 16.5-17.4 KG 17 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 17.5-18.4 KG 18 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 18.5-19.4 KG 19 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 19.5-20.4 KG 20 X 10 ML KIT</i>	8	S Specialty Drug
<i>ELEVIDYS 20.5-21.4 KG 21 X 10 ML KIT</i>	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELEVIDYS 21.5-22.4 KG 22 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 22.5-23.4 KG 23 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 23.5-24.4 KG 24 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 24.5-25.4 KG 25 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 25.5-26.4 KG 26 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 26.5-27.4 KG 27 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 27.5-28.4 KG 28 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 28.5-29.4 KG 29 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 29.5-30.4 KG 30 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 30.5-31.4 KG 31 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 31.5-32.4 KG 32 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 32.5-33.4 KG 33 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 33.5-34.4 KG 34 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 34.5-35.4 KG 35 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 35.5-36.4 KG 36 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 36.5-37.4 KG 37 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 37.5-38.4 KG 38 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 38.5-39.4 KG 39 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 39.5-40.4 KG 40 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 40.5-41.4 KG 41 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 41.5-42.4 KG 42 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 42.5-43.4 KG 43 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 43.5-44.4 KG 44 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 44.5-45.4 KG 45 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 45.5-46.4 KG 46 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 46.5-47.4 KG 47 X 10 ML KIT	8	S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELEVIDYS 47.5-48.4 KG 48 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 48.5-49.4 KG 49 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 49.5-50.4 KG 50 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 50.5-51.4 KG 51 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 51.5-52.4 KG 52 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 52.5-53.4 KG 53 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 53.5-54.4 KG 54 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 54.5-55.4 KG 55 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 55.5-56.4 KG 56 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 56.5-57.4 KG 57 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 57.5-58.4 KG 58 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 58.5-59.4 KG 59 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 59.5-60.4 KG 60 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 60.5-61.4 KG 61 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 61.5-62.4 KG 62 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 62.5-63.4 KG 63 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 63.5-64.4 KG 64 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 64.5-65.4 KG 65 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 65.5-66.4 KG 66 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 66.5-67.4 KG 67 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 67.5-68.4 KG 68 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 68.5-69.4 KG 69 X 10 ML KIT	8	S Specialty Drug
ELEVIDYS 69.5 KG PLUS 70 X 10 ML KIT	8	S Specialty Drug
SPINAL MUSCULAR ATROPHY-GENE THERAPY AGENTS		
ZOLGENSMA 20.6-21.0 KG 14X8.3 ML KIT	8	
ZOLGENSMA 10.1-10.5 KG 7X8.3 ML KIT	8	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLGENSMA 10.6-11.0 KG 2X5.5ML & 6X8.3ML KIT	8	PA
ZOLGENSMA 11.1-11.5 KG 1X5.5ML & 7X8.3ML KIT	8	PA
ZOLGENSMA 11.6-12.0 KG 8X8.3 ML KIT	8	PA
ZOLGENSMA 12.1-12.5 KG 2X5.5ML & 7X8.3ML KIT	8	PA
ZOLGENSMA 12.6-13.0 KG 1X5.5ML & 8X8.3ML KIT	8	PA
ZOLGENSMA 13.1-13.5 KG 9X8.3 ML KIT	8	PA
ZOLGENSMA 13.6-14.0 KG 2X5.5ML & 8X8.3ML KIT	8	
ZOLGENSMA 14.1-14.5 KG 1X5.5ML & 9X8.3ML KIT	8	
ZOLGENSMA 14.6-15.0 KG 10X8.3 ML KIT	8	
ZOLGENSMA 15.1-15.5 KG 2X5.5ML & 9X8.3ML KIT	8	
ZOLGENSMA 15.6-16.0 KG 1X5.5ML & 10X8.3ML KIT	8	
ZOLGENSMA 16.1-16.5 KG 11X8.3 ML KIT	8	
ZOLGENSMA 16.6-17.0 KG 2X5.5ML & 10X8.3ML KIT	8	
ZOLGENSMA 17.1-17.5 KG 1X5.5ML & 11X8.3ML KIT	8	
ZOLGENSMA 17.6-18.0 KG 12X8.3 ML KIT	8	
ZOLGENSMA 18.1-18.5 KG 2X5.5ML & 11X8.3ML KIT	8	
ZOLGENSMA 18.6-19.0 KG 1X5.5ML & 12X8.3ML KIT	8	
ZOLGENSMA 19.1-19.5 KG 13X8.3 ML KIT	8	
ZOLGENSMA 19.6-20.0 KG 2X5.5ML & 12X8.3ML KIT	8	
ZOLGENSMA 2.6-3.0 KG 2X8.3 ML KIT	8	PA
ZOLGENSMA 20.1-20.5 KG 1X5.5ML & 13X8.3ML KIT	8	
ZOLGENSMA 3.1-3.5 KG 2X5.5ML & 1X8.3ML KIT	8	PA
ZOLGENSMA 3.6-4.0 KG 1X5.5ML & 2X8.3ML KIT	8	PA
ZOLGENSMA 4.1-4.5 KG 3X8.3 ML KIT	8	PA
ZOLGENSMA 4.6-5.0 KG 2X5.5ML & 2X8.3ML KIT	8	PA
ZOLGENSMA 5.1-5.5 KG 1X5.5ML & 3X8.3ML KIT	8	PA
ZOLGENSMA 5.6-6.0 KG 4X8.3 ML KIT	8	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLGENSMA 6.1-6.5 KG 2X5.5ML & 3X8.3ML KIT	8	PA
ZOLGENSMA 6.6-7.0 KG 1X5.5ML & 4X8.3ML KIT	8	PA
ZOLGENSMA 7.1-7.5 KG 5X8.3 ML KIT	8	PA
ZOLGENSMA 7.6-8.0 KG 2X5.5ML & 4X8.3ML KIT	8	PA
ZOLGENSMA 8.1-8.5 KG 1X5.5ML & 5X8.3ML KIT	8	PA
ZOLGENSMA 8.6-9.0 KG 6X8.3 ML KIT	8	PA
ZOLGENSMA 9.1-9.5 KG 2X5.5ML & 5X8.3ML KIT	8	PA
ZOLGENSMA 9.6-10.0 KG 1X5.5ML & 6X8.3ML KIT	8	PA
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI 0.75 MG/ML RECON SOLN	1	PA S Specialty Drug
EVRYSDI 5 MG TAB	1	PA S Specialty Drug
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE 10 % SOLUTION	1	
DEXTROSE 5 % SOLUTION	1	
DEXTROSE 50 % SOLUTION	1	
DEXTROSE 70 % SOLUTION	1	
dextrose inj 10%	1	
dextrose inj 5%	1	
dextrose inj 50%	1	
GLUCOSE (DEXTROSE) 50 % SOLUTION	1	
LIPIDS		
DOJOLVI 100 % LIQUID	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA 1-0.2 % SUSPENSION	1	
BETA-BLOCKERS - OPTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
betaxolol hcl ophth soln 0.5%	1	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
BETA-BLOCKERS - OPTHALMIC COMBINATIONS		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL 0.2-1 % SOLUTION	1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE 1 % SOLUTION	1	PA
atropine sulfate ophth soln 1%	1	
cyclopentolate hcl ophth soln 0.5%	1	
cyclopentolate hcl ophth soln 1%	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cyclopentolate hcl ophth soln 2%</i>	1	
<b>ISOPTO ATROPINE 1 % SOLUTION</b>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
<b>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</b>		
<b>XIIDRA 5 % SOLUTION</b>	1	
<b>MIOTICS - DIRECT ACTING</b>		
<b>MIOCHOL-E 20 MG RECON SOLN</b>	1	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
<b>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</b>		
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<b>NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION</b>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<b>OPHTHALMIC ANTIALLERGIC</b>		
<i>azelastine hcl ophth soln 0.05%</i>	1	
<b>CROMOLYN SODIUM 4 % SOLUTION</b>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
OPHTHALMIC ANTIBIOTICS		
<i>BACITRACIN 500 UNIT/GM OINTMENT</i>	1	
<i>CILOXAN 0.3 % OINTMENT</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>ERYTHROMYCIN 5 MG/GM OINTMENT</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	QL
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>LEVOFLOXACIN 0.5 % SOLUTION</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>TOBREX 0.3 % OINTMENT</i>	1	
OPHTHALMIC ANTIVIRALS		
<i>TRIFLURIDINE 1 % SOLUTION</i>	1	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
<i>dorzolamide hcl ophth soln 2%</i>	1	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth) emulsion 0.05%</i>	1	
OPHTHALMIC IRRIGATION SOLUTIONS		
<i>*ophthalmic irrigation solution - intraocular***</i>	1	
<i>BSS PLUS SOLUTION</i>	1	
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS		
<i>ROCKLATAN 0.02-0.005 % SOLUTION</i>	1	ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
<i>OXERVATE 0.002 % SOLUTION</i>	1	PA S Specialty Drug
<b>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>ACUVAIL 0.45 % SOLUTION</i>	1	QL
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	QL
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>FLURBIPROFEN SODIUM 0.03 % SOLUTION</i>	1	
<i>ILEVRO 0.3 % SUSPENSION</i>	1	PA
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>NEVANAC 0.1 % SUSPENSION</i>	1	PA
<b>OPHTHALMIC RHO KINASE INHIBITORS</b>		
<i>RHOPRESSA 0.02 % SOLUTION</i>	1	ST
<b>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</b>		
<i>APRACLONIDINE HCL 0.5 % SOLUTION</i>	1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<b>OPHTHALMIC STEROID COMBINATIONS</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>BLEPHAMIDE 10-0.2 % SUSPENSION</i>	1	
<i>BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<b>NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION</b>	1	
<b>SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION</b>	1	
<b>TOBRADEX 0.3-0.1 % OINTMENT</b>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<b>OPHTHALMIC STEROIDS</b>		
<i>ALREX 0.2 % SUSPENSION</i>	1	ST
<i>DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	QL
<i>FLAREX 0.1 % SUSPENSION</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>FML 0.1 % OINTMENT</i>	1	
<i>FML FORTE 0.25 % SUSPENSION</i>	1	
<i>LOTEMAX 0.5 % OINTMENT</i>	1	ST
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	ST
<i>loteprednol etabonate ophth susp 0.5%</i>	1	QL
<i>MAXIDEX 0.1 % SUSPENSION</i>	1	
<i>PRED MILD 0.12 % SUSPENSION</i>	1	
<i>prednisolone acetate ophth susp 1%</i>	1	QL
<i>PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION</i>	1	
<i>RETISERT 0.59 MG IMPLANT</i>	1	
<i>TRIESENCE 40 MG/ML SUSPENSION</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>OPHTHALMIC SULFONAMIDES</b>		
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<b>OPHTHALMICS - CYSTINOSIS AGENTS</b>		
<i>CYSTADROPS 0.37 % SOLUTION</i>	1	PA S Specialty Drug
<i>CYSTARAN 0.44 % SOLUTION</i>	1	PA S Specialty Drug
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	QL
<i>TRAVATAN Z 0.004 % SOLUTION</i>	1	PA
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	QL
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<i>OTIPRIO 6 % SUSPENSION</i>	1	
<b>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</b>		
<i>CIPRO HC 0.2-1 % SUSPENSION</i>	1	
<i>CIPRODEX 0.3-0.1 % SUSPENSION</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<b>OTIC STEROIDS</b>		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<b>OXYTOCICS</b>		
<b>ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS</b>		
<i>HEMABATE 250 MCG/ML SOLUTION</i>	1	
<i>methylergonovine maleate tab 0.2 mg</i>	1	QL
<i>methylergonovine maleate tab 0.2 mg</i>	1	QL
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>ANTIVIRAL MONOCLONAL ANTIBODIES</b>		
<i>BEBTELOVIMAB 175 MG/2ML SOLUTION</i>	8	
<i>CASIRIVIMAB 1332 MG/11.1ML SOLUTION</i>	8	
<i>CASIRIVIMAB 300 MG/2.5ML SOLUTION</i>	8	
<i>IMDEVIMAB 1332 MG/11.1ML SOLUTION</i>	8	
<i>IMDEVIMAB 300 MG/2.5ML SOLUTION</i>	8	
<i>SOTROVIMAB 500 MG/8ML SOLUTION</i>	8	PA
<i>SYNAGIS 100 MG/ML SOLUTION</i>	1	PA S Specialty Drug
<i>SYNAGIS 50 MG/0.5ML SOLUTION</i>	1	PA S Specialty Drug
<b>IMMUNE SERUMS</b>		
<i>HIZENTRA 1 GM/5ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>HIZENTRA 1 GM/5ML SOLUTION</i>	1	PA S Specialty Drug
<i>HIZENTRA 10 GM/50ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>HIZENTRA 10 GM/50ML SOLUTION</i>	1	PA S Specialty Drug
<i>HIZENTRA 2 GM/10ML SOLN PRSYR</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>HIZENTRA 2 GM/10ML SOLUTION</i>	1	PA S Specialty Drug
<i>HIZENTRA 4 GM/20ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>HIZENTRA 4 GM/20ML SOLUTION</i>	1	PA S Specialty Drug
<i>HYPERHEP B 110 UNIT/0.5ML SOLN PRSYR</i>	1	
<i>HYPERHEP B 220 UNIT/ML SOLN PRSYR</i>	1	
<i>HYPERHEP B 220 UNIT/ML SOLUTION</i>	1	
<i>HYPERTET 250 UNIT/ML SOLN PRSYR</i>	1	
<i>NABI-HB 312 UNIT/ML SOLUTION</i>	1	
<i>RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR</i>	1	
MONOCLONAL ANTIBODY - COMBINATIONS		
<i>EVUSHELD 150 &amp; 150 MG/1.5ML SOLUTION</i>	8	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
<i>HYQVIA 10 GM/100ML KIT</i>	1	PA S Specialty Drug
<i>HYQVIA 2.5 GM/25ML KIT</i>	1	PA S Specialty Drug
<i>HYQVIA 20 GM/200ML KIT</i>	1	PA S Specialty Drug
<i>HYQVIA 30 GM/300ML KIT</i>	1	PA S Specialty Drug
<i>HYQVIA 5 GM/50ML KIT</i>	1	PA S Specialty Drug
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN 125 MG CHEW TAB	1	
AMOXICILLIN 250 MG CHEW TAB	1	
AMOXICILLIN 400 MG/5ML RECON SUSP	1	
<i>ampicillin cap 500 mg</i>	1	
AMPICILLIN SODIUM 1 GM RECON SOLN	1	
AMPICILLIN SODIUM 125 MG RECON SOLN	1	
AMPICILLIN SODIUM 2 GM RECON SOLN	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
NATURAL PENICILLINS		
BICILLIN L-A 1200000 UNIT/2ML SUSP PRSYR	1	
BICILLIN L-A 2400000 UNIT/4ML SUSP PRSYR	1	
BICILLIN L-A 600000 UNIT/ML SUSP PRSYR	1	
PENICILLIN G POT IN DEXTROSE 20000 UNIT/ML SOLUTION	1	
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML SOLUTION	1	
PENICILLIN G POT IN DEXTROSE 60000 UNIT/ML SOLUTION	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin g potassium for inj 5000000 unit</i>	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PENICILLIN G PROCAINE 600000 UNIT/ML SUSPENSION</i>	1	
<i>PENICILLIN G SODIUM 5000000 UNIT RECON SOLN</i>	1	
<i>PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN</i>	1	
<i>PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB</i>	1	
<i>AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN</i>	1	
<i>AMPICILLIN-SULBACTAM SODIUM 3 (2-1) GM RECON SOLN</i>	1	
<i>BICILLIN C-R 1200000 UNIT/2ML SUSPENSION</i>	1	
<i>BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
ZOSYN 2-0.25 GM/50ML SOLUTION	1	
ZOSYN 3-0.375 GM/50ML SOLUTION	1	
ZOSYN 4-0.5 GM/100ML SOLUTION	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
NAFCILLIN SODIUM 1 GM RECON SOLN	1	
NAFCILLIN SODIUM 2 GM RECON SOLN	1	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	1	
<i>nafcillin sodium for iv soln 10 gm</i>	1	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	1	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	1	
OXACILLIN SODIUM IN DEXTROSE 1 GM/50ML SOLUTION	1	
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML SOLUTION	1	
PHARMACEUTICAL ADJUVANTS		
PARENTERAL VEHICLES		
<i>*bacteriostatic sodium chloride inj soln 0.9%***</i>	1	
<i>*bacteriostatic sodium chloride inj soln 0.9%***</i>	1	
STERILE WATER FOR INJECTION SOLUTION	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>water for injection</i>	1	
PROGESTINS		
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. AGENTS FOR OPIOID WITHDRAWAL		
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	8	
LUCEMYRA 0.18 MG TAB	8	
ALCOHOL DETERRENTS		
<i>acamprosate calcium tab delayed release 333 mg</i>	8	
<i>disulfiram tab 250 mg</i>	8	
<i>disulfiram tab 500 mg</i>	8	
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB	8	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	8	
CHOLINOMIMETICS - ACHE INHIBITORS		
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	QL
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	QL
<i>donepezil hydrochloride tab 10 mg</i>	1	QL
<i>donepezil hydrochloride tab 23 mg</i>	1	QL
<i>donepezil hydrochloride tab 5 mg</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	QL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	QL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	QL
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	QL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	QL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	QL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	QL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	QL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	QL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	QL
<b>FIBROMYALGIA AGENT - SNRIS</b>		
<i>SAVELLA 100 MG TAB</i>	1	QL PA
<i>SAVELLA 12.5 MG TAB</i>	1	QL PA
<i>SAVELLA 25 MG TAB</i>	1	QL PA
<i>SAVELLA 50 MG TAB</i>	1	QL PA
<i>SAVELLA TITRATION PACK 12.5 &amp; 25 &amp; 50 MG MISC</i>	1	PA
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine tab 12.5 mg</i>	1	QL PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tetrabenazine tab 25 mg</i>	1	QL PA
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
<i>teriflunomide tab 14 mg</i>	1	PA S Specialty Drug
<i>teriflunomide tab 7 mg</i>	1	PA S Specialty Drug
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	QL
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	QL
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
<i>BETASERON 0.3 MG KIT</i>	1	PA S Specialty Drug
<i>REBIF 22 MCG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>REBIF 44 MCG/0.5ML SOLN PRSYR</i>	1	PA S Specialty Drug
<i>REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ</i>	1	PA S Specialty Drug
<i>REBIF REBIDOSE TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN A-INJ</i>	1	PA S Specialty Drug
<i>REBIF TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN PRSYR</i>	1	PA S Specialty Drug
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
<i>KESIMPTA 20 MG/0.4ML SOLN A-INJ</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</b>		
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	QL
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	QL
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	1	QL
<b>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</b>		
<i>dalfampridine tab er 12hr 10 mg</i>	1	QL
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</b>		
<i>memantine hcl cap er 24hr 14 mg</i>	1	QL
<i>memantine hcl cap er 24hr 21 mg</i>	1	QL
<i>memantine hcl cap er 24hr 28 mg</i>	1	QL
<i>memantine hcl cap er 24hr 7 mg</i>	1	QL
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 10 mg</i>	1	QL
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	QL
<i>memantine hcl tab 5 mg</i>	1	QL
<b>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</b>		
<i>PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB</i>	8	
<i>PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB</i>	8	
<i>PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB</i>	8	
<i>PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB</i>	8	
<i>PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB</i>	8	
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS</b>		
<i>FLUOXETINE HCL (PMDD) 10 MG TAB</i>	1	QL
<i>FLUOXETINE HCL (PMDD) 20 MG TAB</i>	1	QL
<b>PSEUDOBULBAR AFFECT AGENT COMBINATIONS</b>		
<i>NUDEXTA 20-10 MG CAP</i>	1	PA
<i>ERGOLOID MESYLATES 1 MG TAB</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>PIMOZIDE 1 MG TAB</i>	8	QL
<i>PIMOZIDE 2 MG TAB</i>	8	QL
SMOKING DETERRENTS		
<i>APO-VARENICLINE 0.5 MG TAB</i>	1	QL PREV
<i>APO-VARENICLINE 1 MG TAB</i>	1	QL PREV
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	PREV
<i>CHANTIX 0.5 MG TAB</i>	1	QL PREV
<i>CHANTIX 1 MG TAB</i>	1	QL PREV
<i>CHANTIX CONTINUING MONTH PAK 1 MG TAB</i>	1	QL PREV
<i>CHANTIX STARTING MONTH PAK 0.5 MG X 11 &amp; 1 MG X 42 TAB THPK</i>	1	QL MFL 1 / 365 day(s) PREV
<i>NICOTROL 10 MG INHALER</i>	1	PREV
<i>NICOTROL NS 10 MG/ML SOLUTION</i>	1	PREV
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	QL PREV
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	QL PREV
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	QL PREV
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	QL MFL 1 / 365 day(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</b>		
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	1	QL
<i>GILENYA 0.25 MG CAP</i>	1	PA S Specialty Drug
<i>MAYZENT 0.25 MG TAB</i>	1	PA S Specialty Drug
<i>MAYZENT 1 MG TAB</i>	1	PA S Specialty Drug
<i>MAYZENT 2 MG TAB</i>	1	PA S Specialty Drug
<i>MAYZENT STARTER PACK 0.25 MG TAB THPK</i>	1	PA S Specialty Drug
<i>MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK</i>	1	PA S Specialty Drug
<b>THIENBENZODIAZEPINES &amp; OPIOID ANTAGONISTS</b>		
<i>LYBALVI 10-10 MG TAB</i>	8	
<i>LYBALVI 15-10 MG TAB</i>	8	
<i>LYBALVI 20-10 MG TAB</i>	8	
<i>LYBALVI 5-10 MG TAB</i>	8	
<b>THIENBENZODIAZEPINES &amp; SSRIS</b>		
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	8	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	8	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	8	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	8	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	8	
<i>SYMBYAX 12-50 MG CAP</i>	8	
<i>SYMBYAX 3-25 MG CAP</i>	8	
<i>SYMBYAX 6-25 MG CAP</i>	8	
<i>SYMBYAX 6-50 MG CAP</i>	8	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VASOMOTOR SYMPTOM AGENTS - SSRIS		
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	QL
RESPIRATORY AGENTS - MISC. CFTR POTENTIATORS		
<i>KALYDECO 13.4 MG PACKET</i>	1	PA S Specialty Drug
<i>KALYDECO 150 MG TAB</i>	1	PA S Specialty Drug
<i>KALYDECO 25 MG PACKET</i>	1	PA S Specialty Drug
<i>KALYDECO 5.8 MG PACKET</i>	1	PA S Specialty Drug
<i>KALYDECO 50 MG PACKET</i>	1	PA S Specialty Drug
<i>KALYDECO 75 MG PACKET</i>	1	PA S Specialty Drug
CYSTIC FIBROSIS AGENT - COMBINATIONS		
<i>ORKAMBI 100-125 MG PACKET</i>	1	PA S Specialty Drug
<i>ORKAMBI 100-125 MG TAB</i>	1	PA S Specialty Drug
<i>ORKAMBI 150-188 MG PACKET</i>	1	PA S Specialty Drug
<i>ORKAMBI 200-125 MG TAB</i>	1	PA S Specialty Drug
<i>ORKAMBI 75-94 MG PACKET</i>	1	PA S Specialty Drug
<i>SYMDEKO 100-150 &amp; 150 MG TAB THPK</i>	1	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>SYMDEKO 50-75 &amp; 75 MG TAB THPK</i>	1	PA S Specialty Drug
<i>TRIKAFTA 100-50-75 &amp; 150 MG TAB THPK</i>	1	PA S Specialty Drug
<i>TRIKAFTA 100-50-75 &amp; 75 MG THER PACK</i>	1	PA S Specialty Drug
<i>TRIKAFTA 50-25-37.5 &amp; 75 MG TAB THPK</i>	1	PA S Specialty Drug
<i>TRIKAFTA 80-40-60 &amp; 59.5 MG THER PACK</i>	1	PA S Specialty Drug
HYDROLYTIC ENZYMES		
<i>PULMOZYME 2.5 MG/2.5ML SOLUTION</i>	1	PA S Specialty Drug
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone cap 267 mg</i>	1	
<i>pirfenidone tab 267 mg</i>	1	
<i>pirfenidone tab 801 mg</i>	1	
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
<i>OFEV 100 MG CAP</i>	1	PA S Specialty Drug
<i>OFEV 150 MG CAP</i>	1	PA S Specialty Drug
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	1	
TETRACYCLINES		
GLYCYLCYCLINES		
<i>TIGECYCLINE 50 MG RECON SOLN</i>	1	
<i>tigecycline for iv soln 50 mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 10 mg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
THYROID HORMONES		
<i>ARMOUR THYROID 120 MG TAB</i>	1	
<i>ARMOUR THYROID 15 MG TAB</i>	1	
<i>ARMOUR THYROID 180 MG TAB</i>	1	
<i>ARMOUR THYROID 240 MG TAB</i>	1	
<i>ARMOUR THYROID 30 MG TAB</i>	1	
<i>ARMOUR THYROID 300 MG TAB</i>	1	
<i>ARMOUR THYROID 60 MG TAB</i>	1	
<i>ARMOUR THYROID 90 MG TAB</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>NIVA THYROID 120 MG TAB</i>	1	
<i>NIVA THYROID 15 MG TAB</i>	1	
<i>NIVA THYROID 30 MG TAB</i>	1	
<i>NIVA THYROID 60 MG TAB</i>	1	
<i>NIVA THYROID 90 MG TAB</i>	1	
<i>NP THYROID 120 MG TAB</i>	1	
<i>NP THYROID 15 MG TAB</i>	1	
<i>NP THYROID 30 MG TAB</i>	1	
<i>NP THYROID 60 MG TAB</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>NP THYROID 90 MG TAB</i>	1	
<i>SYNTHROID 100 MCG TAB</i>	1	
<i>SYNTHROID 112 MCG TAB</i>	1	
<i>SYNTHROID 125 MCG TAB</i>	1	
<i>SYNTHROID 137 MCG TAB</i>	1	
<i>SYNTHROID 150 MCG TAB</i>	1	
<i>SYNTHROID 175 MCG TAB</i>	1	
<i>SYNTHROID 200 MCG TAB</i>	1	
<i>SYNTHROID 25 MCG TAB</i>	1	
<i>SYNTHROID 300 MCG TAB</i>	1	
<i>SYNTHROID 50 MCG TAB</i>	1	
<i>SYNTHROID 75 MCG TAB</i>	1	
<i>SYNTHROID 88 MCG TAB</i>	1	
<i>THYROID 120 MG TAB</i>	1	
<i>THYROID 15 MG TAB</i>	1	
<i>THYROID 30 MG TAB</i>	1	
<i>THYROID 60 MG TAB</i>	1	
<i>THYROID 90 MG TAB</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
<i>ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>DAPTACEL 23-15-5 SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>DIPHtheria-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION</i>	1	PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>INFANRIX 25-58-10 SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>KINRIX SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>KINRIX 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>PEDIARIX SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>PENTACEL RECON SUSP</i>	1	AL1 At least 19 yrs old PREV
<i>QUADRACEL SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>QUADRACEL 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>TDVAX 2-2 LF/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>TENIVAC 5-2 LFU INJECTABLE</i>	1	AL1 At least 19 yrs old PREV
<i>TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>VAXELIS SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>VAXELIS SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>dicyclomine hcl tab 20 mg</i>	1	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>BELLADONNA ALKALOIDS</b>		
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<b>LEVSIN 0.5 MG/ML SOLUTION</b>	1	
<b>H-2 ANTAGONISTS</b>		
<b>CIMETIDINE HCL 300 MG/5ML SOLUTION</b>	1	AL1 Up to 8 yrs old
<i>cimetidine hcl soln 300 mg/5ml</i>	1	AL1 Up to 8 yrs old
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine preservative free inj 20 mg/2ml</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<b>NIZATIDINE 300 MG CAP</b>	1	
<i>nizatidine cap 150 mg</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate susp 1 gm/10ml</i>	1	AL1 Up to 12 yrs old
<i>sucralfate tab 1 gm</i>	1	
<b>PROTON PUMP INHIBITOR-ANTACID COMBINATIONS</b>		
<b>KONVOMEK 2-84 MG/ML RECON SUSP</b>	1	QL PA AL1 Up to 8 yrs old
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole cap delayed release 30 mg</i>	1	QL ST
<i>dexlansoprazole cap delayed release 60 mg</i>	1	QL ST
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	AL1 Up to 8 yrs old
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION</i>	1	QL AL1 Up to 8 yrs old
<i>FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION</i>	1	QL AL1 Up to 8 yrs old
<i>lansoprazole cap delayed release 15 mg</i>	1	QL
<i>lansoprazole cap delayed release 30 mg</i>	1	QL
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL PA AL1 Up to 8 yrs old
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	QL PA AL1 Up to 8 yrs old
<i>omeprazole cap delayed release 10 mg</i>	1	QL
<i>omeprazole cap delayed release 20 mg</i>	1	QL
<i>omeprazole cap delayed release 40 mg</i>	1	QL
<i>OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION</i>	1	QL AL1 Up to 8 yrs old
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	1	
QUATERNARY ANTICHOLINERGICS		
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>misoprostol tab 200 mcg</i>	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	QL
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	QL
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	QL
OXYBUTYNIN CHLORIDE 2.5 MG TAB	1	QL AL1 0 to 18 yrs old
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	QL
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	QL
<i>solifenacin succinate tab 5 mg</i>	1	QL
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	QL
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	QL
<i>tolterodine tartrate tab 1 mg</i>	1	QL
<i>tolterodine tartrate tab 2 mg</i>	1	QL
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	QL
VESICARE LS 5 MG/5ML SUSPENSION	1	AL1 Up to 8 yrs old
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
<i>mirabegron tab er 24 hr 25 mg</i>	1	QL ST
<i>mirabegron tab er 24 hr 50 mg</i>	1	QL ST

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYRBETRIQ 25 MG TAB ER 24H	1	QL ST
MYRBETRIQ 50 MG TAB ER 24H	1	QL ST
MYRBETRIQ 8 MG/ML SRER	1	QL ST AL1 Up to 8 yrs old
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB RECON SOLN	1	AL1 At least 19 yrs old PREV
BEXSERO SUSP PRSYR	1	AL1 At least 19 yrs old PREV
CAPVAXIVE 0.5 ML SOLN PRSYR	1	AL1 At least 19 yrs old PREV
HIBERIX 10 MCG RECON SOLN	1	AL1 At least 19 yrs old PREV
MENACTRA SOLUTION	1	AL1 At least 19 yrs old PREV
MENQUADFI SOLUTION	1	AL1 At least 19 yrs old PREV
MENVEO RECON SOLN	1	AL1 19 to 55 yrs old PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>MENVEO SOLUTION</i>	1	AL1 19 to 55 yrs old PREV
<i>PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>PENBRAYA RECON SUSP</i>	1	PREV
<i>PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>PNEUMOVAX 23 25 MCG/0.5ML SOLUTION</i>	1	AL1 At least 19 yrs old PREV
<i>PREVNAR 13 SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>PREVNAR 20 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>TRUMENBA SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>VAXNEUVANCE 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
VIRAL VACCINE COMBINATIONS		
<i>M-M-R II RECON SOLN</i>	1	AL1 At least 19 yrs old PREV
<i>PRIORIX RECON SUSP</i>	1	AL1 At least 19 yrs old PREV
<i>PROQUAD RECON SUSP</i>	1	AL1 At least 19 yrs old PREV
<i>TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
VIRAL VACCINES		
<i>ABRYSVO 120 MCG/0.5ML RECON SOLN</i>	1	AL1 At least 19 yrs old PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACAM2000 RECON SOLN	1	AL1 At least 19 yrs old PREV
AFLURIA SUSPENSION	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
AFLURIA QUADRIVALENT SUSPENSION	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
AREXVY 120 MCG/0.5ML RECON SUSP	1	AL1 At least 50 yrs old PREV
ASTRAZENECA COVID-19 VACCINE 0.5 ML SUSPENSION	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
AUDENZ EMULSION	1	AL1 At least 19 yrs old MFL 2 / 365 day(s)
AUDENZ 0.5 ML PRSYR	1	AL1 At least 19 yrs old MFL 2 / 365 day(s)
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
COMIRNATY 30 MCG/0.3ML SUSPENSION	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ENGERIX-B 10 MCG/0.5ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>ENGERIX-B 20 MCG/ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old PREV
<i>ENGERIX-B 20 MCG/ML SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>FLUAD 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUAD QUADRIVALENT 0.5 ML PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUARIX 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUBLOK 0.5 ML SOLN PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUCELVAX SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUCELVAX 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLULAVAL 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUMIST LIQUID</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUMIST QUADRIVALENT SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUZONE SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUZONE 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>FLUZONE QUADRIVALENT SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>FLUZONE QUADRIVALENT 0.5 ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV
<i>GARDASIL 9 SUSP PRSYR</i>	1	AL1 19 to 45 yrs old PREV
<i>GARDASIL 9 SUSPENSION</i>	1	AL1 19 to 45 yrs old PREV
<i>HAVRIX 1440 EL U/ML SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>HAVRIX 720 EL U/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR</i>	1	PREV
<i>IPOL INJECTABLE</i>	1	AL1 At least 19 yrs old PREV
<i>JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 2 / 1 year(s) PREV
<i>JYNNEOS 0.5 ML SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 365 day(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>MRESVIA 50 MCG/0.5ML SUSP PRSYR</i>	1	AL1 At least 60 yrs old PREV
<i>NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.2ML SUSPENSION	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
PREHEVBRIO 10 MCG/ML SUSPENSION	1	PREV
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR	1	PREV
RECOMBIVAX HB 10 MCG/ML SUSPENSION	1	PREV
RECOMBIVAX HB 40 MCG/ML SUSPENSION	1	PREV
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	AL1 At least 19 yrs old PREV
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	AL1 At least 19 yrs old PREV
ROTARIX RECON SUSP	1	AL1 Up to 8 yrs old PREV
ROTARIX SUSPENSION	1	AL1 Up to 8 yrs old PREV

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ROTATEQ SOLUTION</i>	1	AL1 Up to 8 yrs old PREV
<i>SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>SHINGRIX 50 MCG/0.5ML RECON SUSP</i>	1	PREV
<i>SPIKEVAX 50 MCG/0.5ML SUSP PRSYR</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>SPIKEVAX 50 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 365 day(s) PREV
<i>SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV
<i>VAQTA 25 UNIT/0.5ML SUSPENSION</i>	1	AL1 At least 19 yrs old PREV
<i>VAQTA 50 UNIT/ML SUSPENSION</i>	1	PREV
<i>VARIVAX 1350 PFU/0.5ML RECON SUSP</i>	1	AL1 At least 19 yrs old PREV
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>terconazole vaginal cream 0.4%</i>	1	QL
<i>terconazole vaginal cream 0.8%</i>	1	QL
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>VANDAZOLE 0.75 % GEL</i>	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
<i>PHEXXI 1.8-1-0.4 % GEL</i>	1	QL PREV
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>ESTRING 2 MG RING</i>	1	QL
<i>ESTRING 7.5 MCG/24HR RING</i>	1	QL
<i>PREMARIN 0.625 MG/GM CREAM</i>	1	
VAGINAL PROGESTINS		
<i>CRINONE 4 % GEL</i>	1	PA S Specialty Drug
<i>CRINONE 8 % GEL</i>	1	PA S Specialty Drug
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ</i>	1	QL
<i>EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ</i>	1	QL MFL 4 / 365 DAYS
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	1	PA
<i>droxidopa cap 200 mg</i>	1	PA
<i>droxidopa cap 300 mg</i>	1	PA
<i>EPINEPHRINE 1 MG/10ML SOLN PRSYR</i>	1	QL MFL 1 / 30 DAYS
<i>EPINEPHRINE PF 1 MG/ML SOLUTION</i>	1	QL
<i>epinephrine soln prefilled syringe 1 mg/10ml (0.1 mg/ml)</i>	1	QL

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>midodrine hcl tab 10 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
VITAMINS		
VITAMIN D		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	QL
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	QL
VITAMIN K		
<i>phytonadione tab 5 mg</i>	1	QL

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